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Good quality interaction between the registered nurse and the patient.

Thesis

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Thesis Abstract

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Interaction is the vehicle for the application of the nursing process. From the time, the nurse meets the client first and throughout their contacts, progress in relating to each other will be reflected in the degree of accomplishment of the nursing care goals. The nurse must therefore be able to use knowledge of communication theory and of the development of self to facilitate the growth of the helping relationship

The aim of this thesis is to investigate the relationship between nurse and patient interaction and meaning in life among cognitively intact nursing palliative care. In addition, to identify the extent to which Registered Nurses involve patients in decision making in everyday nursing practice.

The research questions of this thesis are: How does communication affect the relationship between the RG and patient? How to promote quality interaction between the RG and patient?

Data collection method is literature review: Inclusion and exclusion criteria is used after the keywords are identified, data bases used are: CINAHL with full text, Academic search elite Ebsco (host) and Sage journals. A total Articles are used inductive content analysis is used. During analysis process, several themes are identified then divided into categories and subcategories.

The result of this thesis suggests that effective communication is an important tool in patient care. Health care professionals play an important role in promoting and facilitating effective communication

Keywords: Nurse-patient interaction, nurse-patient relationship, effective communication, patient centered care.

SEINÄJOEN AMMATTIKORKEAKOULU

Opinnäytetyön tiivistelmä

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Vuorovaikutus on väline hoitoprosessin menetelmänä. Hoitajan ja potilaan ensikohtaamisesta läpi koko heidän välisen kanssakäymisensä kehittyy heidän välisensä suhde, joka heijastuu hoitotyön tavoitteiden saavuttamisen määrässä. Hoitajan täytyy siitä johtuen kyetä käyttämään tietoa kommunikaatioteoriasta ja omasta kehityssuunnastaan helpottaakseen auttamissuhteen kehittymistä.

Tämän opinnäytetyön päämääränä on tutkia hoitajan ja potilaan välistä vuorovaikutussuhdetta sekä sen merkitystä elämässä keskellä kognitiivisesti ehjää palliatiivista hoitoa. Tarkoituksena on myös määrittää, miten paljon laillistetut hoitajat toimivat yhteistyössä potilassuhteessa päätöksenteossa heidän jokapäiväisissä käytännöissään.

Tutkimuskysymykset tässä opinnäytetyössä ovat seuraavat: Kuinka kommunikaatio vaikuttaa Sairaanhoitajan (RG) ja potilaan väliseen suhteeseen? Kuinka edistää laadukasta vuorovaikutusta Sairaanhoitajan (RG) ja potilaan välillä?

Aineistonkeräämismenetelmänä toimi kirjallisuuskatsaus: Sisällyttämisen ja pois rajaamisen kriteereitä käytettiin asiasanojen määrittämisen jälkeen, tietokannat: Cinahl with full text, Academic search elite Ebsco (host) sekä Sage Journals. Lopullisissa artikkeleissa käytettiin induktiivista sisällönanalyysia. Analyysiprosessin aikana määriteltiin useita teemoja. Nämä jaettiin kategorioihin ja alakategorioihin. Tämän opinnäytetyön tulokset osoittavat, että kommunikaation ja ystävällisten hoitajien puute ovat muutettavissa. Tulokset osoittavat, että tehokas vuorovaikutus on tärkeä väline potilaan hoidossa. Terveydenhuollon ammattilaiset ovat tärkeässä roolissa tehokkaan vuorovaikutuksen edistämisessä ja helpottamisessa.

Asiasanat: hoitajan ja potilaan vuorovaikutus, hoitaja-potilas -suhde, tehokas kommunikaatio, potilaslähtöinen hoito

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Abbreviations

PCNIs **Patient Centered Nursing Interventions**

DHOs **Desired Health Outcomes**

ICN **International Council of Nurses**

RG **Registered Nurse**

NISAT **The Northern Ireland single assessment tool**

NMC **Nursing and Midwifery Council**

NBPG **Nurse Best Practice Guidelines**

INTRODUCTION

The aim of the thesis is to describe good quality interaction between the registered nurse and the patient. This topic was chosen because nurse patient interaction is the heart of the caring relationship and has been extensively investigated from a nursing perspective. It can have significant benefit to an individual's health in reducing the risk of social isolation, low self-esteem, loneliness, and depression. (Cobertt 2014.) The objective is to produce new knowledge for nursing professional concerning how best a nurse can foster the interaction with the patient in order to improve the treatment and caring outcome.

Good communication skills make the difference between average and excellent nursing care. The interaction between the patient and nurse forms the basis of nursing care throughout the field of health, illness, healing, and recovery. Some nurse- patient relationship may last only a few hours, others may last days, months, or even years. What is interesting about each relationship is how uncommon and enriching it can be for both the patient and the nurse. (Taiwo 2014.)

The focus of communication in the nurse-patient interaction is the patients' needs that is, patient centered care. To meet these needs, the nurse must take into consideration various factors, including the patients physical condition, emotional state, cultural preference, values, needs, readiness to communicate and ways of relating to others. Nurses should respect the uniqueness of each patient and aim to understand his or her response to changes in health. The nurse builds the relationship with the patient by integrating the concept of respect, empathy, trust and confidentiality into their interaction. (Taiwo 2014.)

Every patient requires respect and acceptance as a unique human being. Acceptance does not mean approval or agreement; rather it is non-judgmental attitude about the patient as a whole person. The aim is to make the patient feel comfortable and legitimize his or her feelings.

1 NURSE – PATIENT INTERACTION

Nurse–patient interaction fundamentally relates to meaning and purpose-in-life and might be and important resource in relation to the patient's mental health. The main aim of high-quality nurse-patient interaction is to increase psychological and physical health, wellbeing and psycho-spiritual functioning in this vulnerable population. (Haugan 2014.)

Nursing is accomplished in every encounter with a patient. The goal of the nurse is the patient's well-being, and this is achieved through the interaction between them, an experience developing in whatever cultural context or healthcare setting in the world. The interaction is not just an irrelevant incidence, but also a human experience that establishes a relational link between nurse and patient. (Tejero 2012.)

The interaction between nurse and patient is a mutual and comprehension-oriented communication whereby discussions takes place, and actions are exchanged between nurse and patient. The nurse aspect that is consistent with symbolic interactionism, which is in turn the views of interaction between persons and not as a stimulus-response connection. but as a meaningful and purposive action-reaction interchange. (Tejero 2012.)

Patient centered nursing interventions (PCNIs), system characteristics, patient characteristics and desired health outcomes (DHOs), found that three PCNIs positively related to some specific outcomes. However, not all interventions showed direct effects on the outcomes. Treatment regimen alone does not fully account for patient outcomes. It is interpersonal communication that plays a major role. Thus; this research was conceptualized to focus on nurse–patient interaction. (Poochikian-sarkissian, Sidani, & Furgeson, et al 2010.)

2 Qualities of a good nurse patient interaction

Therapeutic communication

A nurse patient therapeutic relationship is described as one in which the patient feels comfortable and safe being open and honest with the nurse (Nicole 2015). It is associated to the development of an effective relationship and positive outcomes (Canning, Rosenberg, & Yates 2016). Rather than curing the disease process, therapeutic communication is concerned with showing empathy and warmth to help the patients feel relaxed and secure (Mc Cabe, & Timmins 2013). In order to develop a therapeutic relationship, the nurse must be caring, honest, open and warm. Therapeutic relationship is cultivated by employing listening and questioning techniques along with providing information, giving support and ensuring care.It is patient centered as opposed to being task oriented. Therefore, to support the development of a therapeutic relationship the nurse has to be a skilled communicator. (Bach, & Grant 2011.)

Communication has been described as a social process between two or more people in which messages are sent and received, and requires the use of verbal and nonverbal techniques. High quality care for patients and the nurses entirely depends on communication skills.it is by employing all these elements when communicating with the patients that the nurses can gain the patients trust and establish a sense of togetherness. (Balzer-railey 2008.)

Phases of therapeutic nurse patient interaction

In nursing, a therapeutic nurse-patient relationship has been described as one that allows for the meeting of nursing needs and mutual satisfaction of nurse and patient. In order to form a therapeutic relationship with a patient, the nurse must first develop an understanding of her own beliefs and values and her ability to create relationships or personal knowing, before she can respond to the needs of her patients. For an emotionally intelligent nurse, must open communication with the patient and also demonstrate trust and commitment as well as be honest. (Balzer-railey 2008.)

The concern and an unconditional positive regard for the patient will enable the development of a relationship that is therapeutic rather than superficial in nature. Feelings of empathy and sympathy will then inspire the nurse to develop practical methods in order to come to know the patient as an individual with his/her own set of beliefs and values.

Through setting appropriate boundaries, the nurse and patient enter into a mutual and respective relationship that enables the provision of nursing care that is individually designed to meet the patient's needs as well maintain the professional satisfaction of the nurse. The nature of nurse-patient relationship is very dependent on the situation in which nursing care is delivered. In critical care nursing, where technology can act as a wall and compromise nurse-patient communication, it can be very difficult to develop therapeutic relationships. Without these, nurses are reduced to objective technologists, while patients become objects to be examined and evaluated. The one-to-one nurse-patient ratio in critical care nursing enables nurses to get to know their patients and this allows them access to knowledge about their patient's cultures, values and beliefs. However, this demands that the nurse needs to get involved very closely with the patient and family in order to fully understand where the patient is at in regards to his/her illness and provide care tailored to their specific needs. (Balzer-railey 2008.)

Phases of therapeutic nurse - patient interaction

The nurse – patient process includes; orientation phase, identification phase, exploitation phase, resolution phase, and termination phase.

Orientation phase

The start of nurse patient interaction requires special communication skills. In day to day life people communicate with those around them through listening, sharing, talking, reassuring and caring. Registered nurses use these components of communication to establish a relationship. The nurse sets the nature of the relationship by greeting the patient in a proper manner. The tone and enthusiasm used during this exchange promotes connection between the registered nurse and patient. Often a handshake is an appropriate introduction component but this varies with different cultural settings and severity of the clinical situation. Patients are first addressed by their formal names then are asked which names they would prefer to be used. Establishing a rapport may begin with talking about clinical relevant topics or social disclosure like the weather, environment. Registered nurse establishes their trust by being consistent in their words and actions. This consistency conveys dependability and competence. (Nurse Best Practise Guidelines 2002)

After the greetings, the RG analyze the principle and nature of the relationship. This includes giving information about appointments, interviews, describing the nurse's role, helping the patient provide important information, and describing the goals of the relationship. Starting the goals of the relationship is important not only in the delivery of care but also to the evaluation of the relationship and outcomes during the ending phase. Anxiety levels decrease when the patient knows what to expect and participate in the establishment of the relationship. The nurses seek to promote trust and reduce anxiety by being respectful, honest, and informative. Good body language and active listening helps the patient to feel more comfortable and remain focused for the next phase. (Nurse Best Practise Guidelines 2002.)

Collection of data for the nursing evaluation, requires active patient participation to verify his or her health status and functioning. The nurse also needs an open mind to understand the patients' perception of the problem and the need for treatment. What may seem possible to the nurse may not be the patients' view of the situation. It is important for the nurse to take time to listen to the patient and hear his or her needs and assumption from the care accorded so as to prevent disappointments during and at the end of the relationship. (Nurse Best Practise Guidelines 2002.)

Identification phase

The actual work begins in this phase. The nurse and patient work together to identify problems and set problem oriented goals. Health problems are diagnosed during the data collection and appropriate interventions are developed in the nursing care plan. Mutual goal setting allows the patient to be able to engage in their care. Nurses can also help the patient to explore feelings about their situation including fear, anxiety and helplessness. Identification of personal strengths and resources may help the patient to be able to cope with the health problems and participate actively in their care. (Nurse Best Practise Guidelines 2002.)

Exploitation phase

In this phase, the nurse support the patient use the health services effectively. Interventions appropriate to the mutually planned goals are carried out with ongoing re-assessment and re-evaluation. Sometimes even the well planned interventions need to be reviewed and new or more realistic goals need to be set. Therapeutic relationship allows the nurse and patient to work effectively. The patient uses identified strengths and resources to regain control of the situation and develop solutions. (Nurse Best Practise Guidelines 2002.)

Resolution phase

Ending a therapeutic relationship requires a period of resolution. One of the nurse's job is to show care to the patient. Often, a lot of sharing occurs in the nurse and patient relationship during the challenging times in the patients' health. The relationship was established with a purpose and time span. Each relationship either short term or long term partnership requires both the nurse and patient to prepare for the end or resolution. (Nurse Best Practise Guidelines 2002.)

Termination phase

The ending of the therapeutic relationship can be an important time for the nurse and patient to examine the accomplishment of their goals and review their time together. The nurse uses the summarization skills to evaluate the progress of the intended goals. This brings a sense of achievement and closure for both parties and it ends when the patient leaves for home

Emotions are part of ending a relationship. Caring attitude and shared experiences especially for long time relationships may bring about sadness for both the nurse and the patient. Termination of a relationship can awaken feelings of loss from previous relationships. Acknowledgement of the feelings that arise is helpful in reducing sadness brought about by the patient leaving. In this phase is when the unmet goals are identified by the nurse and if the patient requires referral and follow up care.

Nurses and patients respond differently in regards to ending a relationship. Patients might regress, become anxious or dependent. The nurse might detach and also spend less time with the patient in preparation for the termination of the relationship. These reactions are deemed normal. Nurses and patients should talk about ending their relationship taking time to reminisce of the achievements and the moments shared. Nurses should not avoid the discomfort they feel during these discussions because the relationship was worthwhile. The therapeutic relationship should end with satisfaction from both parties. (Nurse Best Practise Guidelines 2002.)

2.1 Promoting patient safety

Therapeutic relationship in nursing, a therapeutic nurse-patient relationship has been described as one that allows for the meeting of nursing needs to the mutual satisfaction of nurse and patient.

In order to enter into a therapeutic relationship with a patient, the nurse must first develop an understanding of her own beliefs and values and her ability to create relationships or personal knowing, before she can respond to the needs of her patients. But the emotionally intelligent nurse must, through open communication with the patient, also demonstrate trust and commitment as well as a genuine concern and an unconditional positive regard for the patient to enable the development of a relationship that is therapeutic rather than superficial in nature (O'Connell 2008.)

Feelings of empathy and compassion will then motivate the nurse to develop practical strategies in order to come to know the patient as an individual with his/her own set of beliefs and values. Through setting appropriate boundaries, the nurse and patient enter into a mutual and reciprocal relationship that enables the provision of nursing care that is individually tailored to meet the patient's needs as well maintain the professional satisfaction of the nurse. The nature of nurse-patient relationship is very dependent on the context in which nursing care is delivered. In critical care nursing, where technology can act as a barrier and compromise nurse-patient communication, it can be very difficult to develop therapeutic relationships. Without these, nurses are reduced to objective technologists, while patients become objects to be examined and evaluated. (O'Connell, 2008.)

The one-to-one nurse-patient ratio in critical care nursing enables nurses to get to know their patients and this allows them access to knowledge about their patient's cultures, values and beliefs. However, this demands that the nurse needs to engage very closely with the patient and family in order to fully understand where the patient is at in regards to his/her illness and provide care tailored to their specific needs. (O'Connell 2008.)

2.2 Emphasizing Human dignity

Human dignity is the central phenomenon in professional nursing. All in all, caring involves respect for the dignity of human beings. Dignity implies to the inner freedom and responsibility for one's own and others' lives (Pyng 2011).

This concept is used to describe the quality of being worthy, honored or esteemed.it is used with conjunctions such as respect, worth integrity and human rights. Dignity is considered as an important aspect in all health care domains. Respecting human dignity requires patient safety to be taken into consideration without overlooking at the cultural values. (Pyng 2011.)

Understanding the patients culture and religious beliefs is of important for in cooperation of dignity in practicing safe nursing.it is also important to recognize the patient's characteristics and respond to the uniqueness of each type. preserving human dignity involves caring for the whole patient including moral attitudes and ensuring that respect for patients' autonomy and readiness to help the patient when they need support is observed.it is deemed unethical to allocate patients wards while focusing on their personal characteristics as opposed to their health care needs (Pyng 2011.)

2.3 Individual and organizational accountability

The ICN position statement nurses and human rights (2006b) makes it clear that nurses are accountable for their own professional actions and must be alert to the possibility of being pressured to use their knowledge and skills in a manner that is not truly beneficial to patients or others.

Individual and organizational accountability is an important requirement that is necessary for understanding a chain of error. The nurse is accountable for every action that they undertake in regards to the patient care. The causes of errors in practice can be categorized into two: prospective and retrospective accountability. Prospective accountability which demands creating a safe environment for the patient care while the retrospective accountability includes achieving justice for harmed patients. (ICN, 2006 b.)

3 Factors promoting quality nurse patient interaction.

It is evident that there are factors promoting nurse effective nurse patient interacting. They include trust, support, and confidentiality (Carter 2009).

3.1 Trust during nurse patient interaction

Carter (2009) claims that trust is regarded as the basis for any therapeutic relationship and is essential in the nurse patient relationship. Establishing a trusting relationship is regarded as an important face in the nurse role and as a basis for continued care and treatment. (Hem, Heggen & Ruyter 2008) that trust is not something that nurse possess or are given rather it is something they have to work hard to achieve. It is a two-way thing between the person who makes themselves trustworthy and the person who puts their trust in them. Nurses' state of mind is regarded as an important tool in effective communication. Personal life and environment is regarded as a factor that would influence nurses' ability to communicate.

There are several factors that were shortlisted that promote trust they included: honesty, trustworthiness, confidentiality and readiness to provide the best care, humility, sensitivity, and the ability to see the whole situation, understanding the patients suffering, demonstrating tolerance and tolerance, accepting the patients' culture and decisions without prejudgment, offering good and quality advice, reassurance and encouragement. Several factors were also highlighted to be a hindrance to quality trust. They included: lack of knowledge and skills to undertake nursing procedures, nurses' use of medical terms that patients were not familiar with could create a language barrier that hinders effective communication, failure to understand the needs of the patient, depersonalizing the patients like referring to him or her as per their medical diagnosis, staying a far from the patient. Work related challenges for nurses like conflict between nurses and patients, lack of time to tend for patients. (Hem, Heggen, & Ruyter 2008.)

Studies show that patient satisfaction is achieved greatly through trust. For patients, suffering from chronic illnesses trust was a meaningful and component in shaping their illness. For patients with personal disorders trust gave they hope and for the dying patients trust gave them an incentive of living. For nurses, when trust developed patients were more compliant with the care thus increasing job satisfaction.in turn it contributed to the patient's recovery and

had a positive impact on the care. It also allowed nurses to undertake painful procedures without stress. (Hem,Heggen, & Ruyter 2008.)

3.2 Support during nurse patient interaction

Mattila (2010) undertook a concept analysis of support in nursing, finding an extensive usage of the term, which categorized it as physical, social, emotional, and psychological. She claims that Nurses are an important source of support for patients and family members during hospitalization. Serious illness are exceptional events in life that do not only affect the patient but also the whole family. For both the family and the patient there is shock, anger, guilt, anxiety and fear that comes about because of the illness. In some cases, some family members may be burdened by the illness more than the patient and may develop long term symptoms of stress and depression that may be a threat to their health. Family members are a source of support to the patient and have a significant effect on how the patient copes with the life changes that follow the illness.

Support evolves in an interactive process of giving and receiving between the patient, nurse and the family members. Patients and family members need for support are primarily on the areas of emotional and informational support. Emotional support involves elements such as feelings and expressing care, empathizing, listening, respecting and human dignity. Informational support involves provision of information, advice and counselling.it is possible to provide support to patients in all stages of life. Physical, psychological and spiritual pain maybe caused by lack of social support that can lead to patient isolation, loneliness, and loss of meaning in life. (Mattila, Kaunonen, Aalto et al 2010.)

3.3 Cultural awareness during nurse patient interaction

Cultural awareness is the ability to understand one’s own culture and perspectives alongside the stereotypes and misconceptions associated with other unknown or less known cultures.it is the first step of providing a culturally competent care. It improves when RG recognizes how their own cultural and specific beliefs influence the patient interaction. Cultural awareness provides the foundation for the other constructs in the model, including cultural awareness, knowledge, skills, and encounters. Cultural awareness is the recognition of one’s own attitudes and assumptions toward similarities and differences in others, acknowledging racism, bias, and stereotyping. Cultural knowledge is the awareness of cultural health beliefs and values,

including culturally specific incidence and prevalence of health conditions. (Mareno & Patricia 2014.)

Behaviors represents the actions the nurse demonstrate when adapting care to be culturally congruent. This requires knowledge of the heritage, attitudes, and behaviors of those in the nurse's care and calls for creativity in the use of that knowledge. Nursing care should give while looking through a cultural lens. Behaviors will be unique as nurses interact within, among, and between groups, understanding and appreciating the differences encountered. As health care shifts from hospital base to variety of community health settings, health and allied health professionals will provide health care to a growing community of people of color whose language, customs, values, lifestyle, beliefs, and behaviors differ from their own. Differences between the patients culture and the culture of the health care worker may be more apparent in a community setting, compared to hospital setting, because ,unlike hospital the locus of control lies with clients in the community environments and not with health care workers in clinical environments. (Mareno & Patricia 2014.)

3.4 Confidentiality during nurse patient interaction

Nurses are subject to numerous ethical and legal duties in their professional role, including the imperative to maintain patient's privacy and confidentiality (McGowan 2012). Nurses have moral and legal obligations not to share patient information with others, except in specific circumstances. Beyond the dictates of legal statues, it is important from the standpoint of trust that patients know that their personal information will be kept confidential. Patients will be more forthcoming and honest in their revelations and responses if they feel that their information is confidentiality. Nurses should arrange for privacy in the physical setting before discussing sensitive information with patients. Providing privacy may include finding an empty room or asking an ambulatory roommate to leave the room or closing a door. Keeping patient information confidential includes not speaking in public places where information could be overheard, such as elevators and cafeterias. It also includes confidentiality with electronic information. (Griffith 2008.)

Critical care providers are often privy to confidential information in the course of clinical practice. The dilemma may arise when confidential information is requested by family members or friends of the patient. Although at times it means that regulations and laws are so stringent that any disclosure of health care information is forbidden, it may be necessary and appropriate to make disclosures, and the current regulations and laws support the professional

judgment in communicating patient's health information.The duty of confidence is fundamental aspect of the nurse-patient relationship, but it is not absolute. There will be occasions where confidential information about a patient will need to be disclosed to others. Such a disclosure must be to an appropriate person and comply with the requirements of your contractual, professional and legal duty of confidence, or you will be called to account and face sanction for breaching confidentiality. (McCullough 2013.)

4 QUALITIES OF A GOOD NURSE COMMUNICATOR

Moss (2012) pointed out some of the qualities of a nurse communicator, which includes active listening, acceptance and assertiveness. Human beings are always communicating. We are always sending messages to other people directly or indirectly about others or ourselves. The way people dress, the style and choice of language they use to the company they keep tells a lot about them. Sometimes it might be misunderstood and gotten wrongly, but it is all part of humans.

4.1 Active listening

Active listening ensures that everything being said by the patient is fully received and understood by the nurse it also includes attempting to understand not just what the patient is saying with the chosen words, but what some of their underlying thoughts and feelings are, which may be conveyed as much as by what they do not say and by their body language, as by the words they use. (Shipley 2010.)

Listening is likely the most ancient of healthcare skills. It is a critical component of all aspects of nursing care and is necessary for meaningful interactions with patients. People desire to be listened to more than anything else during their experiences with health professionals. The concept of listening is significant for nursing practice because it is “the foundation of all meaningful interpersonal. The therapeutic use of listening may contribute to the patient’s overall sense of well-being and satisfaction with the healthcare experience. Although listening is a fundamental aspect of nursing care, there are considerable variations in the quality of patient interactions and a “significant need for found that patients report poor communication, more than any other aspect of care, as a reason for dissatisfaction. Therefore, the therapeutic use of listening is essential for providing quality patient care. (Levenskey et al 2007.)

The basic skills in active listening

According to Silberstein (2009) another key element is body language and nonverbal communication. If you're looking at your watch, yawning, seem noticeably distracted or are looking away, etc., you are not listening. This also includes leaning away from the patient and your facial expressions. If you lean toward your patients, they will lean toward you. If you turn

away from your patients to attend to other things, you have really separated yourself from the doctor-patient bond. Are you smiling or frowning? Nod your head. Just sitting back and listening makes patients feel that they're most important at the time. Show interest in the patient as a person and not ¡just a lab result. "Be present, don't appear rushed or preoccupied, even if the office is on fire behind you. There is no class on bedside manner.

Let your patients finish their thoughts and don't assume you know what they are going to say. Also, avoid questions that challenge what your patients have said because this will only put them on the defensive. A question that changes the subject before the current topic is resolved isn't effective as well. But be sure to ask questions that generate more dialogue. (Silberstein 2009.)

It helps check the progress of the interview .it involves putting together, organizing all that has been collected during the talk. For the patient it shows that you have been attentive to what he or she was saying.it may also help correct any misunderstanding that may have occurred during the collection of the data. (Silberstein 2009.)

4.2 Acceptance

According to Johnstone (2005), it is not all about how you treat other people; it is also how about you as a nurse think of yourself. we all have our strengths and weaknesses.The best nurses are those that have come to a deep understanding and have accepted themselves how they are , and who reach out to others not from a position of moral superiority but from their shared humanity. As a nurse one should remember to practice the basics the way one introduces themselves, the tone of the voice, active listening will help the other person at ease and they will feel accepted and respected.as a nurse one should also be honest and be focused.

Every patient come with unique attitudes, beliefs and coping mechanisms thus requires the nurse to be nonjudgmental. Due to this uniqueness, each patient therefore requires understanding and acceptance. In this scenario acceptance does not mean agreeing with everything that the patient is saying rather but showing that nonjudgmental attitude. The main objective of this virtue is to boost the patients' confidence. The nurse therefore should put into consideration the patient attitudes, values and beliefs in planning for the treatment modalities. They should demonstrate unconditional positive attitude towards the patient irrespective of their emotions, feelings or beliefs. (Belcher & Jones 2009.)

4.3 Assertiveness

Assertiveness is defined as interpersonal behavior which promotes equality in human relationships, enabling an individual to act in his/her own best interest, to stand up for himself/herself without anxiety, to express honest feelings comfortably, and exercise his/her own rights without denying the rights of others (Phillips, 2014).

It is not just a matter of what one says; it involves how it is said and what message is delivered. Effective assertiveness involves the unison between the non-verbal and verbal communication and how one comes across to the other person. Assertiveness shows the dignity and uniqueness of each and every person with whom you as a nurse come into contact with, and the value and worth one feels about them. (Phillips, 2014.)

Demands the use of specific interpersonal skills, person giving expression to her rights, thoughts and feelings in a way which does not degrade, insult or interfere with the reasonable rights of others I see these definitions of 'assertiveness' as being synonymous with 'personal effectiveness' and therefore use the two terms interchangeably (Phillips, 2014).

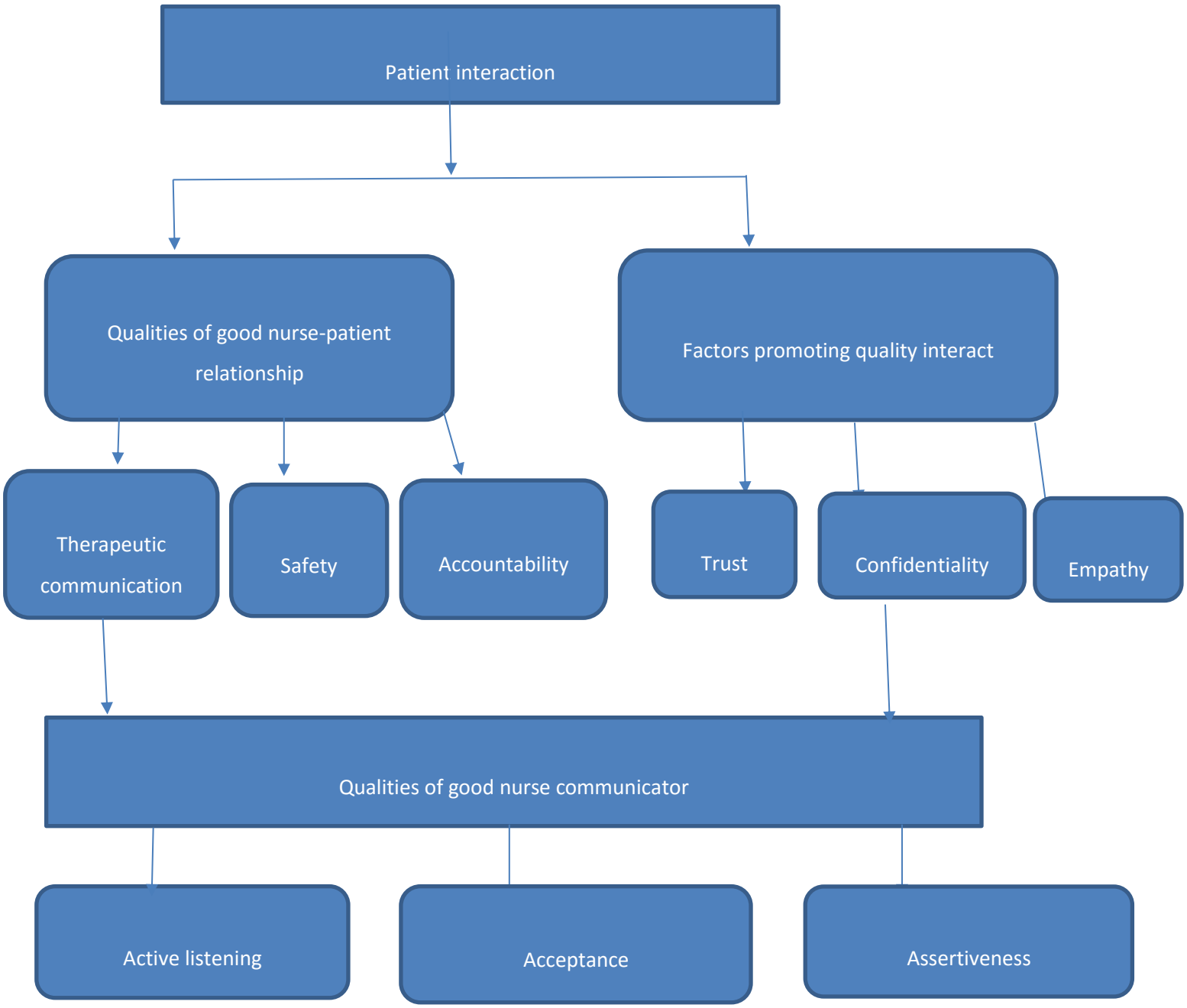

Figure 1: QUALITIES OF A GOOD NURSE-PATIENT INTERACTION.

Salehe & Njine 2016.

5 ROLE OF NURSES IN HEALTH PROMOTION

The international council of nurses (ICN) code of ethics for nurses (2006) states that nurses have four fundamental responsibilities: to promote health, to prevent illness, to restore health and to alleviate suffering.

The ICN codes (2006a) also says that the primary role of the nurse is to the people requiring nursing care.in providing care, the nurses promotes an environment in which the human rights, values, customs and spiritual beliefs of an individual and family are respected. The nurse then holds very crucial and personal information and uses judgement in sharing this information with others.

In carrying out this responsibilities the nurses are expected to render health care services to patients and also family members.in the process of promoting health they might be faced with ethical conflicts, hence he or she is expected to apply the reasoning ability and ethical knowledge to the patient care situation to determine what action is to be taken. Nursing responsibility to promote health is built upon ethical concept of advocacy.

The ICN position statement Nurses and human rights (2006b) states that nurses are the primary advocates of the rights of all people to health and health care services. Health promotion deeds are by the nurse are supported by the ethical principles of autonomy (the duty to respect self-determined choices) and beneficence and non-maleficence (doing good and avoiding harm). When acting in a professional capacity, the nurse should at all, times maintain personal conduct. This enhances public confidence.

Kemppainen et al. (2012) maintained that the nurse plays a very crucial role in health promotion. Unlike before, the scope of nurse is becoming more complex as it requires multi-professional knowledge and experience in performing these duties. According to Casey (2007a), the main role of a nurse in health promotion is to empower communities, families and individuals with knowledge and understanding concerning diseases and health. In addition, he further maintained that it is the role of a nurse to build capacity within the community setup, which will in turn foster health and wellbeingness.

6 Goals and purpose and the research questions

6.1 Goals

The aim of the thesis is to describe factors that promote good quality nursing- patient interaction.

6.2 Objective

The main objective of this thesis is to produce new knowledge for nursing professional concerning how best a nurse can foster the interaction with the patient in order to improve the treatment and caring outcome. Also, identify the extent to which nurses incorporate patient involvement in decision making in their everyday nursing practice.

6.3 Research questions

How does communication affect the relationship between the registered nurse and patient?

How to promote quality interaction between the registered and patient?

What is good quality interaction between a nurse and the patient?

7 SYSTEMATIC LITERATURE REVIEW

Data collection method of this thesis is literature review. It entails selecting topic, finding both relevant research and non-research material, reading the material, choosing and analyzing it. After evaluation the material it is combined and summarize. Aveyage (2010) explains that literature review summaries all the literature which is available on the topic. According to Ridley (2012) it is long process which begins when you get the first book or article concerning your topic on until you finish it.

Literature review is a process in which many previous literatures are reviewed related to a definitive topic (Cronin et al 2008). The main aim of literature review is to incorporate results of various studies done related to same topic (Ridley 2012). In a literature review the time frame should be mentioned about when the literature was selected (Cronnin et al, 2008).

Systematic literature review was selected as the data collecting method for the thesis since this kind of literature review provide evidence-based information which then can be further implied on practice. At first the reviewer should form a research question and then mention clear inclusive and exclusive criteria. The reviewer should find out good articles which answer the research question. Finally, the material should be analyzed and the findings mentioned distinctly. (Ridley, 2008.)

Cronin et al (2008) have mentioned five steps in doing literature review. At first the reviewer should select a topic which is followed by searching for the literature related to the topic. Thirdly, all the articles should be gathered, gone through all the selected articles and analyze them. The reviewer should then write the review and finally reference should be mentioned.

7.1 Selecting a review topic

Selecting a topic for review was the first step in this thesis writing, as it started in order to begin collecting data for the thesis. The authors of this thesis chose to write about the good quality interaction between nurse-patient. The focus was on the factors promoting quality nurse-patient interaction.

7.2 Formulating a research question

After selecting a topic, the reviewer needs to formulate a research question. This will help in addressing the topic or rather it will offer direction and guidelines during the literature search process. It is crucial to formulate a clear and simple question which will specially seek answers to specific areas thus keeping the review on focus. The question also should be framed in a neutral manner to avoid bias or leading answers. (Aveyage 2010.)

7.3 Literature search

The data search will be done by using the databases CINAHL, EBSCO, SAGE and from computers at Seinäjoki University of applied sciences by using keywords; nurse-patient interaction and relationship. After this, words and diseases will be used in the exclusion to prevent too large amount of results.

7.4 Data collection

The data collection was done from the scientific article-databases, from CINAHL, EBSCO with full text and SAGE database. The keywords used where: Nurse-patient interaction, Nurse-patient relationship, Effective communication and Patient centered care and Quality of good interaction

7.5 Inclusion and exclusion criteria

The table below illustrates how the inclusion and exclusion criteria were done during review process. In order to obtain authenticity, objectivity and reliability in this thesis, inclusion and exclusion criteria were used. The reliability was ascertained including articles from the year 2005 onwards, articles with full text, scientific articles and articles with abstract. All the other articles contrary to these were not included for reviewing. Also articles other than in English language were not included since the authors had limited language skills in other languages other than English as illustrated in the table 1 bellow.

TABLE 1: INCLUSION AND EXCLUSION CRITERIA USED IN THIS THESIS.

Inclusion	Exclusion
Articles in English language only	Articles in other language
Articles from year 2005 or later	Articles older than 2000
Full text articles	Articles without full text
Scientific articles	Non-scientific articles
Published literature only	Unpublished literature
Articles with abstract	Articles without abstract
Peer reviewed articles	

Keywords

The keywords used for search are nurse-patient interaction, nurse-patient relationship, effective communication and patient centered care. In addition, words were combined in order to search for the material used in this thesis.

Nurse-patient interaction: is a resource for hope, meaning in life and self-transcendence in nursing hospital patients. Close nurse-patient interaction and their health-care professionals in community settings can enhance wellbeing and support positive health. In rural areas, health-care workers may know their patients socially as well as professionally, and roles are mediated. The study found that the sharing of non- clinical information in hospital situations is both likely and desirable, supporting the sense of social connectedness experienced by the patient, contributing towards the development of the nurse–client relationship and improving patient wellbeing. (Haugan RN, 2014.)

Good quality interaction. This is a relationship aimed to foster wellbeing of a patient or client and it is based on mutual trust and respect (Korkouta et al. 2014).

8 Data analysis process

During the literature search process, a number of databases were employed in obtaining the reliable sources. These databases include CINAHL with full text, Academic search elite (Ebsco host), and sage journals.

8.1.1 CINAHL with full text

The figure below is an illustration of how reliable articles were obtained from CINAHL with full text database.

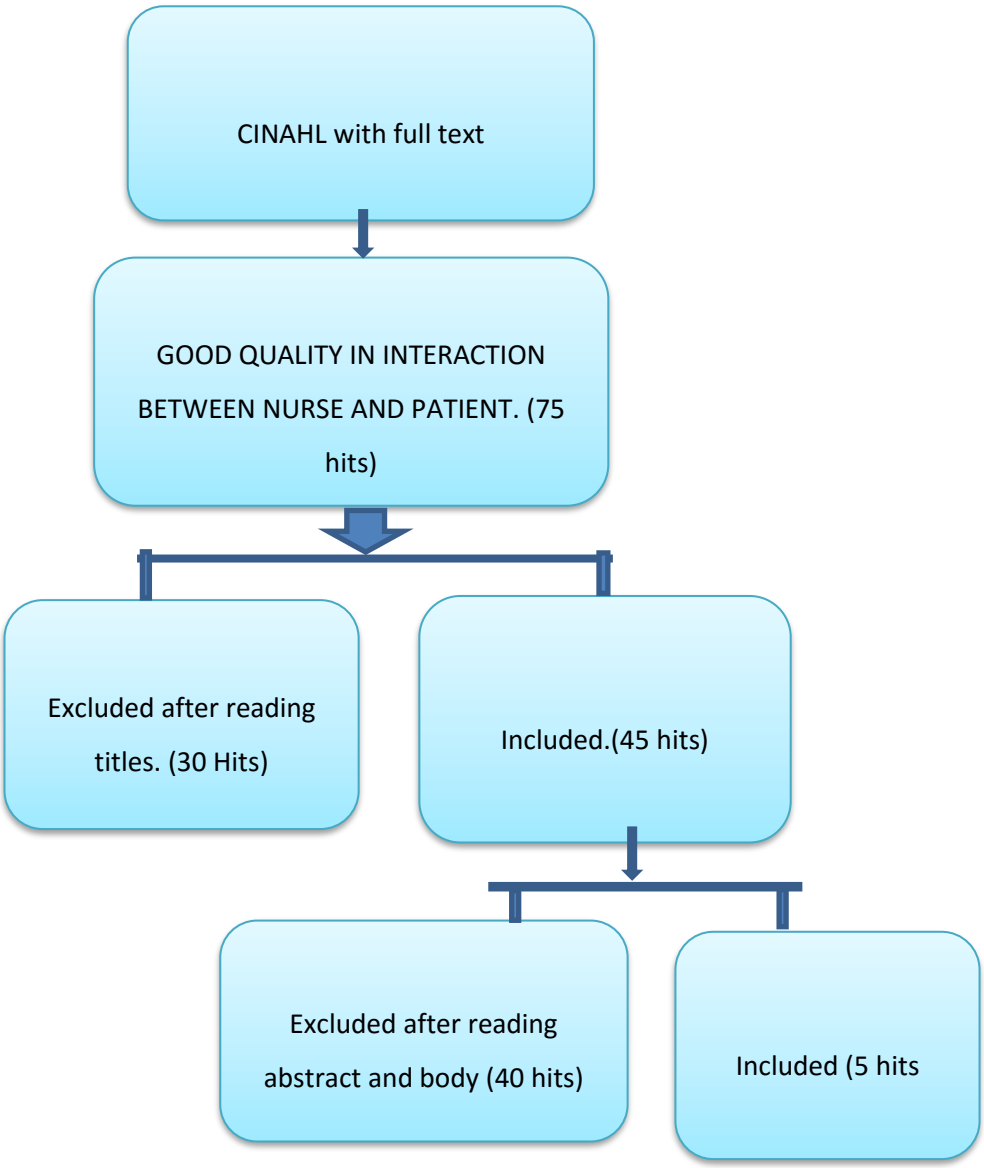

Figure 2: SEARCHES DONE FROM CINHAL WITH FULL TEXT.

Data search from CINAHL with full text

The key words used in this search was Nurse-patient interaction. From this key words, 75 hits were obtained. After reading the title, 30 hits were excluded since they could not answer the research questions thus not fulfilling the objective of this thesis, and 45 hits included. Another 40 hits were excluded after reading the abstract and the entire articles. From this database, 5 hits were included for the final review since they could answer the research questions set earlier thus serving the objectives of this thesis.

8.1.2 Data search from Academic search Ebsco elite (Ebsco host)

From this database, the key words used to obtain the articles were Nurse-patient interaction. A total number of 72 hits were obtained. 50 hits were excluded and 12 were included after reading the titles. After reading, the abstracts and the entire articles 9 hits were excluded while 3 were included for the final review. The articles that were not included could not ascertain the reliability of this thesis since they were older than the year 2005, articles not with full text. Others were also excluded after reading the abstract since they could not answer the research questions set earlier hence not serving the purpose of this thesis. This is demonstrated in the figure 4 below.

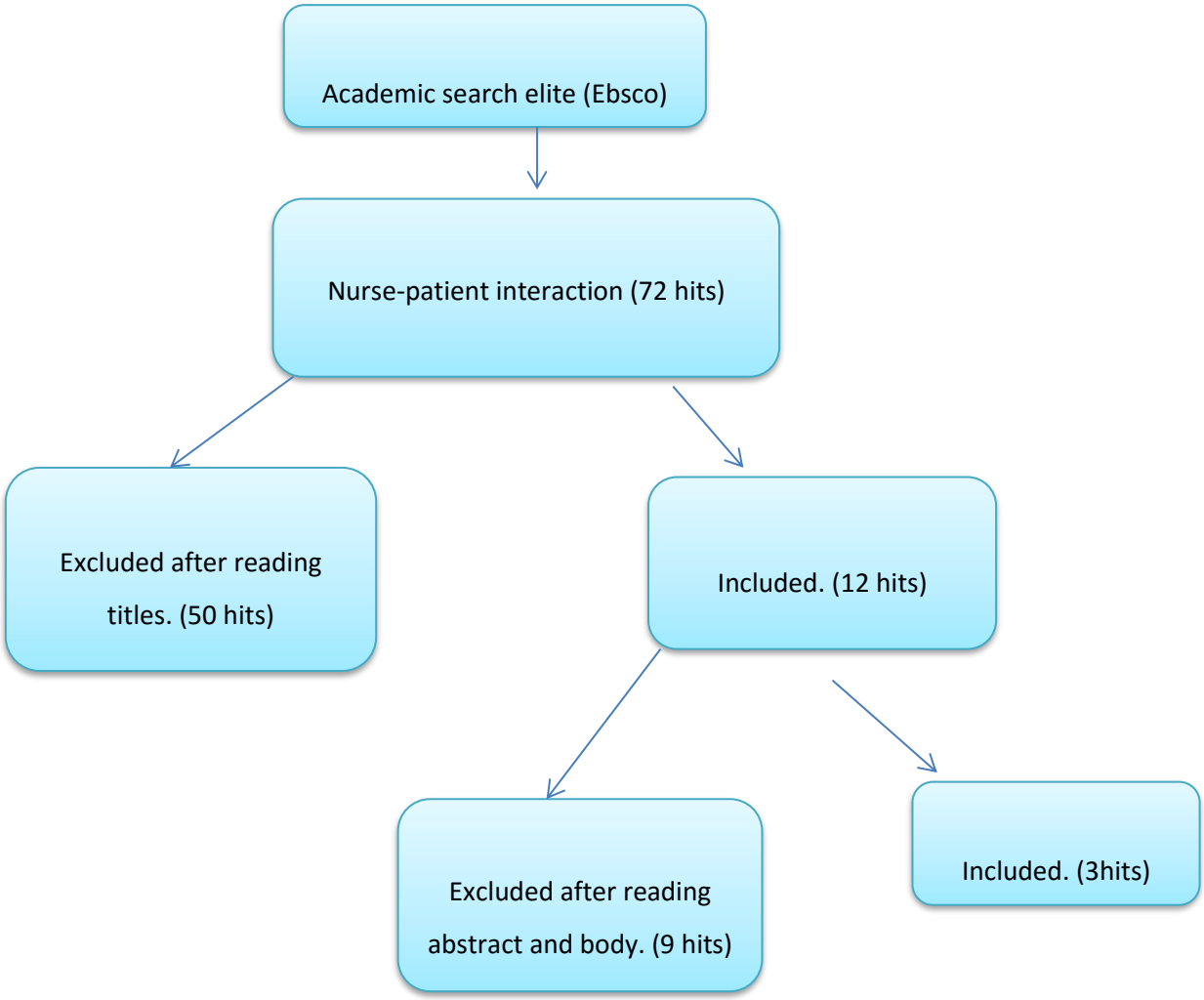

Figure 3: SEARCHES FROM ACADEMIC SEARCH ELITE (EBSCO HOST)

8.1.3 Data search from Sage journals

With Nurse-patient interaction being used as a key word in this database, 34 hits were obtained. After reading the titles, 20 hits were excluded while 14 hit meeting inclusion requirements. After reading the abstract and the body, 11 hits were excluded and 3 hits getting included as demonstrated in the figure 5 below.

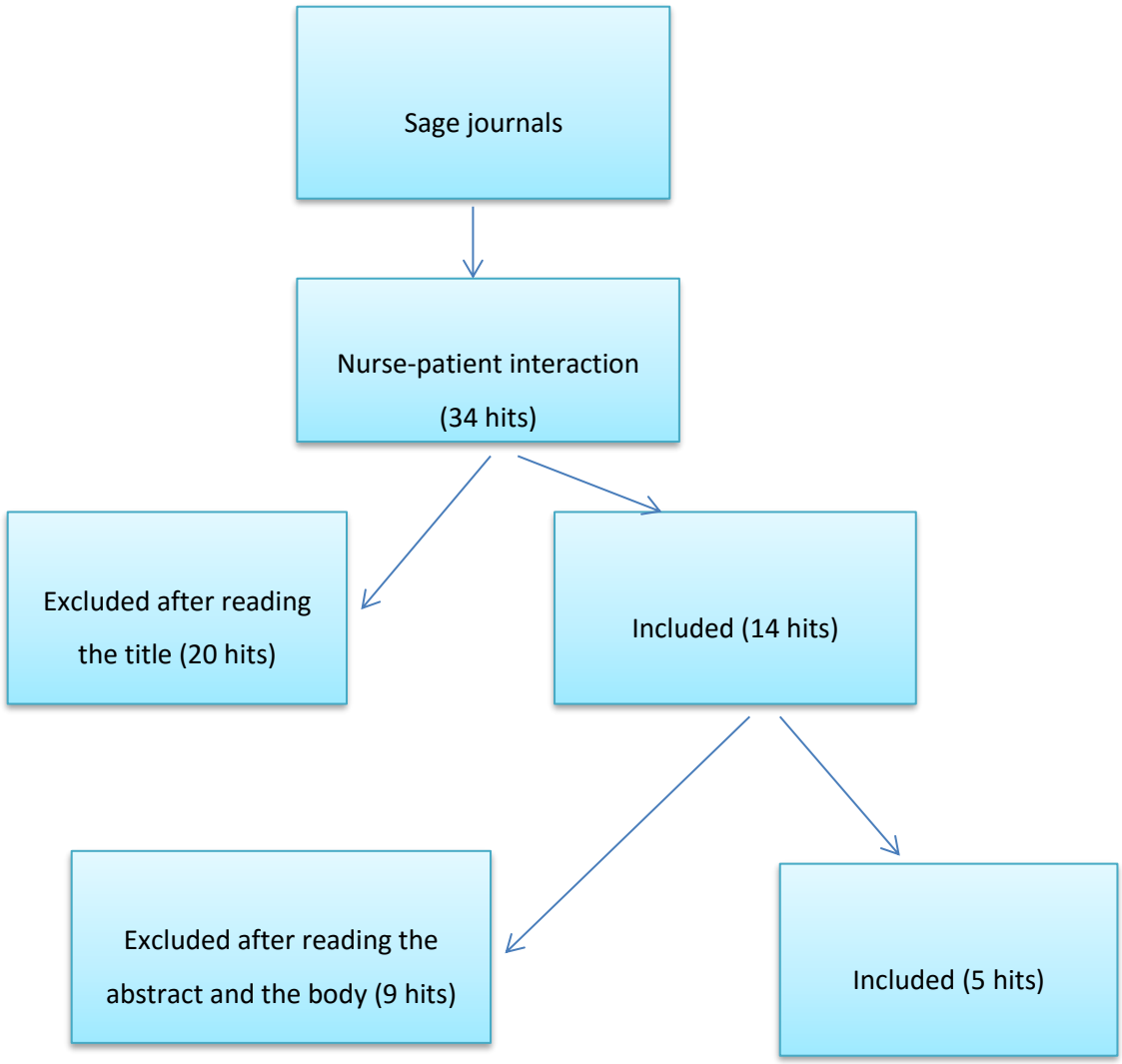

Figure 4: Searches from Sage Journals

From all these databases, 13 articles made the inclusive criteria and were used during the review in this thesis. Another 6 articles were obtained from reliable government and online sources. All the articles used were 19 in total. All these articles were used in the review process since they could answer the research questions set and would serve the objective of the thesis. Those that did not met the inclusive criteria were either outdated hence would not have maintained the reliability. In addition, others were excluded since they could not either answer the research questions set or serve the objectives of this thesis.

9 INDUCTIVE CONTENT ANALYSIS AS DATA ANALYZING METHOD

9.1 inductive Content analysis

Data will be analyzed following the content analysis method. It is a method by which a document is analyzed in a systematic manner and can be used in both qualitative and quantitative research. It can be done in inductive or deductive way. (Elo & Kyngäs 2013.

This method of analysis is used in a study designed whose main objective is to give the description of a phenomenon for example emotional reactions. This method of analysis is utilized especially in the situations whereby the existing knowledge on the phenomenon is limited. Instead of using the pre-existing categories and themes, the researchers study the data and allow the information to flow thus allowing new insights to emerge. (Hsieh & Shannon 2005.)

In this method, analysis process begins by reading all the data in order to gain an overall picture of the whole article. After this, data is read word by word in order the researcher to derive codes. Codes are then set in sub-categories and later categories based on how different codes relates. (Cronnin et al. 2008.)

The analyzing process can be first divided in three different steps: preparation, organizing and reporting. Preparation phase starts with selecting the unit of analysis. (John G 2001; Ivey 2012; Guthrie et al 2004.) The selection can be a word, sentence or a theme. It relies on the type of research question.

The next phase includes various steps which are open coding, coding sheets, grouping, categorization and abstraction (Elo & Kyngäs 2008). The reviewer should go through the materials several times. The reviewer should write the notes and heading so that all the aspects are presented. (Rothwell, 2010.) All the description is then collected to the coding sheet. Similar descriptions are then grouped in together and form categories or themes. Subcategories with related ideas are combined together to make a category and finally main category emerges combining all the categories. In this way abstraction is developed which gives answer to the research question. (Elo & Kyngäs.2008.)

9.2 ANALYSIS PROCESS OF THIS THESIS

In this thesis, inductive content analysis method was used. At first the authors read all 16 included articles. All the information which was related to the thesis was first highlighted in the article. The materials were read through again and again to understand it very well. During this processes of reading, keywords were highlighted. These keywords were later grouped together to for codes or themes. All the coded points were then written down on the paper. They codes were later grouped together to form subcategories. Only those linked or related codes were grouped together to form subcategory which includes: Trust, support, cultural awareness, respect, patient centered care, maintaining boundaries, Nurse-patient and family interactions, and good quality care. These subcategories were further grouped together to form main categories and for this case generic factors which includes: therapeutic communication and collaboration. And finally three themes emerged from those categories as illustrated in the table 2 below.

TABLE 2: ILLUSTRATING DATAANALYSIS PROCESS IN THIS THESIS.

Subcategory	Generic category	Main category
Patient centered care Maintaining boundaries	**COLLABORATION**	**Characteristics of Interaction**
Trust Support Cultural awareness	**Factors promoting quality nurse-patient interaction**	
	Patient perception of good quality interaction	

10 Results

During the process of answering the research question, three themes stood out clearly. They were patient centered care, maintaining boundaries and therapeutic communication.

10.1 Collaboration

Good interaction between a registered nurse, patient and the family members is fundamental in nursing care. Interaction is regarded as a dynamic concept, which entails dissemination of information, discussion, establishing contacts between nurse and the relatives. (Warelow, Edward & Vinek 2008.)

According to Piippo et al (2004), interaction is important to patients and to their family members. In principle, the aim of nursing care has been on the individual basis. Although in the hospital, the patient is still part of his or her family, it has been found that the well-being of the whole family has a positive impact on the patient's health and vice versa. Relatives normally spend a considerable amount of time with their beloved one. They are concerned about the patient and need support and information about treatment.

Being aware of a family member's well-being improves satisfaction, whereas concern for their well-being may lead to distress. It is, therefore, crucial that the health promotion of an individual is integrated into the health promotion of the whole family. It is important to pay attention to the patient's and his or her family' life situation instead of concentrating on the individual patient's illness since all are interdependent on each other. Family nursing care should be systematic, and holistic in nature in such a way that the family's resources serve as the starting points for care. (Holden et al 2002.)

It is important for nurses to disseminate information to family members and assesse the level of information family members have. Healthcare professionals are usually aware of the relatives' need for interaction, but it hard to meet these needs because of limited time. Receiving emotional and guiding support from nursing staff was the most important issue for relatives. Lack of interaction was the main factor as to why family members failed to take part in care. for the level of involvement to increase, nurses or healthcare professionals have to learn to communicate better; to discuss more, issue instructions and, teach and get involved in interaction with both patients and the relatives. (Warelow, Edward & Vinek 2008.)

10.1.1 Patient centered care

Patient centered care can be defined as “effective collaboration between the patient and health care professionals” (Chang et al, 2013). The Northern Ireland single assessment tool (NISAT) 2011 takes into consideration the patients and careers needs and enables the nurses to create a relationship based on respect and empathy. The tool is meant to facilitate patient involvement and collaboration in decision-making process hence enabling the development of mutually agreed plan of care that is entirely patient centered.

Patients prefers to work in collaboration with their health care staff in planning their care. When patients take part in the process of planning their care, they are not only more likely to cooperate in observing and maintaining the care plan, but also collaborative process in itself helps the formationof an emotional connection with the patient. (Jonestone 2005.)

The patient care is developed with regards to the patients’ needs and values. Therefore, the system should be developed in away whereby it should respond to specific patient needs and preferences. Decision-making is all-inclusive whereby the patient should participate in decision making with regards to their care. In addition, information concerning treatment and care should be made accessible to the patient. This will foster recovery. All the information should be made accessible to patients in order for them to make the informed decisions when choosing the care plan. (American Nurses Association 2011)

Caver (2011) points out that, multi-professionals should cooperate with each other by consulting and sharing information concerning patient care. This kind of multi-professional teamwork facilitates and co-ordinate the delivery of care.

10.1.2 Maintaining boundaries

For a successful care and treatment to be achieved, the nurse and patient relationship should be made essential. The relationship involves touching when providing care and disclosure of the patient’s personal information about their health, feelings and concerns. It is therefore essential that this relationship is based on trust, respect and is limited by professional boundaries. (Nursing and Mid Wifery Council (NMC) 2012c.)

The relationship between registered nurses and the patient should be therapeutic and caring. It should solely focus on meeting the health care needs of the patient. The relationship should

not be on building personal or social contact for the nurse.in situations where the nurse allows this to occur the NMC regards it as an abuse of power and professional misconduct.

The NMC code (2012c) implies that registered nurse should maintain professional boundaries at all times". You must, at all times, maintain appropriate professional boundaries in the relationships you have with patients. You must ensure that all aspects of the relationship solely focus exclusively upon the needs of the patient or client" (NMC code, clause 2.3.)

The nurses have the obligation to set and maintained the appropriate boundaries within the relationship.it is their duties to inform the clients or patients when their needs or demands are beyond the limits of therapeutic relationship. The nurses also should include in the care plan any approach or any activity, which is deemed a breach to boundaries. This will help to solve any possible scenario as far as a boundary is concern. Therefore, nurses should stick to set care Plan to ensure that boundaries are observed. Divulging personal information also is a breach of boundary and therefore nurses are recommended to abstain from this unless it meets the therapeutic needs of the patient. (Newman 2005.)

10.2 Factors promoting quality nurse patient interaction

According to Carter (2009), it is evident that there are factors promoting nurse effective nurse patient interacting. They include trust, support, and confidentiality.

10.2.1 Trust

Carter (2009) claims that trust is the basis for any therapeutic relationship and is very crucial in the nurse patient relationship. Establishing a trusting relationship is regarded as an important factor in the nurse-patient relationship and as a basis for continued care and treatment. Trust is virtue that nurse do not possess or are given rather it is an element, which they have to work hard to achieve. It is a mutual understanding and a sense of confidence between the person who makes themselves trustworthy and the person who puts their trust in them. Nurses' psychological state is regarded as an important factor in effective communication. Personal life experiences and environment are believed to be among the factors that would influence nurses' ability to communicate.

factors that promote trust they included: honesty, trustworthiness, confidentiality and readiness to provide the best care, sensitivity, and the ability to see the whole situation, understanding the patients suffering, demonstrating tolerance, accepting the patients' culture and beliefs without prejudgment, offering good and quality advice, reassurance and encouragement. Factors that lead to hindrance in developing quality trust included lack of knowledge and skills to undertake nursing procedures, nurses' use of medical terms that patients were not conversant with could create a language barrier that hinders effective communication. In addition, failure to understand the needs of the patient, depersonalizing the patients like referring to him or her as per their medical diagnosis, staying a far from the patient my hinder the development of trust. Work related challenges for nurses like conflict between nurses and patients, lack of time to tend for patients.

Patient satisfaction realized mostly through trust. For patients, suffering from terminal illnesses trust was a useful element in taking care of their illness. For patients with bipolar disorders trust restore hope in them while those with terminal illness trust gave them hope of living again. Nurses experience trust, when patients were cooperative with them hence increasing their job satisfaction.in turn it contributed to the patient's recovery and had a positive impact on the care. (Carter 2009.)

10.2.1 Support

Mattila (2010) undertook a concept analysis of support in nursing, finding an extensive usage of the term, which categorized it as physical, social, emotional, and psychological.

Studies conducted by mattila (2010) indicates that Nurses are an important source of support for both patients and their family members during hospital stay. Illnesses are exceptional events in life that do not only affect the patient but also the entire family. For both the family and the patient there is guilt, anxiety shock, anger, and fear that comes as a result of the illness. Illness may but more burden on the family members more than the patient may and may develop symptoms of stress and depression that may be a threat to their health. Family have a significant effect on how the patient copes with the life changes that follow the illness. (Carter 2009.)

Support involves a mutual process of giving and receiving between the patient, the registered nurse and the family members. Patients and family members need for support are majorly emotional and empowerment. Emotional support involves elements such as feelings and expressing care, empathizing, listening, respecting and human dignity. Empowerment for this

support involves providing information about the illness, the treatment modalities, advice and counselling. Lack of social support can lead to Physical, psychological and spiritual pain hence developing feelings of being isolated, lonelily, and loss of meaning in life. (Carter 2009.)

10.2.2 Cultural awareness

Cultural awareness is the ability to understand, accept and respect one's own culture and perspectives alongside the stereotypes and misconceptions associated with other unknown or less known cultures. It improves when RG recognizes how their own cultural and specific beliefs influence the patient interaction. (Mareno 2014.)

As per Mareno (2014), Cultural mindfulness gives the establishment to alternate builds in the model, including social mindfulness, learning, abilities, and experiences. Cultural awareness is the acknowledgment of one's own states of mind and presumptions toward similitudes and contrasts in others, recognizing prejudice, inclination, and stereotyping. Cultural knowledge is the consciousness of social wellbeing convictions and qualities, including culturally specific incidence and predominance of wellbeing conditions (Ackerman-Barger 2010).

Behaviors represents the action the nurse demonstrate when adapting care to be culturally congruent. This requires knowledge of the heritage, attitudes, and behaviors of those in the nurse's care and calls for creativity in the use of that knowledge. Nursing care should give while looking through a cultural lens. Behaviors will be unique as nurses interact within, among, and between groups, understanding and appreciating the differences encountered. As health care shifts from hospital base to variety of community health settings, health and allied health professionals will provide health care to a growing community of people of color whose language, customs, values, lifestyle, beliefs, and behaviors differ from their own. Differences between the patients culture and the culture of the health care worker may be more apparent in a community setting, compared to hospital setting, because ,unlike hospital the locus of control lies with clients in the community environments and not with health care workers in clinical environments. (Dudas 2012.)

10.3 Patients' perception of good quality interaction.

Good quality interaction between a nurse and patient entails effective communication skills. Patients perceptions of the quality of healthcare they get depends on the quality of interactions

they have with the healthcare team. For her nurse to establish quality relationship with the patient, he or she must win their confidence from the first moment they met since it a process that begins from the first contact. A key elements of quality interaction is a peaceful environment with no distractions. Amble time is needed for a good quality interaction to take place. Individuals differ in a way they open up to others, there some patients might much time to have confidence in the nurse thus opening up about their problems. For a meaningful interaction to take place, frankness and honest should displayed by the nurses. This will in turn allay suspicion, fears and misunderstanding. (Kourkuta et al. 2014.)

Patients felt more relaxed and comfortable when nurses and other healthcare team engage them at personal level. Belcher Jones (2009) indicated that patients' satisfaction with the quality of care was high especially when nurses exhibited openness and willingness to talk them. In addition to this, nurses' confidence, accessibility, their ability to ask the right questions and positive attention.

11 DISCUSSION

Nurses usually care for individuals who are most vulnerable when illness and other conditions do not allow them to be autonomous or self-regulative. They are also the closest health-care providers to patients. Patients usually have no choice but to trust them, especially when they are critically ill. Therefore, trust is a vital value in nurse–patient relationships. Belcher & Jones (2009) affirmed to this by pointing out that the concept of trust in the nurse–patient relationship is widely discussed in theoretical nursing ethics literature. Trust is described as a belief that our good will be taken care of or as an attitude bound to time and space in which one relies with confidence on someone or something, and as a willingness to engage oneself in a relationship with an acceptance that vulnerability may arise. Trust has been conceptualized mostly by addressing the imbalances of power in nurse–patient relationships that increase the vulnerability and dependency of the trusted. In line with this conceptualization, trust is also conceived as an internal well of nursing practice and as a normative ethical concept. (Carter 2009.)

Hem, Heggen, & Ruyter (2008) Maintained that nurse–patient relationship is the cornerstone of nursing work, and trust is critical in this relationship because without trust, it is not possible to effectively meet the needs of patients and to improve their satisfaction with nursing care. However, Carter (2009) concurs with this by claiming that the value of trust in the nurse–patient relationship should be based on the best available empirical evidence. Thus, there is a need to collate all up-to-date information from empirical research relating to trust within the nurse–patient relationship. (Carter 2009.)

Balzer-railey (2008) affirm that indeed trust is the main element for a meaningful patient nurse interaction. Though he agrees with Kourkuta et al (2014) that trust is earn over a period of time and patient should be given time, Jones & belcher (2009) demonstrated that trust is a skill that encompasses many different elements which a nurse should have in possession in order to earn it.

Trust was regarded as the foundation of any therapeutic relationship and an essential element of nurse–patient relationships. It is considered inherent in the relationship between a nurse and children and between a nurse and parents. Establishing a trusting relationship with patients was identified as an important facet of the nurse's role and as a basis for continued care and treatment state that trust is not something that nurses possess or are given; instead, it is something that they earn and have to work hard to achieve. It requires a two-way relationship between the person who makes themselves trustworthy and the person who puts

their trust in them. Thus, trust within nurse–patient relationships is described by Kimberly (2012), also identified trust as an important element of nurse–patient relationships in palliative care. Their research showed that nurse–patient relationships evolve from a professional relationship to a focus on mutual understanding in which the professional relationship involves fulfilling obligatory functions and expectations and progresses to one of trust and connectedness. This described the connected nurse–patient relationship as one in which the nurse, while maintaining a professional perspective, views the patient first as a person and second as a patient, and the patient respects the nurse's judgement and chooses to trust. Nicole (2015.)

11.1 Conclusion

In conclusion, Trust is crucial in nurse–patient relationships for not only the quality and positive outcomes of nursing care but also, as evidenced by the research, for patients. However, trust is fragile, and in addition to the inherent vulnerability of patients, trust itself involves vulnerability and dependency. From this thesis, it is evident that maintaining trust with the patient is a skill, which every nurse dealing with a patient should learn and earn. It is a complex element, which entails different virtues. Acceptance, frankness and empathy are some of the virtues, which a nurse should have in order to win trust and have a meaningful and successful interaction with patient.

11.2 Ethical issues and reliability

Ethical issues were carefully observed in this thesis. The information includes in the literature search process was referenced, cited and quoted where important to avoid plagiarism. All articles used for this thesis meets the inclusion and exclusion criteria. Any direct text was put into a quotation marks and a reference given to that effect.

The thesis was limited to the support given to good quality interaction between nurse and patient. Data search was limited to library database in EBSCO host and CINAHL with full text. Most of books used are dated back to 2000, which renders the information not up-to-date because of the time interval and changes in technology and other factors like, government policies, culture, and environment.

During analysis process, reliability was observed ensuring that only up to date sources were used. Also scientific articles only were included in the analysis process. In addition, the authors of the original articles were acknowledging by citing and referencing in order avoiding plagiarism.

This thesis will be send to URGUND hence will detect and reveal and kind of plagiarism which the authors might have done during the writing process. In addition to this, both authors of this thesis will participate in maturity test. In this maturity test, issues concerning thesis writing process and the applicability of this thesis will be evaluated. This will help in ascertaining that both the authors dully took part in the thesis writing process.

The authors also adhered to the rules and guidelines of SEINÄJÖKI UAS throughout writing process of this thesis thus enabling them to complete this work as per the guidelines.

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