The essence of rheumatology nursing

Arthritis and rheumatism are the most frequently self-reported conditions in the UK, costing the NHS £1,200 million a year (OPCS 1980). Nurses caring for patients with these chronic illnesses need to consider the emotional consequences as well as the physical manifestations. This article identifies the important factors in the therapeutic relationship in rheumatology care.

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Henderson (1966) defined the unique function of the nurse as being ‘...to assist the individual, sick or well, in the performance of those activities contributory to health or its recovery (or a peaceful death) that he or she would perform unaided if she or he had the necessary strength, will or knowledge to do so in such a way as to regain independence as soon as possible’.

Although this definition is over 30 years old, it still contains components – empowerment, rehabilitation, education and patient participation – that are relevant to health care today, especially for a patient with a rheumatic condition where complete return to health may not always be possible. The nurse needs to support, guide, educate and empower patients to cope positively with their illness and adapt to their new situation.

Patients with rheumatoid arthritis have many physical, psychological, social and sexual needs. At the start of the therapeutic relationship, the nurse must understand which of these needs are most likely to affect the patient's quality of life. The care the nurse provides must be relevant for the patient and his or her family, and not based solely on the clinician's assessment of the patient's needs.

Caring is the most important value of the nursing profession, and often referred to as a basic requirement. But there is nothing ‘basic’ about high quality nursing care that requires a combination of knowledge, understanding and expertise. Malin and Teasdale (1991) identified two elements of caring:

- Action — identifying and meeting patient needs.
- Emotion — regarding people as individuals and being concerned about what happens to them.

Too often, the action element is the dominant feature of nursing practice. Patients' physical care needs are met, but their emotional needs are neglected (Henderson 1994). Yet, from the patient's perspective, it is the nurse's 'emotional style' that determines whether a patient perceives a care episode as satisfactory or not (Smith 1992). The main theme linking these elements is the nature of the relationship between the nurse and patient. Before caring for any patient whose rheumatological condition has affected his or her life, the nurse must allow time to develop this therapeutic relationship. Box 1 lists the key elements of nursing as identified by Wilson Barnett (1984).

**THERAPEUTIC RELATIONSHIP**

Factors needed for a therapeutic relationship include:
- Meeting the patient's emotional needs.
- Having a sound knowledge base.
- Understanding the implications of the illness for the patient.
- Encouraging the patient to participate in decisions about his or her care.
- Exploring the patient's understanding of his or her condition.
- Establishing realistic goals.
- Providing information specific to the individual patient.
- Involving family and friends.
- Maintaining contact.
- Commitment from the organisation.

**Emotional needs** Treating the physical manifestations of rheumatoid arthritis without considering the effects of the condition on the patient's self-esteem, social role and lifestyle (Ryan 1996), is

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**Box 1. The key elements of nursing (Wilson Barnett 1984)**

- Understanding illness and treatment from the patient's viewpoint
- Providing continuous psychological care during illness and critical events
- Helping people cope with illness or potential health problems
- Providing support
- Co-ordinating treatment

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Box 2. Andy

Andy, aged 19, has been admitted to the rheumatology ward. He is newly diagnosed with systemic lupus erythematosus, a multisystemic, auto-immune condition of the connective tissue. Until four months ago, Andy was working and leading an active life. He has increased pain and inflamed joints. The rheumatology nurse will need to spend time getting to know Andy and to ascertain how he perceives the illness.

The nurse must focus on the needs from the patient's perspective. It will serve no purpose for the nurse to impose his or her own framework of treatment on Andy. For care to be meaningful and relevant, the nurse must consider Andy's beliefs.

Andy is concerned about the loss of his job and his financial situation; at this early stage he does not feel comfortable focusing on his illness. The nurse will be able to co-ordinate care and explain the necessity of minimising the present physical symptoms to improve functioning. The nurse will also enlist the help of the disability employment adviser to discuss Andy's options with him, including advice on benefits.

Andy and his family will need continuing support as they try to adjust to their situation. The rheumatology nurse will need to use the skills of educator, supporter and guide. The nurse will evaluate Andy's progress and plan further care interventions from Andy's perspective so that he takes ownership of them. As the nurse-patient relationship develops, Andy may begin to focus on his condition and implement appropriate coping strategies.

Box 3. Jane

Jane cannot decide whether to start gold injections for her rheumatoid arthritis. She has heard unfavourable reports about their side effects. She has been given an appointment to see the rheumatology nurse specialist.

To begin, the rheumatology nurse will seek Jane's beliefs about the purpose of drug treatment and the overall management of her condition. Together, they will discuss her symptoms and the specific effect they are having on Jane's physical, psychological, social and sexual functioning. The nurse will also ask Jane how her arthritis would affect her family and friends.

The nurse can then share with Jane her knowledge and understanding of the purpose of the gold injections, potential advantages and disadvantages, and possible consequences of not commencing this therapy. They could also explore the use of other drugs. The objective of this therapeutic encounter is to ensure that the management of her condition has meaning and relevance for Jane and is incorporated within her own framework of beliefs. It should also ensure that Jane has access to the information and support she needs to make an informed choice.

Jane may decide not to commence drug treatments at this stage, and the nurse will need to seek other means of supporting her.

hands may have difficulty lifting her child and experience feelings of guilt and anxiety. Once this problem has been identified, the nurse can provide emotional and practical support. This may include encouraging the mother to express affection by cuddling the child on the bed where the limbs can be supported and therefore reduce the potential for pain.

Other individuals may experience difficulties in the working environment, creating feelings of depression and poor self-esteem. Counselling may be appropriate to support them through this problem. Nurses can only offer humanistic care if they understand the experience of illness from the patient's perspective.

**Participation** Encourage the patient to participate in as many treatment decisions as possible. When a patient chooses a course of action, they are more likely to stick with it, even if the beneficial effects are not apparent immediately. Informing patients about alternative treatments, and enabling the patient to choose, may heighten their sense of control (Box 3).

**Patient's understanding** Until the nurse has spent time exploring the patient's own beliefs about the purpose and outcome of treatment, it will not be possible to arrive at a shared care programme.

**Realistic goals** Setting unrealistic targets will demoralise the patient and affect his or her self-esteem. It is more productive to start with small goals and build on these.
Specific information  The nurse must help the individual to achieve a state of adaptation by identifying the area of need and providing care that matches the patient’s experience and expectations. Patients do not find it helpful to be told what percentage of patients respond well to treatment—they require information that is relevant to their particular situation.

Family and friends  Family members should be encouraged to take part in care assessment and planning so that they can support care options.

Contact  The patient must be able to get in touch with a knowledgeable practitioner. This can be done through a telephone helpline system which gives the patient a designated point of contact, and enables the patient to re-access the service when they perceive there is a need with their condition.

Commitment from the organisation  Nurses must be prepared adequately, supported and supervised, to be able to care successfully in emotionally demanding areas. Clinical leaders must encourage and support personal and professional development, and nurses need to pursue their demands for formal clinical supervision in the workplace.

CONCLUSION  When caring for patients with a chronic illness, such as rheumatoid illness, the nurse must enter into a therapeutic relationship with the patient and provide both an action and an emotional element of care to meet physical, psychological, social and sexual needs. The nurse will empower, educate, support and guide the patient and his or her family through all care episodes.