



**“Optimal Nurse-Patient Relationship”
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Introduction

Nurses are the front-line staff and the primary caregivers for the majority of a patient's stay. A year of study, using a network of sensors, measured and compared the time physicians, nurses, and critical support staff spent in direct contact with patients in the intensive care unit. The study found that patients spent 13.11% of their time with physicians, 8.14% with critical support staff, and 86.14% with nurses (Butler et al. 4). This staggering difference is reflected in many other healthcare departments as well. Since nurses spend over "half of their time in close proximity to patients, either in their rooms or at a nursing desk immediately outside a patient's room," some form of relationship development and nurse-patient interaction is inevitable.

As early as 1984, psychoneuroimmunologists found a link between positive interpersonal relationships and better immune function (Halldorsdottir 644). The brain and immune system share a "multidirectional flow of information that consists of hormones, neurotransmitters/neuropeptides, and cytokines, and when the individual responds, e.g. to stress, these systems talk to each other" (Halldorsdottir 644). In other words, an individual responds to an event with his or her whole body. Therefore, nurses need to understand that heightened negative emotions can have adverse effects on health. Fortunately, nurses can provide positive interactions that can minimize stress and enhance health.

Relationships are an imperative source of happiness, and should not be overlooked in a healthcare setting. In a study of highly happy individuals, “every one of the subjects turned out to have very strong relationships,” (Haybron 19). In hospitals and healthcare facilities, the goal is to prevent and treat illness as well as improve overall health and well-being. However, when patients were asked what the most important aspect of their nursing care is, they “recounted the nurse’s interactions with them rather than tasks performed” (Evans 64). The nurse-patient relationship (NPR) is the core of nursing, “one of the most influential factors shaping patient care experience,” and the primary vehicle to “facilitate optimal patient outcomes” (Evans 63). Since nurses spend the most time with patients, and it is proven that positive interpersonal relationships promote health, this paper will investigate how specific nurse-patient relationships can result in the optimal well-being and satisfaction of a patient. The nurse-patient relationship that results in optimal patient well-being is one that elicits a sense of attunement, security, autonomy, and engagement.

This research will analyze the nurse-patient relationship through the philosophical frame of Haybron’s *Happiness: A Very Short Introduction*. The first section, “Self-Disclosure,” discusses how achieving a level of mutuality with patients can strengthen the professional relationship and facilitate a sense of patient attunement and engagement. The second section, “Professional Barriers and Reciprocity,” analyzes the role professionalism plays in the nurse-patient relationship, and how achieving a level of reciprocity through ways like humor can combat the power dimension. “Trust” examines how a sense of security is acquired through trust development. The last section, “Patient Autonomy,” explains the effects of vulnerability on autonomy, the complexity of the patient decision-making process, and its relation to patient empowerment.

Self-Disclosure

Similarities between nurses and patients strengthen the relationship and generate a sense of attunement. Mutuality refers to the “shared commonalities and shared acceptance of differences,” and can lead to patient participation (Hagerty and Patusky 148). Small talk can often reveal similarities, such as interests, facilitating a connection and leading to more profound discussions of goals and visions. Haybron explains that the “close relationships that produce the most happiness are those characterized by mutual understanding, caring, and validation of the other person” (Haybron 19). Mutuality facilitates a bond between nurse and patient and result in a state of relaxation where the patient can let his or her guard down. Finding common interests reveals a new level of understanding and appreciation between nurse and patient. It is easier to feel comfortable around someone who has shared experiences and similarities. A patient who relates to his or her nurse can find relief even in the most insignificant familiarities. Illnesses and hospitals are stressful, which can have a “corrosive impact” on patients, but reaching a level of attunement through this nurse-patient relationship can alleviate anxieties (Haybron 7).

Nurses can utilize self-disclosure to reveal similarities, which encourages a sense of attunement. Self-disclosure is the “verbal and voluntary disclosure of personal information, including demographical and biographical details, personal insights, coping strategies and so forth” (Unhjem et al. 799). Immediate family, interests and activities, life experiences, and identity were the categories of disclosure that resonated the most with patients, encouraged patient self-disclosure, and also increased perceived similarity (Unhjem et al. 804). This “shared humanity” or comparable personal sentiments often create a sense of equalization of power and normalization of experiences (Unhjem et. al. 803). A patient can feel alienated and vulnerable when entering a healthcare environment due to the “unfamiliar, imposing, threatening”

atmosphere (Haybron 6). When a nurse is able to reach a level of mutuality with the patient, often through self-disclosure, the nurse can convey understanding and normalcy, which can help the patient let down defenses, gain confidence, and cope with the situation. However, nurses must be aware that self-disclosure can cause adverse effects. For example, in order to communicate understanding, a nurse shared her experience with family loss to a patient who recently lost a child, and the patient later revealed she felt the nurse “tried to compete with her grief” (Unhjem et al. 803). It is important that nurses evaluate the sensitivity patients are experiencing and can utilize self-disclosure that involves “everyday joys and challenges,” which will express support rather than rivalry.

Self-disclosure often begets self-disclosure, which accelerates recovery due to an increase in patient involvement. A patient that has reached attunement through a strong NPR will be more inclined to actively participate in the healing process, and in other words become more engaged. A strong NPR can incite a sense of worthwhile in investing efforts even when “things are not going particularly well” (Haybron). A high-quality NPR is linked to health-related outcomes, such as “recovery times and length of hospital stay, as well as decreased physical and psychological morbidity,” because patients develop a desire to better themselves and work with the nurse (Evans 66). Reaching an ideal level of mutuality with patients serves as a catalyst in achieving optimal patient satisfaction and well-being.

Professional Barriers and Reciprocity

Self-disclosure is important to nurse-patient relationships, but professional barriers can often deter the formation of a beneficial connection. The inherent “power dimension” between nurse and patient often arises when the interaction is viewed as a provided service, and this can cause “barriers to open and meaningful exchange” (Hagerty and Patusky 147). It is important

recognize that the NPR serves a specific purpose and belongs to a particular setting. The complex boundary between nurses and patients should always be present to avoid compromising patient care. Halldorsdottir describes the NPR as a “bridge”, where the relationship is connected, but kept within comfortable limits of a “professional domain” (Halldorsdottir 648). With this in mind, nurses should find a balance. The approach to patient interaction should be on a person-to-person basis, with the unique characteristics of each individual considered. Although it is beneficial to achieve a strong bond with patients, nurses must account for professionalism.

Building a sense of reciprocity in a nurse-patient relationship can combat the traditional authoritarian role of a nurse. Reciprocity is the “individual’s perception of an equitable, alternating, interchange with another person, object, or environment,” (Hagerty 148). The nurse-patient relationship should be a dynamic process of give and take, with no solely designated giver. The resultant feeling of equality has the underlying basis of respect. Haybron explains that respect is an essential part of successful relationships (Haybron 18). Therefore, when a nurse and patient respect and recognize each other as unique individuals, the NPR will flourish. As previously mentioned, “removing the masks of anonymity,” which involves mutual self-disclosure, are beneficial to nurse-patient relationships and can even prevent the formation of stereotypes between nurses and patients (Halldorsdottir 647). Self-disclosure is just one method that promotes equality, which leads to “decreasing role distancing” (Unhjem et al. 803).

Humor can be utilized as another way to develop a more equitable relationship and make patients feel safe and comfortable. Patients have reported that “imagination, a sense of humor, and non-judgmental attitudes,” are important nurse attributes (Evans 65). Laughter is proven to result in positive physical effects, such as improved “immune, cardiovascular, and respiratory function” (Tremayne 38). Finding a commonality such as humor creates a personal bond that can

“foster rapport and communication, as well as helping patients to face taboo subjects such as death and dying” (Tremayne 39). Humor creates a level of comfort and solidarity where the patient “feels like a normal human being” (Halldorsdottir 647). This strategy promotes reciprocity and “shared feelings,” which are “associated with a sense of security for patients” (Ghaffari 8). In addition, when used appropriately, humor can be a positive distraction during situations like a wound dressing, as well as a tool to engage with more difficult patients (Tremayne 38). Patients also use humor as a coping mechanism with hidden underlying meanings; nurses can analyze this to determine if they need to alleviate any fears or stress. The pleasant atmosphere that humor encourages leads to “new relationships, feelings of closeness,” and “elicits patients’ willingness to learn and cooperation” (Ghaffari 7). Humor is a positive tool to generate a sense of reciprocity, security, and engagement. However, the NPR “bridge” analogy still applies, and although humor can be used to connect with patients, nurses still need to maintain a level of professionalism and caution to avoid embarrassing patients.

Trust

A patient’s sense of security is established through trust in a nurse’s competency. Trust in relationships is like a “buffer against adversity” and a “safety net” (Haybron 19). Healthcare settings are accompanied with uncertainty and risk. Trust in relationships, especially between nurse and patient, “provides a sense of security,” (Haybron 19). However, the importance of trust in a nurse-patient relationship is a highly debated subject, but necessary when reducing patient anxieties. Trust is “not all encompassing”, meaning people can “trust someone for one thing but not for another,” (Hagerty and Patusky 146). However, for a successful nurse-patient relationship there needs to be trust in a nurse’s capabilities. Mistrust can quickly develop due to mistakes, indifferent behavior, unawareness, ineffective communication, and dehumanization, such as

using a bed number as the patient's name (Ozaras and Abaan 630). The working environment and the associated professional prerequisites, such as time management, accessibility, and experience, are important grounds in developing trust. A nurse should be viewed as competent as well as having "professional wisdom," which includes necessary skills, knowledge, and experiences (Halldorsdottir 646). The trust generated by knowledgeable nurses can be developed by "allocating enough time to give care, informing patients about their illnesses, treatments, side effects of the medicines" (Ozaras and Abaan 629). If there is fear of inept delivery of high-quality care, trust and relationship development will stall and negative consequences can arise. Trust starts with a nurse's perceived expertise, and without this patients may become significantly more stressed and reluctant to follow nurse treatment plans; this can cause adverse effects on their health and well-being. It takes trust to allow someone to perform procedures and administer medicine that could potentially be harmful if done incorrectly.

Certain attributes of a nurse can strengthen trust, and lead to patient engagement. In a successful NPR, the patient must perceive the nurse as genuinely caring, which is accomplished by viewing the "patient as a person and as a patient" (Halldorsdottir 646). The desire to help should be evident in a well-intentioned nurse throughout the process of care; this can be conveyed simply by answering questions, being accessible, listening, and providing support during vulnerable situations. It is human nature to crave social security. If patients feel "protected" in the care they receive, anxieties and stress are prevented, and well-being is increased. Personal qualities, such as sincerity, empathy, honesty, patience, and respect, are just as essential (Ozaras and Abaan 629). Patients must feel confident in putting their health in the hands of a stranger. Trust makes patients feel secure and "safe enough to open up and speak the truth to the nurse about his or her present condition" (Halldorsdottir 647). Looking back on the

benefits of self-disclosure, the development of trust can reap similar rewards, such as engagement. Without trust, a patient will not value the information given by the nurse, and this lack of receptiveness can hinder positive health outcomes. However, when patients trust their nurse they are more inclined to be open and involved in treatment, which makes the process smoother and more beneficial.

Patient Autonomy

Vulnerability is common to the hospital environment, and can often put autonomy at risk. The circumstances in which a patient is admitted are often sudden and unexpected, leaving a sense of fear, vulnerability, loss of control, and threat to security. If an illness is “unfamiliar or known to have serious consequences, the experienced threat increases” as well as a reduction in well-being (Angel and Vatne 1432). Vulnerability is caused by “impairment of a person’s physical and/or mental health,” which threatens patient autonomy (Lindberg 2215). This state can often leave patients struggling to find balance between “preserving control over one’s own life and entrusting oneself to others” (Lindberg 2215). Maintaining a balance of patient autonomy is important to overall well-being, especially in an environment where loss of control is prevalent and dependency on another person is common.

Patients are not equipped with the expertise to exercise full decision-making power, but nurses can find alternative ways to provide a sense of autonomy to increase patient well-being. Autonomy is a complicated subject matter when considering its purpose in nursing care. For ethical reasons, it is difficult for nurses to allow patients full control over decisions regarding their care, especially because their choices are uninformed, and the consequences can be life-threatening. Fortunately, patient decision-making is not an all or nothing phenomena and can be incorporated partially or for specific reasons. If the nurse sees that the patient has the “capacity

to act” and will take responsibility for his or her actions, then the nurse can find other ways the patient can exercise autonomy (Lindberg 2214). Nurses should discuss treatment plans and recovery processes in a conversational manner rather than demanding. Being open and allowing patients to feel they are part of the decision making process is essential. Nurses have the responsibility to educate patients and create an interdependent partnership, which prevents the patient from feeling controlled. This can be achieved through asking patients their opinions, listening to concerns, answering questions, and educating them on their illness. In addition, nurses can give patients the chance to make decisions over small, daily activities, such as the chance to set personal goals or pick a specific muscle exercise for the day, which will allow some control over their life. (Lindberg 2216). Exercising control over “one’s own body and bodily care” can greatly increase well-being. Nursing home patients, for example, have been found to be “happier, healthier, and live significantly longer if given a modicum of autonomy” (Haybron 17); even the smallest amount of freedom, such as being in charge of plants in their room, proved to be beneficial. A patient can even exercise paradoxical autonomy, where he or she “relinquishes his or her freedom voluntarily as a conscious choice” (Lindberg 2214). It is common for patients to be dependent on a nurse and under compulsory treatment. If patients choose to give power of medical decisions to nurses, it is the nurse’s responsibility to help the patient maintain some sense of control in other areas and also understand the consequences of certain choices. A patient with limited autonomy will find ways to compensate and is more likely to express reluctance, non-compliance, and tendency to break societal norms, such as refusing hygiene management (Lindberg 2217). A patient’s dependency and need for care should not overshadow the idea that autonomy “runs deep in human nature” and that a patient should be viewed as a person (Haybron 17).

When patients take an active role in their care, it is often beneficial to the process of treatment and recovery. Empowering a patient can lead to positive responses and an “increased sense of well-being and health” (Halldorsdottir 648). Autonomy is a major factor in patient empowerment. Empowerment is essential to decision-making and “people who are seeking health care need to be enabled and empowered to make their own informed choices” (Richardson et al. 134). The idea that a nurse-patient relationship can be a collaborative and interdependent force proves very important in order to reach the desired health-related goal. Nurses can use empowerment to “create a more equitable relationship,” which is important when generating a level of reciprocity (Richardson et al. 134). In business administration, empowering employees leads to improved productivity and efficiency as well as greater job satisfaction. When applied to a healthcare setting, empowered patients are more likely to be involved in their recovery process and enthusiastic to partake in a collaborative effort with the nurse.

Conclusion

A successful and healthy nurse-patient relationship that improves patient well-being is one that generates a sense of autonomy, security, attunement, and engagement. Haybron’s philosophical framework allows nurses to approach patient relationships on principles of humanity and the fundamentals that constitute happiness. Self-disclosure is a method that leads to patient attunement and subsequent engagement in the treatment process. In addition, nurses need to provide a sense of equity in the nurse-patient relationship, but this reciprocity needs to be balanced with a level of professionalism. Humor is one way to create an equitable relationship, and also fosters security and patient engagement. Although trust is a highly debated matter, patients must be able to trust a nurse’s competency or their sense of security is threatened, which can result in negative effects on well-being. Patient autonomy is another complex subject. For

ethical reasons, a nurse cannot provide full patient decision-making power, but they can still offer other ways for them to exercise control. Patient autonomy is a key aspect in empowering patients and promoting collaboration, which is important for improving health and well-being.

The nurse-patient relationship is an inevitable phenomenon, but whether it is beneficial to patient well-being is the responsibility of the nurse. It is important to recognize that these interactions are extremely situational and depend on a multitude of variables. Although these findings are not comprehensive, it is a good start because the elements described by Haybron run deep in human nature and therefore should not be overlooked in the nursing practice. This philosophical perspective can be utilized by nurses to combat the vulnerability and fear that is associated with the healthcare environment. The elements of autonomy, attunement, engagement, and security can be applied universally, but when focused in the nursing practice they are transformative to patient well-being.

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