

TRANSFERENCE IN THE NURSE-PATIENT RELATIONSHIP : A CASE REPORT ON PROSTATE CANCER SUFFERING FROM TRANSFERENCE SYNDROME

Hypothesis / aims of study

Transference is generally recognized as an unconscious inevitable part of relationships. Both nurse and patient "transfer" their past emotional and psychological needs into present situations and react accordingly.

Study design, materials and methods

This article explores the dilemma posed with regard to a prostate cancer patient suffering from transference syndrome.

We developed a case management model to provide cancer patients as a consultation corner. Additionally, in an attempt to improve the quality of life of cancer patients, this model encourages medical personnel to discuss sexual, belonging and love problems with patients and hold attitudes of professionalism, composure, caring, and solemnity. Belonging and love need is a basic need of human beings.

Results

This paper describes the meaning of transference and their importance in the therapeutic nurse-patient relationship. Finally, development of greater insights into the nurse-patient relationship will help nurses use those insights to improve the quality of patient interactions and care.

Interpretation of results

For patients with prostate cancer, this basic need cannot be satisfied, even professionally trained medical personnel have difficulty directly addressing this problem.

Concluding message

Nurse's emotional and behavior reactions will influence and reflect the reactions of the patients. Nurses need to gain insight into their contributions to relationships with patients in order to detect patients' thoughts and feelings. They have to recognize the patient's needs and maintain a neutral and uncritical attitude. This study can provide the information for these teaching hospitals to understand the prevalence, coping behaviors and management strategies of nurses suffering from "transfer" in medical workplace. Also, the findings may be the useful references for designing the teaching materials and precautionary guidelines to conduct the nurses how to prevent and manage the "transfer"

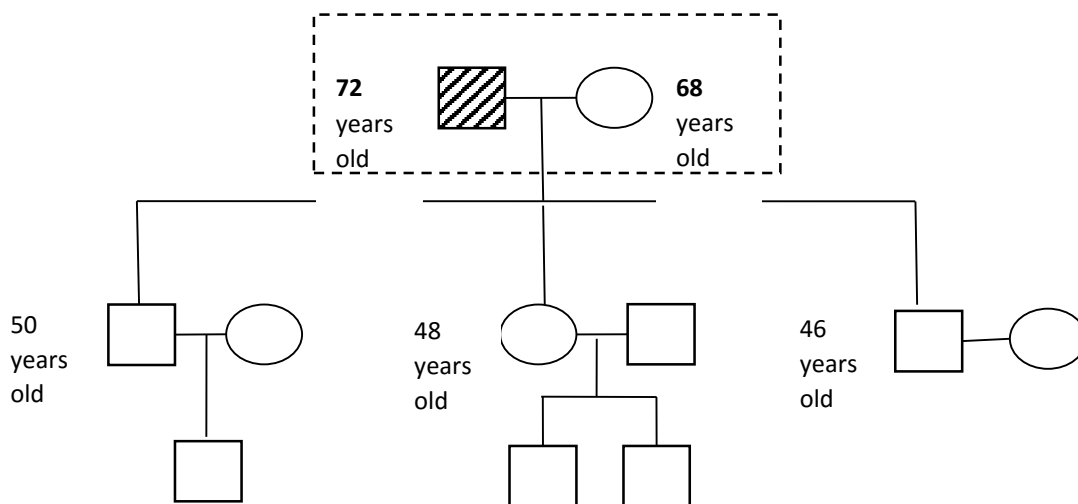


Figure 1 Genogram

Table 1—2010.07.06~2014.10.21 The talks focused summary records.

Talks date	Talks kinds	Talks focused	Talks Content	Counseling Skills
7/6/2010	Phone	Medical-related	Self-introduction	Counselor Self-Disclosure ; Active listening ; Empathy
12/27/2010	Phone	Medical-related	Attention to medical problems	Active listening ; Open questions ; Information giving and removing obstacles
1/15/2012	Phone	Emotional support	Attention to family issues	Listening ; Empathy ; Eyes confine ; Information giving and removing obstacles
8/10/2012	Visits	Emotional support	Attention to family issues	Listening ; Empathy ; Eyes confine ; Emotional reflection
9/28/2012	Phone	Emotional support	Attention to nurse-patient relationship	Paraphrasing ; Clarify ; Leading ; respect ; Interpretation
12/15/2012	Phone	Emotional support	Attention to nurse-patient relationship	Information giving and removing obstacles to change ; Empathy ; Interpretation
9/15/2013	Visits	Problems rectification	Attention to nurse-patient relationship ; Continuous control behavior	Information Giving and removing obstacles to Change ; Correction Return therapeutic relationship
7/30/2014	Phone	Problems rectification	Attention to nurse-patient relationship ; Continued irrational emotions ; Director of interventional treatment	Information Giving ; Correction Return therapeutic relationship ; Reaffirmed the nurse-patient relationship
8/5/2014	Phone	Problems rectification	Director of interventional treatment ; Physician of intervention treatment	Genuiness ; Reaffirmed the nurse-patient relationship
8/26/2014	Phone	Problems rectification	Physician of intervention treatment ; Consultation psychologist ; Consultation psychiatrists	Termination nursing patient relationship

References

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Disclosures

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