



# Transactional Self Care and Empathy Theory in Nursing (A Perspective)

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## Abstract

Theory development as one of the highest forms of knowledge development that provides opportunity among health providers to identify new and modern approaches of understanding human transformation. This theory uprooted from the mere encounter between the nurse and the one nursed in the phenomenal field called "nursing situations." The context clearly defines the major components of nursing as the person, environment, and health and how they interact to generate meanings, ideals, and intentions in nursing. The recognition of empathy as a critical essential of caring is highlighted in the theory. The expression of transactional caring and empathy as unending expression of caring in nursing becomes the pillar in the nurse-patient human encounters.

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## Introduction

### Nursing situation

Nursing engages in providing complex health care to people at every level of health and illness, at every life stage, and in a diverse setting. Because of that nurses have to give the patients in quality when they treat the patients. To perform quality nursing services requires adequate knowledge, attitudes and skills, and nurses are guided to develop nursing science through research and practice. With the research and practice, many nursing theories that emerge, then this theory must continue to be applied and evaluated to be utilized in the field of practice. The development of nursing theory is important for progressing nursing's body of knowledge. A simple view of theory development is that it provides a way to identify and express key ideas about the essence of practice. Through theory development that essence may be explored. That exploration can be focused on specific practice settings or populations [1].

This article is the author's efforts to contribute to developing Nursing's body of knowledge in the form

of building a theory in nursing practice. While being a nurse in a hospital, educators in health education institutions, and as members of the Blitar AIDS prevention commission, I deemed it necessary to develop a theory in nursing practice which nurses can use while caring for patients infected with HIV-AIDS. Based on a previous research using interview among counselors and testimonies from people living with HIV and AIDS (PLWHA), the authors are proposing a Theory of "Transactional self care and empathy in nursing" which can be utilized by nurses while caring for PLWHA. This TSCE is found to be very applicable to specific cases, especially for the transactive specific needs of persons living with HIV-AIDS.

### The theory of transactional self-care and empathy in nursing

Roach explicates that Empathy is also described as the ability to enter into the experience of the other; to engage in activities with another individual in a way, that is supportive [2]. Truax, 1970 emphasized that without empathy there is no basis for helping [3] in which we will not achieve caring to the others.

Empathy is very important before a nurse is able to transfer caring for the patient because with empathy, the patient becomes open and willing to do something suggested. Hence, empathy and caring blend together and develops as something relational as the nurse interacts freely and openly with the one nursed. Translating empathic feelings to another person is regarded as essential in the nurse-patient encounters. Nurses while caring for persons living with HIV-AIDS engage in a transactional caring relationship with the one nursed so that the latter remains empowered and can do self care activities with the aid of nurses. However, based on previous research by Martiningsih *et al.* [4] PLWHA were interviewed and had expressed their lived experiences as PLWHA to the researchers who acted as counselors to understand their feelings and thoughts, listening to their concerns other than experiencing physical problems. Based on interviews, the counselor attempted to explore the patient's feelings, listening to all of complaints patiently, and acted as advocates for the patients, so that the patient may open up their concerns. The idea of conveying and empathizing was to.

The main concern of the nurse-counselors thus conveying caring and empowering the patient with warm understanding and manifesting a non-judgmental attitude to the patients. Weiner [5] stressed the process of caring in place of empathy to embody the ideal emotional and behavioral approach to patient care. When we care for an individual, we may also empathize with them but doing so is not necessary. The focus of empathy is the emotions, rather than the optimal direct response to the patient's needs in the immediacy of the encounter. Caring must address the emotions, and empathy is the characteristic term chosen to convey the need for those who do the caring to share, even if in an attenuated way, the emotion of the one being cared for [5]. It has been clearly stated by many writers that empathy encompasses such concepts as respect, warmth, trust, understanding, and genuineness. There was the development of an empathy measuring tool that was applied to nurses before training or courses about empathy. Nurses gain empathy persisted for some time (3–6 months) after the course has finished [3]. According to Mayeroff, 1971, caring requires understanding who the other is, what her/his needs are, what is conducive to the other's growth, what the other's powers and limitations are, how to respond properly to needs, and to understand powers and limitations of self. Based on my experience when take care patients, my view of caring is how do I take care of patient as good as possible, where the goal of treatment is to accelerate the healing of the patient, and the patient during the treatment feel comfortable while being treated, as I take care for with all my heart and try to give satisfaction to the services we provide. Caring is an act that shows altruistic dedication to others in order to sustain another person's need. My view is that caring is not only performing routine daily activities, but how

nurses develop knowledge through research, improve the skills for using high technology, and critical thinking must be applied. With the application of using high technology, so nurses take that opportunity to provide the caring for the patient.

### ***Philosophical and theoretical underpinning of the theory of transactional self care and empathy in nursing***

Application of Orem's Self Care Deficit Nursing Theory [SCDNT]), was mostly done in the practice field when treating patients. Orem (2001) delineates three nested theories, the knowledge is needed for the practice of nursing in Orem's SCDNT. The role of nursing in the health care system is to facilitate self-care agency for the patient, as self-care implies that when they are able, individuals care for themselves, and when the person is unable to care for themselves, the nurse provides the assistance needed [6]. This theory is one of the general theories that can be applied to multiple settings in nursing practice like in the hospital, community and other settings. The Self Care Deficit theory is a grand nursing theory encompassing three interconnected theories: Theory of self-care which describes why and how human beings care for themselves; the theory of self-care deficit clarifies why and how human beings can be helped through nursing, and the theory of nursing systems which explains the relationships between nurses and patients and the importance of these relationships for quality nursing care [7]. These three theories as a whole present critical concepts about self-care, nurses, patients, and their interaction with the environment.

In SCDNT the nurse identify the the self-care deficits of the patient and then assumes the role of the nurse to meet the self-care demands. Orem's Nursing Process, which include (1) diagnosis and prescription, where care of patient is analyzed, make sound judgments regarding patient care and evaluated. this is step 1, collecting data on (1) person's health status, requirements for self-care and capacity to perform self-care, (2) Physician's and person's perspective of the person's health, (3) Health goals within the context of lifestyle, health status, and life history. (2) Designing a nursing system and plan for delivering of care, this is step 2 are nursing diagnosis and Plans with scientific rationale. In this step, Nurses design a system that is wholly compensatory, partly compensatory or supportive-educative. Its goal is to promote patient's therapeutic self-care demands and compensate or overcome patient's self-care deficits. (3) Production and management of nursing systems (Implementation and Evaluation) is step 3: (1) nurse assists the patient or family in self-care needs to attain goals toward positive health and health-related outcomes, (2) actions are guided by rationale of nursing diagnosis, (3) evaluation of results achieved compared to planned outcomes [6].

### **Transactional analysis theory (TA)**

TA is a theory of personality, not a method of treatment, and the theory has been incorporated into relatively standard treatment modalities. In general, standard interventions are employed, such as confrontation, explanation, and interpretation. Patients learn to understand and label their ego states as such, and they analyze their interactions with others in those terms. The theory of TA, developed by Berne [8], is a comprehensive and useful way of analyzing interpersonal interactions. He defined the basic unit of analysis. At its simplest level, transactional analysis is the method for studying interactions between individuals. Berne hypothesizes that each person possesses three ego states (patterned sets of thoughts and feelings): a Parent, an Adult, and a Child (It should be carefully noted that the descriptions of these ego states do not necessarily correspond to their common definitions as used the English language). The parent is the law-and-order ego state.

The parent ego state provides us with our values, opinions, social conscience, rules, and regulations. The parent also has a nurturing aspect: it guides, teaches, and advises. The Adult is the unemotional, rational ego state. When operating from this state, a person collects information, weighs alternatives, tests reality, suggests hypotheses, and makes decisions. The Adult also exchanges information and ideas with others. The Adult state operates free of strong feelings. The Child is the "feeling" state. It is the storehouse of feelings and emotional reaction patterns from childhood. A person whose strong feelings are triggered is said to be operating from the Child ego state [8].

The Adult can prevent a person from becoming angry about or hurt by minor provocations while enabling an appropriate amount of acknowledgment and experience of the Child feelings involved. One ego state dominates in every transaction; this is true for both the sender and the receiver of the message. Berne based TA on a humanistic principle. Important characteristics of this are consciousness, free will, and self-actualization. A human as a kind of machine whose behavior is an object of study. The philosophy of TA is: "I'm OK/You're OK, everyone can think, and change is possible" [9]. The meaning of "I'm OK/You're OK" is truly a colloquial summary of TA's underpinning philosophy, every human being has value and dignity. It combines an awareness of being in the world with others as independent but connected human beings, with a belief in a positive aspiration to trust and respect each other and ourselves (Sills and Hardagen, 2007 cited in Cornell *et al.*, 2018). Professionals in TA use a mutual working relationship defined by contracts. Experiences acquired will lead people to behave according to one of the other three life positions: "I'm Not OK/You're OK, I'm OK/You're Not OK, or I'm Not OK/You're Not OK."

Most people know all four of these existential positions and for a large part of the time

find themselves in their preferred position. Positive experiences in life can easily help people get from one of the three negative positions into the I'm OK/You're OK position [9]. TA had been utilized in many fields of healthcare namely nursing, medicine, mental health, dentistry, psychotherapy, and psychiatry [10]. TA helps to increase the provider's understanding of, and insight into, the emotional and interactional components of his patients' problems so that a holistic approach to nursing practice could be evolved. These didactic aspects of TA place a high premium on the role of the Adult ego state as a means of self-regulation and change. In fact, there is great variation among TA therapists in their emphasis on thinking (e.g., analyzing), feeling (e.g., expressing child emotion), and action (e.g., practicing new behavior). Indeed, the comprehensiveness and broad applicability of TA concepts allow for their integration into a wide range of therapeutic approaches and styles [11].

Moreover, TA assumes that interpersonal interactions are motivated by a need for "strokes" in the form of recognition and contact. On the basis of the intensity and quality of strokes involved, several types of interactions have been distinguished: withdrawal (e.g., isolation), rituals (i.e., stereotyped interactions), activity (i.e., Adult-Adult transactions, such as cooperative work), rackets (i.e., attempts to elicit strokes for expressing feelings, such as crying to obtain sympathy). Boyce [12] stated in the TA The therapist emphasizes the awareness of parent-adult-child ego states and urges the client to understand his own transactions with outside people through interaction with the therapist.

### **Relationship of Concepts (Empathy, Caring, Self Care, and Transactional Analysis)**

Orem' SCDNT is one of the theories developed and often applied in solving cases of chronic diseases, one of which is the case of HIV/AIDS. HIV/AIDS cases continue to increase around the world. The launching of 3 zero- goals of HIV AIDS (zero in stigma and discrimination, a decrease of CD4, and death) can not be reached maximally, even though various efforts have been done. Counselors or Healthcare providers of HIV/AIDS as a multidisciplinary officer of HIV/AIDS have an important role to play in assisting the achievement of 3 zeros as part of the goals of 17 Sustainable Development Goals [7].

Based on the authors' experience as one of the HIV/AIDS prevention teams, it can be conveyed that nurse/counselor/healthcare providers have done their best to run the program, however, less coordinated between health workers and health workers, patients with nurses/health worker, and policymakers with health



workers. This is an obstacle or a challenge to be solved. Information of the counselor, in order to communicate to the HIV/AIDS patients so they want to open their HIV/AIDS status, routine control of medication, carrying out the advice of health workers, it needs the hard effort when first meeting to the patients, moreover to explore the problems faced by patients, these are not an easy thing to do. Even to ensure that future the patient wants to visit the same place is still too difficult.

Based on the results of interviews with the counselors, there are some people who are difficult to trace their presence because they move to the different place to the next visit, do not even want to go back to the previous counselor, they lack of confidence, but actually, they want to seek treatment because they already understand the impact. They even have been tested positive elsewhere, they keep talking to the officer, so the Health worker did not know their disease, and automatically the process to decide of diagnosis will be started from early step again.

This makes it difficult for health workers to track data and evaluate treatment outcomes, in addition, the position of patients who move frequently or change of places causes less accurate data of HIV/AIDS patients who increasingly support the phenomenon of icebergs. This shows that the patient does not want the officer to know his condition, this case usually occurs when first met with the counselor/officer. But if the patient has instilled trust in the officer, slowly, but not in a short time, they will open their status, believe, and not shy on the officer concerned [4]. Of course, this needs patiently of the counselor and transactions between counselors and patients.

Agreed transactions must be carried out to achieve the desired goals. When the patient has trusted the counselors. It will provide a good opportunity for health workers/counselors to be able to enter into the subjective world of the patient and offer suggestions, reassurances, and advice. Empathy is very important as part of caring for these kinds of patient, with empathy the patient would be open and willing to do something suggested. Likewise as a result of interviews in which the empathy was part of the succeeding visits of the counselor, "the success of counselors/health workers while exploring the patient's problems, being sensitive to their needs, being patient and persistent with the clients, being truthful and trustworthy, maintaining privacy, showing respect or concern, showing empathy, and courage despite challenges" [4].

Base on practice, interviews and literature reviews, to maintain and ensure the sustainability of the relationship between patient and health worker, and keep the trust on both health worker and patients require interpersonal transactions, so that the nurse conveys caring, respect, maintaining privacy, and maintaining confidentiality as regards status of the patient to others without asking patients' consent. The results of the interview also found that one of the causes

of the transfer of patients from one place to another is the lack of confidence in the patient, they also want that their existence difficult to trace, but actually they want to seek treatment because they already understand the impact of the disease.

In the Theory of Transactional Self Care and Empathy, the nurse will assess their self-care deficits and self-care agency, and the data becomes the basis for providing care using transactional analysis. Based on the observation and in-depth interview that has been done by the counselors, doing assessment using TA the nurse needs to convey warm empathy and understanding the HIV/AIDS patients' needs and concerns. In this theoretical paper the "Transactional Self Care and Empathy in Nursing" is a theory that was built as the author was counseling patients living with HIV Aids and shared her caring encounters with these patients.

Orem presents three categories of self-care requisites, or requirements, as (1) Universal self-care requisites are associated with life processes, the maintenance of the integrity of human structure and functioning, and with general well-being. A common term for these requisites is the activities daily living. (2) Developmental self-care requisites are associated with human growth and developmental processes. Examples would be adjusting to a new job or adjusting to body changes such as facial lines or hair loss. (3) Health deviations self-care requisites are related to "genetic and constitutional defects and human and structural and functional deviations." Patients diagnosed with HIV if not treated properly will fall into the next stage and will become AIDS.

Three categories of self-care requisites, will appear at any time, depending on the ability of nurses to explore the problems experienced by patients, started from universal requisites, one of this requisites is the maintenance of a balance between solitude and social interaction until the complex requisites interference due to the physical problems. In the nursing system in Orem'theory if we will apply it on HIV/AIDS patients can be done by assessment of an HIV/AIDS patient's self-care needs and on the assessment of the abilities of the patients to perform self-care activities. If there is a self-care deficit, that is, if there is a deficit between what the patient can do (self-care agency) and what needs to be done to maintain optimum functioning (therapeutic self-care demand), then nursing is required. Nursing agency is a complex property or attribute of people educated and trained as nurses that enables them to act, to know and to help others meet their therapeutic self-care demands by exercising or developing their own self-care agency. For example, on stage 1 HIV patients and the 1<sup>st</sup> time he knows, he will be shocked, embarrassed, scared, and other responses that cause disruption of social interactions and even disruption of daily needs (Universal self-care requisites).

In advanced HIV patients, due to the impact of physical disturbances that arise, it will obviously

interfere with the fulfillment of daily needs, like the task of development as parents, school children, employees, etc. And also health deviation self-care requisites will emerge and require more serious action, including interference of physical, social, mental and even spiritual needs. The nurse will explore the ability of the patient in caring for him (what he can do) and what to help. Five methods for helping that nurses may use: (1) acting for or doing for another, (2) guiding and directing, (3) providing physical or psychology support, (4) providing and maintaining an environment that supports personal development, and (5) teaching. On HIV/AIDS patients, there will be a self-care deficit if cell care demand exceeds the self-care agency, at this time the nursing agency is needed.

Nurses as a nursing agency must have adequate abilities because they will help solve patient problems. He must master the 5 types of assistance that will be given to the patients. When the nurse provides assistance to the patient, because he is as a nursing agent, empathy is very needed. From empathy, caring will appear to the patient. Empathy is described as the ability to enter into the experience of the other; to engage in activities with another individual in a way, that is supportive [2]. Lyon-Halaris, commenting on non-verbal behavior, reported that low-empathy nurses mainly exhibited listening via nonverbal behavior, for example, avoidance of eye contact, eyebrows down, wrinkled forehead, and the crossing uncrossing of legs. In relation to the view of helping other several studies have suggested that empathy can help create an interpersonal climate that is free of defensiveness and that enables individuals to talk about their perception of need. The importance of empathy in the therapeutic relationship is related to the aims of such relationships. If the nurse applies empathy to the patient, it means the nurse has implemented caring behavior, because empathy is part of caring behavior. Making patients independent in taking care of themselves, it means the Nurse has applied Orem's self care theory, and this is one of the applications of caring empathy. When the person is unable to care for himself or herself, the nurse provides the assistance needed [13]. Self-care often leads to the ability to self-care, for example, discipline in medicine without having to be reminded, voluntarily willing to reveal his status as a PLWHA to the closest person or who wants to help him, the willingness to control to the health facility, check CD4 regularly, follow the programs related to HIV/AIDS prevention. Caring performed by nurses depends on the needs of the patient. HIV patient needs include universal self-care developmental self-care and health deviation self-care, depending on the patient's stadium.

In treating patients with specificities such as HIV patients who often got stigmatized in the community, so the transactions are needed. Why transactions are needed because to increase the trust of patients and nurses, and the commitment to things that have been agreed. According to Berne, the interactions between two people (called transactions) are precipitated by a

transactional contract. The transactional contract is an agreement, usually unspoken, between two people to interact with each other in ways that follow certain patterns. Some transactions are brief, ritualized, and can be conducted between people who are virtually strangers [14]. During the transaction process, the nurse will deal with the patient, the patient's ego state is "sent" to a particular ego state of the Nurse. When two people are interacting, each one may operate from any one of the three ego states. A fundamental concept of transactional analysis is that the Adult state acts as a mediator. If a person's ego states are kept appropriately separate from one another, the Adult can serve as a general monitor of experiences and reactions.

The point is that when nurses are dealing with HIV/AIDS patients, the adult attitude of nurses must dominate, as well as patients must also be able to behave in an adult manner. If the adult state can be maintained continuously, the goal will be achieved successfully. For example, an HIV patient dealing with a nurse as a counselor, who announced the results of an HIV test that day, the nurse must be able to explain it in an adult manner, not offend the patient and of course with the techniques that have been mastered before. Patients will certainly react in various ways, can appear a child's state or vice versa is an adult state that can control herself even though grieving. This is a form of TA. Or another example, the patient tells the counselor do not want to open her status to others, and the nurse promises to do so. In transactional analysis, an agreement can change at any time depending on one's self/maturity, if the patient has realized that revealing their HIV status to the husband/wife is important, then the "adult state" is dominating, and this shows the success of the intervention. This requires education from the nurse, also one's maturity/personality.

Transactional-analysis theory asserts that every person possesses all the ego states and can move from state to state when interacting with others. One state is not considered to be better or more desirable than another. The models of ego states and transactions can also be used to better understand. With the help of TA, people can become more aware of the healthy and defensive elements in their life script. They can then utilize and improve their strength while changing the more restrictive parts of the script [9]. The conditioning factors are values that affect the constructs: age, gender, developmental state, health state, socio-cultural orientation, healthcare system factors, family system factors, the pattern of living, environmental factors, resource availability, and adequacy [15].

All of the above descriptions depict Theory "Transactional of self-caring empathy in nursing," that can be seen in Figure 1.

The above figure illustrates the connection whenever a healthcare provider will apply transactional self care and caring empathy in nursing theory on

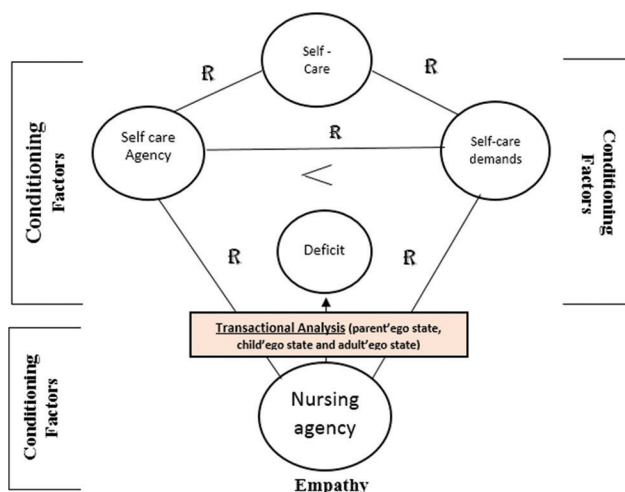


Figure 1: Conceptual framework "transactional of self caring empathy in nursing" theory. (R: Relationship;  $\leq$ deficit relationship). Modification of Orem' self care deficit nursing theory and transactional analysis theory

patients can be done by assessment of patient's self-care needs/requisites and on the assessment of patient's abilities to perform self-care activities. If there is a self-care deficit, it means there is a deficit between what the patient can do (self-care agency) and what needs to be done to maintain optimum functioning (therapeutic self-care demand), then the nursing agency is required. Empathy is needed by Nurses as a nursing agency to give the caring to the patient, with empathy the patient would be opened and willing to do something suggested. Caring must address the emotions, and empathy is the characteristic term chosen to convey the need for those who do the caring to share.

To achieve the goals, maintain and ensure the sustainability of the relationship between patient and health worker, and keep the trust of both health workers and patients required transactions. With transactional Analysis, patients learn to understand and label their ego states and they analyze their interactions with others, positive experiences in life can easily help people get "adult ego state and achieve the deal of I'm OK/You're OK." The meaning of "I'm OK/You're OK" is truly a colloquial summary of TA's underpinning philosophy, every human being has value and dignity. In this theory, the success of achieving goals cannot be separated from the conditioning factors are values that affect the constructs: Age, gender, developmental state, health state, socio-cultural orientation, healthcare system factors, family system factors, the pattern of living, environmental factors, resource availability, and adequacy. According to the author, this theory can be applied to the special case such as HIV/AIDS, TB, or other diseases that need a special transaction.

### Metaparadigm of this theory

Transactional self-caring empathy in nursing theory evolved on the metaparadigm of nursing. The

focus on the "person," "health," "environment," and "nursing" are discussed below.

### Person

Human being is as persons viewed as moving" toward maturation and achievement of the individual's human potential, each person possesses three ego states (patterned sets of thoughts and feelings): A parent (The parent is the law-and-order ego state), an adult (The adult is the unemotional, rational ego state), and a child (The child is the "feeling" state). A person is recognized as active agent who are capable of taking deliberate actions to maintain self-care. "The adult state" can prevent a person from becoming angry about or hurt by minor provocations. A human being developed by various human and life sciences, including genetics, biochemistry, biophysics, human anatomy, human physiology, psychology, psychophysiology, ego state, and social psychology. That both perspectives need to be integrated for effective nursing care.

### Health

Health is a state that encompasses both the health of individuals and of groups, and human health is the ability to reflect on one's self, to symbolize experience, and to communicate with others. With the help of TA, people can become more aware of the healthy and defensive elements in their life script, because they always using adult ego state/rational ego state. Then they can utilize and improve their strength. The health also as "a state of physical, mental, social well-being and not merely the absence of disease or infirmity."

### Environment

The environment has physical, chemical, and biological features. It includes the family culture and community. The principles of TA are useful for exploring the dynamics of supervisor-subordinate relationships and for helping couples to reach a better understanding of their relationships. In conducting transactions is influenced by the internal and external environment of individuals that involved the transaction. Therefore modifying the environment to be conducive is very important, then the self-care agency can meet the self-care demand, and nursing agency will help it.

### Nursing

Nursing is seen as art through which the practitioner of nursing gives specialized assistance to persons with disabilities which makes more than ordinary assistance necessary to meet needs for self-care. The transactional-analysis theory suggests that people can influence the ego state of others in addition to controlling their own ego states. In order to do this,

one must be aware of one's own ego configuration, assess the ego configuration of the other person, and adopt strategies to bring about the desired type of transaction. By observing the actions of another person and by ascertaining that person's ego state, one can act or speak in the way most likely to influence the person's ego state in one's favor, this needed empathy which in it is part of caring in nursing. In modern society, adults are expected to be self-reliant and responsible for themselves and for the well-being of their dependents. The function of "adult state" has to dominate.

## Underpinning of this Theory

The main underpinning of transactional self-care and caring empathy in nursing Theory is based on SCDNT by Dorothea Orem and TA by Berne and also caring empathy concept by Roach.

### Assumptions

The major assumptions are:

- People should understand about their ego status "parent, child, and adult ego state" which will influence a person's decision making
- People should be self-reliant and responsible for their own care and others through the adult' ego state enhance
- Nursing is a form of action – the interaction between two or more, it needs empathy and transactions in Nurse performing as a nursing agency
- Empathy and transaction can be taught in order to meet self-care requisite
- Successfully meeting universal self-care, development self-care, and health deviation self-care requisites are important components for the treatment of health
- A person's knowledge of potential health problems is necessary for promoting self-care behaviors
- Self-care and independent care are behaviors that learned within a socio-cultural context.

## Conclusion

Transactional self care and caring empathy in nursing theory is a combination of SCDNT and TA and also values of empathy that include during treatment. TA is added to this theoretical model because it addresses the problems that arise due to lack of agreement or transaction between health workers and

patients/clients, especially in the case of specificity, which requires trust from both parties. This theory can be applied to special cases such as HIV/AIDS, TB, or other diseases that require special transactions. It does not rule out a general case, because every treatment requires a different transaction.

The Nurse brings the patient with HIV/AIDS in transactional self-care engagements where the nurse guides and supports the client unconditionally in order to sustain himself/herself from the severe complications brought about by the disease. Through the use of the Theory of Transactional Analysis, or based on the assessment of the ego state of the patient, the nurse can make transactions or negotiations for the patient to become self-reliant and take responsibility of himself for his well-being.

The theory of self-care deficits will be utilized by the nurse in caring for the patient after self-care deficits are identified. The patient can engage in self-caring activities where ever he is. This understanding makes the patient performs self-caring activities to sustain himself from the complications brought about by HIV/AIDS.

The nurse caring for HIV/AIDS patients shows empathy towards patients. Unconditional positive regard, genuine interest to support the patient are the ulterior motives of the nurse while empathizing with the patient with AIDS. Empathy is a feeling that you understand and share another person's experiences and emotions or the ability to share someone else's feelings—this feeling is shown or demonstrated by being caring and empathizing with the patient suffering with AIDS.

In caring empathy, the nurse feels what she believes are the emotions of another, which makes it both affective and cognitive. Some empirical findings categorize empathy as emotional and cognitive. Emotions motivate individual behavior that aids in solving communal challenges as well as guiding group decisions about social exchange. In addition, recent research has shown individuals who report regular experiences of gratitude engage more frequently in prosocial behaviors. Positive emotions like empathy or gratitude are linked to a more positive continual state and these people are far more likely to help others than those not experiencing a positive emotional state. Thus, empathy's influence extends beyond relating to other's emotions, it correlates with an increased positive state and likeliness to aid others. Measures of empathy show that mirror neurons are activated during arousal of sympathetic responses and prolonged activation shows increased probability to help others [16], [17].

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