

Orientation phase of nursing

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Introduction

Hildegard Peplau, a professional nurse, is accredited for her techniques in psychiatric nursing. The contribution to it is by her well-acclaimed published works on the theory of interpersonal relations between a nurse and her patient. The theory explains roles of nurses, methods of studying nursing and describes the phases of an interpersonal relationship.

The stages of interpersonal relationships were initially four that include orientation, identification, exploitation, and resolution phases. However, the steps later reduced to three after further studies and analysis. The second phase now combined both the identification and exploitation phases. These two aspects combined, therefore, became known collectively as working phase. This paper, however, only discusses the orientation phase.

Orientation Phase

This is the first phase of the interpersonal process as was explained by Peplau. It is at this stage where the patient first meets the nurse. At this point, the nurse and patient are still total strangers. This first meeting always brings with it a lot of anxieties, from both the nurse and the patient. It is the nurse's responsibility to alleviate the anxiety that grips them before proceeding any further (Boyd, 2007). This is important in establishing a therapeutic environment.

Mary Boyd states that this is the session where the nurse discusses the patient's expectations and explains the purpose of their relationship. It gives a clear definition of the roles, goals and limitations of the relationship (Lhynelli, 2008). In short, the nurse sets limits that have to adhere to

throughout the relationship. The boundaries are however subject to flexibility depending on the situation.

In practical situations where the nurse has to draft a session attendance schedule for the patient, the nurse should also spell out the guidelines on how to handle cases of missed sessions and lateness. The handling should be in such a way that it alienates the patient. The nurse should understand that this could be a means by which the patient tests the relationship (Boyd, 2007). It is important to gain the patient's acceptance and develop trust. This is achieved by maintaining consistency and continually encouraging the patient, both verbally and non-verbally, to express themselves (Lhynelli, 2008).

Problem identification is the last step in the orientation phase and signifies an introduction to the next phase. Nevertheless, as research proves, it is still part of the orientation phase. This is where the nurse's ethical boundaries come to test. By this stage, the patient already sees the nurse as one of the important people "in planning and implementing care" to them. They have developed a close relationship and a large degree of openness. The nurse should now observe a corresponding degree of privacy. Thus, they should discuss the issues of confidentiality during the first meeting between the nurse and the patient. That is where the nurse makes it explicitly clear on what information they are allowed to share with anyone else (Boyd, 2007). They should thereafter keep their word in adherence to the medical code of ethics to maintain the trust of the patient.

References

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