Is Teaching Helping Relations Challenging?

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Introduction

Helping relations are a critical component in the nursing profession and as such in training. However, despite the inclusion of a few hours of helping relations in the new nursing programme, the training offered is not always sufficient to adequately prepare our students to deal with the complexities of real-life situations. As the time allotted to training is limited, we must compensate by developing an extremely efficient pedagogy or training method which prepares our students to initiate helping relations with their patients. Training in helping relations nonetheless remains challenging.

(Image: Caisse primaire d’assurance maladie des Hautes-Pyrénées

Fundamental approach

It is assumed that teaching is based on pedagogy as a guiding process. In nursing, our pedagogy relies on socioconstructivist orientations which emphasize learning rather than teaching. The assumption is also that the student will remain active and is responsible for his own knowledge acquisition. This approach also favours the influence of the group, which is a channel for evolution and knowledge acquisition.

Socioconstructivist pedagogy is also practical for learning how to develop helping relations. As in any other program, the student attempts to integrate knowledge, to restructure it for his own intellectual purposes and to apply it through communications with the patient.

<table>
<thead>
<tr>
<th>Group</th>
<th>Student</th>
<th>Teacher</th>
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<tr>
<td>Fosters learning through interaction and the exchange of ideas.</td>
<td>Shares, compares and debates ideas with others. Completes a shared task and becomes aware of alternative solutions.</td>
<td>Organizes students into groups. Suggests interesting activities. Makes resources available. Makes sure instructions are followed. Stimulates research.</td>
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<tr>
<td>Generates ideas and helps improve them and their comprehension.</td>
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Helping relations, by their very nature, cannot be taught in a theoretical and individualistic framework alone, which means that our pedagogy is guided by specific orientations. Training
requires a pedagogical approach which first and foremost favours the personal growth of the student, self-development, the building of autonomy as well as his evolution within the group as a bridge for relational evolution.

It is hard to develop helping relations in a hermetic space. The student needs more than classroom definitions and theoretical concepts to apply helping relations.

The student must integrate fundamental skills such as feeling comfortable talking to the patient, asking appropriate questions, listening, showing empathy and providing emotional support. In addition, the student must feel at ease in translating his motivation into action, to take hold of himself and to evolve towards a comfort level or identifying solutions to problems. That is our challenge! The student must not only be armed with the fundamental principles of helping relations; he must also focus on self-development to apply them in the real world. That is why it is necessary and challenging to implement helping relations training. (Margot Phaneuf. Providing the scaffolding or controlling? Which is better for teaching Nursing? http://www.infiressources.ca/MyScriptorWeb/scripto.asp?resultat=731148)

Theoretical training

Under the socioconstructivist approach, it is generally accepted that theoretical training is limited or modified to keep the student active in the acquisition of practical knowledge. Regardless of whether it is through research or course lectures, the fundamentals of helping relations must from the onset be readily available and their acquisition must be carried out in a dynamic manner.

It should be noted that identifying the notions and the applications of a concept are two separate mechanisms. Understanding an idea and internalizing it for application are two different realities. There is a lot of ground to cover, but one might add that the path is perhaps arduous to finding relevant information and using it efficiently. The teacher’s intervention, through adapted strategies, can compensate this deficit. Before undertaking action with the patient, the student must have a clear idea of what helping relations demand and what are their guiding principles and ethical requirements.

A few helpful strategies

Many pedagogical strategies are available to make teaching more interesting and knowledge-acquisition more active. Some of these strategies are listed herein. The teacher can select his own appropriate method which corresponds to the needs of his students such as:

**Clued research**

- Research carried out before the teacher begins his lecture. The teacher gives hints on what should be read in books, magazines or on line so that the student understands what he/she should be seeking to understand the topic.
- Example: Identify the feeling experienced by the caregiver when dealing with another person’s suffering.
Clued research: This activity is carried out before a lecture to introduce a given subject and to generate interest among learners. It can be carried out individually or in groups. The teacher usually suggests which resources are to be consulted.

Example: “Please explain who Rogers defines a person's internal strength which favours change.”

Coming up with a definition: This strategy is carried out in-class. Students are divided into small groups. They must provide their own definition based on the teacher’s explanations on helping relations. The definitions are written or “taped” onto sheets posted on the blackboard. Textbooks or references should not be made available during this activity.

Example: “Provide your own definition of a helping relation based on what you have just been told.”

The following information that can be provided:
• It is an intervention, a conversation with a patient who is suffering or experiencing a significant problem.
• It is customized psychological support.
• It is a manner of comforting and motivating the patient, helping him becoming aware of his reality and of taking charge of or changing his situation.

Concept maps are used to express the relations between a main concept and sub-concepts (and even among sub-concepts)
graphically. This allows the student to provide a synthetic version of a problem and its potential outcomes or to identify topics or practical interventions.

**Example:** Identifying the relationship between a person's dependency and the various aspects of his life.

Following the teacher’s summary description of a complex situation, the student is asked to graphically illustrate the relationships among a person's main problem and other aspects of his life. The completed work must be presented using one of the concept map models.

**Background: Mr. Benoit is an alcoholic. He is married and has two children. He is hospitalized for the third time in the psychiatric ward. Identify the aspects of his life which interfere with this problem to identify the appropriate questions and topics to cover. Explain possible relationships among the various dimensions.**

The concept map provides a better image of a situation and, at the organizational level, exposes data gathered during relevant interventions.

**Identifying the patient's suffering:** Helping relations are usually complex and students have trouble understanding how to initiate them. Exercises aimed at identifying the patient’s suffering can help the student establish priorities. The objective is to get the student used to focusing on the essential aspects of a case, which isn’t always easy. This strategy exposes the student to the patient. The student reads complicated cases and must determine among many other ills what makes the patient suffer most. Every individual can experience pain in a different manner. That is why the student must gather plenty of information on the patient's history and other dimensions.

**Case:** You are taking care of Ms. Saint-Pierre who has been suffering from phobias for many years. She suffers from being unable to go outside and feels trapped in her house. She often experiences anxiety at home because her husband doesn’t understand her condition and blames her. She also feels that her children blame her for not being present during their activities, school meetings or sports events. She used to buy nice clothes, but she now sees herself as poorly dressed because she rarely goes shopping.

She feels humiliated, inferior and incapable as a result of this situation. She is miserable. Identify the element which makes her suffer most. Justify your answer!

**Various exercises**
Teachers can also use a variety exercises to stimulate theoretical learning or to prepare students for their internships.

**Identification exercises**

**Concept tree:** This exercise is a template which allows students to summarize their data. They can expose the patient’s problems, his difficult behaviour or even theoretical elements.

*Example:* Identify the attitudes and behaviours which precede helping relations and provide an example for each description.

**Scaled helping relations exercise:**

This helping relations exercise is led by the caregiver who expresses certain behaviours which are genuine skills. It is important that she explain how students should apply them before doing so as they aren't always easy. In order for the abilities to be efficient, they must be targeted at the appropriate level. Some skills might be too redundant (not active) while others can be too direct or interventionist. The student must learn what constitutes an appropriate response. He should neither minimize nor trivialize the patient’s suffering. The student must target the appropriate level. Listed below are good examples for confrontation and empathy. (Phaneuf, Margot (2002) Communication, entretien, relation d’aide et validation, p. 322 to 390).

**Case for empathy**

A patient learns that he has AIDS and is frightened by the diagnosis. He tells the nurse: "I'm overwhelmed. I don't feel like fighting. It's as if my life is all over."

Thinking that he is showing empathy, the nurse answers:

☐ Did the doctor explain the nature of this disease and what the existing treatments are?

☐ You think that it’s all over because your doctor said "AIDS” and you don’t feel like fighting. I understand your despair.

☐ I understand that “AIDS” is a frightening word. However, are you aware that there are now many efficient treatments? Tritherapy offers mind-blowing results.

☐ You’re exaggerating. Get up and fight! The treatment will give you many more enjoyable years.

☐ It’s hard news to swallow. I understand that you’re sad.

*Rank the answers from 1 to 5 by order of appropriateness, with 5 being the most appropriate response.*

N.B. The final answer is an example in which the caregiver minimizes the patient's suffering. He expressed an emotion that goes far deeper than just sadness.
Preparin for the meeting with the patient

Helping relations are carried out during encounters with the patient, which is why we must train nurses to initiate contact with them. Many strategies are available to help students become aware of their abilities and to develop and improve contact with others so that they are more efficient in real-life situations. Microcounseling is an important strategy which helps the student develop the skills needed to successfully extract essential information from the patient by asking relevant and varied questions and to reformulating them as needed. The student must also become comfortable in applying helping relations. In order to become a better caregiver, the student must apply certain techniques to integrate, analyse and understand what he is observing. He can use a genogram, a sociogram, circept, life line and many other tools. See:

Confrontation scale: Rank from 1 to 5 by level of appropriateness

Context

A young patient is addicted to drugs. He tells the nurse that he regrets all the harm that he has caused others but that his life is more exciting that way.

She responds:

- You shouldn’t consume drugs. Drugs are bad.
- Do you think about your parents when you consume drugs?
- Your life is perhaps more interesting, but are you wasting it without even being aware?
- On the one hand, you say that you regret consuming drugs, while on the other, you continue getting high. Do you think that you are being sincere?
- It’s not clear that you regret anything. Your words are hypocritical.

Microcounseling: Flow


The genogramme- a means/tool to enrich patient interviews/interviews with patients
Microcounseling
Microcounseling is practical at many levels. It is the leading method to help the student recognize his self-image through mediation, video feedback or through the feedback that he gets from observers. Microcounseling allows the student to improve his manner of acting, his performance during the meeting with the patient, in managing his various communications and helping relations skills, and other practical strategies.

Microcounseling is carried out in a college/laboratory setting during communications and helping relations simulations. These sessions can be filmed and viewed by the group to implement the necessary corrections. It is not necessary to use a camera. This strategy can be practised in groups of three in which one student acts as the caregiver, the other as the patient and the third person as the observer. The simulations are planned in advance by the teacher and presented on cards. The card indicates the caregiver's skills, the patient's illness and the behaviour which he needs to express. For a more detailed explanation of microcounseling, see: Margot Phaneuf The Mirror Effect - Mediator of Knowledge and Self-Image http://www.infiressources.ca/MyScriptorWeb/scripto.asp?resultat=340721
(Entretien et relation d'aide dans des situations psychiatriques ou psychologiques difficiles » : http://www.infiressources.ca/infiressources/Ressources.aspx?id=874

Microcounseling also allows the student to learn how to manage the various aspects of the dialogue by focusing on each one successively. The main focus is on preparation, if possible, and then on the orientation of the two protagonists as they recognize one another and initiate dialogue. The second step focuses on exploitation, or what the patient reveals, with the caregiver attempting to get him to provide more detailed information and to guide the subsequent dialogue. Finally, the caregiver and the patient conclude the dialogue. The caregiver thanks the patient for his cooperation, summarizes what happened, and, if necessary, explains the objectives of the next meeting.

The final phase of microcounseling is the teacher’s retroaction with the group. It allows her to highlight the elements which need to be improved and, more importantly, what positive developments have been attained. It is important to reinforce the student’s self-image during this stage, not to diminish it.
Exercises on formulating questions and on reflective answering: Asking questions might seem trivial, but asking efficient and relevant questions is another matter. That is why exercises on the various types of questions are useful for preparing the student to meet the patient. It is natural for humans to ask closed (yes-or-no) questions. Although this format should not be completely avoided, it does not allow the patient to fully express his thoughts. It is also difficult to gather a sense of the patient’s feelings and emotions with closed questions. The person asking the questions ends up looking like a detective. A question strategy which results in a reflective answer can be integrated into microcounseling. Such exercises can be carried out in class, at work or as a complement to the lesson.

Example: Using simple sentences, ask the patient:

- A closed question;
- An open-ended question for validation purposes;
- Follow-up questions;
- Open-ended descriptive questions.

Reflective answering (or reformulation) exercises: A reflective answer is not only a method to gather information; it is also serves to communicate our empathy and understanding to the patient. That is why it is important that the student master questioning techniques before his internship. Exercises to elicit reflective answers, to ascertain their relevance and depth are quite practical. The student must not only learn how to elicit reflective answers, but also how to avoid biasing the information provided by the patient, by minimizing or exaggerating his feelings and so on.

Example: A patient says: “I feel lonely, sad, nobody visits me, and I don't understand why they leave me here alone."

- Repeat a fragment of the patient’s sentence.
- Reformulate it (in your own words).
- Reflect the feeling. Get the patient to express the unsaid, sub-adjacent feeling in the given context, the one suspected by the caregiver.
- Use reflective elicitation. (Elicit feelings or underlying, hidden emotions that the patient is unable to express or wishes to hide). (Margot Phaneuf. Communication, entretien, relation d’aide et validation, 2002, p. 109-161).

Dialogue strategies during the student’s internship

Certain strategies are useful for facilitating, enlightening or supporting the student during conversations with the patient. These strategies help him determine which topics to cover and which questions to ask. The relevance of these strategies is transmitted at the beginning of the internship to show the student that helping relations have a finite objective to be attained through a logical sequence. The meeting with the patient cannot be allowed to flow ad hoc, but room for spontaneity to discover the patient’s important aspects should be left open.

SWOT scale (strengths, weaknesses, opportunites, threats) to analyze a situation

Analyzing a complex situation can be challenging. That is why we suggest that students use a scale. The caregiver can use the SWOT scale by questioning what he already knows about the patient’s history to prepare for subsequent meetings. (M.Godet. Analyser l’environnement

http://www.jinnove.com/upload/documentaire/analyser_environnement.pdf)
Example: Maude is addicted to sleeping pills. The SWOT scale can be used to develop an exchange with her. First, it is important to get her to explain her overall situation by asking her questions such as:

“What do you see as the biggest threat in your experience? What is the greatest hassle? (It can be addiction, the fact that her husband doesn’t notice her, lower productivity at work, uncertainty about the future, her self-image, etc.).

“What would you consider to be assistance for your own purposes?” (It can be support from her loved ones or a new job).

“What can you do or what resources are available to you to fight your addiction? (It can be her motivation, her willingness to change).

“What do you consider to be your greatest problems?” (It might be acute pain, living alone or having no friends or family in her immediate environment).

Example: Bereavement:

<table>
<thead>
<tr>
<th>Cause</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sadness</td>
<td>Loss of appetite</td>
</tr>
</tbody>
</table>

Understanding a situation

Cause-and-effect diagram
Definition: analysis of the main causes of a problem
1- Clearly define the problem.
2- Decompose the main and accompanying problems:
   Example: bereavement:
   | Sadness | Loss of appetite | Depression |
3- Ask why each problem occurs to dig deeper than the surface.
4- The data gathered and identified must be validated with the patient.

Example of how to plan subsequent meeting with the patient: Following the initial encounter, the caregiver can plan the subsequent meetings by:

Helping the patient become aware of his problem;
Examining the patient’s support network with him;
Getting him to express the pros and cons of his addiction;
Seeking reasons to change his behaviour with him in order to stimulate his motivation;
Alluding to moments in his life which were successful in order to get him to understand that he can still be successful.

La grille Moff : Guide méthodologique du travail en commun :
http://www.iaat.org/telechargement/guide_methodo/3_1_moff.pdf
Evaluation grid based on the cause-and-effect diagram The evaluation grid based on the cause-and-effect diagram can help the student analyze and gain a better understanding of the situation subsequent to the initial encounter with the patient. The objective is to evaluate the overall background, to determine the main problem, to deconstruct it into secondary problems and to seek possible causes for each one. This analysis unveils elements which the student can subsequently validate with the patient. It also gives him leads into potential interventions. This exercise can be carried out alone or in groups.

Priority grid Before meeting the patient, the student must first determine his priorities. Many situations are complex, so establishing priorities is critical. Priorities are not always dependant upon academic logic, but rather upon a given person's inherent logic. Logic can vary from one person to the next. Furthermore, certain elements should be prioritized as an emergency, while others should be given priority because of their emotional value.

Example: Madeleine is 28 years old. She requires an intervention for her colorectal cancer. She will be wearing a stoma bag post-surgery. You wish to provide her support throughout this ordeal. You identify problems which might occur. They are all important, but as your time is limited, you wonder which ones are most relevant. You know that Madeleine is refined and that she attaches a great deal of importance to her relation with her husband.

- Her concerns about the surgery and anaesthesia;
- Her fear of cancer;
- Her anxiety in the wake of bodily changes;
- Her fear of suffering.

How do you establish priorities? Support your answer for each priority.

Strategies to implement during the conversation

Certain strategies favour the awareness of the need to act and metacognition, which is vital in the socioconstructivist method. These results occur after the student's intervention with the patient.

Interaction analysis: This monitoring strategy is carried out throughout the internship by monitoring the student’s conversations with the patient. The objective is to analyse a fragment of the conversation with an identified patient and to help the student become aware of his interactions (appropriate, too directive or too exploratory), of how he manages the conversation and of how he expresses his helping relations skills. Getting the student to find paths for self-improvement is the main advantage of this method.
Logbook (journal entries): Writing is an excellent method to become aware of the evolution of one’s thought process. That is why it is useful both as a pedagogical tool and for learning helping relations.

The logbook requires that the student writes down his thoughts throughout his internship. These may include fear, problems, accomplishments, reflections, or potential improvements. The logbook can be confidential or examined solely by the teacher for control purposes. However, if the student agrees, it can be read in class for instructional purposes.

The teacher can decide on the presentation of the grid; however, it should normally contain at least three columns in which the student can write down the patient’s words, behaviours or facial expressions. Room should also be made for the student’s comments and the teacher’s feedback. This strategy is time-consuming for the teacher and for the student, but it is efficient in promoting the integration of learning and skills acquisition.

### Interaction analysis

<table>
<thead>
<tr>
<th>What the patient says or does</th>
<th>What the nurse says or does</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel depressed. I’m worthless (drawled and monotone voice, face and eyes lowered, hands rubbing).</td>
<td>I realize that you have a problem, but what are you doing to improve your situation?</td>
<td>Response that is directive and illustrates little understanding.</td>
</tr>
</tbody>
</table>

#### Logbook

- **Strategy which requires the student to write a summary of his emotions, fears or accomplishments during his meetings with the patient during the internship.**

#### Portfolio

- **Definition**
  Organized compilation of documents that can be used for reference purposes or as a tool for reflexion and metacognition.

- **Composition**
  Can contain various sections:
  - An activity report section during training, of experiences in the internship, of patients encountered, of results. It is a valuable work tool.
  - A thought-structure section: reflections, comments on experiences (emotions, opinions, problem solving, thoughts, assessment of processes and personal evolution). It is a tool to understand one’s cognitive evolution.
The teacher or students can even agree to create an electronic portfolio.

The student can keep, expand and use the portfolio throughout his training. Infiresources, *Cent références pour le portfolio numérique*:
http://ntic.org/guider/textes/portfolio.html

**Conclusion**

Helping relations are an essential component of nursing which the student must learn. Teaching students how to master the art of helping relations also requires that the teacher shows plenty of creativity in order to help them acquire the appropriate behaviours, knowledge and skills for dealing with patients. This paper is intended to help teachers and students overcome this challenge. The quality of care provided by students can only be improved if they understand how to initiate helping relations. These skills also give the nursing profession an aura of warmth and humanity.

Ghandi described methods as seeds and their results as trees. The methods we use in helping relations might result in sequoias. As in nature, the tree originates from the seed. The end result of the training depends upon the seeds that we are planting.

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