

## STUDENT TERMINATION: SAYING GOODBYE

*Students experience many feelings saying goodbye to patients. It is a faculty responsibility to assist students with this process.*

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AND how do I say goodbye?" This is the vibrant, intense question that is posed each year by alert and caring nursing students, who must leave their patients because of academic requirements. In the clinical facility, the student has experienced a variety of feelings and reactions within herself: giving of the facts and nothing but the facts; experiencing endless strands of feeling which almost obscures the facts; plunging herself into an interaction without any visible scaffolding to support her; spending so long on the fundamental foundations of the relationship that she wonders if she can tell a straightforward chain of events; and finally, endless periods of examining intricate symbolic behaviors.

Now this must end. Yet saying goodbye is a human process. The concrete problem of individual relationships is one of meeting, separating, and re-establishing relationships. This is a process of change, yet the process itself remains identical. Saying goodbye is a symbol of our limited ability to control our interpersonal relationships with others, including our own final separation from others.

Saying goodbye evokes many behaviors: the anxiety of separation, sadness at future loss, angry frustration at mutual helplessness, a sense of closeness and of distance, and a fear of change.<sup>1</sup> It is bound up always in the quality of feeling evoked. As the merit of the intensive one-to-one nurse-patient relationship gains in acceptance as one of the commonalities of nursing practice, students are faced with the termination phase of this relationship necessitated by the academic

requirements of their program.<sup>2</sup> Psychiatric nursing educators are aware that termination is an inherent part of the learning experiences of students.<sup>3</sup> Termination is primarily considered to be an ending, but the ending is the face-to-face encounter. The depth of feeling evoked by this experience remains.<sup>4</sup>

A therapeutic, interpersonal, and effective use of self is the very basis of nursing.<sup>5</sup> Psychotherapeutic nursing involves those interventions which nurses use to assist the patient to develop healthy behavior patterns in a consistent manner. This permits patients to develop less anxiety-provoking, more satisfactory relationships, and allows opportunities for less threatening relationships with others.<sup>6</sup>

The concept of separation anxiety, introduced by Freud, begins with the impending departure of a significant person.<sup>7</sup> The permanence of the separation initiates the mourning process which follows the loss of a significant person.<sup>8</sup> These two processes come to pass when any human relationship terminates.<sup>9</sup> With the loss of a significant, dependable person, there is an impact of much distress, unless there has been preparation for this event.<sup>10</sup>

### *PROCESS OF TERMINATION*

Nevertheless, even if everything cannot be known explicitly, something can be known about this process. It is necessary to cull and examine the process, the participants, and their behaviors carefully. One of the most significant aspects of the termination phenomenon is the student, who, while saying goodbye to her patient, is often leaving much more. In our program, psychiatric nursing is scheduled in the final year of her program. She is leaving her student days; saying goodbye to friends, teachers, classmates; leaving a familiar, structured environment; facing uncertainty and change; and in addition, must say goodbye to patients whom she has come to know well.<sup>11</sup> The student must come face-to-face with realities she would sooner put behind her.

Although nursing faculty and administration do give careful consideration to the frequency, impact, and effect of patient transfers, yet termination must occur, because people, in their professional and personal lives, inevitably must leave one another. This is the very essence of life which develops through struggle and change.

Before the actual loss, separation anxiety is the shared feeling. At the time of the final goodbye, the feeling is one of displeasure because personally satisfying behavior patterns must cease. The feeling is now a mourning for the loss because of this void in future

interests and satisfaction.<sup>12</sup> Examination and consideration of the process in relation to the three participants and their behavior responses gives us some insight and discovery into the subtlety of the process.

### *THE PATIENT'S BEHAVIORS*

The broad, full-face meaning of the situation evokes varied behavioral contrivances and has a variety of significances. Reaction to this loss covers the full scope of human behavior. Intensity is not equated with precision at this time of the nurse-patient relationship. The patient may exhibit the emotional forces of sadness, guilt, jealousy, helplessness, relief, disintegration, anger, gratefulness, and anxiety. The last behavior is the most frequently experienced.<sup>13</sup>

The behavioral devices frequently used by patients are denial, suppression, withdrawal, and regression. The patient's first response is to deny or suppress the impending loss. The fundamental recognition, by the patient through appropriate nursing intervention, will help him to be able to handle separation anxiety. When denial is resolved, then the significance of the loss must be worked through.<sup>14</sup> Should withdrawal occur, the patient brings on precipitate termination by absenting himself from the anxiety of the situation. Similarly, if the familiar regression behavior occurs, both behaviors require the nurse to assist the patient mobilize those healthier aspects of his behavior with a courageous realism. A satisfying way is for the patient and student to discuss their memories of the experiences and feelings they have shared together.<sup>15</sup>

### *THE STUDENT NURSE'S BEHAVIORS*

Other parallels are also occurring because the student is experiencing the human feelings of anxiety, guilt, sadness, anger, relief, apathy, and somatic woes.<sup>16</sup> It is imperative that the student recognize with perspicacity the appropriateness of her behaviors. If there is not emotional feeling at this time, but only a toleration of this experience, then it is my own personal opinion there has been little professional growth. The student must not only look at this process, but must be involved in it as well.

Termination is instituted at the first meeting as the student determines with the patient the length of the nurse-patient relationship. At this time, termination seems very far in the distance, but the student must force the issue by reminding the patient of termination at intervals. The patient and student can then begin to work through the phenomenon rather than accept it as a mechanistic process. The focus

of nursing intervention must be directed to awareness of anxiety and the sense of impending loss by confrontation rather than to permit denial.

The behavior of the student at this time becomes part of the behavior of the patient. If the termination is precipitate, the patient feels abandoned. If the termination is denied, the patient feels angry. If the termination is not realistically worked through, but prolonged, then the patient's fantasies of escapism, wishful thinking, and unrealism continue.

Therapeutically, the process must be worked through to completion utilizing the defense mechanisms which have been helpful previously for the participants. Gradually they draw and accept the reality of this event and the impending date of separation. The many feelings are expressed and the sadness is shared. In the final stage, the participants separate and accept their shared loss retaining their own poignant memories. The relationship they have built together ends at this final intense goodbye.

Understanding her own feelings and with appropriate faculty supervision, the student is able to grow professionally from this experience and should then be able to transfer to similar experiences. She also achieves her primary objective of helping the patient to maintain his healthier behaviors through this human experience. It is basically the need of all human beings to become, through acting together, more fully human.

### *THE FACULTY ADVISER'S BEHAVIORS*

The faculty adviser, who supervises the professional practice of the student, is also an integral part of this experience. This is not a new experience for her as the termination phenomenon is repeated yearly with students. Nor are the students' achievements on the same scale in this experience. The faculty adviser is able to assist students to examine their own human feelings and to realize this is an experience which will reoccur many times during their professional and personal lives.

Faculty, who absent themselves from this process by assailing the student with her weaknesses, is actually remaining apart from the process. The student then picks up this behavior and acts in a similar way with her patient. The involvement of faculty benefits everyone, but when faculty avoids the experience, there is interference with student learning, and the patient is also denied therapeutic learning. Faculty can, therefore, interfere with a complete and satisfying experience. Faculty, who find this a difficult experience, are able to

receive mutual support by sharing their feelings with other members of the psychiatric nursing faculty. With the involvement of all three participants, the student is supervised experientially.<sup>17</sup> She is then able to share with her patient the feelings of sadness at this termination experience.

## CONCLUSION

The real criterion of saying goodbye is the human experience. The student must deal with it in this manner. Mini-termination experiences occur for students at the Christmas holiday or break week periods. Students then have a beginning opportunity to look at the phenomenon and to realize the significance for the patient as well as for themselves. They also can begin realistic planning for termination at the end of their academic term.

Too often this experience is oversimplified. The subtle suggestion is that the cards are stacked or the complacent rationalization is that patients naturally act this way and that students must be stoic.<sup>18</sup> This results in the withdrawal, suppression, or denial behaviors of the student as well as the withdrawal suppression, denial, and regression behaviors of the patient. Separation anxiety and mourning for the loss occurs for both participants but growth enlarges their ability to relate to others through their gained insight into this particular phenomenon.

The opportunity to understand this experience as a human reaction will permit them to repeat similar termination experiences with others appropriately in the future. Termination is a life-communication experience.

*"Goodbye," said the fox. "And now here is my secret, a very simple secret: It is only with the heart that one can see rightly; what is essential is invisible to the eye."*<sup>19</sup>

## References

1. Glenn, M. "Separation Anxiety: When the Therapist Leaves the Patient." *American Journal of Psychotherapy*, July, 1971, p. 445.
2. Kelly, H. "The Sense of Ending." *American Journal of Nursing*, Nov. 1969, p. 2378.
3. Hale, S., and Richardson, J. "Terminating the Nurse-Patient Relationship." *American Journal of Nursing*, Sept. 1963, p. 117.
4. Phillips, B. "Terminating a Nurse-Patient Relationship." *American Journal of Nursing*, Sept. 1968, p. 1941.
5. Peplau, H. *Interpersonal Relations in Nursing*. New York: G. P. Putnam & Sons, 1952, p. 40.

6. Fagin, C. "Psychotherapeutic Nursing." *American Journal of Nursing*, Feb. 1967, pp. 298-303.
7. Freud, S. *Complete Introductory Lectures on Psychoanalysis*. Translated and edited by James Strackey. New York: W. W. Norton & Co., 1966, p. 551.
8. Lindemann, E. "Symptomatology & Management of Acute Grief," in Fulton, R. L. (ed.) *Death & Identity*. New York: John Wiley & Sons, 1965, pp. 187-199.
9. Glenn, M. "Separation Anxiety," p. 437.
10. Evans, F. *Psychosocial Nursing*. New York: Macmillan Co., 1971, p. 123.
11. Glenn, M. "Separation Anxiety," p. 438.
12. Schultz, F. "The Mourning Phase of Relationships." *Journal of Psychiatric Nursing*, Jan. 1964, pp. 37-42.
13. Glenn, M. "Separation Anxiety," pp. 440-441.
14. Nehren, J., and N. Gillian, "Separation Anxiety." *American Journal of Nursing*, Jan. 1965, pp. 110-111.
15. Sene, B. "Termination in the Student-Patient Relationship." *Perspectives in Psychiatric Care*, 7:43, 1969.
16. Glenn, M. "Separation Anxiety," p. 441.
17. *Ibid.*, p. 444.
18. *Ibid.*, p. 445.
19. Saint-Exupéry, A. *The Little Prince*. New York: Harcourt, Brace & Co., 1943, p. 70.