

주요개념 : nursing care in Korea, psychosocial nursing care, emotional care, therapeutic relations, phenomenological study

A Phenomenological Study on Psychosocial Nursing Care in Korea

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I. Introduction

Holistic nursing care for the patients includes psychosocial nursing care as well as physical care, since nurses should take care of the whole and not just parts. However, an inordinate amount of attention has been given to the physical domain of nursing care, such as learning the latest technologies and procedures. Some nursing leaders further contend that nursing should pay more attention to the biophysical domain to meet the demands of specialization in nursing practice. This has led to an imbalance in nursing between biophysical and psychosocial domains. Most nurses tend to view the patient's mind and body separately. They tend to ignore the psychosocial needs of the patients and treat the patients not as a whole but as parts, such as lung or kidney.

Nowadays, more nurses must deal with patients with chronic diseases, such as cancer, hypertension, and diabetes mellitus rather than acute diseases. Chronic diseases are intertwined more with psycho-sociological causes, processes and consequences than acute diseases. The prevalence

of chronic diseases has led nurses to look to the psychological and sociological aspects of the patients in understanding and dealing with them.

Nurses should not overlook the psychosocial domain of nursing care if nurses are going to provide holistic nursing care. They should explore the patients's psychosocial events, feelings, and behaviors and incorporate them into nursing interventions. Benner (1984) emphasized the importance of the psychosocial aspect of nursing care in her book, *From Novice to Expert*. "Nurses will not become more powerful or gain more status by ignoring their unique contributions simply because they are not easily replicated, standardized, or interpreted (p. 75)." Emphasis on the psychosocial domain will contribute not only to the integration of physical and psychosocial domains of nursing care but also to the independence of the nursing profession and improvement of nurses' identity.

The psychosocial domain of nursing care, however, is closely intertwined with culture. Here, culture can be defined as learned and transmitted values, beliefs, rules of behavior, and lifestyle of a particular people. Leininger (1978), who is the foun-

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der of transcultural nursing, asserts that culture is a blueprint for thoughts and actions and it is a dominant force in determining health-illness caring patterns and behavior. Cultures, however, are mainly differentiated in terms of interpersonal relationships and communications as numerous researchers have emphasized (Becker, 1986; Condon, 1977; Elliott, Scott, Jensen, & McDonough, 1982; Hall, 1976; Hofstede, 1980, 1983; Okabe, 1983; Triandis, 1986; Yi, 1993). For example, Yi (1993) indicates that the styles of interpersonal relationships in nursing practice are different between Korea and U.S., although there are similarities. Interpersonal relationships in Korea tend to be high-context in communication, hierarchical, collectivistic, and complementary, while those in U.S. tend to be low-context in communication, egalitarian, individualistic, and symmetrical. Thus, people in Korean health care institutions tend to be implicit in communication. They also tend to be sensitive to the social status of the patients and emphasize harmony of the group rather than the rights of individuals in interpersonal relationships. On the other hand, people in U.S. health care institutions tend to be explicit in communication. They tend to ignore the social status of others and value individual rights more than the harmony of the group.

The purpose of this paper was to describe and analyze how nurses in Korea provide psychosocial care to their patients. The major domains of psychosocial nursing care activities were identified and described. Barriers and facilitators in providing psychosocial nursing care were also identified and discussed. In addition, useful strategies that Korean nurses employ in providing psychosocial care to their patients are discussed.

II. Review of the Literature

1. Interpersonal Relations in Nursing by Peplau

Peplau's model focuses on phenomena occurring

in the nurse-patient relationship. In her theory, Peplau (1960) defines an environment as existing forces outside the organism and in the context of culture. However, she indicates that general conditions that are likely to lead to health always include the interpersonal process. In other words, she emphasizes interactions between the nurse and the patient. She defines nursing as "a significant, therapeutic, interpersonal process," and as "an educative instrument, a maturing force that aims to promote forward movement of personality in the direction of creative, constructive, productive, personal, and community living" (1952, p. 16).

Peplau makes two explicit assumptions in her theory. First, the kind of people that nurses become makes a substantial difference in what patients will learn as they receive nursing care. She asserts that patients become productive when nurses are aware of their own verbal patterns and take responsibility for the patients in verbal exchange with them. Second, fostering personality development of the patients toward maturity is a function of nursing and nursing education. The aim of nursing care is to help patients identify felt difficulties by understanding the nurses' own behavior and by applying principles of human relations to the problems that arise at all levels of experience. Nurses are responsible to support patients to recognize and identify unexplained discomfort and to develop a more mature personality through the experience of illness.

According to Peplau, the nurse-patient relationship occurs in various phases during which the nurse performs six different roles: role of the stranger, role of a resource person, teaching role, leadership role, surrogate role, and counseling role. The phases of the nurse-patient relationship are divided into four stages: orientation, identification, exploitation, and resolution. They overlap with each other and each phase requires nurses to perform certain tasks and roles.

While Peplau's model can be applied to a variety of therapeutic settings where communication between the nurse and the patient is possible, her theory fails

to deal with the problems that arise when family members participate extensively in the patient care. The fact that family members are excluded from her model is a significant drawback especially in Korean health care institutions. In Korea family members are deeply involved in patient care. Korean nurses often have to deal with the problems of the family members and integrate their role in the nursing process. Peplau's model also fails to deal with systematic or structural aspects of the environment.

2. Nurse – Patient Relationships in Korea

In Korea, since the 1980s numerous nursing leaders have emphasized the importance of interpersonal relationships between nurse and patient for the quality of nursing care. For example, Hong(1982) proudly remarked how one of her nursing students touched the heart of a dying patient and her family members in a hospital just by being with them and holding the patient's hands. Since then, a few nursing researchers(Lee & Ji, 1990 ; Lee & Ji, 1993) have investigated nursing phenomena in terms of interpersonal relations. Others(Kim & Kim 1992) studied the characteristics of caring behavior.

The paper by Lee and Ji(1990) investigated nurse – patient interaction in a hospital to identify patterns of interactions and related factors. They found that the major aims of the interaction that occurred between the nurses and the patients were for intramuscular and intravenous injections(29.6%), oral medication administration(27.6%), checking vital signs(25.5%), and independent nursing behavior and rounds(17.3%). It indicates that most of the interactions are related to technical care. They also found that 54.8 percent were negative in the quality of the interactions between nurse and patient. It suggests that nurses often are a stressor to their patients rather than a helper. It also signifies that nurses need to learn how to facilitate interpersonal relationship with the patients and learn how to establish therapeutic relationships with them. The

researchers in the study suggested nurses need to investigate kind of patterns of interaction is effective in establishing a therapeutic interaction and what the nurse's role should be in the nurse – patient interaction.

Lee and Ji(1993) studied the experience of hospitalized patients in their relations with nurses using qualitative method. Among 33 participants, nine(27 percent) of the relationships were identified as non – therapeutic. The result on the quality of interaction between nurse and patient is much better than in Lee and Ji(1990), however, it still suggests that nurses often are a cause of anxiety and anger to the patients. They categorized the therapeutic relationships as good, thankful, comfortable, trustful, intimate, and empathic. Non – therapeutic relationships were categorized as no feeling toward nursing and feeling uneasy toward nurses or nursing. They found that the elements of therapeutic relationship were considerate communication, goodness, bright facial expression, helpfulness, resolving problems promptly, understanding and encouraging, kindness, and empathy for pain.

Kim and Kim(1992), on the other hand, studied care as the core construct of nursing. They studied 76 children and 66 nurses using a qualitative method. They identified eight categories : helping, comfort, love, warmth, recovery from illness, health maintenance, presence, nurturance and responsibility. The results showed that most of these categories were related to the quality of the interpersonal relationship between nurse and patient.

In summary, a few papers investigated to describe interactions between nurse and patient and to categorize them as therapeutic or non – therapeutic relations. However, no research was done to describe and analyze the nature of psychosocial nursing care in Korea. How nurses provide psychosocial nursing care, what kind of activities they perform to provide it, and what kind of barriers exist have not been closely examined. Moreover, none of the papers mentioned above included family members

in their research although they are deeply involved in patient care. The process of interactions among nurses, patients, and their family members has not been investigated, nor have their conditions, strategies, and consequences been examined.

III. Methodology

This study employed Heideggerian phenomenology(Heidegger, 1962). Phenomenology assumes that one cannot describe the objective or the subjective world ; but one can only describe the world as experienced by the subject(Merleau-Ponty, 1964). It rejects the separation of the subject and the object. The aim of phenomenology is to describe experience as it is lived by people. It attempts to describe and study meaningful human phenomena in a manner that is as free from bias as possible.

1. Sample

The sample studied were nine hospital nurses who worked in Seoul and were regarded as experts by other nurses. Data were collected from in-depth individual interviews. Of the sample, two were head nurses, four nursing administrators, three staff nurses. The average professional experience of the interviewees was seven years, ranging from two and a half years to 12 years. Three had master's degree in nursing, for bachelor's, and two diploma.

2. Procedures

All of the interviews were conducted by the researcher. They were semi-structured individual interviews. The nurses were asked to describe episodes of patient care in narrative form in as much detail as possible. They were encouraged to provide intentions and interpretations of the events as well as the chronology of the actions and consequences. Typical questions were, "Would you explain your patient care episodes as you remember?" and "How would you describe your psychosocial care?" The

interviews ranged from 30 minutes to one hour in length and all of them were tape-recorded and transcribed.

The interview transcripts were read several times, with a systematic attempt to move back and forth from the whole to the parts based on Heideggerian phenomenology. The data were also analyzed using the constant comparative method of Glaser and Strauss(Glaser, 1978 ; Glaser & Strauss, 1967 ; Strauss, 1987 ; Strauss & Corbin, 1990, Glaser, 1992). However, unlike their approach, the intent was not to come up with a grounded theory but rather to validate identified meanings and content. The study was conducted in a single city and the sample was not random. To that extent the generalizability of the findings is limited.

IV. Findings

The study analyzed the nature of psychosocial nursing care in Korea. This section discusses domains of psychosocial nursing care, barriers which prevented psychosocial care, and factors that influenced therapeutic relationships with the patients and their family members. In addition, useful strategies that the nurses employed to establish trustful and therapeutic relationships are included.

1. Domains of Psychosocial Nursing Care

In Korean health care institutions, family members of most patients are present at the patients' bedside almost all the time. Thus the nurses interviewed provided psychosocial nursing care not only to the patients but also to their family members. Most of the time they did not differentiate the patients from their family members when providing psychosocial care. It means that the care was family-oriented rather than patient-oriented.

Several domains of psychosocial nursing care were identified after the data were interpreted as representative of a particular psychosocial nursing phenomenon. These were provision of information,

comforting, counseling, and leading. The nurses practiced these domains separately or in combination. The provision of information was the most frequently used domain and was considered by the interviewees to be the most important task in patient care. Comforting was the next frequently used domain. Counseling and leading were the least frequently used domains. This was mainly due to the lack of understanding on the patients' and their family members' experiences and the lack of communication skills.

A. Provision of information

Provision of information was the most important task that the nurses considered for psychosocial care. It was focused on relieving anxiety and fear which may arise from a lack of knowledge. All the nurses interviewed had provided medical and nursing information and other administrative information to their patients. Most of the information was given during the orientation, discharge, and before and after the procedures or operations. The kind of information that they provided most often was information which was directly related to operations, procedures, or medications. These were given not only to the patients and but also to their family members. Sometimes, however, they had to deal with the patients and the family members separately in the provision of information. This was when the patients were hypochondriacal or too anxious. In these cases, they withheld specific information from the patients, while providing it to the family members.

Specifically, the most frequent kind of information that the nurses provided to the family members was about basic nursing care techniques. The aim was to encourage family members to participate in patient care. Most nurses thought that family members who participated more in patient care were more satisfied than otherwise. This indicates that Korean nurses emphasized family-oriented nursing care rather than patient-oriented.

One nurse illustrated how effective the provision of information was for a patient who was very anxious and not trustful of the nurses and the medical staff. The patient began to trust the nurse only after a competent explanation about the nature of the disease.

The patient was 58 year-old female. She was the wife of a director of a big company. Her diagnosis was pituitary adenoma. It was identified during a physical examination in another hospital. However, her EKG was abnormal and she needed 24 hour heart monitoring, and her lung also was found to be abnormal. So she was transferred to this hospital upon her request. When I came to her she complained about pain all over her body and said she had cancer. She also said that she had used all kinds of folk herbal medicine before the admission. The family was very anxious as well. As she was talking, I listened to her everything she said and felt that she did not trust me. She was almost saying, "What do you know about me?" So I explained in detail about her symptom. "You have severe sweating. That could be from the adenoma. You had a thyroidectomy. The test result is normal. But the pituitary is related to the function of the thyroid. We know that. So we can handle that." Although she remained very anxious and suspicious at that time, continuous provision of professional information relieved her of the fear and anxiety.

To be effective in the provision of information, the nurses employed several techniques. Some used written language as well as verbal communication since the patients and their family members were not familiar with the hospital situation and medical terms. For example, when the patients had to go to the Radiology Department to get an X-ray, the nurses wrote down on a slip of paper the exact name of the testing room, *Jinryobangsaseongwa*, for the patients to carry with them. Using big letters rather than small ones was effective in the case of elderly patients. Providing booklets on the medicine or specific diseases was also effective not only in pro-

viding necessary information but also in correcting misinformation that the patients and their family members held.

To be effective in information provision, demonstratin was often used along with explanation of how to do, since most patients did not know how to practice appropriately. For example, deep breathing and coughing after operations or using spirometer were demonstrated by the nurses. Doing it with the patients together was also effective for patients who needed physical exercise.

B. Comforting

While provision of information focused on the patients' anxiety and fear that resulted from lack of knowledge or misunderstandings, comforting was directed towards relieving anxiety and fears related to feelings and perceptions, such as pain and despair. Comforting was directed to the patients rather than their family members. Comforting included activities such as good listening and accepting what the patients say, talking slowly, touching, making eye contact, and having a kind facial expression. The list, however, is not exhaustive.

Good listening and accepting what the patients said was effective in comforting the patients. It was especially helpful when the nurses had to deal with pain complaints. What the patients in pain felt the most unpleasant was the possibility that the nurses might think that the pain was not real or that the nurses might not believe what the patient said. Here, accepting what the patients say is more than just good listening. It includes non-judgmental attitudes. One needs to be ready to accept the patients as they are.

Talking slowly was effective in comforting as well. It was especially effective to the anxious and fearful patients. One nurse had the following experience :

There was a patient who aborted four times. Now she had her fifth pregnancy. She was admitted instantly when she was found to be pregnant. She

had a little spotting and was extremely anxious, rigid, and tremorous. What I felt at first was that I needed to talk slowly with her rather than talking rapidly. So I sat down on the chair beside her bed and talked slowly to her while maintaining eye contact. I said firmly, "I will help youn." And I explained about the possibility of successful pregnancy... Eventually she was relieved of the fear and anxiety of miscarriage.... Finally she could have a healthy baby.

Among non-verbal activities, touching was found to be one of the most powerful in relieving anxiety and fear. Among touching, holding hands and stroking the back were used most frequently. Holding hands was done mainly with female patients or elderly patients, while stroking the back was done for male patients. Massaging a painful area, such as the abdomen was also used by some nurses. One nurse described the powerful effect of touching in comforting a patient as follows :

There was a male patient in his early 20s who had plastic surgery on his face. It was to cover lacerations from an accident. His mother always had stayed to take care of him. And I used to come to see and talk with them... Although his mother told me that he frequently looked at the mirror to see his face and worried about going back to work, the patient himself never talked to me about his anxiety or fear. One day he complained of a stomachache. I did not think it was related to the operation, but it might be due to the anxiety about the consequences of the operation and his future. So I rubbed his abdomen for several minutes and said, "*Nae soni yagsonida* [My hand is a healing hand]. You will be all right." [This is what Korean mothers do when their children complain pain.] Then his mother as well as the patient were overwhelmed. His mother confessed in tears, "I used to do it to my children, But I've never realized that it is so much powerful until now." They were so thankful to me. Even though the patient never expressed his anxiety to me, he was discharged without any further

problems.

Other than touching, making an eye contact with the patients and showing a kind facial expression were effective in comforting the patients. These kinds of non-verbal activities suggested to the patients that the nurses were committed and competent to help them.

C. Counseling

Counseling was to help the patients and their family members remember and understand fully what was happening to them in the present situation so that they could solve the problems. It was provided by a few nurses. They were nurses who had a deep understanding of themselves as well as their patients and family members. They also had a good communication skills and the abilities to play necessary roles appropriately. Besides those characteristics, age or professional experience were also relevant in counseling. The more experienced they were, the better they were in counseling.

The next episode shows how a nurse assisted a patient who resisted having an operation. She not only listened to the patient well but also made the patient recognize her own situation and solve the problem productively.

The 69 year-old female patient was admitted with a diagnosis of brain tumor. She looked very independent and was very courteous and formal... A few days before the operation I came to her and said "You are scheduled to have an operation this Friday". But she looked very uncomfortable and strained. She asked "Should I have the operation?" So I said "Having an operation will be better for you." Then she talked about her life story. Her husband died early and she had raised their two children alone. The children became very successful. However, her daughter-in-law did not respect her. Then she described the origin of her disease as *han* [a grudge, bitter feeling]. She thought she had the illness because she had so much *han*.

At the same time no family member visited to

take care of her. She had lived independently all of her life. But now she had cancer. She also said, "I cannot accept the situation that I lie on a hospital bed. I would rather die. I want to go away and die rather than having an operation." So I told her that she could employ a *ganbyeongin* [a person who is hired by the patient or the family members to take care of the patient] to take care of her. I also explained about the nature of the disease and I said something like this : "If you do not want to have the operation, you can go home as you want. When you did not know about your tumor, it might have been okay. However, you now know that you have tumor in your brain and it will grow further. I don't think you can live comfortably with that." She responded, "You are right." Finally she decided to have the operation.

D. Leading

Leading was to help the patients and their family members move toward profitability for themselves. Like counseling, it was practiced by a few nurses. They were the nurses who were able to suggest ways to reconcile the viewpoints of others and to steer the group in some intended direction. In order to do that they had to have a deep understanding on the process and consequences of the events. They also had to recognize the conflicts in opinions that the patients and their family members had. With these kinds of understanding and recognition and through a relationship of cooperation and active participation, the nurses could assist them to solve their problems in a productive way.

The next example illustrates how a nurse led productively for a terminal patient and her family members. The nurse did not insist on the medical regimen, but spoke for the patient. The patient could drink what she wanted. More importantly the family members could make the last wish of their dear patient come true before her death.

When elderly patients are expected to die both by themselves and by the family members, I always ask the family members if there is anything the

patient wants to do and tell them do what the patient wants to do. Usually the family members do not know whether they can do what the patient wants them to do. I remember one case. The patient was an elderly woman with lung cancer. She was in an intermittent coma. She was on a low-salt special diet without alcohol. The family was ready for her death. One day she wanted to drink some *maggeolli* [traditional Korean liquor]. The family members realized that if they asked for alcohol for the patient, doctors would say no. However, I had a trusting relationship with the family members. So I told them, "The patient can drink only a spoonful of water. If she drinks alcohol, how much can she drink? Do what she wants you to do." So the family members let her drink *maggeolli*, as she wanted, before her death.

2. Barriers in Providing Psychosocial Nursing Care

Several barriers were identified that discouraged provision of psychosocial nursing care. First, the active participation of the family members in patient care discouraged some nurses in providing psychosocial care. The nurses neglected to integrate the family members' role and relegated psychosocial care to the family members. Among the domains counseling and leading were the most frequently relegated ones. Second, the characteristics of the nurses were relevant in the provision of psychosocial care. Most nurses were not sensitive to the needs of psychosocial care. Some nurses were not prepared to assess psychosocial needs of the patients except for anxiety and fear directly related to the medical procedure. Other nurses were not prepared to provide appropriate psychosocial care according to their assessment. Third, the health care systems affected the provision of psychosocial care. The emphasis on physical care and high ratio of patients to nurses discouraged psychosocial care activities. For example, one nurse in a medical unit had to take care of 17 patients in the day shift. Fourth, hospital environment was relevant. Most hospital beds were

densely packed so that any conversation between nurse and patient could be overheard by others. The lack of protection of privacy hampered psychosocial care.

The characteristics of the nurses were examined further and several factors were identified which contributed to the neglect of the psychosocial domain of nursing care. First, several nurses were not prepared to observe and analyze patients' statements and behavior. They were strictly oriented to the biophysical aspect of the diseases. Second, some nurses had problems in understanding and accepting certain patterns of behavior. They could not accept it when the patients and their family members behaved in a socially unacceptable way. Patients themselves also had difficulty in expressing their concerns and feelings. Third, even when the nurses accepted the behavior of the patients and diagnosed the psychosocial needs appropriately, most of them did not know how to deal with them. They were not able to deal with those patients who needed a lot of emotional care. The needs of the patients often made some of the nurses frustrated and depressed. For example, one nurse with two and a half years of experience described her difficulties in working in a cancer unit like this :

I tend to be depressed. When I started to work here I tried to do my best to provide some emotional care. As time goes by, however, I tend to distance myself from the patients because it is so hard and painful for me to accept their death. I feel that I have nothing to offer for the patients when the prognosis is poor. I and the other nurses have difficulties and conflicts all the time in dealing with the patients. But we never discussed about them with other nurses. We never dealt with it formally.

3. Factors that Influence Therapeutic Relationships

Since nursing care can be practiced and demonstrated only interpersonally, the data were analyzed to understand how the nurses interacted

with the patients and their family members in providing nursing care. And factors were identified that promote therapeutic relationships. These are competence in physical and technical care activities, abilities to establish trustful relationships, and abilities to play appropriate roles.

A. Competence in physical and technical care activities

All the nurses interviewed asserted that excellence in the biophysical domain of nursing care was a necessary condition in establishing a therapeutic relationship with the patients and their family members. Nurses who did not show competence in technical and physical aspects of care were not trusted. Furthermore, if they doubted the nurses' competence, they tended to blame the patients' conditions on the nurses and the hospital.

B. Abilities to develop trustful relationships

The nurses needed to have both the ability to elicit trust and the competence in interaction skills for therapeutic relationships. With a trustful relationship the nurses could obtain the information necessary to make reliable and helpful diagnoses.

First, showing concerns and feelings toward the patients was necessary in eliciting trust. It led the patients and their family members to tell their own experiences. By listening to them, nurses could have empathy. Empathy can be defined as awareness of another's feelings. It includes becoming absorbed in the other's experience and feelings without losing awareness of the separate identities. By having empathy, nurses could identify possible emotional problems of their patients.

Second, a non-judgmental attitude and behavior were necessary in establishing trustful relationships. Rather than saying good or bad, it was useful to show and say to the patients that it was all right to think the way they think. It led the patients to continue to talk about their own experiences. To be non-judgmental, it was helpful for the nurses to

recognize that most individuals have developed a repertoire of coping behaviors that enable them to deal with emotional stress, but at times of crisis the usual behaviors might be inadequate or ineffective. With this recognition, the nurses could be generous and non-judgmental.

Third, sensitivity to the social status was needed in establishing trustful relationships. The nurses had to recognize not only the social status of the patients but also of themselves. They had to be especially sensitive in calling patients who considered themselves very important persons in the society. By recognizing and treating them as they wished, nurses could remove tension between the patients and themselves. The patients needed not worry about their social status being stripped away in the hospital situation.

C. Abilities to play appropriate roles

Therapeutic relationships are more than just trustful relationships. To be therapeutic, nurses not only needed to be competent in technical care and in establishing rapport with the patients and their family members but also needed to possess the ability to play necessary roles related to the identified tasks. As required by the identified domains of psychosocial care, the nurses became teacher, comforter, counselor, leader, or a combination of these. Through appropriate roles, the nurses could help the patients and their family members explore their thought and feelings and resolve the identified problems.

4. Useful Strategies for Developing Trust, Exploring Feelings, and Establishing Therapeutic Relations

A. Sit on a chair rather than stand at bedside.

Sitting on a chair suggests that nurses are ready to listen. It encourages the patients to tell their story. Since most patients and the family members expect that nurses are always busy with their own tasks or telling them what to do instead of listening to them, sitting on a patient's bedside or on a chair

can be very effective in developing trustful relationships.

B. Listen to the patient and their family members

Good listening is one of the most important skills in establishing therapeutic relations. It leads to an understanding of the patients' feelings and thoughts. At the same time, it demonstrates to the patients and their family members that they are worthwhile people. With good listening the nurses can find unidentified problems that the patients may have.

C. Recognize and accept what the patients say, especially on pain complaints.

Recognition and acceptance are very powerful not only in developing trustful relationships but also in therapeutic relations. Rather than saying that it is not painful, saying that it is very painful is more effective for the patients who are going to have injections or procedure. When approaching patients who have had operations, saying "I know how much pain you have!" can be more effective than asking "How do you feel?" It signifies that the nurses already know that the patients are in pain.

D. Talk with the patients and their family members as much as possible

While listening is important in therapeutic relationships, talking a lot is also important. Talking a lot implies not only frequent contacts with the patients but also the importance of explicit communication. In the high-context culture of Korea, explicit communication is not encouraged. Silence rather than talking is considered a virtue. However, patients need to be informed explicitly rather than implicitly in the hospital situation. One nurse described the importance of talking a lot by saying: "In order to relieve her pain, I kept saying to her, 'We will give you analgesics whenever you need. Don't worry. You will be all right.'"

Talking as much as possible also implies quick

responses to the questions that the patients and their family members have. Whether nurses can solve the problems or not, it is important to tell the patients explicitly what they are going to do. Quick response to questions prevents not only frustrations on the part of the patients and their family members but also misinformation and misunderstandings.

E. Talk slowly and make an eye contact

Slow talking is especially effective for the elderly as well as for the anxious and fearful patients. Making an eye contact while talking is also effective in establishing therapeutic relations since it represents competence, trustfulness, and commitment by the nurses.

F. Support the patients' self-esteem

Some patients, especially elderly patients, refuse treatments or other procedures because of a feeling of passiveness. They feel that they are always told what to do by nurses, doctors, and their family members. In that case, saying "You are worth it," or "You can refuse the treatment or you can go home whenever you want. But you came to the hospital to receive treatment. You chose to be admitted" can be effective in supporting self-esteem as well as in helping them follow the medical regimen.

G. Be patient when patients are disrespectful

Patients often refuse to talk or they use non-respectful words. Then the best approach is to ignore it instead of refuting back. The nurses need to do what they have to do whether it is giving treatments or information. Then the patients become trustful of the nurses. However, when the trusting relationship has been established to some extent it is possible to tell them that using non-respectful words is not appropriate. One nurse described her experience as follows:

There was a patient in his 50s. He used non-respectful words to me. I was patient for several days and did my best to provide necessary care for him. So we developed somewhat of a trusting re-

relationship. It meant that he recognized that I was competent and trustful. So one day I considered whether it would be alright to let the patient know what I felt about it. I went to him and said "I think you may have a son or a daughter of my age. If you have a daughter who works in an office, I don't think you would like her boss to talk your daughter with non-respectful words. I think my father will think that way too." After that he used respectful words to me and began to respect me.

H. Recognize the social status of the patients and use that title, or ask what title they want to be called

Korean interpersonal relationships are not egalitarian but hierarchical (Yi, 1993). Thus nurses need to represent their own professional status and recognize the social status of the patients as well. Calling the patients using their full name with *Ssi* [Mr.] is a commonly used method when calling the patients. However, when patients want their social status to be recognized, then use the patients' current or past titles, such as *sajangnim*, or *gwajangnim*, and so on. Or ask them in what way they want to be called. It is very helpful in establishing therapeutic relationship because patients do not have to worry about their changed status in the hospital situation.

I. Show off professional competence

Showing off professional competence is to confidently provide precise professional information to the patients and their family members. It is important for nurses, especially for young ones, in establishing trusting relationships with patients and their family members. Often male patients try to treat the young nurses as females rather than as professionals. In that case, showing off their competence can be very useful. It can be related to giving information on an operation or procedures or side effects of the medicine that the patients are going to have. Or it can be saying about patients' own behaviors or feelings. For example, saying "I know

you are anxious because of the operation" is effective since it makes them recognize their emotional stress. If the patients say "You are the most beautiful in this ward" or "I want to have the injection from you," then responding "Is that so?" with a smile is effective rather than rejecting them.

Providing precise information is also very effective for the hypochondriacal or distrustful patients. In that case, tell them logically about the nature of the disease, including the causes, process, and prognosis of the disease. In addition, confidently tell the patients what the patient should do to improve their own conditions.

J. Hold patients' hands or stroke their back

Holding the patients' hands or stroking their back is the most frequently used non-verbal activities by nurses to relieve patients' anxiety and fear. Holding hands can be effective for female patients or elderly patients. Stroking the back is useful for the male patients. In addition, massaging a painful area can be very effective in relieving anxiety and pain.

K. Use written language as well as verbal

In providing information, employing written communication along with verbal communication is often very successful since the patients and the family members are not familiar with the hospital situations and medical terms.

L. Demonstration

Often just telling the patient how to do something is not enough for the patients to carry out the activity appropriately. Many patients do not know how to do what they have been told. Thus, demonstrating the necessary steps directly to the patients can be very effective in providing information and in encouragement. For example, massaging the engorged breasts of a woman who delivered a child or showing deep breathing and coughing for the post-op patients can be useful. Doing it together with the patients can also be effective. This is useful not only in teaching and encour-

aging but also in showing nurses' competence and commitment.

M. Recognize and control nurses' own thought and feelings toward the patients and the family members

Nurses' recognition of their own feelings and thoughts toward the patients or the events is very helpful in controlling their own activities. Without recognizing their own feelings and thoughts, nurses may face conflict and frustrations. The next incident illustrates how well a nurse recognized and managed her own feelings and provided emotional and informational support to the family member who was extremely distraught.

When a spouse's death is the only experience of death, the remaining spouse does not know how to deal with it. He or she does not know how far he or she should go in giving medical intervention for the spouse. The patient was in his early 50s with diagnosis of liver cirrhosis. He was having a severe hemorrhage from an esophageal thrombosis. He was conscious and desperately wanted to live. He received several hundred packs of blood over several days. I thought a hundred packs of blood was so wasteful since it could be used for those who really needed it. But I never showed my thought to his wife and the patient. After staying up several nights, his wife became exhausted. So I went to her and asked, "What do you want to do for him?" And she responded, "Since he is conscious and desperate to live, I want every kind of medical interventions." I accepted what she said. Although I was taking care of 17 patients, I checked him every one to five minutes. I was very busy because of him. After several days, however, the patient became unconscious because of the continuous blood transfusions. So I told his wife again "You did your best until the patient became unconscious. This is not a situation in which the doctor will come and say "Continue the transfusion" or not. It depends on your decision whether you want him to be continuously

transfused or not." Then she said "I think we did our best." So the transfusion was discontinued and the patient died after several hours. But the wife never felt sorry for the nurses...I later said to her that she did her best for her husband.

N. Visit the patients for whom the care has not been successful

Although it is very difficult for nurses to approach the patients for whom medical care has not been successful, such as having had a miscarriage, visiting them is very useful in establishing therapeutic relationship. It is the time when the patients need emotional care the most. Visit them and explain about the nature of the events or the disease and discuss future plans. It is useful in relieving the patients' despair and depression. One nurse who was in the Obstetric unit illustrated her experience :

Four patients were not successful in having babies. But when they were not successful, I still visited them. Of course it was very hard to do so. When they are successful, it is easy to come and say, "Congratulations!" But it is not easy to approach patients who have not been successful in having babies. But I thought I should still come to the patients because they were desperate. They were like a drowning man who will catch a straw. So I went to them and said, "I am sorry for what happened." And then I again explained the natural selection principle in pregnancy and gave information on a successful pregnancy. I did not just say that you can get pregnant again, I explained precisely what to do and said, "When you become pregnant, come to this clinic immediately." Some of them were readmitted after they got pregnant again. Then they said to others, "I become comfortable only when I see that nurse."

V. Conclusion and Suggestions

This exploratory-descriptive study analyzed the psychosocial nursing care in Korean health care

institutions. Several domains were identified. These were information provision, comforting, counseling, and leading. Information provision was the most frequently used by the nurses, while counseling and leading were used the least. It also identified barriers that discouraged psychosocial nursing activities. First, the family members' presence at the patients' bedside made the nurses relegate emotional care to the family members. Second, most nurses themselves were not effectively prepared to provide psychosocial care to their patients. Third, a health care system that emphasized the physical domain of nursing care and had the high ratio of patients to nurses was also identified as a barrier to providing psychosocial care. Fourth, the hospital environment, such as densely packed hospital beds, hampered the provision of psychosocial care since the privacy of the patients was not appropriately protected.

The characteristics of nurses that influenced therapeutic relations were investigated further. To be therapeutic, nurses should be competent in physical and technical care and have abilities to establish trusting relationships and to play necessary roles. Their roles includes being a comforter, a counselor, and a leader as well as a teacher. In addition, useful strategies were discussed and exemplars were provided. Also discussed were interpretations, intentions, meanings, and outcomes of therapeutic communications.

The results of this study suggest several ways to promote psychosocial nursing care in Korean health care institutions. First, high ratio of patients to nurses needs to be improved. Second, nurses should be more sensitive to the needs of the patients. They need to pay attention to the psychosocial problems of the patients and their roles and requirements in the solution of the problems. They need to help the patients meet the psychosocial needs through a relationship of cooperation and active participation. In order to accomplish this, nurses need to be given inservice and continuous education on communication skills and interpersonal relationships. Kim

and Cheon(1991) developed a program to promote therapeutic relationships in nurse-patient interactions. It includes perception training and response training. It might help nurses develop communication skills. However, nurses need to understand not only the short term consequences of interactions but also long term consequences. In this sense, the process of interactions should be investigated further. In addition, sharing experiences on patient care including exemplars and useful strategies and using role modeling should be encouraged. Third, nurses should not shuffle off responsibility of psychosocial care on to the family members. They need to be responsible for it by actively integrating family members' role into the nursing process. Nurses should be encouraged to practice family-centered nursing care rather than patient-centered.

This study focused on the nurses' experiences in psychosocial care. However, the nurses' experiences in specific units, such as ICU, cancer unit, or rehabilitation unit should be explored further. Patients' experiences of illness should also be described and explained to help nurses better understand them. The nature of the family members' role in the health care setting needs to be examined to integrate them in providing nursing care. Increasingly more *ganbyeongins* substitute for the family members' role in Korean health care institutions and their effects on the nurses' role and the welfare of the patients and their family members should also be investigated.

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- 초 록 -

한국에서의 사회심리적 간호에 관한 현상학적 연구

이 명 선*

본 연구의 목적은 한국의 사회심리적 간호현상을 밝힘에 있다. 이를 위한 자료는 9명의 임상경험이 많은 병원 간호사들을 심층면담하여 수집하였으며, 분석은 해

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석학적 현상학과 근거이론 방법에서 사용하는 계속비교 분석방법을 이용하였다.

사회심리적 간호는 '정보제공', '위로', '상담', '지도'의 네가지 범주로 구분되었다. 이 중에서 정보제공이 가장 많이 사용되었고 중요하게 여겨진 반면, 상담과 지도는 흔히 사용되지 않았다. 이는 상담과 지도는 고도의 의사소통 기술, 인간관계에 대한 이해, 그리고 타인에 대한 민감성등이 요구되었기 때문이다. 사회심리적 간호제공에 방해물 주는 요인도 밝혀졌다. 첫째, 가족이나 보호자들의 상주로 인해 간호사들이 사회심리적 간호의 책임을 이들에게 떠넘기는 경향이 있었다. 둘째, 간호사의 특성, 즉 치료적 인간관계를 확립할 수 있는 간호사의 능력부족이 방해요인이었다. 셋째, 신체적 간호만을 중시하고 높은 간호사대 환자 비율을 가진 병원 시스템이 방해요인이었다. 넷째, 조밀한 병상등의 병원환경도 방해요인으로 나타났다.

사회심리적 간호는 간호사-환자-보호자 관계를 치료적으로 형성 유지할 수 있는 간호사의 능력에 따라 결

정되었기 때문에 이에 대한 분석을 계속하였으며, 치료적 관계형성과 유지에 영향을 주는 요인은 다음과 같이 나타났다. 첫째, 간호사의 기술적, 신체적 간호의 유능성이 치료적 관계형성에 필요하였다. 둘째, 환자 및 보호자와 신뢰관계를 구축할 수 있는 능력이 필요하였다. 셋째, 환자의 요구에 따르는 역할을 제대로 수행할 수 있는 능력이 필요하였다. 즉, 치료적 관계형성은 환자와의 신뢰형성만으로는 부족하며, 환자와 보호자의 요구에 따르는 역할, 즉 정보제공자, 위로자, 상담자, 지도자의 역할까지도 수행할 수 있어야 함을 의미한다. 이 외에도, 간호사들이 치료적 관계를 형성하고 유지하기 위하여 사용한 대책들을 제시하고 논의하였다.

본 연구는 한국의 사회심리적 간호의 범주, 방해요인, 촉진요인 등을 설명하고 기술하였기에, 우리나라의 간호사들이 사회심리적 간호를 위해 어떠한 일들을 주로 수행하며, 어떻게 환자 및 보호자들과 상호작용하면서 간호중재를 떠나가는가를 이해하는데 도움을 주리라 여겨진다.