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Transfer i kontratransfer u terapijskom odnosu medicinska sestra – bolesnik: psihoanalitički koncept nasuprot teoriji interpersonalnih odnosa

Transference and countertransference in the nurse – patient therapeutic relationship: psychoanalitic concept versus the theory of interpersonal relations

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Sažetak

Terapijski odnos medicinska sestra – bolesnik jedinstven je i predstavlja izazov u radu svake medicinske sestre. Svojim interpersonalnim vještinama i razumijevanjem ljudskog ponašanja, medicinska sestra ima izravan utjecaj na smanjivanje anksioznosti kod bolesnika, usredotočuje se na psihološke potrebe bolesnika i primjenjuje empatičnu skrb. Za razvijanje terapijskog odnosa vrlo je važna pojavnost transfera i kontratransfera. Pravovremenim prepoznavanjem transfera i kontratransfera te uključivanjem empatije u sestrinsku praksu moguće je razviti pozitivan predznak transfera i kontratransfera, što u obrnutoj situaciji neprepoznavanja može predstavljati kraj terapijskog odnosa. Usporedba psihoanalitičkog koncepta i koncepta interpersonalnih odnosa ukazuje na važnost holističkog pristupa u suvremenom terapijskom odnosu, kao i na model partnerskog odnosa između bolesnika i medicinske sestre.

Ključne riječi: terapijski odnos, medicinska sestra, transfer, kontratransfer

Kratak naslov: Terapijski odnos u sestrinstvu

Abstract

The therapeutic relationship between nurse and patient is essentially unique and represents a challenge in the work of every nurse. With her interpersonal skills and understanding of human behavior, the nurse has a direct impact on reducing anxiety in patients, focuses on the psychological needs of patients, and applies empathic care. The occurrence of transference and countertransference is significant for developing a therapeutic relationship. By timely recognition of transference and countertransference and the inclusion of empathy in nursing practice, it is possible to develop a positive sign of transference and countertransference, which in the opposite situation of non-recognition can represent the end of the therapeutic relationship. A comparison of the psychoanalytic concept and the concept of interpersonal relationships indicates the importance of a holistic approach in the modern therapeutic relationship and the model of partnership between the patient and the nurse.

Keywords: therapeutic relationship, nurse, transference, countertransference

Short title: Therapeutic relationship in nursing

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Uvod

U suvremenom sestrinstvu sve se više spominje terapijski odnos s ciljem unapređenja sestrinske skrbi i postizanja suradnje s bolesnikom. Terapijski se odnos intenzivno istražuje u posljednjih 25 godina u svim područjima skrbi o bolesniku [1]. Istraživanja su, prema navodu autora Klaina [1], zahtjevna zbog složenosti područja koje odražava sve važne odnose iz prošlosti kako bolesnika tako i medicinskih sestara. Nova saznanja nadopunjuju znanja o terapijskom odnosu te izravno utječu na stvaranje odluke u kojem trenutku i na koji način primijeniti potrebne vještine. Ukazuju na jačanje samoaktualizacije kod medicinske sestre, pogotovo na primjeru pružanja empatične skrbi, što dalje otvara stvarne mogućnosti za kreativnost u provođenju skrbi. U središte terapijskog odnosa postavljaju bolesnika s njegovim psihološkim potrebama u bolničkom okruženju, dok medicinsku sestru predstavljaju s različitim izazovima i dilemama u svakodnevnom radu.

Introduction

In modern nursing, the therapeutic relationship is increasingly important to improve nursing care and achieve cooperation with the patient. The therapeutic relationship has been intensively researched in the last 25 years in all patient care areas [1]. According to the author Klain [1], research is demanding due to the complexity of the field, which reflects all the important past relationships of patients and nurses. New knowledge complements the knowledge of the therapeutic relationship and directly affects the decision-making at what time and in what way to apply the necessary skills. They point to the strengthening of self-actualization in nurses, especially in the example of providing empathic care, which further opens up real possibilities for creativity in implementing care. They place the patient and his psychological needs in the hospital environment at the center of the therapeutic relationship. The nurse is presented with various challenges and dilemmas in her daily work.

Ovaj rad prikazuje terapijski odnos prema teoretičarki Hildegard Peplau koja je teorijom interpersonalnih odnosa najavila početak suvremenog razumijevanja odnosa u sestrinskoj skrbi. Odnos medicinske sestre i bolesnika opisala je kao složen proces u kojem je važno razumijevanje nesvjesnih dinamizama s ciljem postizanja uspješne i kvalitetne zdravstvene skrbi. Prema Peplau, holistička je skrb nezamisliva bez poznavanja psiholoških procesa [2]. Tako i psihoanalitička teorija koja je utemeljena na nesvjesnim mentalnim procesima, terapijski odnos opisuje pomoću fenomena transfera i kontratransfera [1]. Prema psihoanalitičkoj teoriji važno je osvijestiti vlastite nerazriješene konflikte uz obavezan rad na sebi kako bi se spriječila pojava kontratransfera. Primjerima transfera i kontratransfera u sestrinskoj praksi cilj je ovim radom ukazati na postojanje nesvjesnih konflikata unutar svake osobe radi boljeg razumijevanja psiholoških procesa. Na važnost prepoznavanja kontratransfera ukazuju mnogi autori, posebno kad se to odnosi na unapređenje znanja o sestrinskoj skrbi i na profesionalni rast [3, 4]. Autori su složni u mišljenju da je interpersonalnim vještinama moguće utjecati na pojavu negativnog transfera te mu promijeniti predznak. Empatičan odnos i vlastiti samorazvoj mogu doprinijeti tomu da uobičajenu skrb za bolesnika zamijeni terapijska skrb.

Terapijski odnos između medicinske sestre i bolesnika

Suvremeni terapijski odnos između medicinske sestre i bolesnika zahtijeva aktivno uključivanje bolesnika u proces skrbi. Sestrinska skrb, sagledavanjem osobe u cijelosti, stalno je u propitivanju svojih i bolesnikovih misli, želja, osjećaja, nedoumica, očekivanja, nadanja i odluka. Kao i u svakom drugom međuljudskom odnosu, nameće se potreba za obostranim poštovanjem i tolerancijom. Na složenost takvog odnosa ukazuje Varcarolis [3] čiji navod potvrđuje da se, naspram drugih društvenih odnosa, u terapijskom odnosu istovremeno događaju briga i ozdravljenje. Komunikacijske vještine i razumijevanje vlastitog i bolesnikovog ponašanja ključni su faktori u formiranju i održavanju odnosa.

Utjecaj transfera i kontratransfera na terapijski odnos i liječenje

U randomiziranim kliničkim ispitivanjima autora Gordona i sur. (2010) te Kopta i sur. (1999) [3] otkriveno je da je razvoj pozitivnog terapijskog odnosa jedan od najboljih prediktora pozitivnog ishoda liječenja. Unatoč svim zadovoljenim čimbenicima potrebnima za ostvareni terapijski odnos, važno je ukazati na ulogu transfera i kontratransfera u prvoj fazi terapijskog odnosa u kojoj su medicinska sestra i bolesnik jedno drugom stranci. Može se dogoditi da bolesnik ne razvije odnos povjerenja prema medicinskoj sestri ili da medicinska sestra raspravlja s bolesnikom iako su zadovoljeni svi prediktori dobrog terapijskog odnosa. Razlog tomu može biti da u prošlosti bolesnika i medicinske sestre postoji povijest negativnih odnosa [4]. Terapijski odnos uvijek je složen. Navedeno potvrđuje činjenica da je uvjetovan nepredvidivom ljudskom prirodom, motivacijom, unutar-

This paper shows the therapeutic relationship according to the theorist Hildegard Peplau, who started the modern understanding of relationships in nursing care with the theory of interpersonal relationships. She described the relationship between nurse and patient as a complex process in which understanding unconscious dynamics is important to achieve successful and quality healthcare. According to Peplau, holistic care is unthinkable without knowledge of psychological processes [2]. Likewise, psychoanalytic theory based on unconscious mental processes describes the therapeutic relationship through the phenomenon of transference and countertransference [1]. According to psychoanalytical theory, it is important to become aware of one's unresolved conflicts with obligatory work on oneself to prevent the occurrence of countertransference. With examples of transference and countertransference in nursing practice, this work aims to point out the existence of unconscious conflicts within each person for a better understanding of psychological processes. The importance of recognizing countertransference is indicated by many authors, especially when it refers to the improvement of knowledge about nursing care and professional growth [3, 4]. The authors agree that interpersonal skills can influence the appearance of negative transference and change its sign. An empathetic relationship and one's own self-development can contribute to replacing usual care for the patient with therapeutic care.

Therapeutic relationship between nurse and patient

The modern therapeutic relationship between nurse and patient requires the active involvement of the patient in the care process. Nursing care, by looking at the person as a whole, is constantly questioning one's own and the patient's thoughts, wishes, feelings, doubts, expectations, hopes, and decisions. As in any other interpersonal relationship, there is a need for mutual respect and tolerance. The complexity of such a relationship is pointed out by Varcarolis [3], whose statement confirms that, unlike other social relationships, care and healing occur simultaneously in a therapeutic relationship. Communication skills and understanding one's own and the patient's behavior are key factors in forming and maintaining relationships.

The influence of transference and countertransference on the therapeutic relationship and treatment

In randomized clinical trials by Gordon et al. (2010) and Kopta et al. (1999) [3], it was discovered that the development of a positive therapeutic relationship is one of the best predictors of a positive treatment outcome. Despite all the satisfactory factors necessary for a realized therapeutic relationship, it is important to point out the role of transference and countertransference in the first phase of the therapeutic relationship, in which the nurse and the patient are strangers to each other. It may happen that the patient does not develop a trusting relationship with the nurse or that the nurse argues with the patient even though all the predictors of a good therapeutic relationship are met. The reason for this may be that there is a

njim zbivanjima, strahovima, predrasudama, očekivanjima, zahvalnošću, željama i potrebama, a ne samo prethodnim iskustvima [3, 4]. Budući da su tehnološki napredak i povećanje zadataka uvelike postavili granice u kvalitetnoj interakciji, u posljednje se vrijeme sve više spominje terapijski odnos koji otkriva kako bolesnik doživljava bolest i u kojoj mjeri sudjeluje u procesu liječenja. Fenomeni transfera javljaju se u psihijatrijskoj skrbi i somatskoj medicini. Češća je pojava kontratransfera kod medicinskih sestara koje rade u psihijatrijskoj skrbi zbog stanja iskrivljenog realiteta koje ponekad prati oboljele osobe. Važno je osvijestiti da se kontratransferi supervizijom mogu prevenirati kako se ne bi odrazili na samopoimanje, rezilijenciju, kvalitetu života i skrb medicinske sestre.

Fenomen transfera

Transfer ili prijenos u definiciji je nesvjesno prenošenje osjećaja koje je osoba doživjela u ranom djetinjstvu, prema najvažnijim osobama, na drugu osobu. Pritom je važno istaknuti da je u pitanju najčešće djelomično prikladan ili neprikladan proces u sadašnjem vremenu. Najvažnije osobe predstavljaju bliske osobe koje su živjele s osobom, poput majke, oca, bake, djeda, brata i sestre, te su utjecale na razvoj emocionalnih veza [1]. Transfer je prvi put opisao Sigmund Freud, otac psihoanalize, te je upozorio na važnost njegova prepoznavanja [1]. Brojni su primjeri iz sestrinske prakse u kojima bolesnik prenosi regresivne osjećaje na medicinsko osoblje. Osjećaji koji se pri tome javljaju kod bolesnika mogu biti intenzivni, pozitivnog ili negativnog predznaka, u smjeru simpatije, mržnje ili pak odbacivanja. Na razvijanje transfera utječe stupanj zadovoljenja bolesnikovih potreba, osobito psiholoških [5, 6], prethodna iskustva, motivacija za liječenjem, kritičnost te bolesnikova percepcija cilja i ishoda.

Transfer u odnosu medicinska sestra – bolesnik

Mnoštvo je primjera transfera koje svaka medicinska sestra doživljava tijekom svoje sestrinske prakse, ali ih ne prepoznaje. Razlog tomu mogu biti rana iskustva iz perioda odrastanja, doživljena iz odnosa s roditeljima i drugim autoritetima, što nadalje utječe na odnos s drugim autoritetima, odnosno na način na koji će ih naposljetku razriješiti. Česti su primjeri negativnog transfera u sestrinskoj praksi pritužbe bolesnika liječniku ili rodbini [1], kad se bolesnik žali da nije dobio lijek u određeno vrijeme, da je dobio pogrešan lijek, da je lijek imao drugačiji oblik ili boju, da mu medicinska sestra nije omogućila telefonski poziv ili kupnju kave na aparatu za kavu, da je spavao u mokrim plahtama cijelu noć, da medicinska sestra nije ušla u bolesničku sobu cijeli dan ili da je cijelu noć pozivao medicinsku sestru koja nije došla. Navedeni primjeri s analitičke pozicije ukazuju na to da je bolesnik zapravo regresivan i tu se radi o negativnom transferu, što je medicinskoj sestri u trenutku pritužbe teško osvijestiti. Razlozi ovakva ponašanja mogu se bolje shvatiti pomoću Bowlbyjeve teorije privrženosti [5] u kojoj autor navodi da svaki čovjek, kad se nađe u novim okolnostima koje donosi bolest, osjeća strah i bespomoćnost te traži zaštitnika, roditelja, odnosno majku ili oca, ali i autoritet u medicinskoj sestri ili liječniku.

history of negative relationships in the past between the patient and the nurse [4]. The therapeutic relationship is indeed always complex. It is indicated by the fact that it is conditioned by unpredictable human nature, motivation, internal events, fears, prejudices, expectations, gratitude, desires, and needs, by no means only by previous experiences [3, 4]. As technological progress and more tasks have greatly set the limits of quality interaction, recently, more and more mention has been made of the therapeutic relationship, which reveals how the patient experiences the disease and to what extent he participates in the treatment process. Transference phenomena occur in psychiatric care and somatic medicine. The occurrence of countertransference is more common among nurses who work in psychiatric care due to the state of distorted reality that sometimes accompanies sick people. It is important to realize that countertransference can be prevented by supervision so that they do not affect the self-concept, resilience, quality of life and nursing care.

The phenomenon of transference

Transference is the unconscious transfer of feelings that a person experienced in early childhood, towards the most important people, to another person, where it is important to point out that it is mostly a partially appropriate or inappropriate process in the present time. The most important persons represent close persons who lived with the person, such as mother, father, grandmother, grandfather, brother, and sister, and who influenced the development of emotional bonds [1]. It was first described by Sigmund Freud, the father of psychoanalysis, and he warned about the importance of its recognition [1]. There are numerous examples from nursing practice in which the patient transfers regressive feelings to the medical staff. The feelings that arise in the patient can be intense, with positive or negative signs, in the direction of sympathy, hatred, or even rejection. The degree of satisfaction of the patient's needs, especially psychological ones [5, 6], previous experiences, motivation for treatment, criticality, and the patient's perception of the goal and outcome affect the development of transference.

Transference in the nurse-patient relationship

There are many examples of transference that every nurse experiences during her nursing practice, but does not recognize. The reason for this can be early experiences from the period of growing up, experienced from relationships with parents and other authorities, that further affect the relationship with other authorities, that is, how they will eventually resolve them. Frequent examples of negative transference in nursing practice are complaints from the patient to the doctor or relative [1] when the patient complains that he did not receive the medicine at a certain time, that he was given the wrong medicine, that the medicine had a different shape or color, that the nurse did not allow him a phone call or buying coffee from the coffee machine, that he slept in wet sheets all night, that the nurse did not enter the patient's room all day, or that he called the nurse all night, but she did not come. The above examples from an analytical position indicate that the patient is actually regressive, and that it is a negative transference, which is difficult for the nurse to realize at the time of the complaint. The reasons for this behavior can be better understo-

Transfer u odnosu liječnik – medicinska sestra

Vrijedi spomenuti primjer neprepoznatog transfera u odnosu liječnik – medicinska sestra, kad je liječnik sumnjičav spram medicinske sestre, bez obzira na neutemeljenost bolesnikovih navoda, te ne prepoznaje ili djelomično prepoznaje prisustvo negativnog transfera kod bolesnika. U timskom radu superioran stav liječnika u odnosu na medicinsku sestru posljedično izaziva osjećaj nepovjerenja i sumnjičavosti kod cijelog tima. Kod bolesnika se istovremeno javlja osjećaj ugode i krivnje te bolesnik više ne osjeća povezanost s medicinskom sestrom. Ovakav negativan transfer zaustavlja terapijski odnos i narušava odnose u timu.

Pozitivan transfer i teorija privrženosti

Suprotno negativnom transferu, nalazi se pozitivan transfer koji je ugodniji i prihvatljiviji medicinskoj sestri. Medicinska sestra u pozitivnom transferu uživa naklonost bolesnika, bolesnik joj se povjerava, željno iščekuje njezinu smjenu, dijeli s njom svoju životnu priču, surađuje i nudi joj pomoć. Oblici transfera kod bolesnika pokazuju želju za privrženošću, poštovanjem i zadovoljenjem želje za ovisnošću [5]. Odnos privrženosti također se smatra važnim kod odabira zanimanja vezanih za njegovanje i skrb o bolesniku. Autor Phillips navodi da su kod tih osoba potrebe iz djetinjstva, odnosno iz odnosa privrženosti, nezadovoljene [6, 7]. Stoga je važno istaknuti koliko je važan rad na sebi, osobito u rješavanju odnosa iz ranog djetinjstva kako bi se ubuduće prepoznala i spriječila pojavnost kontratransfera.

Kontratransfer u odnosu medicinska sestra – bolesnik

Kontratransfer ili protuprijenos proces je u kojem medicinska sestra nesvjesno prebacuje na bolesnika osjećaje i ponašanja vezana za bliske osobe i događaje iz svoje prošlosti [3]. Fenomen je 1910. godine u svojem radu opisao Freud. Freudov je koncept na početku isključivao empatiju [1], što je u sestrinskoj praksi neizvedivo jer se iz pozicije suosjećanja lakše razumiju bolesnikove psihološke potrebe i zadovoljenje istih dovodi do boljeg terapijskog odnosa i suradnje. Prema kasnijim Freudovim navodima postoji zapis da je empatija „nepogrješiva u odnosu“ [1] što upućuje na važnost postojanja dubljeg odnosa. Mnogo je primjera kontratransfera u sestrinskoj praksi koje je važno osvijestiti radom na sebi da se u budućnosti ne bi ponavljali ili čak intenzivirali te posljedično imali negativan utjecaj na odnose u timu ili prouzročili izbivanja s radnog mjesta. Jedan je od čestih kontratransfera identifikacija medicinske sestre s bolesnikom. Primjer je toga obiteljska situacija medicinske sestre u kojoj je član obitelji alkoholičar, što može u medicinskoj sestri izazvati osjećaj nezainteresiranosti, hladnoće ili gađenja prema bolesniku alkoholičaru. *Kontratransfer identifikacije* čest je kad medicinska sestra raspravlja s bolesnikom, nameće mu svoja razmišljanja te iskazuje nadmoć. U ovom kontratransferu za medicinsku sestru važno je osvijestiti s kojim se bolesnikovim emocionalnim, fizičkim ili situacijskim karakteristikama poistovjećuje i prisjetiti se sličnih okolnosti iz života. *Kontratransfer pretjerane uključenosti u brigu o bolesniku* manifestira se kad medicinska sestra dood through Bowlby's theory of attachment [5], in which the author states that every person when he finds himself in new circumstances brought by illness, feels fear and helplessness and looks for a protector, a parent, that is, a mother or a father, but also authority in a nurse or doctor.

Transference in the doctor-nurse relationship

It is worth mentioning an example of an unrecognized transference in the doctor-nurse relationship, when the doctor is suspicious of the nurse, regardless of the groundlessness of the patient's allegations, and does not recognize or partially recognizes the presence of a negative transference in the patient. In teamwork, the superior attitude of the doctor in relation to the nurse consequently causes a feeling of mistrust and suspicion among the whole team. As a result, the patient feels a sense of comfort and guilt at the same time and no longer feels a connection with the nurse. This kind of negative transference stops the therapeutic relationship and disrupts the relationships in the team.

Positive transference and attachment theory

Opposite to negative transference is positive transference, more pleasant and acceptable to the nurse. In positive transference, the nurse enjoys the affection of the patient. The patient confides in her, eagerly awaits her shift, shares her life story with her, cooperates, and offers her help. Forms of transference in patients show a desire for attachment, respect, and satisfaction of the desire for dependence [5]. The attachment relationship is also important when choosing occupations related to nursing and caring for the sick. The author Phillips states that these people have unmet needs from childhood, that is, from attachment relationships [6, 7]. Therefore, it is crucial to emphasize how important it is to work on oneself, especially in solving relationships from early childhood, to recognize and prevent the occurrence of countertransference in the future.

Countertransference in the nurse-patient relationship

Countertransference is a process in which the nurse unconsciously transfers to the patient feelings and behaviors related to close people and events from his past [3]. The phenomenon was described by Freud in his work in 1910. Freud's concept initially excluded empathy [1], which is unfeasible in nursing practice because the patient's psychological needs are easier to understand from a position of compassion, and their satisfaction leads to a better therapeutic relationship and cooperation. According to Freud's later statements, there is a record that empathy is "infallible in relationship" [1], which points to the importance of having a deeper relationship. There are many examples of countertransference in nursing practice that it is important to become aware of by working on yourself so that they do not repeat or even intensify in the future and consequently have a negative impact on team relations or cause absences from the workplace. One of the frequent countertransference is the nurse's identification with the patient. An example of this is the family situation of a nurse in which a family member is an alcoholic, which can cause the nurse to feel disinterested, cold, or disgusted with the alcoholic patient. Countertransference

lazi prerano na posao i/ili odlazi kasno s posla, kupuje bolesniku potrebno, kontaktira s bolesnikom kad nije u smjeni ili osuđuje obitelj bolesnika. U ovom je slučaju važno osvijestiti koje osobine bolesnika su joj privlačne, na koga je bolesnik podsjeća i koje su njezine nezadovoljene potrebe. *Kontratransfer dosade* vidi se u čestom traženju da bolesnik ponovi što je izjavio te se javlja tjeskoba koju izaziva sadržaj sličan događaju iz prošlosti. Važno je spoznati što medicinsku sestru odvraća od bolesnikovih potreba i zašto je sadržaj razgovora nezanimljiv. *Kontratransfer bijesa* manifestira se povlačenjem, glasnim govorom, neprikladnim izražavanjem, odbacivanjem bolesnika zbog doživljaja sličnih ponašanja nekih osoba iz prošlosti, izazvano ponašanjem bolesnika u sadašnjosti [3]. Intenzitet reakcije kod transfera i kontratransfera ovisi o sličnosti događaja u sadašnjosti s događajem u prošlosti. Često je kontratransfer uočljiv u loše postavljenim granicama s bolesnikom i u primjeru nedovoljne uključenosti. Često se pri tome bolesnika smatra prezahtjevnim, nesuradljivim, lošim ili teškim [3]. Postavljanje granica u terapijskom odnosu važno je kako terapijski odnos ne bi postao društveni odnos te kako bi bolesnik zadržao dosljednost i samostalnost u donošenju odluka vezanih za vlastito zdravstveno stanje.

Terapijski odnos prema teoretičarki Hildegard Peplau – usporedba s psihoanalitičkim konceptom

Teoretičarka Hildegard Peplau (1952) u svojoj je knjizi „Interpersonalni odnosi u sestrinstvu" opisala odnos između medicinske sestre i bolesnika koji može utjecati na promjenu bolesnikova ponašanja u njegovu sagledavanju bolesti tako da mu umanji strah i usmjeri pozornost k pozitivnim ishodima liječenja. Smatrala je da je za ishod liječenja i stvaranje terapijskog odnosa najvažnije sagledati pojavu anksioznosti kod bolesnika koja može zaustaviti bolesnika u procesu izlječenja ili obrnuto, može postati bolesnikova pokretačka snaga, te je istaknula da ishod ovisi o interpersonalnim vještinama medicinske sestre [2], što uključuje „vještinu komuniciranja, vještinu savjetovanja, vještinu pregovaranja i vještinu uvjeravanja" [5]. Peplau je pritom isključila postojanje modela bolesnika koji pasivno prima skrb i model medicinske sestre koja pasivno izvršava liječničke naredbe, čime je definirala svoj stav da bolesnik ima pravo na sudjelovanje i odlučivanje u procesu liječenja. Ovime je isključila postojanje interpretacije teorije prema kojoj medicinska sestra provodi svoju volju u skrbi o bolesniku, što upućuje na holistički stav teoretičarke i suvremeno poimanje odnosa koji se temelji na jednakosti i uzajamnosti. Prema psihoanalitičkoj teoriji osoba dobiva jedinstvenu priliku za dubinsko razumijevanje sebe – pomoću transfera i kontratransfera ponavljaju se unutarnji obrasci koji postaju svojevrstan poticaj za promjenu. Ipak, u psihoanalitičkom se odnosu može dogoditi da terapeut zauzme stav sveznajućeg koji navodi na promjenu. Iako Peplau u svojem radu ne spominje fenomen kontratransfera, može se primijetiti da u navodu: „medicinske sestre prvenstveno moraju osvijestiti sebe, svoje osobne potrebe i reakcije kako bi mogle pomoći bolesniku da zadovolji svoje potrebe" [2] ukazuje na postojanje istog. Postojanje fenomena transfera u teoriji Peplau može se uočiti u različitim ulogama medicinske sestre kao: „stranca, pružatelja informacija, učitelja, voditelja,

of identification is common when the nurse argues with the patient, imposes her thoughts on him, and shows superiority. In this countertransference, it is important for the nurse to become aware of which of the patient's emotional, physical, or situational characteristics she identifies with and to recall similar circumstances from her life. *Countertransference - excessive involvement in the care of a patient* manifests itself when the nurse comes to work too early and/or leaves work late, buys the patient what he needs, contacts the patient when he is not on shift, and condemns the patient's family. In this case, it is important to make her aware of which features of the patient are attractive to her, who the patient reminds her of, and what her unmet needs are. *Countertransference - boredom* manifests itself in the frequent request that the patient repeat what he said, and there is anxiety caused by content similar to an event from the past. It is important to know what distracts her from the patient's needs and why the content of the conversation is uninteresting. *Countertransference - anger* manifests itself through withdrawal, loud speech, inappropriate expression, and rejection of the patient due to the experience of similar behavior of some people from the past, caused by the patient's behavior in the present [3]. The intensity of the reaction in transference and countertransference depends on the similarity of the event in the present with the event in the past. Countertransference is often noticeable in poorly set boundaries with the patient and in an example of insufficient involvement. Often, the patient is considered too demanding, uncooperative, not good, or difficult [3]. Setting boundaries in the therapeutic relationship is important so that the therapeutic relationship does not become a social relationship and that the patient maintains consistency and independence in making decisions related to his own health condition.

Therapeutic relationship according to theoretician Hildegard Peplau - comparison with the psychoanalytic concept

Theorist Hildegard Peplau (1952) in her book "Interpersonal relations in nursing" described the relationship between the nurse and the patient, which can influence the change in the patient's behavior, in his perception of the disease, to reduce his fear and direct his attention to positive treatment outcomes. She believed that for the outcome of the treatment and the creation of a therapeutic relationship, it is most important to look at the appearance of anxiety in the patient, which can stop the patient in the healing process or vice versa, can become the patient's driving force, and she emphasized that the outcome depends on the interpersonal skills of the nurse [2], which include "communication skills, counseling skills, negotiation skills, and persuasion skills" [5]. In doing so, Peplau ruled out the existence of a model of a patient who passively receives care and a model of a nurse who passively carries out doctor's orders, thereby defining her position that the patient has the right to participate and make decisions in the treatment process. With this, she excluded the existence of an interpretation of the theory according to which the nurse exercises her will in the care of the patient, which points to the holistic attitude of the theorist and the contemporary understanding of the relationship based on equality and reciprocity. According to psychoanalytical theory, a person gets a unique opportunity for an in-depth understanding of himself, with

surogata/odvjetnika ili savjetnika“ [5], kad bolesnik odabire ulogu medicinske sestre prema svojim potrebama. Tako može odabrati da mu pruža potrebne informacije o bolesti i liječenju i/ili da ga vodi do cilja i/ili da mu zamjenjuje članove njegove obitelji i/ili da ga zastupa u liječenju i/ili da ga suočava s njegovim mislima i osjećajima. Stoga se može primijetiti da je osobitu pozornost pridavala razumijevanju ljudskog ponašanja s krajnjim ciljem raspoznavanja bolesnikovih psiholoških potreba te je teoriju dijelom bazirala na psihoanalitičkom konceptu i naposljetku je modificirala u jedinstven i ravnopravan odnos. U svojem radu spominje promjenu bolesnikova ponašanja, ali isključivo tako da mu umanji tjeskobu izazvanu bolešću kako bi bolesnik adekvatnije sagledao svoje zdravstveno stanje, iskazao potrebe i donio odluke.

Psihološke potrebe bolesnika

Peplau je često isticala psihološke potrebe kod svakog bolesnika. Prema autorici Priest [5], psihološke potrebe u zdravstvenom okruženju odnose se na zadovoljenje potrebe za drugim osobama, komunikacijom, uključujući posjete obitelji i prijatelja. Svaki bolesnik ima potrebu za uvažavanjem, sigurnošću, sudjelovanjem i odlučivanjem, predvidivošću te stjecanjem znanja vezanim za bolest. Bolesnik je često nestrpljiv, preosjetljiv, očekuje pažnju i razumijevanje, komunikaciju i prisutnost zdravstvenog osoblja. Prema tome, terapijski je odnos važan jer se već pri prvom kontaktu s medicinskom sestrom, u „fazi orijentacije“ [2], stvara atmosfera u kojoj bolesnik stječe ili ne stječe dojam sigurnosti, podrške i povjerenja. Prema Priest [5], prva faza započinje predstavljanjem medicinske sestre bolesniku i kontaktom očima. Poželjno je ljubazno obraćanje bolesniku ugodnim glasom. Psihološke potrebe različite su u pojavnosti i intenzitetu, njihovo pravodobno uočavanje utječe na odabir sestrinskih intervencija, komunikaciju i razumijevanje. Terapijski odnos uvijek postoji i može se prilagoditi kod bolesnika bez svijesti, kod umirućeg bolesnika ili bolesnika koji ne osjeća potrebu za komunikacijom. Iako ne postoji dijalog, bolesnik je prisutan osjetilom sluha i osjeća dodir te daljnji terapijski odnos zahtijeva kreativnost medicinske sestre.

Značaj empatije i vlastitog samorazvoja

Prema Rogersu [5], empatija je temeljna pozicija za otvoren odnos, za prihvaćanje druge osobe, neovisno o postojanju transfera i kontratransfera. Empatija kao pojam koji označava doživljavanje bolesnikova stanja temelji se na načinu kojim se izražava. Iskazuje se prihvaćanjem, razumijevanjem i aktivno slušanjem – verbalno i neverbalno [5]. Balzer i Riley 2000. godine utvrdili su da postoji urođena empatija, ali da postoji i naučena empatija koju nazivaju „klinička empatija“ koja se može svjesno naučiti u svrhu poboljšanja terapijskog odnosa [6]. Ponekad odnos s bolesnikom može biti neformalan i opširniji, ponekad kratak, često nazivan „terapijski susret“ [3], u kojem medicinska sestra u kratkom susretu pokazuje empatiju u odnosu na bolesnikovu situaciju i ostavlja snažan dojam. Ovdje do izražaja dolazi važnost empatije u odnosu i da je gotovo nemoguće ostvariti terapijski pomak bez suosjećanja [5]. Upravo komunikacijom u

the help of transference and countertransference; internal patterns are repeated and become a kind of incentive for change. However, in the psychoanalytic relationship, the therapist may adopt an all-knowing attitude that leads to change. Although Peplau does not mention the phenomenon of countertransference in his work, it can be noted that in the quote: “Nurses must primarily be aware of themselves, their personal needs and reactions in order to be able to help the patient meet his needs” [2] indicates its existence. The existence of the transfer phenomenon can be seen in Peplau’s theory through the different roles of the nurse: “stranger, information provider, teacher, leader, surrogate/lawyer or consultant” [5] when the patient chooses the role of the nurse according to his needs. Thus, he can choose to provide him with the necessary information about the disease and treatment and/or to guide him to the goal, and/or replace his family members, and/or represent him in treatment, and/or to confront him with his thoughts and feelings. Therefore, it can be noted that she paid special attention to understanding human behavior with the ultimate goal of identifying the patient’s psychological needs, partly based the theory on psychoanalytic concepts, and finally modified it into a unique and equal relationship. In his work, he mentions changing the patient’s behavior, but only in such a way as to reduce the anxiety caused by the disease, so that the patient can more adequately see his health condition, express his needs and make decisions.

Psychological needs of patients

Peplau often emphasized the psychological needs of each patient. According to the author Priest [5], psychological needs in the healthcare environment refer to meeting the need for other people, communication, including visiting family and friends. Every patient has a need for respect, security, participation and decision-making, predictability, and the acquisition of knowledge related to the disease. The patient is often impatient, oversensitive, and expects attention and understanding, communication and the presence of the healthcare staff. Therefore, the therapeutic relationship is important because already at the first contact with the nurse, in the “orientation phase” [2], an atmosphere is created in which the patient acquires or does not acquire the impression of security, support, and trust. According to Priest [5], the first phase begins with the presentation of the nurse to the patient and eye contact. It is preferable to address the patient kindly in a pleasant voice. Psychological needs are different in appearance and intensity, their timely detection affects the selection of nursing interventions, communication, and understanding. The therapeutic relationship always exists and can be adjusted in the case of an unconscious patient, a dying patient, or a patient who does not feel the need to communicate. Although there is no dialogue, the patient is present through the sense of hearing and feels touch, and the further therapeutic relationship requires the nurse’s creativity.

The importance of empathy and one’s own self-development

According to Rogers, empathy [5] is a fundamental position for an open relationship, for accepting another person, regardless of the existence of transference and countertran-

sestrinskoj skrbi bolesnik verbalizira osjećaje, što potvrđuje činjenicu da je sestrinstvo zaista utemeljeno na postavkama brižnosti i suosjećanja, a isto je vidljivo u suvremenoj sestrinskoj skrbi. Empatija ima moć promijeniti negativan transfer u pozitivan [7] te stvoriti ozračje ugodne atmosfere u bolničkom ambijentu. Može se reći da su empatične vještine razvijene kad se iskustvo, želje, potrebe, očekivanja i osjećaji mogu kontrolirati. Radom na sebi moguće je steći veći stupanj samopoštovanja i samokontrole te ovladati stresom i neugodnim emocijama. Vlastiti samorazvoj neprekidan je proces koji u konačnici pozitivno utječe na mentalno zdravlje medicinske sestre.

Zaključak

U praksi se često događa da se uslijed nedostatka potrebnih znanja vezanih za interpersonalne odnose javljaju poteškoće u raspoznavanju i kontroliranju vlastitih osjećaja i ponašanja. Mnogo je čimbenika koji na to izravno utječu, osobito na pozitivan predznak terapijskog odnosa, transfera i kontratransfera. Terapijski je odnos jako važan zbog terapijske suradnje s bolesnikom, u pridržavanju zdravstvenih uputa te radi smanjenja učestalih posjeta liječniku i/ili hospitalizacija. Upravo kako je Peplau povezala razumijevanje ljudskog ponašanja upoznavanjem sebe kako bismo što bolje razumjeli druge, tako bi osobnom terapijom medicinske sestre ovladale prepoznavanjem transfera i kontratransfera, proradile bi vlastite stavove, preispitale iskustva privrženosti iz vlastite prošlosti te bolje razumjele moguć utjecaj istog na obavljanje sestrinske prakse u sadašnjosti. Plan edukacije trebao bi sadržavati iskustvenu metodu učenja interpersonalnih vještina i empatičnog ponašanja s kontinuiranom evaluacijom. Prepoznavanjem i rješavanjem transfera i kontratransfera u odnosima zdravstvenog okruženja smanjila bi se pojavnost sindroma sagorijevanja. U njegovoj se prevenciji nameće potreba za osnivanjem grupe podrške u obliku timskih sastanaka kako bi medicinske sestre iznijele vlastite osjećaje i zajedno dogovorile strategiju komunikacije s bolesnicima. Educirane medicinske sestre nosilac su drugačije atmosfere u radnom ambijentu, svojom kreativnošću stvaraju vlastiti profesionalni identitet u kojem se osjećaju sigurno, zadovoljno i ispunjeno. Temeljito razmatranje interpersonalnih odnosa podiže razinu samopoštovanja, minimalizira opću frustraciju u radnom okruženju te otvara mogućnost stvaranja pozitivne radne atmosfere u kojoj se poštuju međuljudski odnosi.

Nema sukoba interesa.

sference. Empathy, as a term that denotes experiencing the patient's condition, is based on the way it is expressed. It is expressed through acceptance, understanding, and active listening, verbally and non-verbally [5]. In 2000, Balzer and Riley determined that there is innate empathy, but that there is also learned empathy, which they call "clinical empathy" that can be consciously learned to improve the therapeutic relationship [6]. Sometimes, the relationship with the patient can be informal and more extensive, sometimes short, often called a "therapeutic meeting" [3], in which the nurse shows empathy to the patient's situation in a short meeting and leaves a strong impression. The importance of empathy in the relationship is crucial and it is almost impossible to achieve a therapeutic shift without compassion [5]. It is through communication in nursing care that the patient verbalizes feelings, which confirms the fact that nursing is really based on the principles of care and compassion, which is visible in modern nursing care. Empathy has the power to change a negative transfer into a positive one [7] and create a pleasant atmosphere in the hospital environment. Empathic skills can be said to be mastered when experience, desires, needs, expectations and feelings can be controlled. By working on yourself, it is possible to gain a higher degree of self-respect and self-control and to overcome stress and unpleasant emotions. Own self-development is a continuous process that ultimately has a positive effect on a nurse's mental health.

Conclusion

It often happens in practice that due to the lack of necessary knowledge related to interpersonal relationships, difficulties arise in recognizing and controlling one's own feelings and behavior. Many factors directly influence this, especially the positive signs of the therapeutic relationship, transference and countertransference. The therapeutic relationship is very important due to the therapeutic cooperation with the patient, adherence to health instructions, and the reduction of frequent visits to the doctor and/or hospitalizations. Just as Peplau connected the understanding of human behavior through getting to know oneself to better understand others, with personal therapy, nurses would master the recognition of transference and countertransference, work on their own attitudes, reexamine attachment experiences from their own past, and better understand the possible influence of this on the performance of nursing work and practices in the present. The education plan should include an experiential method of learning interpersonal skills and empathic behavior with continuous evaluation. Recognizing and resolving transference and countertransference in the relationships of the healthcare environment would reduce the incidence of burnout syndrome. To prevent this, there is a need to establish a support group in the form of team meetings so that nurses can express their feelings and jointly agree on a communication strategy with patients. Educated nurses are the carriers of a different atmosphere in the work environment. With their creativity, they create their own professional identity in which they feel safe, satisfied and fulfilled. Working on interpersonal relationships raises the self-esteem, minimizes general frustration in the work environment, and opens up the possibility of creating a positive working atmosphere in which interpersonal relationships are respected.

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