Developing effective and caring nurse-patient relationships

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Abstract
Establishing positive and trusting therapeutic relationships with patients has long been recognised as an essential component of nursing practice and is important for effective care. There are various challenges in clinical practice that make it increasingly difficult to deliver effective care centred on such relationships. Understanding and addressing these challenges is crucial to ensure a positive experience of care for patients, families, carers and nurses. This article outlines how nurses can use a framework to develop therapeutic relationships with patients and use the best available evidence to deliver effective care. It also explores the challenges in developing effective therapeutic relationships with patients at the healthcare system level, and considers how these challenges can be addressed.

Keywords
caring, communication, fundamental care, Fundamentals of Care Framework, nurse-patient relationship, person-centred care, therapeutic relationships

Aims and intended learning outcomes
This article aims to demonstrate how nurses can develop positive and trusting therapeutic relationships with patients in clinical practice. It discusses some of the system-level challenges that might influence the development of nurse-patient relationships in healthcare environments, and considers how these can be managed. After reading this article and completing the time out activities you should be able to:

- Explain strategies that you can use to develop therapeutic relationships with patients in clinical practice.
- Describe processes that can be used to ensure the nurse-patient relationship remains professional, therapeutic and safe.
- Discuss system-level challenges that may influence the development of nurse-patient relationships.
- Describe ways to overcome system-level challenges that may influence the development of nurse-patient relationships.

Relevance to The Code
Nurses are encouraged to apply the four themes of The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives to their professional practice (Nursing and Midwifery Council (NMC) 2015a). The themes are: Prioritise people, Practise effectively, Preserve safety, and Promote professionalism and trust. This article relates to The Code in the following ways:

- It explains how nurses can develop an effective therapeutic relationship with patients. This can enable nurses to assess and respond to patients’ physical, social and psychological needs, which is part of the theme of prioritising people.
- The Code states that nurses must work in partnership with people and communicate clearly. Developing a therapeutic relationship with patients, families and carers can improve communication and ensure that all are involved in the care provided.
A requirement of The Code is for nurses to deliver the fundamentals of care effectively. This article discusses the Fundamentals of Care Framework (Kitson et al 2013), which can be used to deliver effective care.

The Fundamentals of Care Framework (Kitson et al 2013) outlines the importance of establishing trust, focusing on the patient, getting to know them, anticipating their needs and evaluating the therapeutic relationship. This enables nurses to address all four themes of The Code and provide care that is safe, effective and appropriate for the patient.

Introduction

The importance of the nurse-patient relationship to care delivery, patient experience and healthcare outcomes is well established, with many nursing theorists emphasising that this relationship is central to effective nursing care (Peplau 1952, Altschul 1971, Travelbee 1971). Research has shown that skilled nurses require highly developed interpersonal skills to deliver complex clinical interventions in a person-centred manner (McCormack and McCance 2006, Nelson and Gordon 2006, Bridges et al 2013).

There has been a renewed focus on the nurse-patient relationship as a result of several factors, including an increased emphasis on fundamental care, also referred to as essential care or basic nursing care, and growing concerns that nursing, and healthcare, is lacking in the ability to provide responsive and compassionate care (Bridges et al 2013, Francis 2013). Attention is turning, or returning, to ways in which high-quality, safe and effective care can be delivered through therapeutic nurse-patient relationships.

Developing therapeutic relationships has become a challenging task in healthcare environments that are focused on patient throughput and increased productivity, and which are hampered by nursing staff shortages (Bridges et al 2013, Feo and Kitson 2016). Nurses are being encouraged to develop therapeutic and supportive relationships with patients. However, the development of such relationships is often not supported by the systems in which nurses practise. There is limited evidence-based guidance informing nurses about how to develop therapeutic relationships with patients in the current healthcare environment. The aim of this article is to provide nurses with such guidance.

Nurse-patient relationships

The nurse-patient relationship is conceptualised as a professional, therapeutic relationship, established to meet the needs and health outcomes of the patient, to ensure no harm comes to them and that they are supported towards recovery, or a peaceful death. It is an instrumental relationship, in that the time spent with a patient to develop and maintain the relationship enables the nurse to evaluate, plan and deliver care (Gordon 2006, Weinberg 2006). The physical closeness inherent in the relationship, as evidenced by nurses attending to patients’ fundamental care needs, such as toileting, distinguishes it from other types of therapeutic relationships (Kitson 1993).

From the perspective of patients, the nurse-patient relationship is considered important in fostering empowerment, health and well-being (Halldorsdottir 2008). Patients perceive trust and a sense of solidarity to be crucial in enabling the nurse and patient to collaborate in achieving these goals (Halldorsdottir 2008).

In practice, the nurse-patient relationship does not exist in isolation, but is part of a complex network of interprofessional, family and carer relationships (Brown et al 1997, Feo et al 2016a). As a nurse, it is likely that you work as part of an interdisciplinary team. The patients you care for receive care from and establish relationships with this team. Patients also have important relationships with their family and carers, with whom you are also likely to establish relationships. Hence, the nurse-patient relationship involves a variety of stakeholders, including the patient, their family and carers, nurses and the healthcare team. Therefore, it is important to consider how to establish therapeutic relationships with patients and their families.
KEY POINT
One way of understanding how to establish therapeutic relationships with patients derives from the Fundamentals of Care Framework (Kitson et al 2013), which outlines what is involved in delivering high-quality fundamental care to patients in any care setting.

TIME OUT 1
Reflect on a patient you have cared for with whom you felt a strong connection. How would you describe the relationship? How did you establish and maintain the relationship? Consider how the relationship might have affected the patient’s care.

Developing a therapeutic nurse-patient relationship
One way of understanding how to establish therapeutic relationships with patients derives from the Fundamentals of Care Framework (Kitson et al 2013), which outlines what is involved in delivering high-quality fundamental care to patients in any care setting. The framework was developed using the clinical and research expertise of members of the International Learning Collaborative (http://intlearningcollab.org) in response to concerns about how fundamental care is delivered by nurses and experienced by patients. Further information about how the framework was developed is detailed in Kitson et al (2013).

The framework outlines three dimensions necessary for the delivery of high-quality fundamental care: the nurse-patient relationship; addressing different fundamental needs; and a context that supports these goals. A positive and trusting nurse-patient relationship is the basis for the delivery of fundamental care and forms the core of the framework (Figure 1). The framework describes five essential relational elements for establishing the nurse-patient relationship (Kitson et al 2013):

» Trust – developing trust with the patient.
» Focus – being able to focus on the...
patient and give them your undivided attention.

- **Anticipate** – working to anticipate the patient’s needs and concerns.
- **Know** – getting to know the patient.
- **Evaluate** – working to evaluate the quality of the relationship.

Table 1 provides a description of each relational element of the framework.

**TIME OUT 2**

Examine the five relational elements in Table 1. Reflect on a recent encounter with a patient where you developed a positive relationship. When establishing this relationship, did you work to develop trust with the patient and their family? Did you focus on them, anticipate their concerns and get to know them? Did you evaluate the quality of the relationship? If so, how? Write down your responses and refer to these as you read the article.

When attempting to develop a therapeutic relationship with the patient, you may consider the following: how might you work to establish trust with or focus on a patient? How might you evaluate the quality of the relationship and make necessary changes?

What are the behaviours you should employ? Feo et al (2016b) described the behaviours required by nurses for the each of the five relational elements outlined in the Fundamentals of Care Framework. These behaviours are shown in Table 2.

To understand how the behaviours in Table 2 can be used in practice, consider the following scenario. Sylvia Rena Bell is a 95-year-old woman who arrives in an emergency department from a residential care home, accompanied by her daughter. She has a deep laceration on her head as the result of a fall and has dementia. The first nurse who interacts with the patient calls her ‘Sylvia’, to which she does not answer. The nurse assumes the patient has hearing loss, which he does not confirm with the patient or her daughter. The nurse continues to call the patient Sylvia and speaks to her at a louder volume. The nurse feels that the patient is not responsive, despite his efforts, and that it has been difficult to form a therapeutic relationship with her.

In this scenario, the nurse did not employ the behaviours outlined in Table 2. He did not involve the patient and her daughter in the care provided, nor have open and respectful conversations about the patient’s needs. Instead, he made an assumption about the patient’s hearing, and did not check this with the patient or her daughter. The nurse did not show insight into the patient’s experiences, nor consider personal and individual knowledge about the patient, such as what she prefers to be called. The nurse acknowledged that it was difficult to form a relationship with the patient, however, he did not talk to or observe the patient to understand how she was experiencing the relationship and where improvements were needed.

Consider another scenario involving the same patient. A nurse meets the patient for the first time, introduces herself, and asks the patient what she likes to be called, to which she responds ‘Rena’.

**TABLE 1. Definitions of the five relational elements of the Fundamentals of Care Framework**

<table>
<thead>
<tr>
<th>Relational elements</th>
<th>Definition</th>
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<tbody>
<tr>
<td><strong>Trust</strong></td>
<td>Developing trust with the patient is an ongoing process; one humiliating experience, for example, being unable to maintain continence because the nurse did not respond to a call bell, can undermine the trust the patient has in the nurse and their belief that the healthcare environment can support their recovery. Nurses require effective communication and interpersonal skills to develop trust in the context of short, intermittent and infrequent care encounters.</td>
</tr>
<tr>
<td><strong>Focus</strong></td>
<td>Focusing on the patient and giving them your undivided attention, without being distracted. Engaging with and focusing on the person and considering their self-care needs from their perspective are essential skills.</td>
</tr>
<tr>
<td><strong>Anticipate</strong></td>
<td>Anticipating the patient’s needs, concerns and values, with input from the patient, to minimise stress and proactively meet their needs. Nurses should ask the patient how they can best support them, and about possible courses of action that can assist in meeting the patient’s goals.</td>
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<tr>
<td><strong>Know</strong></td>
<td>Knowing enough about the patient to act appropriately. This requires effective communication and interpersonal skills to get to know the patient and use this information to inform care decisions, while respecting the patient’s need to maintain control, and their privacy and dignity.</td>
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<tr>
<td><strong>Evaluate</strong></td>
<td>Evaluating the quality of the relationship and determining whether it is effective. The patient and the nurse should continuously review progress and give feedback to each other.</td>
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(Adapted from Feo et al 2016b)
The nurse continues to call the patient by her preferred name. Each time the nurse interacts with Rena she is mindful that she might have to reintroduce herself, because of Rena’s dementia. When providing information to Rena, the nurse includes her daughter, in case Rena is unable to remember specific details. She supports Rena to become familiar with her environment, by informing her and her daughter what to expect in the emergency department.

In this scenario, the nurse worked to develop a relationship based on respect, as evident from the nurse asking Rena her preferred name. She showed insight into Rena’s experiences by considering her dementia. She kept Rena and her daughter actively involved in the care provided, in a way that acknowledged Rena’s individual needs. She supported Rena and her daughter to become familiar with the care environment and any changes that might occur.

TIME OUT 3
Revisit the scenario with Rena in this article. During Rena’s stay, a nurse enters her room and calls her ‘Rena’. The nurse puts her hand gently on Rena’s arm and tells her that she is going to take her blood pressure. Later, another nurse tries to put the sphygmomanometer on Rena’s arm, which she resists by pulling her arm away. The nurse remains silent and holds Rena’s arm firmly while continuing to take her blood pressure. Identify which behaviours from Table 2 were and were not used by the nurses in these two interactions.

The behaviours in Table 2 are reflected in many healthcare initiatives. Compassion in Practice: Nursing, Midwifery and Care Staff: Our Vision and Strategy (Department of Health and NHS Commissioning Board 2012) emphasises that service users should be treated with dignity, empathy and respect. This involves listening to and acting on patient feedback and ensuring patients’ voices are heard. The behaviours outlined in Table 2 under ‘evaluate’ provide practical examples of how you can achieve this in your day-to-day practice. Table 2 also indicates

<table>
<thead>
<tr>
<th>TABLE 2. Behaviours required by nurses to develop the nurse-patient relationship</th>
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<tbody>
<tr>
<td><strong>Relational elements</strong></td>
</tr>
<tr>
<td><strong>Trust</strong></td>
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<tr>
<td>Discuss with patients their expectations of the nurse-patient relationship</td>
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<tr>
<td>Form a therapeutic relationship based on compassion and respect</td>
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<td>Give time to establishing therapeutic relationships</td>
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<tr>
<td>Be sympathetic, empathetic, honest, sincere, loyal and respectful</td>
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<td>Be accessible and willing to help. For example, ask patients and their families what they need</td>
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<td>Be courteous and approachable. For example, introduce yourself and let patients and families know you are available to answer their questions</td>
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<td>Be genuine in your interactions</td>
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<td>Show concern for patients’ well-being and future. For example, consider how patients’ care will affect them, and the ongoing support they require</td>
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<tr>
<td>Share relevant information with patients. For example, provide clear explanations and updates about their condition</td>
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<td>Keep patients actively involved in their care. For example, regularly inform them of what is happening and of any changes to their care</td>
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<td>Be aware of how the context and environment can affect establishing and maintaining trusting relationships</td>
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<td>Treat the development of trust as an ongoing and dynamic process</td>
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<td>Be mindful of how your actions might affect patients’ perceptions of trust. For example, return to patients when you say you will</td>
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<tr>
<td><strong>Focus</strong></td>
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<td>Be physically and mentally present in your interactions. For example, maintain eye contact where appropriate</td>
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<td>Notice and acknowledge your patients. For example, say hello and call them by their preferred name</td>
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<tr>
<td>Take time to communicate and listen actively to what patients and their family members are saying</td>
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<td>Be receptive and responsive to patients’ non-verbal communication</td>
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<tr>
<td><strong>Anticipate</strong></td>
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<tr>
<td>Have open and respectful conversations with patients about their needs</td>
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<tr>
<td>Observe patients to understand how their needs might change and be attuned to slight changes in their needs and clinical conditions</td>
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<tr>
<td>Ask about patients’ past experiences of care</td>
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</table>
that saying hello and introducing yourself are important for establishing trust and focusing on patients and families. This is reflected in the #hellomynameis campaign, developed by Kate Granger (www.nhsemployers.org/campaigns/hello-my-name-is). The simple yet significant act of introducing yourself is a crucial step in developing a therapeutic relationship and ensuring that care is person-centred and compassionate.

What do you do when it is difficult to establish a therapeutic relationship

The strategies provided in Table 2 assume that patients are willing and able to enter into a therapeutic relationship with you. However, this is not always the case, for example when the patient is unconscious (Aranda and Brown 2006). Some of the most challenging nurse-patient relationships are those where the patient rejects the support offered, or is unable to respond as a result of their disability, illness or cognitive state (Mason 2006).

What do you do when a patient is not willing or able to enter into a therapeutic relationship with you? Do you provide care despite the non-response from the patient, or is it impossible to provide effective care when a therapeutic relationship cannot be established? Should the patient be free to reject a therapeutic relationship that would be beneficial to their well-being and recovery? When a patient does not want to enter into a therapeutic relationship, how do you make decisions about their best interests? (Moland 2006).

There are no straightforward answers to these questions. However, there are various ways to address the issues that arise from such questions. Consider how you could get to know the patient without entering into a therapeutic relationship with them. Establishing a relationship with the patient’s family and/or carers can enable you to understand the patient’s needs and how best to meet them. This can be useful when the patient is unconscious or has dementia.

### TABLE 2. Behaviours required by nurses to develop the nurse-patient relationship (continued)

<table>
<thead>
<tr>
<th>Anticipate (continued)</th>
<th>Help patients become familiar with care environments and inform them of any changes that might occur. For example, if the patient is in the emergency department, inform them about how care is prioritised.</th>
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<tr>
<td></td>
<td>Pre-empt conflicting needs, such as those between patients and their families.</td>
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<tr>
<td>Know</td>
<td>Practise within your scope and recognise limitations to your skills. For example, identify when additional assistance is required and ask for it.</td>
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<tr>
<td></td>
<td>Acknowledge that patients are the experts on their own experiences.</td>
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<td></td>
<td>Perceive the technical and caring aspects of the job to be equally important.</td>
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<td></td>
<td>Find out what aspects of care are most important to patients. For example, ask patients what they are apprehensive about.</td>
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<td></td>
<td>Get to know each patient and their family personally to understand how you can meet their care needs.</td>
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<td></td>
<td>Use appropriate verbal communication, such as tone, and non-verbal communication, such as touch. Avoid the use of jargon.</td>
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<td></td>
<td>Show insight into patients’ experiences. For example, use your understanding of patients’ experiences to guide your interactions and care.</td>
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<td></td>
<td>Consider personal and individual knowledge about patients to inform decision-making. For example, ensure you know enough about patients to assist in decision-making.</td>
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<td></td>
<td>Perform decision-making in collaboration with all parties involved.</td>
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<tr>
<td>Evaluate</td>
<td>Prioritise gathering data about the nurse-patient relationship to evaluate it.</td>
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<td></td>
<td>Talk to and observe patients to understand how they are experiencing the relationship. For example, ask patients how they are feeling when undertaking technical tasks, such as checking an intravenous infusion.</td>
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<td>Get to know which cues patients use to communicate with the nurse and/or indicate distress.</td>
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<td></td>
<td>Identify the contextual and environmental factors that have affected the nurse-patient relationship. For example, identify environmental factors that are not in your control and how you might limit their effect on patients.</td>
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<td></td>
<td>Determine the effect of the nurse-patient relationship on patients, families and carers. For example, ask how the relationship has affected their experience of illness. Consider psychosocial outcomes, such as loneliness.</td>
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<td></td>
<td>Determine whether patients’ expectations were met and where improvements can be made.</td>
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<td></td>
<td>Identify whether new expectations have arisen.</td>
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<td></td>
<td>Determine the effect of the relationship on nurses. For example, does the quality of the relationship match your aspirations? For nursing students, has their confidence increased?</td>
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(Adapted from Feo et al 2016b)
Another consideration is where the patient and/or the family are distrustful of healthcare staff. In such situations, it is crucial that you work diligently to establish trust by being honest and following through with what you have promised, for example by returning to the patient when you say you will.

If the patient does not want to enter into a therapeutic relationship with you, ask them how you can best meet their needs and what level of interaction they would like. For example, they might want to talk about their care plan, but not about the family, work or school. There may also be other types of relationships with patients that you find difficult, such as when you dislike the patient or their family. In such instances, consider whether a different staff member might be better able to address the patient’s needs. Establishing personal resilience is also important for managing challenging relationships. The challenging nature of establishing therapeutic relationships with patients and families should become part of an open and honest dialogue in your healthcare team and organisation, to ensure you are supported during those times when developing a relationship is difficult.

TIME OUT 4
Reflect on an experience where you found it difficult to establish a connection with a patient. Revisit the behaviours in Table 2 and consider if these strategies might have improved the situation. If you encountered a similar situation again, what would you do differently?

Setting boundaries for therapeutic nurse-patient relationships
Any discussion of the nurse-patient relationship would be incomplete, without considering what constitutes an appropriate level of engagement. As a profession, nursing is often associated with burnout, fatigue and trauma. One reason for this is emotional labour, which requires nurses to connect with patients and provide emotional support by supporting them and their families to manage the often powerful emotions they are experiencing (Gray 2009). Nurses should also manage their own emotional reactions to patients’ situations. Therefore, nurses require strategies to deal with the emotional demands of their work and support to achieve this (Sawbridge and Hewison 2013).

Engaging with patients and their families in ways that keep them and yourself emotionally and physically safe is one means to achieve this. Setting professional boundaries in nurse-patient relationships can help to minimise emotional burnout, and ensure a safe, therapeutic connection between yourself and the patient and the family (NMC 2015a). Such professional boundaries distinguish between a professional, therapeutic relationship that exists for the purpose of meeting the patient’s needs and a personal relationship.

Setting professional boundaries also involves nurses avoiding excessive self-disclosure. Self-disclosure should be limited to revealing only that which has therapeutic value. The same applies for the information you obtain from the patient; you need to know only that which will help you in caring for the patient and meeting their needs. You can also set boundaries around how much time you spend with a particular patient. Notice whether you are singling out one patient for care, spending a significant amount of time with them, visiting them on your day off, or swapping shifts to care for them (Nursing and Midwifery Board of Australia 2010).

You can also set professional boundaries by avoiding developing friendships or romantic relationships with patients and socialising with them in or outside the healthcare setting. In many cases, it might also be inappropriate to socialise with former patients, for example when they are vulnerable, require ongoing care or have difficulties with decision-making (College of Registered Nurses of British Columbia 2017). This can also include socialising via social media. Consider how you might respond if patients want to connect with you through such forums (NMC 2015b).

TIME OUT 5
Imagine you are caring for a patient with whom you have established a good rapport. You notice that the patient is becoming increasingly dependent on you, and only wants to be cared for by you. They have begun asking personal details about your life and intimate relationships. Describe how you might respond in this situation.
System-level factors
The recommendations offered in the article so far provide practical guidance for establishing positive, trusting relationships with patients, focusing on what nurses can do at an individual level. Research by Bridges et al (2013) has shown that organisational settings also influence nurses’ capacity to establish and sustain therapeutic relationships with patients. For example, the organisational conditions of some acute care settings emphasise a task-based approach to care, where the focus is on adherence to fixed routines at the expense of attending to complex, relational care needs (Bridges et al 2013). This task-based culture is evident in many healthcare settings globally, and affects the type of care nurses deliver.

Increasingly, healthcare systems are focusing on task completion, evaluating outcomes, and benchmarking to deliver care at reduced cost and increased efficiency (Maben 2008, Griffiths et al 2012). In these systems, the performance of healthcare professionals and organisations is measured by objective, quantifiable activities, resulting in a model of care that is depersonalised and mechanistic, at the expense of engaging meaningfully with people to deliver personalised care (Maben et al 2010, Bridges et al 2013, Kitson et al 2014). Nursing staff shortages and financial constraints may also mean that healthcare systems do not place value, monetary or otherwise, on nurse-patient relationships and relationship-centred care.

TIME OUT 6
Identify and list the barriers to developing nurse-patient relationships in your practice setting. Using the information in this article, how could you overcome these barriers to deliver effective care?

System-level challenges can make it difficult for nurses to develop effective therapeutic relationships and deliver the quality of care they aspire to, which has a significant effect on their work satisfaction (Bridges et al 2013). If nurses are able to deliver care that meets their personal aspirations and is considered best for the patient, they may experience feelings of gratification and personal enrichment (Bridges et al 2013). If nurses are unable to deliver such care, they may experience guilt, regret, and frustration and as a result, many nurses often withdraw from engaging emotionally with patients (Bridges et al 2013).

While there is no straightforward solution for such complex challenges, it is necessary for healthcare organisations and systems to establish cultures that visibly value and support therapeutic nurse-patient relationships (Bridges et al 2013). This can be achieved at ward and organisational levels by managers and leaders encouraging dialogue about the value of nurse-patient relationships, to ensure such relationships become a priority. Nurse-led campaigns and patient advocacy groups can influence policymakers and decision-makers on the importance of the nurse-patient relationship to patients, families and carers, as well as to healthcare organisations and healthcare staff.

It is also important to demonstrate how the nurse-patient relationship, and the behaviours required to achieve it (Table 2), affect patient outcomes. For example, research is being undertaken to understand the neurophysiological effects of therapeutic touch and eye contact, which are important components of the nurse-patient relationship, and how these influence patient healing and recovery (Kerr et al 2016). Such research will demonstrate to healthcare systems and policymakers the skills involved in establishing relationships with patients and the effects that such relationships can have on nurses and on patients, family members and carers.

TIME OUT 7
Make notes on the types of strategies that could be implemented at an organisational level to increase the visibility of, and value placed on, the nurse-patient relationship. Describe how these changes could be implemented in your practice setting. How might you talk to other nurses about these changes? How would you establish them as a cultural norm in your organisation?

Conclusion
Establishing positive and trusting relationships with patients is fundamental...
to effective nursing care, but is often hampered by individual and system-level factors. There are various strategies nurses can use to develop therapeutic relationships with patients in their day-to-day practice, while ensuring they remain safe. Nurses may encounter challenges when working in organisations and systems that do not support the development of therapeutic nurse-patient relationships. It important to develop strategies to overcome these challenges. Therefore, nurses are encouraged to consider ways in which these challenges might be overcome.

**TIME OUT 8**

Nurses are encouraged to apply the four themes of The Code (NMC 2015a) to their professional practice. Consider how developing an effective nurse-patient relationship relates to the four themes of The Code.

**TIME OUT 9**

Now that you have completed the article, you might like to write a reflective account as part of your revalidation.

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**References**


Peplau HE (1952) Interpersonal Relations In Nursing. GP Putnam’s Sons, New York NY.


Nurse-patient relationships
TEST YOUR KNOWLEDGE BY COMPLETING SELF-ASSESSMENT QUESTIONNAIRE 884

1. Focus on the nurse-patient relationship has increased as a result of:
   a) Decreased emphasis on fundamental care
   b) Concerns about providing compassionate nursing care
   c) Task-based approaches to care
   d) Staff shortages
   b) Sharing relevant information with the patient about their condition
   c) Practising within your scope and recognising your limitations
   d) Determining the effect of the nurse-patient relationship on the patient

2. The nurse-patient relationship:
   a) Is a therapeutic relationship, established to meet the needs and health outcomes of the patient
   b) Should ensure the patient is supported towards recovery, or a peaceful death
   c) Enables the nurse to evaluate, plan and deliver care
   d) All of the above

3. In the Fundamentals of Care Framework, what are the three dimensions necessary to deliver high-quality fundamental care?
   a) Prioritise people, practise effectively and preserve safety
   b) The nurse-patient relationship; addressing different fundamental needs; and a context that supports these goals
   c) The nurse, the patient and the healthcare provider
   d) Physical, psychological and social

4. Which of the following is not a relational element of the Fundamentals of Care Framework?
   a) Assess
   b) Trust
   c) Focus
   d) Evaluate

5. The relational element ‘know’ is defined as:
   a) Focusing on the patient and giving them your undivided attention
   b) Getting to know the patient and using this information to inform care decisions
   c) An ongoing process of developing trust with the patient
   d) Reviewing the patient’s progress and providing feedback

6. Which of the following is a nurse behaviour associated with the relational element of ‘anticipate’?
   a) Helping patients to become familiar with the care environment and informing them of any changes that might occur

How to complete this assessment
This self-assessment questionnaire will help you to test your knowledge.
It comprises ten multiple choice questions that are broadly linked to the article starting on page 54. There is one correct answer to each question.
» You can test your subject knowledge by attempting the questions before reading the article, and then go back over them to see if you would answer any differently.
» You might like to read the article before trying the questions. The correct answers will be published in Nursing Standard on 22 March.

Subscribers making use of their RCNi Portfolio can complete this and other questionnaires online and save the result automatically. Alternatively, you can cut out this page and add it to your professional portfolio. Don’t forget to record the amount of time taken to complete it.

You may want to write a reflective account based on what you have learned. Visit journals.rcni.com/r/reflective-account

This self-assessment questionnaire was compiled by
Alex Bainbridge

The answers to this questionnaire will be published on 22 March

The answers to SAQ 882 on irritable bowel syndrome, which appeared in the 22 February issue, are:
1. b 2. c 3. d 4. d 5. a 6. b 7. c 8. a 9. d 10. c