

REFERENCE TO THE “HUMAN-TO-HUMAN RELATIONSHIP” CONCEPT IN THE WORK OF JOYCE TRAVELBEE AND ITS POTENTIAL APPLICATION REGARDING SUPERVISION IN NURSING

Věra Stasková¹, Milena Vaňková², Valérie Tóthová¹, Sylva Bártlová¹

¹University of South Bohemia in České Budějovice, Faculty of Health and Social Studies, Department of Nursing and Midwifery, České Budějovice, Czech Republic

²Charles' University in Prague, 1st Medical Faculty, Institute of Nursing Theory and Practice, Prague, Czech Republic

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Abstract

The authors of this article present the information from the foreign literature on nursing and other literature sources and databases focusing on, as yet in the Czech Republic unpublished, the work of the American psychiatric nurse and nursing theorist Joyce Travelbee (1926–1973), who in 1969 described the supervision in nursing as a concept supporting the professional development of nurses. The goal of the report is to briefly introduce the readers to the issue of models and theories, not only in nursing, but also in supervision. There are basic phases of the concept of the “human-to-human relationship” from the works of Joyce Travelbee introduced and also there are parallels outlined, which the authors of the article drafted on the basis of the conceptualization of the helping relationship based on the concept of Joyce Travelbee, for their innovative use and the application of supervision, and not just in the context of clinical nursing, but also in qualification trainings of nurses in nursing degree programmes at the university level. The review study primarily uses the sources which were obtained through electronic databases like EBSCO, Scopus, Web of Science, PubMed etc. Based on the textual analysis of relevant sources, we have concluded that the concept of the human-to-human relationship, as Joyce Travelbee understands it, is simultaneously inspiring and useful for the realization of supervision in nursing.

Key words: nursing; nurse; supervision; Joyce Travelbee; education

INTRODUCTION

Supervision as a constituting profession uses a large amount of theoretical approaches and concepts from different disciplines. Theoretical and practical knowledge involving the process of running one's own supervision are reflected and conceptualized in different models and theoretical approaches in supervision. A dominant position is given to the scientific literature and much more

attention to the supervision models is traditionally paid to the literature on psychotherapy. There are a large number of models of (clinical) supervision, some of which reflect the theoretical perspective of individual professions. The authors, in the article below, do not represent a comprehensive overview of the theoretical models (approaches) in supervision, since this intention clearly goes beyond the limits regarding the capacity of this article, but they focus on the reference

of the concept of the “human-to-human relationship” in the work of Joyce Travelbee and its potential application in the supervision in nursing.

Theories and models in nursing

The development of nursing conceptual models and theories is related to the development of the new methods and the organization of work in nursing, such as primary care or nursing process, which emphasize the autonomy of professional nurses. Their development in the 21st century can be considered as an important stage in the development of nursing as a scientific discipline (Farkašová et al. 2006). “Models in nursing are the abstract framework combining facts and phenomena that help nurses to plan nursing care, examine the issues related to clinical practice and study the results of nursing interventions” (Výkladový ošetrovateľský slovník 2008, p. 308). Jacqueline Fawcett (2005) uses the term of the conceptual model to identify a set of general concepts and propositions that provide previews of metaparadigms on nursing. She defined the theory as a concept which is derived from the conceptual models or statements closely describing the concepts and specific relationships. The difference between a conceptual model and a theory is in the way of their use and is somewhat abstract (Fawcett 2005). From the point of view of abstraction, a theory is more concrete, more specific, directly applicable in practice, and a conceptual model is more extensive, more general and does not have operational definitions. In terms of a purpose, a theory describes, explains, predicts phenomena specific to nursing, whereas a nursing model allocates a knowledge base for the profession (Jarošová 2003).

The work of the nursing theorist Joyce Travelbee is conceived (categorized) by foreign interpreters either as a conceptual model (see e.g. Riehl and Roy 1974, Thibodeau 1983, Marriner-Tomey and Allgood 2002, Jakubíková and Košková 2006, Sedláková 2008, Butts and Rich 2011), or as a nursing theory (Meleis 1997, 2007, Marriner-Tomey and Allgood 2006, Jones et al. 2012). It is not clearly defined. Despite the multivalent of the interpretation and the conceptualization of the work of Joyce Travelbee, the contribution of the work of this American psychiatric nurse

to the development of nursing cannot be overlooked.

Theories and models of supervision

In the available literature on supervision, rather than in a comprehensive theory, there are various models and approaches (see e.g. Farrington 1995, Balint 1999, Carroll and Tholstrup 2004, Hawkins and Shohet 2004, Šimek 2004, Havrdová and Hajný 2008). Models of supervision based on psychotherapeutic approaches often evoke a natural extension of the therapy itself. However, it is becoming increasingly clear that supervision is an advisory and consultative concept that does not coincide only with the supervision provided by psychotherapists or even exclusively by psychotherapists and psychologists in the role of supervisors. A number of models have been developed or improved to meet the needs of specific professional groups. E.g. *The Kadushin clinical supervision model* is still a predominant model in the field of social work (Kadushin 1992). An example of a model focused on the functions of the supervisory relationship can be e.g. *a model according to Proctor* (Bond and Holland 2001), which is a relatively widespread and a commonly used model in nursing in Great Britain. Another model used both in consultancy and in the supervisory nursing practice is, for example, *Heron's framework for the analysis of six categories* (Sloan and Watson 2001). The supervisor's competence is demonstrated not only on the basis of specific professional qualifications and expertise, but mainly due to the unique ability to successfully negotiate and develop their potential based on an integrated set of their own resources in the specific context of professional situations and different contexts of supervisory practices. The broad concept of supervision, which goes beyond the narrow boundaries of both models of supervision and various psychotherapeutic approaches, but also the supervision provided in different contexts of assisting professions (e.g. the supervision provided not only to psychotherapists, social workers, families and pedagogical-psychological counselors, but also to community care workers and supervisees in the field of education, up to the supervision provided to management teams, across individual assisting professions and

organizations), is referred to by e.g. Antonín Šimek (2010).

The legacy of Joyce Travelbee and its application in clinical supervision in nursing

Since the middle of the 20th century, the distinguished personalities of nursing, especially nursing theorists, such as Joyce Travelbee, pointed out the use of supervision in nursing.

Nowadays, the concept of supervision is gradually entrenching and is looking for assertion in the nursing educational and clinical practice. Supervision can be defined as a “**relationship** (or a series of relationships) with a person outside guidance that lasts throughout one’s career and is offered to all employees at all levels, within which the supervisee (a student) – a nurse can regularly and confidentially speak with such person (group) about their studies, professional development, but also their career advancement in their role as a professional practitioner. The aim of the supervisee and the supervisor is to facilitate and support the growth of the trainee toward perfection in the practice of their profession” (Vaňková and Marková, 2010, p. 68).

There is far more literature regarding the role of a supervisor than the role of a supervisee. It is clear that an important goal for the supervisor and the trainee is a personal and a *professional development of the supervisee*. An effective supervision is *an interpersonal process* where the role of the supervisor is intended to enable the student nurse to become a competent clinical “expert”. This process occurs in the context of the *supervisory relationship*. In fact, the supportive supervisory relationship proves to be probably the most essential component of an effective supervision. Joyce Travelbee was convinced that to achieve the purpose of nursing through a created interpersonal relationship, it is necessary not only to overcome the stereotypes, to create and maintain an interaction, focus on the care of a patient, but also to consider the needs of the nurses. Generally, the quality of the supervision depends on both parties and their ability to *communicate clearly and openly*. Developing this ability is the basis for the supervisee to learn.

Joyce Travelbee is known in nursing mainly for formulating the concept of *The Human-to-Human Relationship* in the 1960’s. The main prerequisite for creating an interpersonal relationship is the fact that the nurse and her care recipient have passed the four phases that follow one another: (1) the phase of the original encounter, (2) the phase of emerging identities, (3) the phase of empathy and (4) the phase of sympathy. All these phases culminate in mutual understanding and create a human-to-human relationship (Travelbee 1996). In order for the nurse to establish and develop a relationship with a patient or a human being, some skills such as not belittling, the art of listening, communicating, sharing, but also e.g. the skill of self-reflection are needed (Travelbee, 1969, 1996). All of the above phases of a relationship and skills which a nurse uses to establish, develop and maintain the relationship to a patient, are also possible to use and cultivate in supervision, both by the supervisor and the supervisee. Supervision, as a tool for a professional development of nurses, was recommended by Joyce Travelbee not only to be used in psychiatric nursing, but in the general nursing practice. A competent nurse supervisor, in the conception of Joyce Travelbee, is a university educated nurse who holds a master’s degree and has demonstrated a high level of clinical competence in establishing and developing an interpersonal relationship (Travelbee 1969). Evelyn Adam (1991) stated: “Let the nurse select the professional goal to follow – the independence in meeting the needs according to Virginia A. Henderson, an adaptation in health and disease by Callista L. Roy, achieving and maintaining a dynamic equilibrium and the highest stability of the behavioral system possible, according to Dorothy E. Johnson, or improving physical and mental health condition according to Ida J. Orlando – and they will try to mark their professional activities by *the seal of helping communication*” (Adam, 1991, p. 49). Between a patient (a client) and a nurse there is always some kind of relationship. As well as other healthcare professionals, including nurses, a university professor of nursing, involved in qualification training of students of nursing, regardless of the fact that the person is a professional assistant, a mentor of nursing practice or a supervisor, wants the supervisee to perceive

the relationship as a *helping* one. Nursing is one of the caring professions. Understanding and respecting the student – a supervisee – in the relationship with a university teacher in the role of a supervisor, enables the student – the supervisee – to connect the respect for themselves with the knowledge and respect for the profession of nursing through professional training and the professional supervision provided. *The relationship between providing the assistance and the support in the professional growth in supervision is essential for the effective provision of nursing care.* In the texts of Joyce Travelbee, we can also monitor the application of the aspects of interpersonal relationship to the nurse-supervisor relationship, where she considered the ability to create a working relationship, in which the supervising nurse should see the supervised one as a unique human being and not as a study problem, as the most important concept (Travelbee 1969). In this context, we would like to point out that the concept of the human-to-human relationship seems to be suitable not only in the approach and the conceptualization of the relationship to the patient, but also as a concept applicable in an individual supervision in clinical practice, as well as during university nursing education.

CONCLUSION

The first step toward choosing a supervisor should also include the possibility for the

supervisee to become familiar with the approaches and models used by the supervisor in their practice and, at the same time, also the way the supervisee prefers to identify and find solutions to the topics presented in the supervision. This awareness should help the supervisee to choose the model of the supervision and the supervisory approach which would suit their needs best, making it easier to find an appropriate supervisor. The authors do not consider the above introduced concept of the *human-to-human relationship* of Joyce Travelbee and her parallel for applications in clinical and educational supervision in nursing to be definitive, nor as the only possible way of the realization of supervision in nursing. There are many distinctive and inspiring views of the use of methods, models and approaches which are applicable in the current supervisory practice, especially in foreign literature, and there have appeared a large number of them, although they are often presented without links to the nursing theory in total, which, for nurses, nursing and the supervision in nursing, would be so clear, useful in practice and inspiring as is the work of Joyce Travelbee.

CONFLICT OF INTEREST

The authors have no conflict of interest to disclose.

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Contact:

Věra Stasková, University of South Bohemia in České Budějovice, Faculty of Health and Social Studies, Department of Nursing and Midwifery, U Výstaviště 26, 370 05 České Budějovice, Czech Republic
Email: staskova@zsf.jcu.cz