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ABSTRACT

Hildegard Peplau's work formally began the development, basis and revolution of nursing knowledge for general nursing as well as for psychiatric mental health nursing. Her underlying philosophical assumptions and interpersonal relations theory not only emphasized the science of nursing that was empirically rooted and dominant from the time, but she illustrated how nursing as an art could equally contribute to the nursing knowledge, practice, and research that is so evident in nursing today. As a pioneer of nursing, Peplau helped to bridge the gap between theory and practice that continues to build on nursing's knowledge base today. On the Canadian front, nurse leader, Cheryl Forchuk, continues to put it to the test.

Key words: Peplau, nursing, knowledge

PEPLAU'S CONTRIBUTIONS TO NURSING KNOWLEDGE

Nursing knowledge has grown phenomenally since Florence Nightingale's day.¹ While there are no boundaries as to what constitutes nursing knowledge²; it will simply be viewed here as an evolving body of information that is pertinent to the profession and practice of nursing. Many things contribute to the development of knowledge. For nursing, in particular, the main constituents of knowledge that contributed to its development and evolution are conceptual knowledge, clinical knowledge and empirical knowledge.³

Dr. Hildagard Peplau is one nursing theorist that contributed significantly to nursing knowledge.^{4,5} Her career has been dominated by a scholarly quest for knowledge.⁶ The advent of her work not only contributed to the body of nursing knowledge but started a revolution for nursing and its knowledge base.^{7,8} It brought recognition to the importance that theory plays in developing a scientific discipline and awareness that theories in other disciplines were insufficient to describe nursing.⁹ Although her works were developed and published 50 years ago, it continues to provide direction for nursing practice, education and research today. A nurse leader in Canada, Cheryl

Forchuk, works with Peplau's theory regularly, and has proven it beneficial over and over again in today's nursing practice.

Dr. Hildegard Peplau contributed significantly to nursing knowledge and its evolution. As she strived to bridge the gap between theory and practice, she gave new meaning to how one's own experiences, clinical practice and societal factors of empiricism can influence and build on one's own knowledge base as well as to the body of knowledge that brings nursing its own identity and progression forward.¹⁰ This paper will highlight how the works of Dr. Peplau and her conceptual framework of interpersonal relations contributed to clinical, conceptual and empirical knowledge, not only in the realm of psychiatric nursing for which it was initially intended, but for nursing as a whole in an array of settings.

PEPLAU'S THEORETICAL MODEL OF INTERPERSONAL RELATIONS

Peplau's theoretical model of interpersonal relations revolves around psychodynamic nursing where the nurse seeks to understand her own and others behaviour and to apply the principles of human relations to one's identified needs.¹¹ This relationship evolves through 4

phases from orientation, that's initiated by a patients perceived problem/need who seeks out assistance with it, through to the identification stage, where familiarity with and respect for each other increases and the nurse uses education and skill to enable the patient to meet his need. Next in the exploitation phase, the nurse aims to shift the patient's behaviour toward resolving the problem and meeting the need so the nurse's help is no longer needed. Finally, in the termination phase, discharge from the nurse's care is done and the patient moves forward in life where his self-reliance is enhanced.⁴

In this model, the nurse adopts many roles to move the relationship forward, she can be one or many of the following: As a stranger, where she first meets the patient and views him non-judgmentally and objectively to identify his need; As a resource person she provides any needed information to him; As a teacher, she educates and informs to enhance understanding of his need; As a leader she guides the patient, through cooperation and active participation, as he strives to fulfill his need; As a surrogate, she assists the patient to identify similarities and differences between them which helps to determine one's dependency/independency; As a counsellor, the nurse helps the patient learn from his own experiences to increase his understanding of them.¹¹ Inherent in her theory are 3 assumptions. Explicitly, the kind of person the nurse becomes makes a substantial difference to what each patient will learn as he receives her nursing care. Secondly, fostering personality development toward maturity is a function of nursing and nursing education. Nursing uses principles and methods to guide the process toward one's problem resolution. Implicitly, she asserts that the nursing profession has a legal responsibility for the effective use of nursing and its consequences to patients.⁴ The author here discounts Rodgers and Knaf's (2000) claim¹² that Peplau perceived nurses as helpers. This actually, contrasted with Peplau's beliefs that nurses actively participated and interacted with patients to help them fulfill their needs, they were not just helpers. This author's stance is supported by the basic premise of Peplau's work where the nurse was quite instrumental in her hands-on approach for the good of the patients.^{4,7,13}

IMPLICATIONS OF CONTEXT IN PEPLAU'S WORK

To fully appreciate the extent to which Peplau's conceptual framework (theory) and affiliated concepts contributed to nursing knowledge, it should first be highlighted, the context in which it evolved. Specific circumstances and contexts are what influence the development of knowledge.¹⁴ Peplau's individual and professional attributes contributed immensely to how her theory of interpersonal relations added to nursing's body of knowledge. The societal influences of the time are also worthy of mention.

On an individual level, she exemplified herself as a very committed person to the profession of nursing. She sought tirelessly to illustrate how her theory was useful in practice.⁵ Peplau was a bright, intellectual person.⁶ She was perceived as unstoppable in the extent to which she sought to fulfill her goals of giving nursing an identity of its own. The energy, intellect, dynamism and the tenacity to develop her theory of interpersonal relations between the nurse and the patient really taught nurses and patients how to communicate with each other.¹⁵ She was the epitome of what she taught; she personally viewed learning to be synonymous with life.⁵ She was in touch with herself, other people and all the elements of the situation, just like her theory of interpersonal relations suggested,⁵ and was a true visionary in this sense. She had a boundless capacity for work and overcoming obstacles and for communicating her vision to others of what she felt should be the future of nursing.¹⁵ She even took courses in many different subject areas that were not required for her program so that she could better understand what professionalism meant.¹⁶

On a professional level, Peplau's actions excelled. Peplau's work on interpersonal relations has been the biggest influence on the development of contemporary nursing and psychiatric nursing in particular.¹⁷ From her experience of working in the military, she got a true sense of the meaning of professionalism and can be credited with bringing the notion of professionalism to the discipline of nursing.¹⁶ Peplau chose different roads in her life. She aligned herself in such influential positions of power, such as being the president of

the American Nurses Association and later became affiliated with many universities so that she could influence development of their mission statement and curriculum, respectively, to be learned by future nurses.⁸ Her invitation to present on her teachings of nursing students, to the American Psychiatric Association, provided a shift in professional views, when medical director, Dr. Henry Davidson, applauded Peplau on all the good she was doing for nursing students, how their presence improved patient outcome and how they were accomplishing something, he thought, could not be achieved by doctors.¹⁶ Peplau acknowledged that nursing shared some common ground with medicine but aspired that it had its own philosophy and focus.⁶ What the doctors taught nurses at the time was felt to be only watered down medicine and never permitted nursing to capture its own unique identity as being separate from medicine.¹⁶

Perhaps Peplau's most extraordinary accomplishment was the development of her theory of interpersonal relations. This impacted significantly on the establishment of psychiatric/mental health nursing as a clinical specialty.⁸ Psychiatric nursing led the field of nursing and was the model for the whole development of clinical nursing in the United States.¹⁶ As Peplau led psychiatric nursing out of the confinement of custodial care into a theory driven professional practice she, inadvertently, formed the backbone of nursing's professional development.¹⁷ Canadian nurse leader, Cheryl Forchuk,^{18,19} and others did a great deal of work on expanding Peplau's theory to include much more than just the individual. Taking Peplau's theory into the realm of home visiting,²⁰ the inclusion of families,¹⁹ patient education,²¹ and of course, into the practice of psychiatric/mental health nursing,^{22,23} Peplau's contributions to psychiatric/mental health nursing continue to live on in the lives of patients.

Most noteworthy of Peplau's legacy work was the impact of her theory of Interpersonal Relations and how it evolved into the heart of psychiatric/mental health nursing. Forchuk¹⁸ delved deeply into her theory, particularly for how the Orientation phase of the nurse-patient relationship was instrumental in goal setting and patient progress.

Societal values also impacted on how Peplau's work impacted on the growth and development of nursing

knowledge. For the reader to truly appreciate how Peplau's work contributed to nursing knowledge, the society in which she emerged as a nursing theorist is worthy of brief mention. In the first half of the 20th century the medical model of disease was dominant and formal nursing theories did not exist.²⁴ In an atmosphere ruled by medicine and the medical model of disease, Peplau struggled uphill to place nursing as independent field of practice with its own identity. Even in trying to obtain some clinical experience for her students, for the one hospital that permitted students to come, Peplau had to regularly meet with the medical director to provide updates and the student's experience had to be supervised with restraints of time and patient applied.¹⁶ At this time, the goal of nursing was to better understand the complexity of the work of the psychiatrist and how difficult his job was, so that nurses would show increased sympathy for them.¹⁶ Here, the nurse's functional roles were the focus,⁷ they were only to assist the physician and not interact with the patients to any substantial degree.¹⁷ Even when Peplau sought to have her works published, one publisher of the 1940s, demanded that her book be co-authored by a physician.¹⁷ Peplau admits here that in the 40s, a taboo existed around nurses being vocal or publishing literature, nurses were doers, they had to be at the bedside with something in their hands as if they were working, they were not to talk, just merely observe as nurse-patient interactions were considered dangerous.¹⁷ Astute and intelligent as Peplau was, she sought out to develop ideas of her own and pulled from the works of other theorist of the time such as Maslow, Sullivan, and Fromm to do so.^{7,24,26}

Keddy recognized the increased status and power inherited to nursing as a result of the development of their theories and knowledge and their new recognition as a unique discipline.²⁷ She cautions, however, that the ability and power afforded to nurses through theory development and their new found identity may enable nurses to alter the development of knowledge. While information is humanly constructed and influenced, it can easily become altered by one in power, as well as from other political and societal influences.

The philosophical perspective of Peplau's day also impacted on the extent to which her conceptual framework was accepted by nursing researchers and

society. She arose in an era of positivism with ideas that saw beyond the positivist's objective and value-free observation.¹⁰ Peplau revolutionized nursing⁷; she illustrated that it was more than just science. She gave art and meaning to the profession of nursing.⁴ By emphasizing the importance of the nurse's own experiential processes,¹¹ who identified with and built a relationship with the patient through enhanced awareness of one's self and the patient,²⁸ new meaning was given to nursing. She allowed for a greater appreciation of the contextual factors that may influence knowledge development, a paradigm shift almost.³ Reed adds that she applied knowledge in a way that was congruent with the philosophic trends of the day.¹⁰ Reed further suggests that Peplau's interpersonal relations process had broader implications than was initially intended for the area of psychiatric mental health nursing specialty. The interpersonal relationship between the nurse and the patient and the developmental capacity of the patient set the foundation of how nursing as a science could bridge nursing's modernism's view with postmodern influences.¹⁰ Just as Whall and Hicks suggest a neo-modernism framework bridges the gap between positivism and postmodernism,²⁹ so too, does Peplau's work help bridge this gap.¹⁰

CONTRIBUTIONS TO CONCEPTUAL KNOWLEDGE

Conceptual knowledge is a comprehensive formulation of the nursing world where concepts are defined and statements about the relationship between them are made.³⁰ This form of knowledge gives practicing nurses a new sense of purpose and direction that are consistent with the basic value of nursing and a sense of the increasing effectiveness achieved through systematic and thoughtful forms of practice.¹⁴ Dr. Hildegard Peplau's work contributed immensely to nursing's body of conceptual knowledge. Other than what Florence Nightingale proposed informally, Peplau can be credited with providing the first formal conceptual framework for nursing.²⁴ Under the umbrella of conceptual knowledge, it will be highlighted how Peplau's work contributed to nursing knowledge as a result of being borrowed and through her conceptual framework/theory of interpersonal relations and its concepts.³⁰

Peplau was one of the earliest authors to borrow from other scientific fields and relate that borrowed knowledge to the discipline of nursing.⁴ Although Burns and Grove frowned upon borrowing knowledge because there are often no identified boundaries,³¹ borrowing knowledge from behavioural sciences as Peplau did, enabled the nurse to begin to move away from the disease model orientation to one where the psychological meaning of events, feelings and behaviours could be explored and incorporated into nursing interventions.⁴ In present day nursing, however, Barker et al., advocate that perhaps psychiatric nurses should re-attend to the neuro-scientific and medical models and the value of biomedical explanations inherent in them, if nurses are to provide good, quality care to the seriously mentally ill.²⁸ If psychiatric nursing is to survive as a key player in the health field of the 21st century, these ideals must not be lost sight of and should be reintegrated into nurse's models of practice.

Peplau's commitment to incorporating already established knowledge into her conceptual framework creatively combined ideas from several fields of inquiry, as a conceptual model requires.¹¹ The mere success of developing her own nursing conceptual framework speaks volumes for how Peplau added to nursing's body of knowledge.²⁴ Peplau's acknowledgement and identification of the linkages with others' works to her theory fulfills a theory's expected criteria of being significant.¹¹

The theory's main theme was for the nurse, through varying progressive phases and the adoption of different roles, to initiate and build a relationship with the patient, so that the patient's identified needs are met and the nurse's assistance is no longer required.²⁴ This brings the nurse more closely involved with the patient as opposed to what was previously permitted.¹⁷ The roles of the nurse outlined by Peplau places the nurse in close proximity to the patient as she teaches, counsels, leads and is a surrogate of him. Even in the role of stranger, the nurse is "accepting" of the patient.⁴ Peplau provides these separate, distinct, and abstract definitions of her concepts of the nurse's roles and phases of the relationship.²⁴ While Fawcett feels that much confusion is created with these roles in terms of what roles should be expected in each phase of the evolving relationship, as just illustrated, it can

be seen how these enable one to implicitly determine how they relate and impact on her model, as is needed for it to be a true conceptual model with evidence of internal consistency.¹¹ Explicitly, as is identified in her assumptions, the kind of person the nurse becomes, whether that is one of counselor, teacher, surrogate, etc. can make a substantial difference to what the patient learns.⁴ Norris highlights that while nursing conceptual frameworks give nurses the opportunity to explore and determine nursing's contribution to care in a dynamic and creative way, in reality it seems these frameworks are rarely used as they were intended.³² The nurse's disproportionate amount of time taken up with administrative duties leaves little time spent talking to and interacting with their patients as is implied to be so important to Peplau's theory. Interactions that do occur in reality are only notionally therapeutic and often are not theoretically informed.³³

Also, important to the existence of nursing theory is the presence of other concepts or metaparadigms that the theorist defines to accompany her theory.¹¹ Peplau outlines many concepts that are related to but not part of her overall theory. She outlines the roles of the nurse and the phases that the nurse and patient evolve through in the building of their relationship.⁴ Later in years, Peplau offers her own definitions on the meta-paradigms of nursing which, as discussed later, are wholly empirically based. Norris however, questions the degree to which these meta-paradigms are realistically useful to nurses.³² She asserts that they tend to be very broad in scope and invite ambiguity, which can result in their importance being minimized. Chenitz and Swanson further suggests that concepts are just words that are often meaningless to nurses and are interpreted in a loose and artificial way.³⁴ Rodgers and Knaf, however, advocate that the concepts are more than just words,¹² Fawcett agrees and insists that Peplau's theory directly links her concepts and their affiliated dimensions with the realistic practice of nursing and the nursing interventions inherent in her theory of interpersonal relations; It exhibits parsimony, as she suggests.¹¹ Peplau's theory is further identified to exhibit and meet the criterion for testability, as would be expected for successful identification of a theory.¹¹ Through the utilization of observation, communication and recording and

analyzing of the data, her proposed concepts, roles and their relationship to one another are completely consistent with the content of her theory.

Even in present day nursing, Peplau admits nursing has come quite the distance in developing theoretical sophistication and a great deal of knowledge even about organizations, networking and publishing has evolved.³⁵ It is felt that Peplau's model not only revolutionized the practice of nursing, it also simply acted as a strategy for further generating nursing knowledge.³

CONTRIBUTIONS TO CLINICAL KNOWLEDGE

Peplau's work contributed significantly to nursing's clinical knowledge and has had a long-lasting impact on nursing practice even today, particularly in the field of psychiatric nursing.^{4,5,22} Under the auspices of clinical knowledge, come many other faucets of knowledge such as personal knowledge and aesthetic knowledge.³⁰ Here Peplau's theory is assessed for the extent to which it contributes to these forms of knowledge.

While nurses learn a great deal of their knowledge about the discipline of nursing in their basic education program, they continue to build on this acquired knowledge as they practice.¹⁴ Some proponents of clinical practice even assert that practice should be the primary basis for knowledge development.¹

Clinical knowledge manifests itself primarily in the actions of the practicing nurses.³⁰ Peplau's theory of interpersonal relations is a very clinically focused theory where the nurse and patient are intricately involved in a relationship that works and evolves toward a common goal of meeting a patient's needs.⁴ The identification of how Peplau's theory provides guidance for nursing practice makes it pragmatically adequate.¹¹ Even after 50 years since its inception, it still provides direction and guidance for nursing education, practice and research, hence fulfilling the evaluative criteria of derivable consequences.⁴ Peplau was able to successfully pull together loose, ambiguous data and put them into scientific terms that could be tested, applied and integrated into the practice of psychiatric nursing.⁴ The experiential component inherent in her theory not only brought an end to ambiguity of the nurse-patient relationship,⁴ but it gave

nursing knowledge its richness, depth and meaning.¹⁴ Burns and Grove go as far to say that the quality of one's nursing practice depends on the quality of the knowledge that you learned from that practice.³¹

While Peplau's model should be heralded for the way it gave psychiatric nursing practice meaningful direction and guidance to successfully interact and intervene with patients,¹³ Chambers suggests that in present day nursing as a result of the fusion between the professional nursing agenda and the wider political agenda, the importance of the interpersonal relationship and the individuality of psychiatric/mental health nursing is being questioned.³⁵ Fawcett, in contrast, suggests that the very achievement of her theory and how it enhanced a person's quality of life explicitly implies the degree to which her theory is significant to nursing and its knowledge.¹¹

Peplau's model is criticized for not being applicable to infants, those in vegetative state or senile, hence limiting its generalizability and Peplau admits to that as one of the faults.⁴ She asserts that it requires communication between the patient and the nurse, which is often challenged with patients who are compromised or lacking in their communication skills. However, since its inception Peplau's work was found to be quite applicable in many settings, from family centred nursing care³⁶ to the elderly,³⁷ even to the elderly with the cognitive impairment of Alzheimer's disease where 83% of the sample studied showed some evidence of having begun a therapeutic relationship with their assigned nurse.³⁸ Gregg goes on to say that Peplau's concepts and model is highly utilized and applicable to other areas of nursing practice, not just in psychiatric nursing.⁶ Hrabe has even gone so far as to successfully test Peplau's theory and its concepts in the context of computer-mediated communication.³⁹ George similarly, supports Peplau's theory for its generalizability.⁷

Aesthetic or artistic knowledge is also threaded through Peplau's theory of interpersonal relations. The very premise of the theory that involves a nurse-patient relationship emits a feeling component, and possesses a deep appreciation of the meaning of a situation for both the nurse and the patient.¹⁴ Peplau's theory clearly outlines a learning experience of oneself as well as of other individuals involved in the interpersonal

relationship.⁷ She adds that persons who are aware of their own feelings, perceptions and actions are more likely to be aware of others reactions/feelings. The evolving interpersonal relationship enables the nurse to figuratively move beyond the surface to sense the meaning of the moment and to connect with the depths of human experience that is unique for the patient.¹⁴ This is evident in the relationship as the nurse moves from being a stranger in the orientation phase to a surrogate in the exploitation and termination phases.⁴ The interactions between the nurse and patient that is dominantly outlined in Peplau's theory is what makes the nurse effective, the nurse can not be isolated from the therapeutic milieu if they want to become effective.²⁶ This avenue enables the nurse to interact with the patient as a human being with respect, empathy and acceptance.²⁴ The interaction of the nurse with others is often how aesthetic knowledge is expressed in practice.¹⁴ It is felt that Peplau's model achieves this.

Peplau's theory of interpersonal relations allows ample opportunity for the nurse to draw on her personal knowledge base and use it for the benefit of the patient and moving her relationship with the patient forward to a mature state. As the nurse moves through the phases of the evolving relationship and adopts certain roles, much of what the situation means to the nurse comes from her own experiences and knowledge.⁴ This enables the nurse to bring into the situation possibilities that are new for a particular situation/patient.¹⁴ Explicitly, as is implied in her assumptions, the nurse can use her personal knowledge as well to foster the personality development of the patient.⁴

Personal knowing in nursing concerns the inner experience of becoming a whole, aware, genuine self. It encompasses knowing oneself and the self of others.¹⁴ Peplau's theory prides itself on the nurse being aware of herself and others, which begins in the orientation phase as the nurse and patient work together to understand their reactions to each other,⁴⁰ and later peaks in the exploitation phase, where a heightened awareness is recognized and the patient moves forward in life to experience increased self reliance.²⁴ It is through knowing oneself that one is able to know the other.¹⁴ Will however, notes that a nurse's experience and the knowledge gained from that experience becomes embedded in one's beliefs,

values and traditions and can possibly limit its use or expression in nursing practice.⁴¹ O'Kelly further cautions against the closeness to which the nurse-patient relationship may develop and fears that the potential for unproductive counter transference will affect and impact on the quality of care the nurse provides to the patient.⁴²

CONTRIBUTIONS TO EMPIRICAL KNOWLEDGE

Empirical knowledge in nursing has often been equated with the science of nursing because the development of empirical knowledge has often been accomplished through the traditional methods of science.¹⁴ Empirical knowledge often results from research where the ideas or findings generated are used to justify actions and procedures in practice.³⁰ For more than 50 years now, Peplau's model formed the basis for numerous applications of research methods.⁴ It is based on the assumption that what is known is accessible through the senses such as touch, hearing and seeing.¹⁴ Burns and Grove assert that nursing's body of knowledge needs an empirical rather than a traditional base if nurses are to excel and have a powerful impact on health care and patient outcomes.³¹ It is in this light that Peplau's theory of interpersonal relations is assessed for how it contributes to empirical knowledge. The empirical basis provided by Peplau's work is perceived to be a positive attribute to its present and future application in nursing.⁴

Peplau's theory is rooted in empiricism.⁹ To formulate her conceptual framework, she derived many of her ideas from the theoretical empiricists of Maslow, Sullivan, Miller, and Fromm.^{7,24,26} From the writings and notes of Henry Stack Sullivan's specific encounters with his psychiatric patient,²⁶ Peplau inductively established and generalized the principles to the experiences of what a nurse' practice would include.²⁴ Nursing situations, for Peplau, provided a field of observations from which unique nursing concepts were derived and used for improvement of the professions work elsewhere.²⁴ Peplau herself, similarly, used observations from the work of Harry Stack Sullivan to formulate her theory.²⁶

Peplau's theory is one that focuses on the empirical necessity of reality⁴; a reality that is observable.³⁰

The relationship between the nurse and patient is something that is very real from which the nurse utilizes her senses of sight and sound and even touch to move the relationship forward toward maturity.²⁴ Marriner-Tomey suggests the relationship between theory and the empirical data evident in Peplau's works allows for validation and verification of the theory by other scientists.⁴ This stimulates further study and theory development that add to empiric knowledge on which practice can be used.¹⁴ This becomes more evident by the fact that theorists such as Leininger and Orlando have burrowed and utilized some of Peplau's work and principles to add dimension to their own theories.²⁴ The researched works of Armstrong and Kelly and Runtz and Urtel further prove how beneficial Peplau's theory is to nurse's clinical work.^{43,44} Fawcett's identification of how Peplau's theory was pertinent to others research adds to why it was empirically adequate and precise.¹¹ Further anticipated research and development utilizing Peplau's theory could only add to its degree of empirical precision already being enjoyed.⁴ In today's nursing, Peplau identifies how things have changed and how nursing now enjoys a lot of information and research that support and add to its knowledge and theory development.³⁵

As seeing is one of the key senses that contributes to nursing practice,⁴⁵ Peplau similarly uses observation to arrive at some of her theoretical constructs. She suggests that nursing situations provide a field of observations from which unique nursing concepts can be derived.²⁴ Her concept of surrogate, for example, enables the nurse to help the patient "see" similarities/differences that help to meet their needs. In the model, much opportunity is afforded to nurses as they grow increasingly close to the patient as the interpersonal relations evolves and matures.⁴ The opportunity for more to see and more to learn from arises. The importance of communication in Peplau's theory is also highlighted⁷; it provides just another sensory enrichment avenue through which the nurse-patient relationship evolves and matures.²⁴ Similarly, through the sense of hearing, as occurs in the orientation phase, the nurse listens to the patient and helps him recognize his need/problem just as the role of resource person enables the nurse to provide answers and interpretation. The importance of the use

of sound is further elaborated on by Peplau herself, when she suggests that psychiatric nursing requires the responsible use of words, which conveys important information to the patient.⁴⁶ This theory, therefore, is felt to be logical and complete.²⁴

Furthermore, Peplau operationalizes her proposed concepts and defines the meta-paradigms of nursing very scientifically. Operationally defining her concepts adds to the theory's empirical strength.⁴ Her description of person is one of an organism living in an unstable equilibrium.²⁴ Metaphorically, the person is much like Isaac Newton's object at rest, upon which forces could be exerted to produce change and acceleration thus creating a state of unstable equilibrium.⁴⁷ As she learned from the domineering medical doctors of the time, the patient was an object to the nurse, something to only be inspected and observed.¹⁷ It was only later through the work of nurse leaders such as Forchuk, that the value of the patient and families came to fruition. Similarly, Peplau empirically defines environment as an existing force outside the organism.²⁴ The environment, metaphorically, is the very force that could shift the equilibrium to impact on a person's health. Health denotes movement and direction, much like a force exerts and is defined by Peplau as a word or symbol that implies forward movement of personality and other ongoing human processes in the direction of creative, constructive and personal living.⁴ Her definition of nursing also exhibits that of a maturing force that promotes a forward and metaphorically, accelerated movement of one's personality.²⁴ Even in Peplau's conceptual definitions, the theme of empiricism is prevalent.

CONCLUSION

The sources of nursing knowledge are considerably varied. Hildegard Peplau's theory on interpersonal relations is just one theory that contributes to nursing knowledge, however, her theory is felt to be very instrumental in its contribution to nursing knowledge and the discipline of nursing specifically psychiatric/mental health nursing. While Peplau's personal demeanor and professional stamina provided her with rigour to build on nursing knowledge, the societal influences of the time often created barriers for Peplau but in some metaphorical and scientific sense, gave

her the very foundations upon which to build her conceptual framework of interpersonal relations. As Peplau sought to bridge the gap between theory and practice, she added immensely to nursing knowledge in a conceptual, clinical and empirical way, so much so that others have burrowed her ideas and utilizes her theory, even today, to deliver nursing care and research.

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