How to develop patient trust in anorexia treatment

A positive nurse-patient relationship is vital in anorexia recovery but can be difficult to form for many reasons.
these emotions and inadequate problem-solving skills, which make it difficult for them to develop positive relationships with carers. They may also use eating or exercise as a means of managing negative moods (Lobera et al, 2009).

This theory is supported by AN's high comorbidity with substance misuse – an externalising disorder – and mood and anxiety disorders, which are characterised by negative emotion and a lack of positive emotion (Polivy and Herman, 2002).

Factors that generate stress and negative emotion, such as childhood sexual abuse or a dysfunctional family environment, increase vulnerability to AN (Polivy and Herman, 2002).

People who are predisposed to negative emotion, such as those who score highly on a measure of neuroticism (MacLaren and Best, 2009) or suffer from borderline personality disorder (Paris, 2009), are overrepresented in the AN statistics.

Nurse-patient relationships in AN
Engaging in a therapeutic relationship with patients is vital to the success of any psychological therapy (NICE, 2004). AN patients see a strong therapeutic relationship as central to their care, so those providing care should be understanding and non-judgemental (Van Ommen et al, 2009; Tierney, 2008). This is consistent with the Nursing and Midwifery Council (2008) code, which says “the people in your care must be able to trust you with their health and wellbeing”.

A positive nurse-patient relationship can help increase self-esteem in patients with AN, which increases the chance of treatment being successful (Karpowicz et al, 2009; George, 1997). Snell et al (2010) said nurses see themselves as having a key role in negotiating relationships between patients and fellow team members.

Barriers to a positive relationship
The care of patients with AN is complex, and a number of factors can undermine the potential for a positive relationship between nurse and patient.

Patients often lack insight into their disorder, failing to grasp its serious nature. It is common for them to actively resist treatment (Attia and Walsh, 2009; Tan et al, 2007). They are likely to have little flexibility in thinking (Vanderlinden, 2008), which makes it extremely difficult to tackle resistance through persuasion.

In some cases, force-feeding may be necessary to keep patients alive (Thiels, 2008) but this can damage self-worth and trust in carers.
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Treatment is also complicated in that nurses and patients may have highly discrepant goals – patients may resist treatment and seek different outcomes than those sought by nursing staff (Wright, 2010). Non-concordance and its implications for a positive nurse-patient relationship may be exacerbated by a general mistrust of others, and a reluctance to relinquish control, which is often characteristic of patients with AN (George, 1997).

The power imbalance inherent in the nurse-patient relationship is likely to exacerbate this. Communication is not seen as being on equal terms, which compromises nurses’ attempts to form positive alliances with their patients (Wright, 2010).

Non-concordance may be frustrating for nurses, and lead to negative attitudes towards patients. This will make a positive nurse-patient relationship less likely.

Negative attitudes towards AN itself also have implications for nurse-patient relationships. According to Crisafulli et al (2008), how the disorder is conceptualised can affect nurses’ attitudes. In a study of 115 student nurses, they found that those presented with a biological or genetic explanation for the disorder were less likely to have blaming attitudes towards AN patients than those given a sociological explanation. Although this was no longer considered significant after adjusting for multiple comparisons, it does suggest an influence on the nurse-patient relationship that could be amenable to change.

These findings imply that nurses should be made aware of biological influences. Although much is still unknown, the disorder appears to be strongly influenced by familial factors, and is inherited in 50-90% of cases. This is likely to be due to a number of genes each making a small contribution to producing a predisposing temperament (Kaye et al, 2000).

One way in which these genes may take effect is by impairing the functioning of serotonin pathways in the brain. This impairment has been implicated in two features of AN: obsessiosity and pathological behaviour regulation (Polivy and Herman, 2002).

A greater awareness of the complexity of the other influences on AN may also help nurses to empathise with patients.

Since many patients are not treated in specialist AN wards but in general healthcare settings, nurses involved in their care may not have had AN training. The research suggests it would be beneficial for nurses without specialist training to be made aware of some main issues surrounding AN, its causes and treatment.

Discussion

Caring for patients with AN can involve marked deviations from traditional therapeutic relationships, making it more difficult to foster positive nurse-patient relationships. For example, in contrast to most therapeutic relationships, nurses may find their goals are at odds with patients’, and they may have to assert power and authority simply to keep patients alive.

The prognosis in AN is poor, with a recovery rate of only 50% and a mortality rate of around 10% (Kaye et al, 2000). This can add to stressors experienced by nurses.

It is important that these challenges and stressors are acknowledged and addressed through processes such as self-reflection, supervision and multidisciplinary peer support.

Nurses should also seek to overcome negative attitudes to patients with AN by keeping informed about the complexities of the disorder and expressing acceptance, hopefulness and availability (Snell et al, 2010). In achieving this, nurses can feel assured they will be better able to contribute positively to the treatment of patients with this serious disorder.

References


