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REFLECTIVE ANALYSIS ARTICLE

ANALYSIS OF THE THEORY OF INTERPERSONAL RELATIONSHIPS: NURSING CARE IN PSYCHOSOCIAL CARE CENTERS

ANÁLISE DA TEORIA DAS RELAÇÕES INTERPESSOAIS: CUIDADO DE ENFERMAGEM NOS CENTROS DE ATENÇÃO PSICOSSOCIAL

ANÁLISIS DE LA TEORÍA DE LAS RELACIONES INTERPERSONALES: CUIDADO DE LA ENFERMERÍA EN LOS CENTROS DE ATENCIÓN PSICOSSOCIAL

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ABSTRACT

Objective: to analyze the Theory of Interpersonal Relationships Hildegard Peplau from the approach of the mental health care in Psychosocial Care Centers (CAPS). **Method:** a theoretical study concerning the criteria for analysis and evaluation of Ann Whall and responding to the question “what are the definitions and the importance of the main theoretical statements and main concepts of this theory.” **Results:** the evaluation revealed that the theoretical assumptions of Peplau (*orientation, identification, exploitation and resolution*) are operational in CAPS and can support the therapeutic and rehabilitation process developed by nurses in communication and interaction with patients of the service. **Conclusion:** the use of their theories has proved to be a determining factor in the autonomy of nursing as a science and basis of their actions. Its applicability in practice can be revealed from the analysis of these theories, as shown in this focused study on mental health. **Descriptors:** Nursing Theory; Interpersonal Relationships; Mental Health; Psychiatry.

RESUMO

Objetivo: analisar a Teoria das Relações Interpessoais de Hildegard Peplau sob o enfoque do cuidado em saúde mental nos Centros de Atenção Psicossocial (CAPS). **Método:** estudo teórico, tendo como referência os critérios de análise e avaliação de Ann Whall e respondendo ao questionamento “quais as definições e a importância das principais declarações teóricas e principais conceitos da teoria em questão?”. **Resultados:** a avaliação revelou que os pressupostos teóricos de Peplau (*orientação, identificação, exploração e resolução*) são operacionalizáveis nos CAPS e podem fundamentar o processo terapêutico e reabilitatório desenvolvido pelos enfermeiros na comunicação e interação com os usuários do serviço. **Conclusão:** o uso de teorias próprias tem-se revelado um fator determinante na autonomia da enfermagem enquanto ciência e na fundamentação de suas ações. Sua aplicabilidade na prática pode ser revelada a partir da análise dessas teorias, como apresentado neste estudo de enfoque na saúde mental. **Descritores:** Teoria de Enfermagem; Relações Interpessoais; Saúde Mental; Psiquiatria.

RESUMEN

Objetivo: analizar la Teoría de las Relaciones Interpersonales de Hildegard Peplau sobre el enfoque del cuidado en salud mental en los Centros de Atención Psicossocial (CAPS). **Método:** estudio teórico teniendo como referencia los criterios de análisis y evaluación de Ann Whall y respondiendo al cuestionamiento “¿Cuáles son las definiciones y la importancia de las principales declaraciones teóricas y principales conceptos de la teoría en cuestión?”. **Resultados:** la evaluación reveló que los presupuestos teóricos de Peplau (*orientación, identificación, exploración y resolución*) son operacionales en los CAPS y pueden fundamentar el proceso terapéutico y de rehabilitación desarrollado por los enfermeros en la comunicación e interacción con los usuarios del servicio. **Conclusión:** el uso de teorías propias ha revelado un factor determinante en la autonomía de la enfermería como ciencia y en la fundamentación de sus acciones. Su aplicabilidad en la práctica puede ser revelada a partir del análisis de esas teorías, como presentado en este estudio de enfoque en la salud mental. **Descriptores:** Teoría de Enfermería; Relaciones Interpersonales; Salud Mental; Psiquiatria.

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INTRODUCTION

Despite following logic of care, for a long time the development of the nursing team's actions did not follow a theoretical body to substantiate its practice from the nurse view. The use of their theories can be considered a determining factor in the autonomy of nursing as a science and basis of their actions, unlike a trend in their history, to seek other sciences to support their practice, especially medicine.

One theory proposes a look at facts and events and, from them, it proposes a coherent action within their goal.¹ More than a systematization of procedures, nursing theories are ways to think about the practice of nursing from concepts, models and propositions and their use, discussion and analysis reflect the pursuit and consolidation of its scientific.^{2,3}

Theories in Nursing, for the history of their views and idealizations, were classified by numerous methods. One was classified in respect of their complexity and their level of abstraction, which is to focus the specificity and concreteness of its concepts and proposals. Thus, the theories can be classified into metatheory, that is the fundamental philosophy of the subject; high theory, which is characterized by having a very broad conceptual framework; middle range theory, which is characterized by a more focused scope than great theories; theory and practice of greater restriction on the amplitude. Thus, this will characterize the most abstract theory to the less abstract.⁴

The theory of Hildegard Peplau, to be discussed in this study is qualified as middle range theory, called Theory of Interpersonal Relationships in Nursing, and the therapeutic interpersonal relationship is the essence of its proposal.^{4,5}

From the perspective that the nurse and patient can identify problems and propose solutions jointly, the theory refers to patient care logic on the concept of valorization of the individuals within their therapeutic and place them as an agent of treatment⁵.

This broad role of the patient's vision as a subject of treatment accompanies the current ideology of services geared toward the mental health care, especially the substitutes called services, which highlights the role of the Centers for Psychosocial Care (CAPS).

CAPS are community services of public demand to host, providing clinical care and psychosocial rehabilitation of people suffering from severe and persistent mental disorders. It can be found in six service arrangements,

characterized by the local population and their specificities, the answer mode and composition of the multidisciplinary team, which are the CAPS I (serving a population of up to 70,000 inhabitants), CAPS II (meeting a population of up to 200,000 inhabitants), CAPS III (24 hours care in a population of over 200,000 inhabitants), CAPSi II (directed care for children and adolescents), CAPS ad II (directing the service to alcohol and other drugs users) and CAPS ad III (differing from the previous by running 24 hours a day).⁶

For correct operation, it is necessary that there be a team with at least one physician (psychiatrist), a nurse and other high-level professional, as a psychologist, social worker, educator, occupational therapist, pharmacist, and middle-level professionals, as nursing technicians and pharmacy technicians and administrative and bureaucratic working staff. The amount and specificity of professional vary depending on the focus of each service.⁶

However, regardless the classification, all CAPS share their rehabilitation and inclusive characteristic, focused on self-esteem and independence of the individual, making it more autonomous and participatory in the society from a therapeutic relationship with the team and constructive activities in the dynamics of the service.

With a proposal for inclusion, restoration of autonomy and rescue their dignity and self-care, nursing care in mental health, based on the ideals of the Psychiatric Reform, it is possible to benefit from the propositions of Peplau theory in their actions. Thus, it is proposed a look at this theory inserted in the care of the patients' context of CAPS, which proposes putting the customer watched as a center of actions and holder of a significant contribution to their therapeutic process.⁷

The nursing efforts to develop his theories resulted in many of the same analysis systems to ensure their validity and reliability. The evaluation of a theory aims to examine it systematically, and the general criteria for analysis include examination of the origin of the theory, meaning, logic adequacy, usefulness and generalizability and testing.⁴

Among the various authors proposing evaluations, most of them directed their analysis to the great theories of nursing and conceptual structures, still recent application of evaluation methods for theories of mid-range, and rarer still for the practical theories. Among them, Ann Whall is highlighted, who proposed a possible assessment system to be applied to all levels of theories from three different criteria: basic considerations, internal analysis and

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evaluation and external review and evaluation of theories subjected to such criteria⁴. The author proposes a series of pre-established questions to be answered for each criterion to consider in the analysis.

According to the nurse, the analysis and evaluation of the medium-range theory examine if the theory fits the nursing domain of expectations, if their proposals are causal or associative nature, the concepts are consistent empirically, is, therefore, essential to an examination of the ethical, social and political theory involving such theory⁴. It is important to note that the theories analysis search to bring them closer to their applicability in practice as well as in research contributing significantly to the development of nursing from the test theories.⁸

OBJECTIVE

- To analyze the Theory of Interpersonal Relationships of Hildegard Peplau under the focused care on mental health in Psychosocial Care Centers (CAPS).

METHOD

A theoretical study based on the analysis of the Theory of Interpersonal Relationships of Hildegard Peplau in mental health care in CAPS. Among the three criteria of analysis and evaluation of Ann Whall, there is the analysis of the basic considerations of a middle range theory of reference, where the author proposes to respond to the following question: what are the definitions and the importance of the main theoretical statements and the main concepts of this theory?

RESULTS AND DISCUSSION

♦ About Hildegard Peplau.

Before starting the analysis and discussion of a theory, it is necessary a brief summary of the professional career of the person who created and which made her career as the personal history and the history of each author as well as the context in which it is inserted directly influence her ideas and theoretical and philosophical emplacements.

Hildegard Peplau was born in Reading, Pennsylvania, in 1909, graduated in nursing in 1931, and specialized her knowledge and professional practice in interpersonal psychology and psychiatric nursing, a teacher in this area for many years. In 1952, she published her major work, the book *Interpersonal relationships in nursing*, as well as numerous articles in magazines about nursing and interpersonal concepts, innovating

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the work of the time for pointing the nurse as a therapist individual^{5,9}.

With national and international recognition, she participated in the World Health Organization among other nursing organizations and psychiatry, and she occupied important positions and had been considered by the appreciation of the contribution of her work, as the “mother of psychiatric nursing.” She retired in 1974 but continued writing and publishing books and articles, in addition, to relaunching her masterpiece in 1988, until her death on March 17, 1999, at 89 years old and with a profound influence on nursing from her career^{5,10}.

A successful career and great contributions to psychiatric nursing, where she has highlighted the possible relationship between the nurse and the patient, before marginalized and excluded, but recognized as an active intervenor in her treatment.

♦ Theory of interpersonal relationships and her basic considerations for nursing practice in CAPS

The question guiding the following discussion is necessary to remember, “what are the definitions and the importance of the main theoretical statements and main concepts of this theory?” The main theoretical foundations of Peplau and the importance of such notes, when inserted into the care context in mental health in a Psychosocial Care Center, will be pointed out.

The book *Interpersonal relationships in nursing*, the main reference to the theory proposed by Peplau as stated by the author, it is a theory oriented to the practice of nursing. In it, the author postulates stages of the interpersonal relationship process between the nurse and the patient. Assuming that nursing is a therapeutic art and assists the individual in need of care, the relational process occurs from the interaction between two or more people in search of a common goal. This process results in an interpersonal on mutual respect, which follows a series of steps⁵.

Before presenting the steps proposed by Peplau, it is necessary to understand the provision of nursing care from a plural perspective, from a final set of the nurse and the service’s user. Thinking about the same objective means to think, first of all, to hear the person suffering, to give due weight to what is his priority in his life and how nurses can and should act like a professional in the recognition of the individual's humanity.

The psychiatric reform provides for a change in the look and awareness to

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reorganize care practices related to mental health, which requires the appreciation of the subject and, about the care at CAPS, an adaptation of care before hospital-center priority to a perspective of extramural care⁷.

♦ Theory Definitions

Before the assisted client, Peplau proposes that nursing can take various roles according to the needs and specificities of each case respecting the time of the care provided. There can be described various roles for this professional, as the teacher, to transmit knowledge about questions or subject of interest of the patient; enlightening, to help in understanding problem situations; counselor, to promote encouragement to the challenges that disrupt his life; leader of initiating and sustaining the goals of a group or individual by interacting with the participants; technical specialist, to demonstrate technical skills and operate equipment; and substitute, to take the place of another person⁵, a situation very common within the operating dynamics of a CAPS where the roles and functions of professionals stand in front of the dynamic interaction between the staff and the patient, a true human encounter where care technology is the nurse's body.

The interpersonal relationship is defined by a sequence of four steps between nurse and patient, being the *orientation*, *identification*, *exploitation* and *resolution*, discussed below. Each step may overlap, interact, oscillate or work together during the various stages of the interpersonal process.

The *orientation* is the approximation between nurse and patient from a need for the patient or family. From the dialogue involved in the process, they define the problem to be solved, which requires guidance from the professional to reach a consensus on the type of assistance needed to solve the problem. The therapeutic interaction, which at first was distant, follows to meet individuals and reasonable comfort and establishing a relationship, both necessary for the definition and clarification of the difficulties encountered⁵.

The care in psychiatry has always been surrounded by power relationships. These relationships that made vulnerable the patient and the holder of knowledge was highlighted, the professional health¹¹. The perspective of the theory of interpersonal relationships behind an idea of the avant-garde, even though it was written in the 1950s, establishes a guideline of what we feel, what is said, which is shown to be investigated by the

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patient, by a search problem resolution that the subject is submitted. The person in psychological distress for a long time had a complaint ignored, to be questioned about their mental functions. It becomes important in solving problems and emerge as having an essential empowerment to their treatment to be inserted in this perspective.

Within substitute services such as CAPS, unlike the institutional hospital care where the needs are more restricted psychiatric emergency and crisis resolution, there may be various patient or family needs. Since economic, financial or family interpersonal relationships, or social issues such as prejudice and exclusion, involving the individual. This broader reality that is not restricted to the medicalization or restraint of psychiatric emergency required from the nurse a more holistic look at the needs that involve a lifetime of service users, revealing upgrading to these new care demands.

The second phase, the *identification*, is characterized by a more intense therapeutic relationship where the patient responds to people who can fill their needs and, together with the nurse/staff decides what professional will treat him. It is a time where the interpersonal relationship allows both to put their expectations, which reduces the sense of helplessness and hopelessness, encouraging a more optimistic look at the health situation presented⁵.

In attendance at CAPS, it is recommended that there is a moment of acceptance and initial interaction between the patient of the service and staff or professional who receives it. This goes through a process of interaction and empathy with a professional, which becomes the reference therapist for this individual, necessary relation to the establishment of a caring relationship where the subject can feel at ease in service and part of care process⁶.

The care strategies for patients with mental disorders or alcohol and other drugs users in CAPS are based on a specific individual treatment plan for each and based on their needs and the established therapeutic relationship with by the nursing with the multi-service team. This treatment plan needs to be directed to a psychosocial rehabilitation model, putting this subject as a central actor in his life and his recovery and treatment, less exclusive as possible¹².

It is noted that the choice of reference therapist process in CAPS coincides with the second phase of the interpersonal relationship recommended by Peplau, where the subject to be treated can and should decide the

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professional who will treat him. This decision-making role is essential in the recovery and the process of autonomy necessary within their social reintegration.

Exploitation, being the next phase, is about the aid given/offered by the nurse to the patient so that it can enjoy all the service available to solve his problems. At this time, the patient asks more, is more interested and, therefore, requires more. At this stage, the nurse has to deal with the feelings and emotions to ensure the maintenance of the established connection, preserving the therapeutic relationship as indispensable. It is also a moment where the patient becomes more self-sufficient, with high self-esteem and more initiatives to set and achieve goals for their health and welfare⁵.

Overcoming obstacles and facing reality with a support and guidance indicate the importance of this phase within the psychiatric reality. Autonomy and responsibility upon himself become a priority to re-establishment of goals in CAPS and patient's life with a mental disorder, which often makes it unable to answer for their actions and to be independent of society and the family to ensure their vital needs.

In CAPS, as other alternative services or living sites, the nurse's encouragement can provide this important overcoming strength of the difficulties in its treatment and the reestablishment of his life.

Finally, the *resolution*, being the fourth phase is the time where after fulfillment of the needs of the patient, from a joint effort with the nurse, both will have to dissolve the therapeutic relationship and contract bonds, link and accountability that kept them connected. Finished the reason that united them, it is necessary the due separation and independence of both parties. There may be difficulties in implementing this last step, either by the patient, by a probable insecurity that is not the right time for him, is the nursing professional who can become unable to break the therapeutic relationship. The successful resolution of this process must occur in its fullness⁵.

The independence of the subject and his service gap reflects the acquired ability to respond to his needs, after a satisfactory intervention of the professional nurse. It is understood that the ultimate goal of nursing in its action within the CAPS is to assist in insertion of positive changes in the lives of individuals from a setting goals together with the entire multidisciplinary team rather than a vertical structure, where knowledge scientific holds the knowledge of what is best

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and what is right in the direction of care actions undertaken¹⁰. Thus, the individual sees himself as co-responsible for his resilience and recovery, to the extent that it is resilient and empowered his limitations and difficulties in the production of life.

The overview of the theory of interpersonal relationships of Peplau allows some reflections from the question raised in the analysis of theories of mid-range of Ann Whall. It is highlighted the importance of the use of theory in nursing care in mental health and can be used at community mental health centers, where the nurse's work focuses on the establishment of a connection and interaction with the patient. This interaction often becomes difficult due to the characteristics of the diseases that affect the mind, such as distance, aggression, isolation, but that cannot be more relevant to the needs of the individuals, their recovery and their social reintegration and rehabilitation process psychosocial.

Considering the specifics of each individual to be addressed, and considering that nurses in their daily lives can have the steps of the therapeutic relationship even being in a multi-faceted service, awareness and training of professional and integration of theory into their daily practice can make the difference in their care and, consequently, can bring benefits to the treatment of the subject response. This is following the steps of the process and the ideals of the theory in its essence and not only instinctively, as is often done in practice. It could be said that the Theory of Interpersonal Relationship facilitates humanized care processes, as regards the effectiveness, efficiency and effectiveness throughout the development phases.

CONCLUSION

With the proposed as study and discussion in this article, it is stated the importance of the nursing theories for the reasons of their practice, particularly the Theory of Interpersonal Relationships of Hildegard Peplau, which has featured in the processes of care in psychiatric nursing and mental health.

It was observed that the theory has great influence and contributions to nursing in CAPS, but can also be directed to other services that meet this population. However, knowing the history and link of the author to the field of psychiatry, and after discussions presented lead to such a conclusion, it is understood that the use and applicability of this theory are relevant as a facilitator of the nursing process in health care mental in

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substitutive services, for its ability to thicken proposals/precepts of psychosocial care.

A point not least important is the difficulty that may arise in the implementation of such a theory on mental health against the remnants of biomedical vision still heavily steeped in the health workforce. However, nursing as a profession formed to carry out the care in full and he must be a pioneer in valuing interpersonal relationships and the overcoming of a so-called “medical omnipotence” that often prevents the execution of theories that could promote greater success in care practices.

This interpersonal approach resembles or is based on a more comprehensive perspective of attention to mental health and longed psychosocial care and held at CAPS, able to promote a comprehensive service, welcoming to the patient, the person who suffers from mental disorders and behavioral is the center of unique therapeutic project, the production of their life, not their disease. It is inferred that their adoption in the field of mental health, consistent with care nursing practice based on their theories, providing new research and recognition of a practice based on scientific evidence.

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