The purpose of this exploratory descriptive case study was to identify features of nurse-patient interactions (NPI) in the development of a nurse-patient relationship (NPR). Observations of interactions in a cancer treatment unit included 60 videotaped, sequential, naturally occurring NPIs involving one dyad over a 3-day period. A microanalysis of the interactions was conducted using qualitative ethological methods. The analysis focused on identifying important recurring behavioral clusters and characteristic patterns of behavior that comprised these clusters. Important features of NPIs in the development of an NPR were identified and described in detail. The active and complementary roles of both participants in this process and the contribution of social exchange, trust, and humor are highlighted. The findings illustrate the importance of continuity of nursing care if NPRs are to be used to their fullest extent to address complex patient care needs.

An Observational Study of the Development of a Nurse-Patient Relationship

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Perspectives on the development of nurse-patient relationships (NPRs) have been offered by qualitative researchers who have shifted attention from isolated individual actions to a contextually oriented focus on the developing relationship (May, 1990). These new descriptions of NPRs draw attention to distinct

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levels of involvement in the process of attachment (Ramos, 1992), the sequential nature of developing relationships as they are influenced by clinical contexts (Raudonis, 1993; Trojan & Yonge, 1993), and the ways that human relationship skills are intertwined with physical care and the organization of nurses’ work (May, 1991, 1993; Morse, Havens, & Wilson, 1997). Researchers have also reported that the development of NPRs is a process that includes explicit and implicit negotiation between the patient and the nurse and that difficulties encountered in establishing relationships are influenced by a variety of factors, including systems of patient assignment, organizational constraints limiting the amount of time nurses spend with patients, and levels of patient acuity (Forchuk et al., 2000; Hewison, 1995; Liashchenko, 1997; May, 1991, 1993; Morse, 1991).

Researchers examining NPRs have relied extensively on self-reports of nurses or patients. This reliance on self-reporting has limited nurses’ ability to capture the complexity of NPRs (Morse et al., 1997). Nurses and patients are often not able to recall or articulate subtle nuances or changes in verbal and nonverbal behaviors in dynamic nurse-patient interactions (NPIs). Analysis, consequently, remains at a general level because of the nature of data—that is, retrospective descriptions and perceptions. Microlevel analysis of the behaviors and strategies used by nurses and patients in the development of relationships is missing in this research. One way of increasing understanding of NPRs is to conduct detailed observations of interactions as they occur in natural clinical settings over a period of time (Lowenberg, 1994; Morse et al., 1997). When observational studies are augmented by using videotaped data, more extensive analyses of interactions are possible. To date, this approach has not been used to investigate NPRs.

The main aim of this study was to describe the process of developing NPRs through an analysis of interactions in a cancer treatment unit. Although there is evidence that in the context of working with cancer patients the development of relationships between nurses and patients is critical (Bottorff, Gogag, & Engelberg-Lotzkar, 1995; Cohen & Sarter, 1992; Davies & Oberle, 1990; Thorne, 1988), knowledge of the development of relationships in this clinical setting is limited.
METHOD

This study of the development of the NPR was a secondary ethological analysis of videotaped data collected as part of a larger study (Bottorff, 1992). Ethology is the detailed study of naturally occurring behaviors and is characterized by an inductive phase and a deductive phase (Morse & Bottorff, 1990). In making use of the inductive phase of ethology in this study, an opportunity was provided to gain a rich and complex understanding of the dynamics in the development of a two-person relationship.

The data were collected by Bottorff (1992) using two remotely controlled and monitored video cameras equipped with pan-tilts and zoom lenses and were mounted on the wall of the patient’s room. This approach was found to minimize the problem of distortion of behaviors related to the use of handheld video recorders (Bottorff, 1994). The eight patients in the original study were videotaped continuously for 72 hours, with only brief interruptions to complete care that required privacy (requested by the patient or nurse) or to accommodate patient requests for time out. Demographic and clinical data were also collected.

All nurse-patient dyads captured on videotape represented naturally occurring relationships and were considered for this study. One nurse-patient dyad was selected for intense study, because it offered the best opportunity for observing the development of a relationship. This dyad had the largest number of interactions for the longest times compared with other nurse-patient dyads in the original data set. The interactions were recorded over a 3-day period, beginning with the nurse’s assignment to this patient. The videotaped data occurred in real time, allowing for intense microanalysis of verbal and non-verbal behaviors of both the nurse and patient as they occurred in the course of a developing relationship. Field notes and transcribed interviews, held with patients and nurses following the completion of videotaping, were also available for analysis.

The analysis included all 60 interactions that occurred between one patient and one nurse over a 3-day period on a busy active treatment cancer unit. During that time, the nurse worked two 12-hour shifts and one 8-hour shift and was
responsible for the care of several patients. At the conclusion of each shift, the patient’s care was taken over by other nurses. Because there was no continuity in these assignments, the analysis focused exclusively on interactions between the dyad under study. Each interaction was defined as beginning when the nurse entered the patient’s room and ending when the nurse left the room. The total duration of all interactions over these three shifts was 2 hours and 19 minutes, a reflection of the time constraints nurses often experienced in working on this unit. The nurse was an experienced full-time staff nurse, and the patient was a 45-year-old man with a diagnosis of carcinoma of the tongue with lymphatic involvement. Nursing priorities included symptom control related to radiotherapy, care of a gastrostomy tube, and attention to the patient’s anxiety and physical discomfort associated with swallowing.

The videotaped data were analyzed using qualitative ethological methods, in four steps (Bottorff & Morse, 1994). First, all videotaped interactions were reviewed to identify verbal and nonverbal behaviors of special interest. Descriptions were recorded in narrative form. Second, clusters of behaviors indicating the development of the relationship were identified by reviewing videotaped interactions and asking questions such as, What is going on here? and How does this pattern of interaction differ from another? Third, patterns of behavior observed within each cluster were described by reviewing the tapes, each time directing attention toward different constituents of the cluster. Behaviors such as who initiated the conversation, how and why the conversation ended, and the use of eye contact were noted. Furthermore, behavioral clusters were compared. In the fourth step, an ethogram or detailed behavioral description was constructed, including an interpretation of the cause or function of observed behaviors, the consequences, and the conditions under which behaviors occurred.

Because it was not possible to return to the participants in the original study to validate the analysis, a focus group with five nurses with expertise in the care of cancer patients was used to determine the extent to which the findings were meaningful and applicable to nurses who work in similar settings. The participants validated the behavioral clusters identified to be important in the development of a relationship. The possible consequences of not engaging in certain behaviors were also
described. Themes from the focus group were used to refine and augment the findings of the study.

Informed consent from all participants, including permission to use the data in future research, was obtained by Bottorff (1992) in the original study. Approval from the university ethics review board was obtained for secondary analysis of the selected data and for the focus group meeting. Participants volunteering for the focus group signed informed consents. All data were kept confidential.

FINDINGS

A number of important behavioral clusters were identified in the interactions between this nurse and patient. Although some behavioral clusters changed over the 3-day relationship, others appeared consistently throughout the sample of interactions. Each of the behavioral clusters includes reciprocal behaviors, indicating mutual and active participation of the nurse and patient. Changes in the nature of the interactions over time and the nurse’s and patient’s demonstrations of respect and expressions of sentiment for the other provided evidence of a developing relationship. In interviews with the nurse and patient, following the period of observation, each acknowledged the development of an important relationship. In the following section, the important clusters identified in each set of daily interactions are described. Quotations are included to illustrate behaviors that are indicative of the developing relationship and are not meant to represent the entire spectrum of nursing care provided.

Day 1. Four recurring clusters of behaviors were observed in 22 interactions recorded on Day 1. They appear to reflect initial efforts by the nurse and patient to establish a basis for a relationship. The behavioral clusters included the following: getting to know the nurse—getting to know the patient, striving for acceptance by the nurse—creating a foundation for connecting, being vigilant—demonstrating competence, and cautious consideration—making therapeutic suggestions (see Table 1).

The first cluster of behavior, getting to know one another, was embedded in introductions at the beginning of the day and each time the nurse entered the room, and in interactions asso-
aciated with the nurse’s assessments of the patient and the patient’s assessments of the nurse. Although the nurse had the opportunity to ask the patient questions at any time, the patient had to be strategic in finding out information about the nurse. This patient took advantage of the time the nurse spent with him during relatively lengthy tasks to ask her personal questions. Their questions to one another at the beginning of the day were general and indicated the newness of the relationship. As the day progressed, the nurse’s questions became more specific, and the patient’s questions became more personal.

The second behavioral cluster indicated attempts by the nurse and patient to engage in behaviors to gain and demonstrate acceptance of the other. The patient frequently complimented the nurse, afforded openings for the nurse to provide assistance, tried to be friendly by engaging in social conversation, and made attempts to join in caregiving tasks in what appeared to be efforts to help the nurse. His positive tone and

Table 1

<table>
<thead>
<tr>
<th>Behavioral Clusters Observed on Day 1</th>
<th>Patient Behavior</th>
<th>Nurse Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting to know the nurse</td>
<td>Getting to know the patient</td>
<td>Introductions</td>
</tr>
<tr>
<td>Responding to introductions</td>
<td>Assessing the patient as a patient</td>
<td>Leave-taking</td>
</tr>
<tr>
<td>Assessing the nurse as a person</td>
<td>Acknowledging leave-taking</td>
<td></td>
</tr>
<tr>
<td>Striving for acceptance by the nurse</td>
<td>Creating a foundation for connecting</td>
<td>Carrying on in a usual manner</td>
</tr>
<tr>
<td>Complimenting the nurse</td>
<td>Responding to friendliness</td>
<td></td>
</tr>
<tr>
<td>Being friendly</td>
<td>Responding to requests for help</td>
<td></td>
</tr>
<tr>
<td>Asking the nurse for help</td>
<td>Involving the patient in care</td>
<td></td>
</tr>
<tr>
<td>Helping the nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being vigilant</td>
<td>Demonstrating competence</td>
<td></td>
</tr>
<tr>
<td>Keeping a watchful eye on the nurse</td>
<td>Talking through her actions</td>
<td></td>
</tr>
<tr>
<td>Checking the nurse’s actions</td>
<td>Carrying out nursing tasks expertly</td>
<td></td>
</tr>
<tr>
<td>Establishing the nurse’s whereabouts</td>
<td>Telling the patient her whereabouts</td>
<td></td>
</tr>
<tr>
<td>Cautious consideration</td>
<td>Making therapeutic suggestions</td>
<td></td>
</tr>
<tr>
<td>Listening and cautiously</td>
<td>Gently guiding the patient by</td>
<td></td>
</tr>
<tr>
<td>responding to the nurse’s suggestions</td>
<td>explaining suggestions</td>
<td></td>
</tr>
<tr>
<td>Justifying actions</td>
<td>Gentle confrontation</td>
<td></td>
</tr>
</tbody>
</table>
nonverbal behaviors (e.g., smiling, direct eye contact) also communicated his acceptance of the nurse. In response to these overtures, the nurse began to use some of the patient’s terminology (e.g., when he called his mouthwash the “mixture,” she subsequently referred to it by the same name), listened attentively to his concerns, and provided the care and assistance he required without any hesitation. In combination with her friendly gestures and willingness to engage in social conversation, these responses appeared to create an accepting and positive atmosphere that reinforced her interest in the patient and his efforts to establish a connection.

A recurring behavior pattern characterized by vigilance on the part of the patient and demonstration of competence on the part of the nurse formed the third behavioral cluster. Throughout their first day together, the patient continuously and carefully watched the nurse while she worked and tested the nurse to see if she could be relied upon and would be available when he needed her. Although at times the patient appeared to direct attention away from his vigilance with indirect questions, social conversation, or humor, the nurse seemed to sense his watchful manner and responded in ways that demonstrated her competence and concern. For example, she talked through her actions in clear and concise ways; shared her observations; answered the patient’s questions; and worked in deliberate, sequenced, and coordinated ways.

The fourth cluster observed on the first day was characterized by therapeutic suggestions by the nurse and the patient’s response of cautious consideration, behaviors that appeared to protect the fragility of the initial stages of the developing relationship. In these interactions, the nurse responded to identified patient problems by suggesting ways his situation could be improved. The suggestions were sometimes accompanied by explanations but always framed tentatively as possibilities that could be considered by the patient rather than as directives. The patient showed his reluctance to follow suggestions by attempting to justify his actions or with statements that avoided any commitment to her suggestions. In the following example, the nurse gently guides the patient to consider taking ice chips, something that he never actually tries.

N: Are you eating at all?
P: No.
N: Not even trying sips? Tried chips of ice?
P: I’ve got so much junk coming into my mouth.
N: [She nods her head.] MmmHmm. Nothing there would help?
P: No, I don’t think so.
N: Oh. [She nods her head as if to say she understands.]
P: What will it [ice chips] help?
N: Hmm? Just [to] give your mouth a clean wash rather than sipping on it.
P: Maybe.
N: I’ll get you some to try.

Although the nurse knew that the patient did not accept any of her suggestions, she softened her confrontations by using a lighthearted humorous approach. For example, in one interaction, she teased him about the number of medications for his mouth that were on his bedside table that he had not tried: “Are these all going to be lined up? [smiling] It might just help your mouth if you give [one of them] a bit of a try . . . Maybe it would clear it, it wouldn’t be quite as thick, eh?” Despite these gentle confrontations, the patient remained cautious and reluctant to consider her suggestions.

Day 2. In the 27 recorded interactions between the nurse and patient, four recurring behavioral clusters were observed that evolved from the familiarity established on the first day. They included the following: comfortable with being known by the nurse—deepening understanding of the patient, sustaining a connection with the nurse—sustaining a connection with the patient, cautious responsiveness—making therapeutic suggestions, and communicating physical distress—being there for the patient (see Table 2).

At the beginning of Day 2, the nurse and patient connected quickly, seeming to pick up where they left off the previous day. The nurse accomplished this by reintroducing a topic they had previously discussed (i.e., the patient’s lack of sleep) and focusing on problems that remain unchanged. Using her knowledge of the patient from their first day together, the nurse’s questions became more specific and focused. Questions about personal matters took on less importance for both the nurse and patient. The patient’s increasing comfort with the nurse was clearly displayed in his willingness to openly address issues surrounding his care. The following example was typical.
Table 2

Behavioral Clusters Observed on Day 2

<table>
<thead>
<tr>
<th>Patient Behavior</th>
<th>Nurse Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comfortable with being</td>
<td>Deepening understanding of the patient</td>
</tr>
<tr>
<td>known to the nurse</td>
<td>Reintroduction</td>
</tr>
<tr>
<td>Validating continuity</td>
<td>Zeroing in on patient problems</td>
</tr>
<tr>
<td>Discussing problems</td>
<td></td>
</tr>
<tr>
<td>Sustaining a connection with</td>
<td>Sustaining a connection with the patient</td>
</tr>
<tr>
<td>the nurse</td>
<td></td>
</tr>
<tr>
<td>Engaging in social conversation</td>
<td>Engaging in social conversation</td>
</tr>
<tr>
<td>Determining the nurse’s whereabouts</td>
<td>Telling the patient her whereabouts</td>
</tr>
<tr>
<td>Displaying independence to the nurse</td>
<td>Encouraging independence</td>
</tr>
<tr>
<td>Giving to demonstrate gratitude</td>
<td>Giving to demonstrate caring</td>
</tr>
<tr>
<td>Cautious responsiveness</td>
<td>Making therapeutic suggestions</td>
</tr>
<tr>
<td>Listening to the nurse’s suggestions</td>
<td>Suggesting possibilities</td>
</tr>
<tr>
<td>Going along with the nurse’s</td>
<td>Gentle confrontation</td>
</tr>
<tr>
<td>suggestions</td>
<td></td>
</tr>
<tr>
<td>Communicating physical distress</td>
<td>Being there for the patient</td>
</tr>
<tr>
<td>Showing distress</td>
<td>Creating an atmosphere of calm</td>
</tr>
<tr>
<td></td>
<td>re assurance</td>
</tr>
<tr>
<td>Voicing distress</td>
<td>Demonstrating genuine concern;</td>
</tr>
<tr>
<td></td>
<td>applying comfort measures</td>
</tr>
</tbody>
</table>

N: Have you found any of the mouthwashes help?
P: This [soda bicarbonate] works best I think. I don’t know. [N: Mmm hmm] My tongue is still bad.
N: Let me have a look. [The patient shows the nurse his tongue.] It looks sore too. You just cleaning it off?
P: Oh, yeah. And the other one, the yellow stuff, it burns.
N: Does it?
P: Geez. It’s not fun.
N: I thought that you were complaining today because this wasn’t burning enough [jokingly].
P: Well unless it burns a little bit, it’s not any good.
N: How about the Mycostatin then? The yellow stuff?
P: It really burns, ohhh.
N: [laughs] So it burns too much?
P: Yeah, I can almost can’t stand it. Like I gotta rinse my mouth right away.
N: Cause it’s quite good.
P: It is? Better than this stuff?
N: Yeah . . . [interaction continues]

A second major cluster of behaviors indicated efforts by the nurse and patient to sustain the connection they had established on Day 1. The patient actively engaged the nurse in social conversation, used direct questions to determine the nurse’s whereabouts and availability in what appeared to be attempts to increase the likelihood that his care would be completed by this particular nurse, made attempts to please the nurse by displaying his willingness to cooperate with her encouragement to be independent, and gave the nurse a small gift of cookies. The nurse responded by being attentive to the patient, complementing him on his efforts to increase his independence, and reciprocating with a small token of good luck. The small gift exchange that occurred approximately midway through the nurse’s shift appeared to be an important demonstration of the growing connection between the two.

As in their first day together, the nurse continued suggesting possibilities for improving the patient’s comfort, explaining the rationale for these suggestions, and using gentle confrontation when the patient did not readily take them up. These strategies moved the patient from his stance of cautious consideration to going along with the nurse’s suggestions by Day 2, albeit indirectly, as demonstrated in the following segment of interaction. The lighthearted tone of the interaction helped to maintain the nurse’s sympathetic manner with the patient. The interaction began when the nurse entered the room and started to talk with the patient about his mouth care.

N: Did you try some ice chips again?
P: No. You took ‘em away, remember?
N: Yeah. But will you try some if I get you some more?
P: Yeah [mumbles].
N: Is that a no or a yes? It was a yes, wasn’t it?
P: No [jokingly].
N: It’s not a yes? [jokingly]
P: No [jokingly].
N: [She points to the medications for his mouth and jokes.] What do you want to do with these? Gonna play dominos or make bales with them or something like that?
P: [smiles, nods] Well, I'll use them again here, maybe.
N: Is there any point in me going to get some Mycostatin?
P: No. [He points to the jug of soda bicarbonate.]
N: No, I didn’t think so. Just that [referring to the soda bicarbonate].
Are you using these at all? [gestures to the mouth swabs]
P: [This] works the best [referring to the soda bicarbonate mixture].
N: Not very many by the look of it [referring to the mouth swabs].
P: [He holds up three fingers to gesture that he had used three mouth swabs.]
N: Pardon? [The patient holds up three fingers again.] Three, okay [Nurse smiles].
P: Mmm [He sighs jokingly at her interrogation].
N: I know where I’m not wanted. [Nurse laughs] See you later.

Two interactions during Day 2 focused on the patient’s experience of acute physical distress. In both instances, the patient appeared to feel comfortable enough with the nurse to openly share the magnitude of his distress, something he rarely did with others. Each time the nurse’s calm manner and concerned response appeared to decrease his distress and create an atmosphere of reassurance. In the context of distress, interestingly, neither the nurse nor patient resorted to the kind of humor that was so characteristic of most of their other interactions. The intimacy created in response to this distress generated the opportunity for a more serious and perhaps honest dialogue than in the previous day.

Day 3. A total of 11 interactions were recorded on the third day of this relationship. Both the nurse and patient anticipated that this would be the last day they would be working together because at the completion of her shift the nurse was rostered for several days off, and it was expected that the patient would be discharged before she returned to work. Some of the behavior clusters observed during Day 2 of the relationship were represented in interactions on Day 3 (e.g., zeroing in on patient problems and determining the nurse’s whereabouts). Changes were noted in other behaviors; for example, the nurse’s gentle confrontations from the previous two days took a more assertive tone. Four behavioral clusters were observed on Day 3: being comfortable with the nurse—being comfortable with the patient, tempered movement toward problem resolution—pushing toward problem resolution, making the most of the time left—preparing for concluding the connection, and saying good-bye to the nurse—saying good-bye to the patient (see Table 3).
During their last day together the nurse did not make any new suggestions to the patient regarding his care; instead, she reinforced previous suggestions and encouraged the patient to try them. In an attempt to push the patient toward problem resolution, for example, concerning his mouth care, she became stern, sometimes raising her voice and using blunt questions. She looked directly at the patient when speaking to him and would not leave the topic until she got a straightforward answer from him. The patient began responding to the nurse’s assertive confrontations with indirect answers and attempted to use humor, in what appeared to be an effort to circumvent dealing with the suggestions at hand. When he appeared to realize the futility of this approach and that he risked irritating the nurse, however, he became more direct and honest and moved toward problem resolution, although somewhat reluctantly. The nurse’s assertive confrontations with the patient did not seem to negatively influence the relationship. Once the confrontations were over, the nurse and patient carried on in their usual positive and lighthearted manner. In addition to these confrontations, the nurse used encouragement and advice to persuade the patient to continue the mouth care he had started. In these situations, agreement by the patient was more forthcoming.

Day 3 was marked by acknowledgments that this would likely be the final day this dyad would spend together. For the patient, this seemed to be a signal to make the most of the time left with the nurse. For example, although the patient was becoming increasingly independent with some aspects of his care, he made special attempts to engage the nurse in assisting him. While the nurse responded to his requests for help, she continued to encourage him to take an active role in his own care. On one occasion the patient’s humorous response seemed to indicate that he wanted the nurse’s attention more than her assistance.

P: Put a bit of powder on me, would you?
N: Sure.
P: Gotta make the best use of you I can.
N: [The nurse applies powder to patient’s neck.] Oh, that’s right [jokingly].
P: It’s been a little dry from last night.
N: [She rubs powder into his neck.] Hmm, been puttin’ this on?
Table 3

Behavioral Clusters Observed on Day 3

<table>
<thead>
<tr>
<th>Patient Behavior</th>
<th>Nurse Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being comfortable with the nurse</td>
<td>Being comfortable with the patient</td>
</tr>
<tr>
<td>Offering personalized greeting</td>
<td>Offering personalized greeting</td>
</tr>
<tr>
<td>Discussing problems</td>
<td>Zeroing in on patient problems</td>
</tr>
<tr>
<td>Tempered movement toward problem resolution</td>
<td>Pushing toward problem resolution</td>
</tr>
<tr>
<td>Reluctant progression</td>
<td>Assertive confrontation</td>
</tr>
<tr>
<td>Agreeing to take the nurse’s direction in the future</td>
<td>Encouraging continuance of self-care in the future</td>
</tr>
<tr>
<td>Making the most of the time left</td>
<td>Preparing for concluding the connection</td>
</tr>
<tr>
<td>Maintaining a positive atmosphere</td>
<td>Maintaining a positive atmosphere</td>
</tr>
<tr>
<td>Determining the nurse’s whereabouts</td>
<td>Telling the patient her whereabouts</td>
</tr>
<tr>
<td>Forecasting the conclusion</td>
<td>Responding to the patient’s forecast of conclusion</td>
</tr>
<tr>
<td>Working toward independence</td>
<td>Encouraging independence</td>
</tr>
<tr>
<td>Making use of the nurse’s care</td>
<td>Providing nursing care</td>
</tr>
<tr>
<td>Saving good-bye to the nurse</td>
<td>Saving good-bye to the patient</td>
</tr>
<tr>
<td>Acknowledging the relationship</td>
<td>Acknowledging the relationship</td>
</tr>
</tbody>
</table>

P: It’s suppose to be put on three or four times a day.
N: So? Why aren’t you doin’ it?
P: Well, it’s too hard for me to do.
N: Oh [inaudible] . . .
P: I can’t see to get it in the right places.
N: Look in a mirror. Learn to do as much as you can for yourself for when you’re not in hospital.
P: When I’ve got all these beautiful women around me?
N: Oh, yes. That’s your attitude, is it?
P: Oh, no, it isn’t. [interaction continues]

Their good-bye to one another was accompanied by compliments, humor, and well-wishes. Both acknowledged the relationship that developed between them. In their final interaction, the dyad sought a definite closure to their relationship. The following is a segment of the final interaction between the nurse and patient.

N: [She touches the patient’s hand and holds it.] Okay, anyway, I’m goin’ off.
P: I’m goin’ to miss you.
N: Yeah, I'm going to miss you too. Anyway . . . [inaudible]
P: Thanks very much. You, you're excellent.
N: Oh, thank you.
P: I appreciate everything you've done.
N: Yeah. Take care of yourself.
P: Will do, yup. [interaction continues]
N: I won't be back 'til Friday and you'll be gone by then.
P: Yeah, I'll be gone by Wednesday. Thursday. [interaction continues]

DISCUSSION

The generalizability of the findings may be limited. It is possible that the data collection procedures influenced the interactions observed. Some degree of intrusiveness can be expected until participants become accustomed to a video camera. In this study, videotaping continuously over a 3-day period provided the time for participants to become accustomed to the cameras. Throughout data collection, reactivity to videotaping was monitored. Although occasionally some self-monitoring occurred that influenced the spontaneity of the interaction, participants indicated on viewing segments of the videotape that the recorded behaviors were typical.

As with any case study research, an in-depth analysis can offer important insights that serve to refine our understandings and illustrate important hypotheses for further study, particularly if the case under investigation is a strong, positive example of the phenomena of interest (Yin, 1993). Evidence supporting the development of a relationship in this case study is based on several sources of data. Statements during open-ended interviews with the nurse and patient, expressed sentiments by both the nurse and patient videotaped at the end of Day 3, the gift exchange, and the focus group discussion all provided supporting evidence for the development of a relationship in this case study. These data support the usefulness of examining the behaviors that lead to the development of the relationship between this nurse-patient dyad. The potential influence of the gender mix represented in the dyad selected for this study should be recognized and that variations in the development of the NPR may exist with other gender mixes.

To fully understand the interaction dynamics in this case study, it is important to contextualize the observations. For
example, the significance of the mouthwash and this patient’s reluctance to use it needs to be understood in the context of receiving treatment for oral cancer. In this context, nurses are challenged to balance the need to carry out treatment plans related to symptom management and their desire to individualize patient care. The vulnerability experienced by this patient can be inferred by his level of vigilance and efforts to please the nurse. Others have reported that increased levels of vulnerability are related to a variety of factors including the severity and course of the illness and the degree of dependence on the nurse (Iruita, 1996). The more vulnerable patients feel, the more carefully they assess the competence and dependability of their nurses (Bottorff et al., 1998; Morse, 1991). A patient’s overtures toward nurses in the form of friendly gestures, teasing, and gifts have been associated with attempts to increase the commitment and involvement of trustworthy nurses in the patient’s care (Morse, 1991). Despite the use of these self-protective strategies, it should be recognized that the patient in this case study remained unable to control or influence many factors influencing his care, including the setting or the availability of the nurse.

Nurses working on busy units do not have the luxury of unlimited time to spend with each patient. The average length of a nursing interaction in this case study was less than 2 minutes, and in each 12-hour shift, the nurse spent approximately 53 minutes with the patient. Others have also reported similar contact times in other settings (Morse & McHutchion, 1991). Discontinuities related to changing shift rosters and patient assignments and other work-related demands reduce and interrupt sustained contact between patients and nurses. The findings of this study illustrate the importance of patient continuity even when time constraints limit the amount of contact between patient and nurse. Unlike previous studies relying solely on verbal reports, this microanalysis showed the changing patterns of interactive behaviors and the moment-to-moment interactive processes taking place between a nurse and patient as their relationship developed. This description of a developing relationship supports and extends previous accounts of the relationship as negotiated, mutual, and reciprocal (Hagerty, Lynch-Sauer, Fatusky, & Bouwsema, 1993; May, 1991; Morse, 1991; Radwin & Alster, 1999; Ramos, 1992). Because we were
using observational data, the patient’s behaviors in the interaction are documented to a greater extent than in previous studies. The findings support concerns about the influence of lack of continuity of care on patient care processes given that many nursing assignments are less than 3 days and raise hypotheses for further study. For example, on the basis of these findings, it is possible to hypothesize that if all NPIs stayed at the level observed in Day 1, patient care outcomes that require complex interactions would be jeopardized.

Few observational studies have focused on the behaviors of patients in interactions with health care providers. Using participant observation and interviews, Russell (1994) and Golander (1987) demonstrated that elders engage in a complex and multifaceted process to influence their relationships with caregivers and to negotiate their care. The results of those investigations, along with this case study, underscore the importance of giving attention to both nurses and patients to gain a complete understanding of the development of relationships.

Many accounts of health care relationships report the importance of trust; however, few clear conceptualizations of trust as it evolves in the relationship have been reported in the literature (Johns, 1996). Some researchers have interviewed patients, nurses, and other health care providers to examine trust as it evolves over extended periods of contact associated with lengthy chronic illnesses (Thorne, 1993; Trojan & Yonge, 1993). Others have observed and described the development of trust in short-term caregiving relationships (Wilson, Morse, & Penrod, 1998). At the beginning of the relationship in this case study, the patient made choices in opposition to what the nurse believed was important. The nurse appeared to acknowledge the lack of trust in their relationship at this early stage and provided the groundwork for its development. In particular, the gentle approach that the nurse used in guiding and confronting the patient as she made therapeutic suggestions and the pattern of talking through actions in a way that reflected competence may be important strategies in establishing trust. By the second day of this relationship, the patient was ready to begin to follow some of the nurse’s suggestions, even though somewhat cautiously, and share some of his problems and concerns, indicating an entirely different level of trust.
than was evident on Day 1. These observations of the role of trust in developing relationships with an adult are not unlike those described by Wilson et al. (1998) in the development of caregiving relationships with children.

In many of the interactions of this nurse and patient, humor and social conversation were prevalent behaviors. Social conversation provided the nurse with an opportunity to get to know the patient in a way that extended beyond his diagnosis. In addition, these conversations were important lead-ins to the patient’s disclosures and discussions of sensitive information. Humor appeared to contribute to the development of the relationship when it was used by the nurse to soften discussions of unresolved issues surrounding the patient’s care, dissolve tensions related to differences of opinion, and lighten the patient’s mood or break up the monotony of routine tasks. The claim that humor can be an essential aspect of the relationship is supported by others (Pierlot & Warelow, 1999; Simon, 1988). Although humor appeared to serve this relationship positively, the extensive use of humor may have overshadowed underlying anxieties related to the patient’s prognosis and the effect of his illness on his personal life. Although it may be that the nurse consciously avoided talking about these serious issues, there were no instances in which the nurse did not address concerns raised by the patient. The patient, however, did not openly share any serious issues related to his illness. He may not have felt comfortable confiding in others or may have avoided such topics to avert any discomfort for the nurse (Russell, Bunting, & Gregory, 1997). The observed interactions were dominated by issues and concerns related to immediate symptoms experienced by the patient.

In this study, the opportunity to observe closure in a relationship revealed some important behaviors of both the nurse and patient that may be important to other satisfactory closures. Peplau (1952) contended that this final stage needs close attention to avoid destroying the advances made throughout the relationship. The closing interaction between this nurse and patient in this study contained some of the elements discussed by nursing experts (Gelazis & Coombe-Moore, 1993; McMahon, 1992; Schwecke, 1995; Thomas, 1991); it included expected sentiments and good-byes, and it is interesting that the patient initiated some of this exchange. These find-
ings are important because ending short-term relationships has not been given adequate attention in much of the literature on the NPR.

CONCLUSION

Important features of interactions indicating the development of a relationship were identified through an intensive microanalysis of 60 interactions of one nurse and patient. The findings of this case study provide important insights into interactive patterns that contribute to the development of effective relationships in the context of negotiations around everyday personal and nursing care routines and under restrictions imposed by organizational and situational factors operating in many clinical settings. In particular, the findings illustrate the importance of continuity of nursing care if NPRs are to be used to their fullest extent to address complex patient care needs. Knowledge of interaction patterns that contribute to effective relationships provides a useful framework to enhance nurses' sensitivity to the complex dynamics inherent in their interactions with vulnerable patients. Specific recommendations for the delivery of nursing care cannot be made on the basis of one case study. The findings of this study point to the need for further research addressing the effect of institutional structures and processes on the nurse-patient relationship and the delivery of effective care to vulnerable patients.

REFERENCES


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