



# Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

## REFLECTIVE ANALYSIS ARTICLE

### REFLECTION ON THE APPLICATION OF THE THEORY OF INTERPERSONAL RELATIONS TO WOMEN IN ABORTION SITUATION

### REFLEXÃO SOBRE A APLICAÇÃO DA TEORIA DO RELACIONAMENTO INTERPESSOAL À MULHER EM SITUAÇÃO ABORTIVA

### REFLEXIÓN SOBRE LA APLICACIÓN DE LA TEORÍA DE LAS RELACIONES INTERPERSONALES A MUJERES EN SITUACIÓN DE ABORTO

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#### ABSTRACT

**Objective:** to reflect on the importance of Peplau's theory of interpersonal relations for nursing care provided to women in abortion situation. **Method:** descriptive and reflective type study on the application of the theory mentioned in nursing care provided to abortion and its contribution in the field of health. **Results:** the relationship established between nurses and patients allows nurses to know the meaning of the abortion experience for women and the feelings related to that process, indispensable condition for the development of a holistic and quality service capable of promoting full recovery of women. **Conclusion:** care provided to abortion must be addressed at all levels of complexity, establishing a link between community and hospital care, targeting the prevention of this occurrence rather than the recovery of women, by means of health promotion through educational strategies in the context of reproductive health. **Descriptors:** Nursing Theory; Interpersonal Relationships; Communication; Abortion.

#### RESUMO

**Objetivo:** refletir sobre a importância da teoria das relações interpessoais de Peplau para a assistência de enfermagem à mulher em situação abortiva. **Método:** estudo descritivo, tipo análise reflexiva sobre a aplicação da teoria mencionada na assistência de enfermagem ao aborto e sua contribuição na área da saúde. **Resultados:** o vínculo estabelecido entre enfermeiros e pacientes permite aos enfermeiros conhecer o significado da vivência do aborto para as mulheres e os sentimentos relacionados a esse processo, condição indispensável para o desenvolvimento de uma assistência holística e de qualidade capaz de proporcionar a recuperação integral da mulher. **Conclusão:** a assistência ao aborto deve ser contemplada em todos os níveis de complexidade, estabelecendo-se um elo entre assistência comunitária e hospitalar, visando mais que a recuperação da mulher a prevenção dessa ocorrência por meio da promoção da saúde através de estratégias educativas no âmbito da saúde reprodutiva. **Descritores:** Teoria de Enfermagem; Relações Interpessoais; Comunicação; Aborto.

#### RESUMEN

**Objetivo:** reflexionar sobre la importancia de la teoría de las relaciones interpersonales de Peplau para la asistencia de enfermería proporcionada a las mujeres en situación de aborto. **Método:** estudio descriptivo, tipo análisis reflexivo sobre la aplicación de la teoría mencionada en la atención de enfermería al aborto y su contribución en el área de la salud. **Resultados:** el vínculo establecido entre enfermeros y pacientes permite a los enfermeros conocer el significado de la experiencia del aborto para las mujeres y los sentimientos relacionados con ese proceso, condición indispensable para el desarrollo de una atención holística y de calidad capaz de proporcionar la recuperación plena de la mujer. **Conclusión:** la asistencia al aborto debe abordarse en todos los niveles de complejidad, estableciendo un vínculo entre la asistencia comunitaria y hospitalaria, con vistas a la prevención de esta ocurrencia más que a la recuperación de la mujer, mediante la promoción de la salud a través de estrategias educativas en el contexto de la salud reproductiva. **Descritores:** Teoría de Enfermería; Relaciones Interpersonales; Comunicación; Aborto.

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## INTRODUCTION

Women that experience an abortion become weakened, requiring specific care and assistance focused not only on physiological aspects arising from the abortion, but mainly addressing the emotional, affective, family, and social repercussions that the event causes. The fact that women wished to abort does not exempt them from the suffering caused. In many cases, these women find themselves without the protection of the family and/or society; they do not have financial, social, and psychological conditions to face and take a pregnancy to term. Many of these women are adolescents, without a stable marital relationship or a partner to support pregnancy. As a result, they find abortion as their only option.

Opting for an abortion is a difficult decision and it should be seen by health professionals as a matter that overlaps the desire of women, being determined by various factors, many of which are imposed by a patriarchal, chauvinistic, and overly capitalist society.

Abortion is a public health problem and the complications arising from unsafe practice pose it as one of the leading causes of maternal mortality worldwide. In Brazil, abortion is one of the main causes of deaths among women of childbearing age. In addition, it causes expenses to the public purse. It is a controversial topic that articulates several segments of society by involving ethical, moral, and religious aspects.

Women in an abortion situation, whether spontaneous or induced, require humanized care, free of judgments and prejudices. The health team, in particular nursing, needs to be attentive to the feelings experienced by these women, offering them comfort and emotional support to make them feel comfortable.<sup>1</sup> However, abortion care is characterized by a distancing on the part of the subjects involved in the care process. The reality of health centers shows the professionals with technical competence; however, they often lack reflective and communicational skills.

Care centered on physical aspects, marginalizing the subjective issues of care, arises from the training of nursing professionals, which prepares them to work facing life and health, leaving them in an uncomfortable position when their performance is required to deal with the termination of life.<sup>2</sup> While undergraduate students, the future nursing professionals formulate assumptions with respect to women who undergo an abortion. These assumptions,

combined with the technical training, subjugate broader issues such as women's reproductive rights, leading these professionals to provide care that is not always efficient.<sup>3</sup>

On the basis of this reality, nurses should approach the theory—often called subjective—to the care practice, establishing a relationship with that kind of clientele, so as to perform care causing the minimum possible suffering and greater quality of life for their families. Thus, when using a philosophical-theoretical model, nursing can systematize its care and express its scientific character.

From this perspective, among the nursing theories, Hildegard Peplau's theory of interpersonal relations proves effective in providing care for women who undergo abortion, since they will feel the need to express their feelings involved in this loss. Through the therapeutic relationship, nurses will be able to interact significantly with these patients and their families, working together toward the solution of conflicts, as suggested by the theorist.

## METHOD

This is a descriptive and reflective type study on the applicability of the theory of interpersonal relations in nursing care provided to women in abortion situation. The study was conducted in the "Theoretical and Philosophical Foundations in Nursing" course of the Master's Degree Program in Nursing, Federal University of Piauí (UFPI) in the first term of 2012.

Searches were carried out in the SciELO and LILACS databases in order to find the publications related to the topic under study. The keywords used were: nursing theory; interpersonal relations; communication; and abortion. A total of 22 articles were found and eight of them were selected for presenting greater deepening in the topic.

The "Technical Standard of Humanized Care for Abortion" of the Ministry of Health and articles discussing abortion were used for this reflection in order to obtain greater deepening and approach with respect to the topic. The analysis allowed understanding that the theory of interpersonal relations is an indispensable tool to perform nursing care provided to women in abortion situation.

## RESULTS AND DISCUSSION

- **Theory of interpersonal relations for care provided to women in abortion situation**



As an interpersonal process, nursing involves the interaction between nurses, patients, and families. This means a human relationship between a sick person, who needs care, and a nurse able to recognize and perform in face of the need for aid, from which they will work together toward growth and personal development, seeking the solution of conflicts.

Starting from this assumption, nursing can use Peplau's interpersonal relations theory to guide its activities and thus ensure quality care. There is a need to make a link between theory and practice, bringing the theory from the intellectual abstract and let it express itself in care practice. By using such a theory, nursing is fundamentally giving scientific support to the activities already carried out in its daily practice.

The theory created by Peplau promotes a process of engagement, from which the patients can cope with the internal dissonance that exists with respect to their adaptation to changes in the roles of life precipitated by abortion.<sup>4</sup>

From a collective perspective, nurses show themselves as persons able to listen to the patients, incorporating an affable and unprejudiced stance and being seen by women as reliable professionals able to help them. Likewise, patients, who are weakened persons, are seen by nurses as persons that need care.

As nurses understand their role in the provision of care, they understand the situation of the patients and they way they see nurses. Thereby, the stance that nurses take interferes directly in the patient's learning in face of the care process during the development of the disease.<sup>5</sup>

Woman who undergo abortion situations require specialized help and individual attention so that they can express their feelings and concerns. When using the interpersonal theory in care provided to abortion cases, nurses create a relationship with the women, making them comfortable to express themselves. This way, a therapeutic relationship begins using mainly communication as a basic instrument to provide care and maintain the relationship created.<sup>6</sup>

Communication in nursing has a role of great importance, since care provided is effective if there is a significant approach, an effective communication. Nurses consider communication as a fundamental instrument in their work. Communication goes beyond the identification of physical signs and symptoms, because it mostly favors the therapeutic

interaction, by means of which it is possible to obtain a wide range of information about the patients, which is significant in determining the health-disease process. Thus, understanding interpersonal communication as a strategy to improve the quality of care is the first step toward the achievement of this process.<sup>7</sup>

Communication is the instrument of care from which the relationship between nurses and patients could be promoted.<sup>8</sup> By using therapeutic communication in care provided to women who underwent an abortion, the nurses, while assessing the possible complications, encourage women to express themselves, being aware of the feelings expressed. In this way, nurses promote individual and quality care, providing conditions so that the therapeutic relationship is effectively established in order to satisfy the goals of their health care practice. Peplau's theory is composed of four phases, namely: orientation; identification; exploitation; and resolution, which are based on interaction and therapeutic relationship.

#### ● Orientation phase

This phase is the initial contact in which patients and nurses are unknown to each other. This fact may cause an initial tension on both sides, since the relationship to be created receives influences and direct interference from the preconceptions that they have with respect to each other. These prejudices are influenced by external factors such as: culture; religion; race; educational background; experiences; and preconceived ideas. This meeting originates from the need that patients have when request help against a perceived problem, although these patients will not often be able to understand it immediately.

Society establishes a direct relationship between motherhood and womanhood. Becoming a mother is a sublime mission for which every woman starts being prepared since childhood. Society is not prepared to deal with women who refuse motherhood choosing not to have children, or who undergo an abortion, or even lose their babies in conditions beyond their will.

Health care professionals incorporate the values established socially and perform their activities in face of this reality. In this sense, abortion is understood as a difficult experience, full of meanings and suffering for women and for the health team.

Considering the social context as a determinant in health care, the creation of the relationship and the establishment of the therapeutic relationship face many obstacles



in the orientation phase. In a predominantly Catholic country, it is common for health professionals to create a barrier to women in abortion situation. In many cases, care becomes cruel and characterized by disrespect, as occurs in cases of suspicion of induction. Also, care is hindered or even negated, as happens with women who have abortion provided by law and face an inhumane process in health institutions waiting for professionals to accept participating in abortion care.

In view of this reality, there are reports of women with a high financial standard that seek care at specialized clinics of other countries, in which care provided to these cases is not marginalized. However, there is no other option than seeking care in clandestine clinics for those women who do not have financial resources. These clinics perform care under unsanitary conditions, becoming the main responsible for post-abortion complications that must be treated in public maternity wards in the country. The current abortion care consists basically in treating these complications resulting from unsafe procedures. Professionals, particularly nurses, limit their practice to technician procedures for the treatment of complications resulting from care provided under low sanitary conditions. They give low priority to emotional aspects, family support, and the necessary social support, forgetting that health is achieved by means of promotion, prevention, and recovery.

Nursing care is beyond physical barriers. It seeks excellence care, capable of solving the problems and preventing recurrences. Professionals that provide care to woman under these circumstances in the emergency service have the role of treating and guiding them, but primarily they must refer them to primary health care, where educational strategies will be carried out aiming at the non-recurrence of abortion, in addition to follow up their full recovery.

Nurses providing basic care use the therapeutic relationship to perform family planning, guiding these women with respect to future pregnancies, aiming at a safe pregnancy without interurrences. When women report a previous abortion or miscarriage, and the fear of a recurrence or no longer getting pregnant to nurses, these professionals experience an altruistic motivation, performing a differentiated care by considering those women in their entirety. This case is different from that of nurses who never became pregnant and underwent an abortion. These professionals are not able to

realize the deep pain caused by losing a baby, a fact that, even not planned, entails suffering for the family, this way making care difficult by becoming an obstacle to the establishment of the relationship. These conditions experienced by nurses also lead their care procedures, which can be decisive for a good therapeutic relationship.

#### ● Identification phase

Once the orientation phase is finished, nurses and patients start the identification phase, in which the relationship established narrows and the therapeutic relationship becomes intensified. At that stage, women will respond selectively to the nurses, perceiving them as persons able to provide help.

Nurses make the diagnostics and plan the way to achieve the goals established. The replies adopted by the patients with respect to the goals vary. They can have a dependent behavior toward nurses, performing as a passive agent in the relationship and receive care without positioning themselves toward it, or they can adopt an independent response, working actively in their recovery, often unrelated to the nurses. Some women respond in an interdependent way to the nurses, acting in conjunction with them in order to solve the problems.

#### ● Exploitation phase

At the end of the identification, the exploitation phase begins, in which the patients retrieve all the help available in the services offered. At this time, the feelings and doubts that women have with respect to the situation experienced must be discussed in order to meet their wishes and expectations. At that stage, women may make several demands to the nurses and the health team, many more times than when they needed more intense help. This is due to the anxiety caused by the possibility to conclude the abortion experience and the fear of not knowing how to deal with such feelings in an external environment. However, as care is individualized, this phase varies from woman to woman.

In order to deal with these feelings, nurses can use communication again by means of listening, clarifying, accepting, interpreting, and teaching these women to deal with these feelings so that this phase can be finished. Thus, the importance of communication in the theory mentioned is evident, as well as its application in the nursing process.

Nurses should use the communication tools to carry out education in reproductive health, which is a subject worthy of emphasis in all



interpersonal process of abortion care. Understanding the causes that led to the abortion and working according to this reality constitutes a prevention tool that also minimizes the anxiety caused by the fear of not getting pregnant any more or undergoing an abortion again.

### ● Resolution phase

When the exploitation phase has finished, the last phase of the interpersonal process begins, namely the resolution phase. According to Peplau,<sup>1</sup> the resolution is a process of liberation, in which nurses help their patients to order their attitudes from this perspective, thus making these patients able to become willing and free to engage in a productive social activity and have their relations chosen freely.

At that stage, the relationship needs to be finished. Nurses and patients have to deconstruct the relationship established by then, so that both can take an independent stance. This process is not always easy to conclude. For this reason, one of the most important roles of nurses is to show themselves from the beginning of the therapeutic relationship as professionals whose function is to provide help and that, when it is no longer needed, both should dissolve the relationship created.

In the resolution phase, nurses should show to the patients that all nursing care for their recovery has been provided, helping them to resume their routine. However, attention should be given to the needs of the patients outside the care context. These women must be referred to the necessary specialized services, such as psychological, psychiatric, or even nursing care within the community, so that these women can recover completely.

### FINAL CONSIDERATIONS

Nursing theories in care practice are an important tool for building a valued practice, since they are the means that nursing has to substantiate the care provided. Nursing care, coupled with the use of a theory, favors not only nurses, but mostly the patients, who will count on individualized and quality care based on theoretical precepts.

In this sense, it is necessary to consider primarily the training nurses, by means of which it will be possible to promote significant changes in health care practice. Establishing care models based on nursing theories in the curriculum of undergraduate courses is the first step toward the formation of a humanized professional, leaving aside the

mechanism and incorporating a holistic view of the other.

Inserting the nurses within the schools, in order to develop health care programs among children and adolescents is the second step for prevention of cases of abortion, since this is a portion of the population in which the number of abortions is increasing as a result of unwanted pregnancies or risk factors such as early age, insecure marital state, low education, and low income. Nursing must use educational measures in pursuit of prevention and non-recurrence of pregnancy during adolescence or an abortion.

Creating groups with women who have undergone abortions can be a means that nursing has to promote the sharing of experiences and common feelings, working these issues toward the overcoming of the abortion episode.

In the context of hospital and community care, nursing should seek to promote strategies of humanization for multi-professional care, conducting training and improvement of available techniques for abortion care. Lastly, the team must not only treat the physical and psychological complications of women, but devote attention to the family that is also weakened in this process.

### REFERENCES

1. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas. Atenção humanizada ao abortamento: norma técnica. Brasília: Ministério da Saúde; 2011.
2. Mariutti MG, Furegato ARF. Fatores protetores e de risco para depressão da mulher após o aborto. *Rev Bras Enferm* [Internet]. 2012 Mar-Apr [cited 2012 May 23];63(2):183-9. Available from: [http://www.scielo.br/scielo.php?pid=S0034-71672010000200003&script=sci\\_abstract&tlng=pt](http://www.scielo.br/scielo.php?pid=S0034-71672010000200003&script=sci_abstract&tlng=pt)
3. Góes FG, Lemos A. What nursing bachelors think and say about the induced abortion. *Rev pesqui cuid fundam Online* [Internet]. 2010 Apr-June [cited 2013 Dec 12];2(2):913-21. Available from: [http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/376/pdf\\_25](http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/376/pdf_25)
4. Merritt MK, Procter N. Conceptualising the functional role of mental health consultation-liaison nurse in multi-morbidity, using Peplau's nursing theory. *Contemp nurse* [Internet]. 2010 Feb-Mar [cited 2012 May 23];34(2):158-66. Available from:



<http://www.ncbi.nlm.nih.gov/pubmed/20509800>

5. Peplau HE. Relaciones interpersonales en enfermería. Barcelona (Espanã): Ediciones Científicas y Técnicas, S.A.; 1990.

6. Nery IS, Gomes IS, Moraes SDS, Viana LMM. Percepção de enfermeiras sobre as relações interpessoais na consulta de enfermagem. Revista de Enfermagem da UFPI [Internet]. 2012 [cited 2012 May 23];1(1):29-35. Available from:

<http://www.ojs.ufpi.br/index.php/reufpi/article/view/707>

7. Pontes AC, Leitão IMTA, Ramos IC. Comunicação terapêutica em enfermagem: instrumento essencial do cuidado. Rev Bras Enferm [Internet]. 2008 [cited 2012 May 23];61(3):312-8. Available from:

[http://www.scielo.br/scielo.php?pid=S0034-71672008000300006&script=sci\\_arttext](http://www.scielo.br/scielo.php?pid=S0034-71672008000300006&script=sci_arttext)

8. Teston EF, Cecilio HPM, Marques CDC, Monteschio LSF, Sales CA, Marcon SS. Communication towards the terminality process: integrative review. J Nurs UFPE on line [Internet]. 2012 Nov [cited 2013 Jan 10];7(3):803-12. Available from:

<http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/3280>



Submission: 2013/04/08

Accepted: 2014/06/01

Publishing: 2014/10/01

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