

Transactional Analysis of Nurses: An Empirical Study

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ABSTRACT

Background: Transactional analysis is a theory of human personality and social behaviour. It is a comprehensive system of psychotherapy founded in the late 1950s by Eric Berne. Lately, organisational psychologists are waking up to the value of transactional analysis as a valuable Human Resources tool, giving them an insight into various interpersonal transactional styles in various professions. Nursing as a profession has always been characterised as a nurturing, caregiving and comfort providing job, which can emerge as a very taxing and stressful profession in return. The myriad role that nurses play requires certain interpersonal tactics and styles which are very typical demands of their job role. But their personalities and dispositions cannot be ignored. Hence, an attempt is being made in the present study to analyse different transactional styles being adopted by female nursing professionals, along with their back up styles and also the role of their marital status on how they deal with their patients. **Methodology:** For this purpose, a sample of 120 female nurses, 60 married and 60 unmarrieds, falling in the age range of 25-40 years, working in various private and government hospitals of Chandigarh was taken. The data was collected with the help of Transactional Styles Inventory-Nurses. **Results:** Results revealed significant differences between married and unmarried nurses. Married nurses were more nurturing while the unmarried nurses emerged to be more regulated in their interpersonal transactions. **Conclusion:** The overall interpersonal efficacy of nurses needs to be improved so that they can attain the position best suited to help them meet the demands of various roles that they have to play.

Keywords: Transactional analysis, transactional functions, nurse-patient interaction

INTRODUCTION

Nurses undoubtedly form an inevitable part of any clinical setting. It is due to the myriad roles that they play that hospitals can function successfully. Nursing care is a major predictor in patient satisfaction with hospital care and it has also been shown to positively enhance the overall hospital experience of the patients.^[1,2] To achieve this goal, nurses are expected to maintain and demonstrate competence throughout their professional career.^[3] A holistic definition of competence in clinical setting points towards incorporating ethics and values, reflective practice, context-specific knowledge and skills as elements of competent performance and includes the therapeutic caring relationship.^[4,5] Accordingly, trust, care,

communication skills, knowledge and adaptability have been identified as attributes of competence, together with emotions and values.^[6,7] Competence is manifested by empowering people, building relationships, facilitating knowledge development, making clinical judgements and taking action on behalf of people.^[8] To be able to communicate all of this effectively to patients, doctors and colleagues, it becomes pertinent that nurses be excellent communicators.


Communication skills and interpersonal skills are considered to be fundamental to effective nursing practice as it is one of the most crucial overt ways of showing empathy and concern towards patients.^[9]

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Communication skills and interpersonal skills are considered to be fundamental to effective nursing practice as it is one of the most crucial overt ways of showing empathy and concern towards patients.^[9] Effective communication is a fundamental element of nursing care that is integral to the provision of quality patient care.^[10-12] In fact, patients with life-threatening diseases need more than clinical reassurance from nurses. Patients with cancer, in fact, regard good communication with healthcare professionals as a high priority.^[13] Ineffective communication leaves patients feeling anxious, frustrated and dissatisfied, which may impair their ability to comply with treatments.^[14] Studies have shown that nurses considered themselves to be at an above-moderate level of competence but assessed their competence higher in physical than in psycho-social care.^[15, 16] It is high time that the need for providing psychosocial care to patients be given the due importance that it deserves. It is through communicating empathetically (verbally and non-verbally) that nurses can show psycho-social care towards their patients.

Social interaction mediated through effective communication is a critical factor affecting the quality of life. For those residing in long-term care (LTC) and complex continuing care (CCC) facilities, opportunities for socialization occur primarily during interaction or communication with staff.^[17] There are many ways that nurses can help through their interactions with patients. According to Benner, "helping (in the nursing context) encompasses transformative changes in meanings, and sometimes simply the courage to be with the patient, offering whatever comfort the situation allows."^[18] This goes to suggest that merely being there for the patients, calmly listening to them and showing empathetic understanding can sometimes be enough for them to heal. The following description of interpersonal competence in the nursing literature, in fact, clearly depicts everything that needs to be done in this regard: translating (informing, explaining, instructing, teaching); getting to know the patient (personal sharing, humour/kidding, being friendly); establishing trust (anticipating needs, being prompt, following through,

enjoying the job); and going the extra mile (being a friend, doing the extra).^[19] Taylor has rightly said, "Every human interaction offers you the chance to make things better or to make things worse".^[20] Lives can either be healed if we decide to mindfully choose words of kindness or they can also be destroyed if words are uttered without much contemplation.

Nursing as a profession, although, has been characterised as a nurturing, caregiving and comfort providing a job, but it can emerge as a very taxing & stressful profession.^[21] Insufficient training in communication also contributes to stress and burnout in healthcare professionals.^[22, 23] Therefore, effective communication can prove beneficial not only for the patients but it can also contribute towards protecting the sanity of nursing professionals as well as enhancing their competence. However, quantifying and measuring the interpersonal competencies of nurses can be challenging. There are concerns over the artistic and humanistic aspects of nursing such as empathy and attentive listening becoming de-emphasized because it is easier to value and measure scientific and technical aspects that can be repeatedly demonstrated.^[24,25] Transactional Analysis, however, is a valuable tool in this regard. The principles of human interaction have very sophisticatedly been embodied by Eric Berne in the late 1950s, in his theory of Transactional Analysis. It is a theory of psychotherapy, and also a theory of communication for understanding groups and organisations. It is a useful conceptual framework to understand an individual's interpersonal style. Ever since this theory came into existence, it has been applied to the areas of psychotherapy, counselling, organisational behaviour and education.

The basic premise of the theory revolves around the idea of ego states. People interact with each other in terms of three psychological positions or behavioural patterns, known as ego states. Thus, ego states are a person's way of thinking, feeling and behaving at any time. The three states or elements are- Parent, Adult and Child, which give rise to their unique patterns of behaviour. Ego states are formed before the age of 5 and are in essence the early recordings of feelings produced through communication episodes from others.^[26] These ego states are common to all human beings

and one state may tend to dominate more than the others at a particular time, depending on what we are experiencing, how we are feeling and whom we are communicating with. This eventually goes on to dictate our behaviour in that situation. Berne [27] observed that these patterns included noticeable changes in voice, posture, vocabulary, viewpoint ‘and other aspects of behaviour’.

The Parent ego state represents the person’s morals and values and can either be critical or nurturing. The critical Parent attempts to find fault, whereas the nurturing parent is supportive and promotes growth. The Adult ego state is the rational-thinking dimension. It is devoid of feelings and acts as a mediator between the Child and the Parent ego states. The Child ego state is the uninhibited side of personality and it is characterised by a variety of emotions such as fear, happiness, and excitement. The Child ego state has two dimensions, the free child and the adopted child. The free Child is uninhibited and playful whereas the adapted Child is rebellious and conforming. Each ego state can either take on a functional role or a dysfunctional role, depending on the Life Position a person takes. The individual’s behaviour towards others is largely based on specific assumptions that are made early in life. During childhood, a person develops from experience a dominant philosophy- such philosophy is tied into their identity, sense of worth and perception of other people. This tends to remain with the person for a lifetime unless major experiences occur to change it. Harris[28] has conceptualised four primary existential or life positions: I’m OK-You’re OK- this position indicates acceptance of our value and the worth of another; I’m not OK-You’re OK-this position indicates value of others but not the self; I’m OK-You’re not OK-this position represents value of self but not the others; I’m not OK-You’re not OK-this points towards non-acceptance of self as well as the others.

Twelve Influence Styles [31]

Ego States	Styles In Two Life Positions	
	Not-OK	OK
Nurturing parent	Rescuing	Supportive
Regulating parent	Prescriptive	Normative
Adult	Task-Obsessive	Problem-solving
Creative Child	Bohemian	Innovative
Reactive Child	Aggressive	Assertive
Adaptive Child	Sulking	Resilient

James et al., [29] and Avary[30] have suggested that the two dimensions of life positions can be combined with the six ego states (two Parent, one Adult and three Child), to obtain 12 styles of dealing with people.

Interaction of the concept mentioned above of ego states and the OK life positions have been used in the context of the present study and this interaction has been given the term “functions”. Functions is an umbrella term used to represent the six roles or manifestations that the three ego states undertake, based on the situation. As per the theory of Transactional Analysis, all individuals tend to employ any one of these functions at any point of time to deal with different people in their lives. The functions vary based on the context and the need of the situation. The six functions being highlighted in the present study include- nurturing and regulating, which are manifestations of the Parent ego state; task, which is the sole aspect of the Adult ego state and; adaptive, creative and confronting, which are the three representations of the Child ego state.

Based on the above review and brief overview of the concept of transactional analysis, it is evident that this concept has a wide range of applications in the field of caregiving, that is majorly dependent on interpersonal relationships between caregivers and recipients. Lack of using appropriate interpersonal tactics and inability to recognise the patients’ ego states might end up compromising patient care,[32] therefore, it becomes pertinent to explore the interpersonal styles that nurses use while interacting with their patients, as it would further assist in unveiling the ego states that nurses operate from, in professional scenarios. The main premise of the present study, however, is to find out the dominant influence styles that are prevalent among nurses while they interact in professional settings with their patients, fellow nurses as well as doctors.

Another factor being explored in the present study is the marital status of nurses, with a presumption that marital status can have a major impact on how a person, especially a woman tends to approach the world around her. Another concept introduced by Berne as part of his theory of transactional analysis is that of life script. When confronted with a

situation, a person acts according to his script which is based on what he expects or how he views his life position. In a sense, man's behaviour becomes quasi-programmed by the script which emerges out of life experience. A person's psychological script is a life plan, a drama which he writes and then is compelled to live out. Thus, every person has a life script.^[33] According to Berne, "Script is a complete plan of living, offering both structures-structure of injunctions, prescriptions, and permissions, and structure which makes one winner or loser in life."^[34] To the present study, it has been assumed that a woman has to modify her life script in a way that she incorporates the needs and values of the relatively new system that she becomes a part of. The new role may perhaps require a woman to be more responsible, understanding, selfless and nurturing, bringing about a change in the life-script that perhaps did not include these attributes initially. Moreover, marriage imposes a greater number of expectations on women, especially, in the Indian context, where women have to juggle numerous roles, which requires them to be more in control of their emotions. Perhaps, as per the theory of Transactional Analysis, a transition is expected from them, as after marriage, their new personal roles require them to operate from Adult and Parent ego states, most of the time.

Keeping this presumption in mind, the present study assumes that married nurses would tend to be higher on nurturing(which operates on Parent ego state)while dealing with their patients, as compared to unmarried nurses. The six major functions that are being explored include- nurturing, regulating, task, adaptive, creative and confronting. The term functions, in the context of the present study, have been given to the six roles or manifestations that the three ego states undertake. The six functions being highlighted include- nurturing and regulating, which are based on the Parent ego state; task, which is the sole aspect of the Adult ego state and; adaptive, creative and confronting, which happen to be the three aspects of the Child ego state.

OBJECTIVES

- To analyse different transactional functions being used by female nurses working in various private and government hospitals of Chandigarh, Panchkula and Mohali.

- To assess whether there exist any significant differences between married and unmarried nurses on using Transactional functions.

METHODOLOGY

A sample of 120 female nurses with educational qualification B.Sc. Nursing; working as a Staff Nurse Grade II in various government and private hospitals of Tricity (Chandigarh, Panchkula and Mohali) participated in the study. The sample consisted of 60 unmarried (Mean age= 26 years) and 60 married (Mean age=34 years) nurses, falling in the age range of 25-40 years, living in urban and suburban areas in and around the Tricity. Prior permission was taken from Head Nurses of all the hospitals before collecting the data; the data was collected from only the ones who were interested in participating. All the nurses were duly informed that the data collected would only be used for research purpose. Ethical considerations have been kept in mind throughout the research. The method of purposive sampling was employed for data collection, keeping in mind the context of the study.

Transactional Styles Inventory-Nurses was administered.^[35] The instrument contains 48 items on 12 transactional styles and also gives information about the effectiveness of six transactional functions of nurses. In the present study, we limited our focus to the six functions of nurturing, regulating, task, adaptive, creative and confronting. It helps in exploring the way nurses choose to interact with their patients and others around them. Norms have been provided based on mean scores, wherein each function has been given mean value.

Table 1 Norms

Functions	Mean	SD	Low	Average	High	Very High
Nurturing	54	6	≤52	52-57	57-62	≥62
Regulating	51	6	≤49	49-54	55-60	≥60
Task	56	8	≤53	53-60	61-68	≥68
Adaptive	65	11	≤61	61-70	71-80	≥80
Creative	60	11	≤56	56-65	66-75	≥75
Confronting	54	11	≤50	50-60	61-70	≥70

In the present study, we have only focused on the 6 functions of nurses as these 6 functions are the result of an interplay between the ego states and life positions. Functions are an umbrella term used to represent the six roles or manifestations that the three ego states undertake, based on the situation and the explanation has been given above.

RESULTS

Socio-demographic profile of the participants: They were between 25 to 40 years of age and 63(52.5%) were having up to five years of experience followed by 46(38.33%) were having five to ten years and 11(9.17%) were having more than 10 years of experiences.

Transactional Functions Nurses

Table 2 Differences in Transactional Functions

Transactional Functions	Mean±SD		t ratio	p Value
	Married	Unmarried		
Nurturing	53.60±7.51	50.73±9.44	1.84	0.0679
Regulating	47.00±6.44	50.77±7.67	2.91	0.0042*
Confronting	57.28±13.07	50.82±11.29	2.90	0.0045*

SD = Standard Deviation, *Significant at < 0.01 level

The results indicate that married nurses are more nurturing as compared to unmarried nurses however t ratio was not statistically significant. This goes to show that married nurses perhaps tend to act more from their Parent ego state as compared to unmarried nurses. Unmarried nurses, however, have come out to be more regulated as compared to married nurses, with the differences being significant at 0.01 level. The function of regulating also operates from the Parent ego state; individuals high on regulating are interested in developing rules and norms for the ones they are working with. Results also point towards married nurses being higher on the function of confronting, with differences between two groups being significant at 0.01 level. Confronting is a manifestation of the Child ego state.

It appears from the profiles of both the groups that none of the groups scored high on any of the transactional functions being studied. It is, however, noteworthy, that out of the six functions being considered under the paradigm

Table 3 Profile of married and unmarried nurses

	Average Functions	Mean	SD	Low Functions	Mean	SD
	Married	Nurturing	53.60	7.51	Regulating	47.00
Task-Oriented		53.55	8.48	Adaptive	54.50	11.34
Confronting		57.28	13.07	Creative	52.35	9.57
Unmarried	Regulating	50.77	7.67	Nurturing	50.73	9.44
	Task-Oriented	55.68	9.67	Adaptive	58.30	14.13
	Confronting	50.82	11.29	Creative	53.52	10.53
Married + Unmarried	Nurturing	52.17	8.61	Regulating	48.89	7.30
	Task-Oriented	54.62	9.15	Adaptive	56.40	12.90
	Confronting	54.05	12.59	Creative	52.94	10.04

of the present study, the entire group scored average on the functions of nurturing, task-orientedness and confronting; with married group possessing the same profile as that of the entire group under study. As evident, the function of nurturing is governed by the Parent ego state, the function of task-orientedness by Adult state and confronting is governed by the Child ego state. Unmarried nurses, however, varied slightly from the group profile by scoring average on the function of regulating as opposed to nurturing and scoring low on nurturing instead. Both the groups scored low on adaptability and creativity-functions that operate on the Child ego state.

DISCUSSION

The results of the present study have revealed that nurses do not tend to dominantly rely on any one of the Transactional functions; all the functions are used from time to time-some more than the others, considering the mentally and physically demanding profession that they are in. The entire group came out to be average on the nurturing function and low on the function of regulation; both of which are the aspects of Parent ego state. Parent ego state represents the quality of being supportive and encouraging towards others and people operating from this function tend to develop proper norms of behaviour for the ones around them. Furthermore, nurses emerged average on task-orientedness, which operates from the Adult ego state. Finding solutions, solving problems, learning from others and changing the approach wherever required happen to be the major characteristics of the Adult ego state. The group scored average on the functions of confronting and low on adaptability and creativity, all of which operate from the Child ego state. One aspect of Child ego state has

perseverance as its main characteristic, as well as, showing qualities of being perceptive and sensitivity towards feelings of others, which is manifested through the functions of confronting and adaptability; the other aspect of the Child ego state is being enthusiastic about new ideas and possessing the capability to conceptualise and materialise new ideas, which is represented by creativity.

The means of married and unmarried nurses do not deviate far away from the means of both the groups separately, with married nurses scoring average on the functions of nurturing, task-orientedness and confronting and low on the functions of regulating, adaptiveness and creativity. Unmarried nurses came out to be average on the functions of regulation, task-orientedness and confronting and low on nurturing, adaptability and creativity. After carefully analysing the profiles of both the groups based solely on their means, the results turned out to be quite contrary to our hypothesis that nurses would operate dominantly from the Parent ego state, which presumably is the most crucial demand of their job role as a caregiver. Considering only the mean values, instead, shows that married nurses tend to be dominant on the function of confronting and use adaptability as their backup function; it is interesting to note that both these functions tend to operate from the Child ego state. Unmarried nurses, on the other hand, tend to be high on adaptability, which operates from the Child ego state and they use task-orientedness, as their backup function, which operates from the Adult ego state. Keeping in mind the nature of nursing profession and its caregiving demands, nurses are perhaps, expected to operate from the Parent ego state, in order to be able to justify the demands of their profession; but in the present study, nurses have scored average on nurturing and low on regulating functions-both of which are manifestations of the Parent ego state.

However, Fosbinder^[19] has made an interesting revelation that it is not the Parent or the Adult behaviours that are desired by patients, but the behaviours seen in the Free Child interaction that patients appreciate. Patients like the personal sharing activities, the joking and the kidding seen in the Free Child interaction because it puts them at ease and makes them feel like they belong. The reasons for this

could be manifold. An extensive body of research has found communication to be a fundamental part of the nursing profession and that the development of a positive nurse-patient relationship is essential for the delivery of quality nursing care.^[19,36-40] However, several studies have highlighted that nurses do not communicate well with patients and approach patients only to deal with administrative or functional activities.^[41-43] This could be due to their training, a huge number of responsibilities on their shoulders, as well as the policies of the hospital. Another view presented by a set of researchers suggests that nurses do not communicate well because of the organizational culture.^[44-48] Traditionally, nurses were not encouraged or supported by ward or hospital management to establish therapeutic relationships with patients.^[49] According to Menzies,^[44] the reason for this is to protect nurses from difficult emotional situations, thereby, preventing stress. Another interesting element that is evident from the present study is that nurses scored low on creativity-this could perhaps be due to the lack of independence and rigid lists of do's and don'ts provided to nurses that probably prevents them from expressing themselves freely. This also indicates that nurses hardly operate from the Free Child ego state, inhibiting the creative aspect of their personality.

A stark difference that is evident from their profiles, however, is that nurturing function comes fairly at the top for married nurses but in the case of unmarried nurses, nurturing function is the least dominant of all. As per the results of t-ratio, married nurses were more assertive but also more nurturing than their unmarried counterparts while unmarried nurses were more regulated in their approach, thus, proving our hypothesis that married nurses would be higher on the function of nurturing. Marital status, as well as age, could be the plausible factors behind this finding. Both these factors tend to significantly impact how a person chooses to interact with others, especially after marriage where the interaction patterns are bound to evolve owing to the shift in family dynamics.

The findings of the present study have revealed that nurses in India need to be trained in a manner so that they let their Parent ego state dominate while dealing with their

patients; their Adult ego state while communicating with their colleagues and their Child ego state, in order to be creative so that they can contribute their valuable ideas in making policies at the hospital. Some of the practical ways to improve the overall efficacy of nurses include organising TA training workshops to generate awareness regarding their present ego states and life positions so that they can attain the position best suited to help them meet the demands of their roles. Research has suggested that TA training can have a significant positive effect on patient satisfaction.^[50] Transactional Analysis as a tool can help people change their worldview and it has been found to have a transformational impact on the way people approach the world around them.^[51] Conducting sensitivity training can also help nurses open up about their problems. The management could also look into ways of fostering better communication and involving them in the decision-making process. Due to the constant stress that nurses have to endure, teaching them self-care psychological strategies could also work wonders. There is certainly a need to contribute to the development of effective nursing staff as they are at the forefront of the caregiving industry.

Limitations: Despite Transactional analysis being a highly valuable tool to evaluate and measure interpersonal skills, there is a paucity of research in this area. Studies have majorly been conducted in the area of psychotherapy but there are hardly any studies in the area of organisational setting and especially those focusing on medical professionals. Considering the small sample size employed in the present study, the generalisation remains compromised. However, the present study is a pioneering effort and an endeavour to further understanding into the application of transactional analysis as a communication and interpersonal tool among nurses.

CONCLUSION

It is without a doubt that the roles that nurses have to play range from empathising with patients to efficiently performing the tasks assigned to them, to being assertive and also adapting to constantly changing work scenarios, patient personalities and balancing their personal lives. Due to the versatility and the challenges that this profession offers,

management needs to ensure that nurses interact from the Parent ego state to be able to provide comfort to patients, which is their primary role demand and they also operate from the Child ego state to help their patients feel at ease. To communicate effectively with each other and to be able to freely share their ideas with the management, they might be required to operate from the Adult ego state as the role changes in those contexts and so do the demands of the role. Effective communication is worth the time and investment of both the organization and the individuals at the organization because of the positive outcomes it produces to improve staff communication.^[52]

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