Role of effective nurse-patient relationships in enhancing patient safety


Abstract
Ensuring and maintaining patient safety is an essential aspect of care provision. Safety is a multidimensional concept, which incorporates interrelated elements such as physical and psychosocial safety. An effective nurse-patient relationship should ensure that these elements are considered when planning and providing care. This article discusses the importance of an effective nurse-patient relationship, as well as healthcare environments and working practices that promote safety, thus ensuring optimal patient care.

Keywords
fundamental care, Fundamentals of Care Framework, health and safety, nurse-patient relationships, patient safety, physical safety, psychological safety, therapeutic relationships

Aims and intended learning outcomes
The aim of this article is to inform nurses about the effect of the nurse-patient relationship on patient safety, which is a fundamental aspect of care provision. After reading this article and completing the time out activities you should be able to:

» Describe how an effective nurse-patient relationship contributes to patient safety.
» Develop strategies to enhance the nurse-patient relationship and reduce safety risks.
» Outline the types of safety – physical and psychosocial – that should be considered when caring for patients.
» Understand how your relationships with colleagues can affect patient safety.

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 emphasises that patient safety is a fundamental principle of care provision. The theme of prioritising people in The Code states that nurses must make sure they deliver fundamental care effectively.
» The Code states that nurses should take reasonable steps to meet people’s language and communication needs. This article states that an effective nurse-patient relationship, which includes effective communication and information-sharing, will enable the patient to feel safe and to trust in the care being provided.
» It outlines that nurses’ relationships with other members of the multidisciplinary team are integral to patient safety. As part of the theme of practising effectively, nurses should work with colleagues to preserve the safety of those receiving care.
» The Code states that nurses should take account of their own personal safety as well as the safety of people in their care. This article emphasises that to engage with patients and develop therapeutic relationships, nurses must feel safe within their professional environment.
Introduction

Despite the varied, dynamic and complex nature of modern healthcare provision, one of the fundamental principles endures – the safety of patients, nurses and other members of the healthcare team (Rothmore and Boucaut 2015). Managing patient safety risks is an integral component of nursing practice, irrespective of the context in which care is delivered, whether in a hospital or in the community. Patient safety is a fundamental aspect of care, alongside other elements such as nutrition, hydration, mobility, dignity and respect (Kitson et al 2013). Because nurses are at the forefront of care and have a central role in meeting patients’ fundamental needs, their observations can provide vital information about patient safety and ensuring and maintaining a safe workplace (NMC 2015b).

Safety concerns for patients and nurses arise because of the combination of complex healthcare settings and systems, high-risk healthcare activities, and human fallibility, all of which increase the potential for error (Reason 2000, Flin et al 2008). Literature on patient and nurse safety focuses on optimising the quality of healthcare environments and processes, such as providing adequate staffing levels, skill-mix and resources (Aiken et al 2013, Dollard et al 2014, Yoder-Wise 2014). Human factors and non-technical skills have also been reported as crucial to patient safety and include (Flin et al 2008):

- Communication.
- Teamwork.
- Cognitive skills, including situational awareness and decision-making.
- A combination of social and cognitive skills in activities such as task management and leadership.

Research on adverse healthcare events has suggested that many of the underlying causes of suboptimal patient safety originate from human factors such as failings in behavioural or non-technical aspects of performance, for example ineffective communication or a lack of teamwork, rather than from a lack of technical competence (Flin et al 2008). However, an additional element yet to be considered in the literature on patient safety is the importance of the nurse-patient relationship. Even in a well-resourced, fully staffed healthcare environment, all nurses require the knowledge and skills to communicate effectively with patients and understand their individual needs if they are to provide safe, timely and effective care.

The behaviours and processes required to develop effective nurse-patient relationships have been discussed in the literature (Kitson et al 2014, Wiechula et al 2016, Feo et al 2017). This article focuses on the importance of effective nurse-patient relationships in contributing to patient safety. While nurses should consider patients’ individual needs and preferences (Kitson et al 2014), they should also consider other members of the multidisciplinary team when attempting to enhance patient safety. Staffing, resources and non-technical skills are also important elements of patient safety; however, discussion of these is beyond the scope of this article.

Nurse-patient relationships

Patient safety is a fundamental aspect of care, alongside other elements including nutrition, hydration, mobility, dignity and respect. This is demonstrated in the Fundamentals of Care Framework (Figure 1) (Feo et al 2016a). Further information about how the Fundamentals of Care Framework was developed is detailed in Kitson et al (2013). The framework outlines three dimensions of high-quality care:

- Establishing the nurse-patient relationship.
- Addressing the patient’s physical, psychosocial and relational fundamental care needs.
- Providing a context that supports these goals, including resources and organisational culture.

An effective nurse-patient relationship is the basis for the delivery of fundamental care and ensuring patient safety, and forms the core of the framework. Developing effective nurse-patient relationships involves five relational elements (Kitson et al 2013, Feo et al 2016b):
» Trust – to feel and be safe, patients have to trust the person providing their care. It is the nurse’s responsibility to develop trust, which should encourage information-sharing to enable the nurse to maintain patient safety.

» Focus – while time might be limited, it is important that the patient feels the nurse has focused on listening to them and has understood and responded to their unique cultural, physical, psychological and emotional needs.

(Feo et al 2016a)
» Anticipate – considering the patient’s needs in advance will assist the nurse in discussing and planning a proposed course of action with the patient and their family and/or carers. This element also involves familiarising patients and their family or carers with the care environment and thinking about any changes that might occur. For example, explaining the triage system in an emergency department can enable patients to understand that they may have to wait longer than expected to receive treatment.

» Know – understanding the patient and their individuality, including why they are receiving care, their concerns and preferences regarding their care, and how they exhibit distress, can enable the nurse to act appropriately.

» Evaluate – the patient and the nurse should evaluate the quality of their professional relationship by providing mutual feedback and making necessary adjustments.

Safety
Safety encompasses interrelated elements including physical and psychosocial safety. These forms of safety do not exist in isolation but are interconnected; for example, threats to a patient’s physical safety can undermine their trust that the nurse is assisting their recovery, which adversely affects the patient’s psychosocial safety. Furthermore, risks to patient safety can also represent a risk to nurses’ safety because the two are often linked. For example, a nurse may attempt to manoeuvre a patient without adequate training or equipment, thus increasing the risk of injury to themselves.

Physical safety
Ensuring patients are safe from physical harm promotes recovery and healing and enhances quality of life. It also reduces the length of hospital stays, healthcare-related infections and physical deconditioning, and the risk of readmission (Gorecki et al 2009, Schweickert et al 2009, Barker et al 2011, Morris et al 2011). It is important to remember that a patient’s physical safety requirements can change over their lifespan; for example, the physical safety risks that might affect a child might not be the same as those for an adult, a woman who is pregnant or an older person.

As demonstrated in the Fundamentals of Care Framework (Kitson et al 2013, Feo et al 2016a), a therapeutic nurse-patient relationship is essential to facilitate patients’ physical safety. An effective nurse-patient relationship will enable the nurse – in collaboration with the patient and their family – to develop mutually agreed goals to maintain patient safety. Developing this relationship requires the nurse to regularly consult with the patient to involve them in their care and consider their preferences. In some instances, the nurse will be caring for a patient they have only recently met and with whom they have not yet formed a therapeutic relationship, but will have to ensure the patient’s physical safety.

The case study example in Box 1 demonstrates how a nurse can ensure a patient’s physical safety while simultaneously developing a therapeutic relationship with them. The nurse can also establish a therapeutic relationship with a patient without knowing them well or engaging in extensive conversation, but by ensuring they are physically safe.

TIME OUT 1
Reflect on the case study example in Box 1. Which aspects of patient safety are being facilitated in this scenario? What are some of the other ways in which you could develop a therapeutic relationship with the patient while ensuring her physical safety? You may wish to discuss this with a colleague to compare approaches.

An effective method of ensuring a patient’s physical safety is for the nurse to consistently document their observations and any risk assessments undertaken, as well as regularly evaluate the effectiveness of care and their therapeutic relationship with the patient. When undertaking any assessment, it is important for the nurse to consult the Fundamentals of Care Framework (Kitson et al 2013, Feo et al 2016a) and ensure that the patient’s needs are being addressed, for example: if they are too
A therapeutic relationship is fostered when the nurse has established that the patient does not feel safe, they might have to modify their actions, considering input from the multidisciplinary team and the patient and their family and/or carers.

Environment
The environment is crucial to the patient’s recovery (Reiling et al 2008, Huisman et al 2012). The patient’s physical safety can be maintained by ensuring a clean, safe and secure environment. Ensuring a safe environment can include infection prevention as well as interventions to optimise the therapeutic environment, such as appropriate lighting, minimal noise, privacy, appropriate bed location and height, orientation aids, and the presence of familiar objects such as family photographs.

While safety risks relating to infection, sharps, falls, pressure ulcers and medication are regularly documented in healthcare settings, it is important for the nurse to consider all aspects of fundamental care, such as environmental temperature and noise. For example, low temperatures in an operating theatre may predispose patients to hypothermia, which is linked to increased postoperative morbidity and mortality (Good et al 2006). Similarly, environmental noise can disrupt a patient’s sleep, which is vital for recovery.

A therapeutic relationship with the patient, which includes effective communication and information-sharing, will assist the nurse in understanding the patient’s preferences regarding their environment, enabling them to feel safe and to trust in the care being provided. For example, some patients might prefer their blinds or curtains to be open to allow natural light in their room; similarly, turning down the volume on televisions at night, and minimising non-essential discussions between healthcare professionals during ward rounds, can assist patients’ sleep.

TIME OUT 2
Consider how you would evaluate whether a patient feels safe. What strategies might you implement to assist you in this evaluation?

Following the Fundamentals of Care Framework (Kitson et al 2013, Feo et al 2016a) can enhance patient safety by ensuring:
» The patient is involved in their care, where possible.
» The patient’s needs and beliefs are respected.
» Any communication is respectful.
» A therapeutic relationship is fostered where the nurse completes any requests, where appropriate, and delivers care as discussed.
» The patient is calm and able to manage.
» The patient is assessed for signs of distress or withdrawal.

If the nurse has established that the patient does not feel safe, they might have to modify their actions, considering input from the multidisciplinary team and the patient and their family and/or carers.

TIME OUT 3
Consider the following scenario. You have begun your shift in a hospital ward. You answer the call bell of an older male patient who you have not met before. When you enter his room, he is sitting in his chair pointing to his bed. You assume he wants to move from the chair to the bed, but you know from the handover that he has recently experienced a stroke. You position yourself beside the patient and ask him to lean on you so that he can stand up. However, you quickly realise that he has

BOX 1. Case study example
Rachel is a patient who returns to your ward following total abdominal hysterectomy surgery. She is drowsy but easily roused. You introduce yourself and begin performing the required postoperative tasks, such as assessing her vital signs and pain levels, and examining her wound. You explain to Rachel that you will be caring for her during the shift and will come to see her hourly to assess her vital signs and check her wound and drains. You also inform her that you are placing a receptacle nearby in case she has to vomit. You also place the call bell within easy reach and reassure her that she can use the bell whenever she is in pain or feeling unwell. Because Rachel is still drowsy, you ensure the bed cot sides are in an upright position.

By anticipating Rachel’s needs, offering reassurance and informing her of any tasks you are about to perform, you are not only ensuring she is physically safe but also enabling her to feel emotionally safe and to trust the care being provided.

When you first started caring for Rachel she informed you she did not require pain relief, but on your first few hourly check-ups you notice that she appears uncomfortable. You continue to monitor Rachel, anticipating her needs by assessing her condition, offering pain relief or repositioning her as required. As you return to visit Rachel every hour, she begins to trust you and feel comfortable, informing you that she is in pain and would like pain relief. Continuing to focus on Rachel and anticipating her concerns has enabled you to establish a therapeutic relationship with her that has promoted her physical safety. To maintain the trusting relationship that you have developed, you return hourly and continue assessing Rachel’s condition.
minimal strength in his legs and weakness down one side of his body. You think he might fall so you assist him to sit down. What are the potential physical safety risks in this situation, both to yourself and the patient? How could communicating with the patient or multidisciplinary team before attempting to lift him have ensured yours and the patient’s safety?

Psychosocial safety
Psychosocial safety includes a patient’s emotional, psychological and cultural safety. All patients, regardless of their demographic characteristics and health status, should feel safe to express their cultural, spiritual, religious and sexual identity, and to expect care that is free from discrimination (Nursing Council of New Zealand 2011, NMC 2015a). Ensuring patients’ psychosocial safety involves developing a therapeutic relationship with them and their families and/or carers. This relationship will enable nurses to identify any issues that could affect patients’ psychosocial safety and compromise their care.

Emotional and psychological safety
Ensuring a patient’s emotional and psychological well-being is as important as ensuring their physical safety (Kitson et al 2014). Admission to a healthcare facility, being separated from family, losing the ability to perform personal care, and being unwell or injured, can lead to significant stress and anxiety for the patient. The patient and their family and/or carers might be concerned about certain aspects of the patient’s illness or treatment and require reassurance and information to support them to manage any challenges. Developing a therapeutic relationship with the patient and anticipating their needs are essential to ensure the patient’s emotional and psychological safety (Feo et al 2017).

Understanding how the patient communicates distress, such as their body language and other non-verbal cues including social withdrawal, can assist the nurse in identifying any risks to the patient’s psychological safety (Feo et al 2016b). For example, if a young male inpatient who has been scheduled for surgery and who usually sleeps until 12pm begins waking early in the morning, this might indicate to the nurse that the patient may be concerned about his upcoming operation. Following a discussion with the patient to confirm this concern, the nurse would be able to provide reassurance to the patient about the procedure. Focusing on the patient in this way, and recognising the cues they use to signal distress, can assist the nurse in minimising their anxiety. Conversely, neglecting to consider the patient’s behaviour could lead to increased anxiety, thereby eroding the patient’s trust in the nurse and making them less willing to participate in their care.

Listening to patients’ concerns about their condition and treatment, as well as those of their family and/or carers, is crucial to ensure that their preferences, expertise and experience are considered in decision-making and care provision.

Cultural safety
Cultural safety involves understanding a person in the context of their culture, respecting their beliefs and values, and identifying how their beliefs might differ from those of other people, as well as how these beliefs might affect their health. Cultural safety is defined by the person receiving care, not the person providing care, and it is the nurse’s responsibility to deliver care in a way that the patient deems culturally safe and appropriate (Nursing Council of New Zealand 2011). Through developing a therapeutic nurse-patient relationship and taking the time to become acquainted with the patient, the nurse will be better placed to understand whether the patient considers their care to be culturally safe and appropriate.

For people from minority groups, such as refugees, people for whom English is not their first language, and the LGBT (lesbian, gay, bisexual, transgender) community, accessing mainstream health services can be stressful and alienating (Russell et al 2013, Ware 2013), potentially resulting in stigma and discrimination (Koh et al 2014, Riggs et al 2014, Moolcham et al 2015). Considering the emotional well-being of these individuals can enable them to feel safe and less isolated. For example, providing patients with access to
an interpreter or counsellor could reduce any stress or feelings of alienation they may experience as a result of being in an unfamiliar environment, which would in turn enable them to better understand and participate in their care.

**TIME OUT 4**
Reflect on how you would ensure the cultural safety of your patients, for example do they require an interpreter or do they have special dietary or religious requirements? Does your organisation provide guidelines on how to accommodate cultural needs?

Discussing a patient’s religious or cultural requirements provides them with an opportunity to express their cultural identity. These discussions can assist the nurse in understanding any religious or cultural rituals the patient might be required to practise, as well as any associated preparations. For example, a nurse might be caring for a patient who wishes to pray; by establishing a relationship with them, the nurse could familiarise themselves with the potential practicalities involved, such as the requirement to wash before praying.

Conversations about religious and cultural practices can also assist the nurse in identifying instances where a person’s culture or religion might compromise their care, thereby resulting in a safety risk. For example, in some cultures it is customary to drink warm water rather than cold water, which could mean a patient might avoid taking medication with cold water. Another example would be a patient who refuses a blood transfusion on religious grounds. Developing a therapeutic relationship with the patient can assist the nurse to identify a solution that considers the patient’s cultural and religious safety requirements.

**TIME OUT 5**
Consider the following scenario. A female patient who has recently undergone surgery for a hip replacement presses the call bell and asks the nurse to assist her to the toilet. She can walk with assistance and the aid of a walking frame, but requires support to get on and off the toilet. She can walk with assistance and the aid of a walking frame, but requires support to get on and off the toilet. A nurse who has developed a therapeutic relationship with the patient assists her to the toilet and asks her to press the call bell when finished. However, the nurse does not return when the patient initially presses the call bell, and the patient repeatedly presses the bell for attention. Another nurse eventually comes to assist the patient, who by this time is visibly distressed. What are the physical and psychosocial risks to the patient in this scenario? How might the patient feel about the nurse who initially took her to the toilet?

**Relational skills**
While an effective nurse-patient relationship is essential to ensure the patient’s physical and psychosocial safety, it is also important for the nurse to consider how to maintain patient safety when developing or maintaining a relationship becomes challenging, such as when the patient is unconscious, abusive or unwilling to engage in a therapeutic relationship. Alternatively, the nurse might be fatigued or emotionally exhausted, or simply dislike the person they are caring for.

In instances where the nurse finds it challenging to develop a therapeutic relationship with the patient, they will still have to use their relational skills to ensure the patients’ safety. For example, in the case of a patient who refuses to attend a diagnostic scan, accepting their refusal without attempting to establish their reasons for this might adversely affect the patient’s safety and subsequent care. However, pressuring the patient to undergo the scan might cause them undue distress.

In this situation, it is crucial that the nurse engages in respectful, compassionate dialogue with the patient, informing them that they understand that diagnostic tests can be frightening and unfamiliar. This might enable the patient to explain their reasons for refusing the scan, such as a fear of confined spaces. However, where the patient remains unwilling to discuss their reason for refusing the scan, speaking to them in a respectful, compassionate manner that engages them as a partner in their care will enable the nurse to identify a solution that meets the requirements of the patient and the healthcare team. The relational skills required in this type of situation are outlined in the Fundamentals of Care Framework, and include (Kitson et al 2013, Feo et al 2016a):
Respecting the patient’s choice not to engage.

Responding to the patient in a compassionate manner.

Demonstrating empathy.

Remaining consistent and respectful during any communication or episode of care delivery.

Inviting the patient to contribute to their goals in a way that they deem appropriate.

In any situation where the nurse feels they cannot form a therapeutic relationship with a patient, they might consider how they could get to know the patient through alternative means. For example, in patients who are unconscious or have dementia, communicating with their family and/or carers could enable the nurse to understand the patient’s requirements and how best to meet them (Feo et al 2017). Nurses should also consider whether it is appropriate for the patient to be transferred to the care of a colleague who may be able to develop a therapeutic relationship with the patient.

TIME OUT 6

Reflect on a situation where you found it challenging or impossible to develop a therapeutic relationship with a patient. How did you ensure they were physically and psychologically safe? How might you manage this situation in the future?

Professional relationships

The nurse-patient relationship does not exist in isolation; patients have relationships with their family and/or carers that are important to them and nurses work as part of a multidisciplinary team. To engage with patients and develop therapeutic relationships, it is important for nurses to feel safe and supported within their work environment. This can only occur in an environment where leadership support and safe working practices foster a culture where nurses can request emotional and physical support from their senior colleagues (Candlin and Crichton 2013). To ensure their own and their patients’ safety, nurses should not only develop and maintain professional relationships with patients, but also engage with and trust their colleagues, including their employer (Candlin and Crichton 2013).

It is also important to consider how the relationships nurses develop with colleagues can affect patients’ and their own safety. Dysfunctional relationships with colleagues can lead to a challenging work environment, and behaviours such as intimidation, rudeness, sexual harassment and bullying can result in nurses feeling unsafe, as well as causing distress for people who witness such behaviour, including patients and their families (Flin 2010).

Many of these workplace factors can be mitigated through the development of respectful working relationships and supportive working conditions, which can increase nurses’ confidence, motivation, working capacity and satisfaction, and ultimately improve their occupational health (International Labour Organisation 2016). To develop and maintain supportive work conditions and professional relationships, senior healthcare staff and managers should promote a workplace culture based on mutual trust, collaboration and a shared perception of the importance of safety (Rothmore and Boucaut 2015).

This culture must also be reinforced and supported through the behaviour of individual nurses and those in leadership roles.

Teamwork has an important role in promoting a supportive workplace environment. If nursing teams are cohesive, with well-developed communication strategies, patient safety can be enhanced. Nursing handovers are essential to ensure that a healthcare environment is physically and psychosocially safe for patients and nurses. Regular short meetings throughout a shift can enhance safety by providing an opportunity for nurses to discuss their concerns and any increases in workload during the shift. This type of regular meeting can foster communication, situational awareness and respect, which ultimately promote effective working relationships.
Conclusion
Effective nurse-patient relationships are integral to healthcare delivery and have a crucial role in patient safety. Developing therapeutic relationships and engaging respectfully with patients enables nurses to identify patients’ unique physical and psychosocial safety needs, and address these needs in a person-centred way. Similarly, respectful professional relationships between nurses and other healthcare professionals can benefit patients and nurses, and enhance the delivery of safe and effective care.

TIME OUT 7
Nurses are encouraged to apply the four themes of The Code (NMC 2015a) to their professional practice. Consider how ensuring and maintaining patient safety relates to the themes of The Code.

TIME OUT 8
Now that you have completed the article, you might like to write a reflective account as part of your revalidation.

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Patient safety
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1. Which of the following human factors are crucial to patient safety?
   a) Communication
   b) Teamwork
   c) Cognitive skills
   d) All of the above

2. A fundamental aspect of care is:
   a) Nutrition
   b) Visiting
   c) Medication adherence
   d) Socialisation

3. Provision of high quality care does not involve:
   a) Establishing an effective nurse-patient relationship
   b) Addressing the patient’s physical, psychosocial and relational fundamental care needs
   c) ‘Top-down’ management
   d) Effective communication

4. When attempting to form a therapeutic relationship with the patient, the nurse should develop:
   a) Trust
   b) Rules and regulations
   c) Authority
   d) Resilience

5. Which statement is true?
   a) Safety encompasses interrelated elements including physical and psychosocial safety
   b) Safety incorporates elements of spirituality and rationality only
   c) Patient safety takes priority over the healthcare practitioner’s safety
   d) Physical safety always takes priority over psychosocial safety

6. Ensuring patients are safe from physical harm:
   a) Excludes environmental considerations
   b) Promotes healing and recovery
   c) Reduces self-esteem
   d) Complicates treatment

7. To ensure a patient’s physical safety, the nurse should:
   a) Consistently and regularly document their observations
   b) Undertake weekly patient observations
   c) Discuss care provision with colleagues only
   d) Avoid discussions with the patient’s family and/or carers

8. The relational elements of an effective nurse-patient relationship include:
   a) Trust
   b) Focus
   c) Anticipate
   d) All of the above

9. Which statement is false?
   a) Nurse-patient relationships exist in isolation
   b) Teamwork promotes a supportive environment
   c) All patients should feel safe to express their cultural, spiritual religious and sexual identity
   d) Safety concerns arise because of a combination of complex healthcare systems, high-risk activities and human fallibility

10. Which of the following is not a component of psychosocial safety?
    a) Emotional safety
    b) Psychological safety
    c) Physical safety
    d) Cultural safety

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 53. 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 16 August.

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 Jason Beckford Ball

The answers to this questionnaire will be published on 16 August

Answers to SAQ 903 on patient anxiety, which appeared in the 19 July issue, are:
1. a 2. d 3. b 4. c 5. a 6. d 7. a 8. d 9. a 10. d