



Patients' experiences of nurse-patient relationship in Healthcare settings

Anunobi Eucharia Amarachi, Adedo Oluwaseyifunmi

2023 Laurea



Laurea University of Applied Sciences

Patients' experiences of nurse-patient relationship in Healthcare settings

Anunobi Eucharia Amarachi,
Adedo Oluwaseyifunmi
Degree Programme in Nursing
Bachelor's Thesis
May, 2023

Anunobi Eucharia Amarachi, Adedo Oluwaseyifunmi

Patients' experiences of nurse-patient relationship in Healthcare settings

Year	2023	Number of pages	54
------	------	-----------------	----

A well-maintained and managed healthcare environment or setting is critical to improving the patient experience in any Healthcare facility. Patients' experiences with healthcare professionals' care and treatment are critical, serving as a baseline for judging the quality of services provided internationally by healthcare systems. A healthy nurse-patient relationship must be established as soon as feasible since the nurse, along with the rest of the medical team, is largely accountable for the patient's well-being. Establishing trustworthy relationships between healthcare workers and patients is critical for the performance of medical evaluations, which are used as an indication of efficiency owing to the importance of health as a requirement for everyone. As a result, a positive relationship between healthcare personnel "nurse" and patients is critical for the effective flow of information in all aspects of healthcare settings.

The aim of this study is to explore Patients' experiences of nurse-patient relationship in healthcare settings and the research question is "How patients describe their experiences of nurse-patient relationship in different healthcare settings?" The study was conducted as a Literature review. Data collected from Science Direct (Elsevier), EBSCOHost (combined search) and PUBMED central employing a precise set of inclusion and exclusion criteria. A total of ten articles that are relevant to answering the research question were selected for the analysis. A content analysis was used in the analysis of data. Based on the content analysis's similarities, three main themes emerged from the data analysis conducted; Effective communication, A patient seen as an individual, Negative nurse-patient relationship experiences and seven sub-themes; Trust, Lack of effective communication, Individualized care, Progressive health outcomes, Patient attitude towards nurses during nurse-patient relationship, Nurses' shortage, and Interpersonal skills for NPR. This was accomplished through thematic coding to explore and visualize various patient experiences and perceptions of the nurse-patient relationship in healthcare settings. Finally, the evolution of the nurse-patient relationship is significantly influenced by the professional, interpersonal, emotional, and ethical competence of the nurse.

Keywords: Nurse, patient, nurse-patient relationship, healthcare settings, communication

Contents

1	Introduction	6
2	Theoretical framework	7
2.1	Patient	7
2.2	Nursing.....	7
2.3	Patients’ experiences.....	9
2.4	Nurse-patient relationship	10
2.5	Phases of nurse-patient relationship	11
2.6	Healthcare settings	13
3	Purpose of the thesis and research questions	14
3.1	Research Questions:	14
4	Methodology.....	14
4.1	Literature Review	14
4.2	Data Search	15
4.3	Inclusion and Exclusion Criteria	16
4.4	Articles to be reviewed selection process	17
4.5	Descriptive content Analysis.....	19
4.6	Data extraction from selected articles.....	23
4.7	Information deductions and themes.....	24
5	Findings	28
5.1	Effective communication	28
5.1.1	Trust.....	29
5.1.2	Lack of effective communication	30
5.2	A patient seen as an individual.....	31
5.2.1	Individualized care	31
5.2.2	Progressive health-outcomes	32
5.2.3	Patient attitude towards nurses during NPR.....	32
5.3	Negative nurse-patient relationship experiences.....	33
5.3.1	Nurses’ shortage	Error! Bookmark not defined.
5.3.2	Interpersonal skills for NPR	34
6	Discussion.....	35
7	Ethical consideration	38
7.1	Validity and reliability of research	39
7.2	Limitations of the study.....	40
8	Conclusion.....	40
9	Recommendation.....	41
	References.....	42
	Figures and Tables.....	53

Figure 1: phases of nurse-patient relationship.....	14
Figure 2: Data selection flow chart.....	20
Table 1: Search terms and database search result.....	17
Table 2: Inclusion and exclusion criteria.....	18
Table 3: Selected article for this study and summaries of the article.....	22
Table 4: Summary of the selected ten articles in terms of research method, number of participants, perspective and healthcare setting.....	25
Table 5: Deducted information from each selected article and themes.....	27

1 Introduction

A well-maintained and managed healthcare environment or setting is crucial to enhancing the patient experience throughout their stay. Healthcare settings are generally characterized as complex, overwhelming, burn-out staffs and stressful environments. (Aaronson, Mort, Sonis, Chang & White 2018.) Infrastructure, training standards, staff skill levels, and system effectiveness all affect how well patients are treated and their individual experiences in the different forms of healthcare settings they find themselves. Implementing a complete strategy is necessary to enhance both medical and non-medical elements. (Crowley, Guitron, Son & Pianykh 2020.) The provision of clean, well-maintained surroundings and empathetic healthcare staffs makes patients feel secure, at ease, and confident in the treatment that they receive is one of the multiples ways that healthcare systems can guarantee a positive patient experience (Aaronson et al. 2018).

Irrespective of the standard of medical care, the physical environment of the hospital and the administration of the nursing staff have a significant effect on the patient experience because they are essential to delivering quality care (Crowley et al, 2020). Patients' evaluation and experience of the care and treatment they get from healthcare professionals are of major importance and serve as the benchmark for assessing the quality of services offered globally by healthcare systems. (Vigdis 2012.) A healthy nurse-patient relationship must be developed as soon as possible since the nurse, along with the rest of the medical team, is primarily responsible for the patient's wellbeing. Establishing solid connections between healthcare professionals and patients are crucial for the success of medical assessments, which are used as an indicator of efficiency due to the significance of health as a necessity for everyone. (Bendapudi, Berry, Frey, Parish & Rayburn 2006.) Therefore, a good rapport between healthcare professionals and patients is essential for an efficient flow of information in all facets of healthcare settings.

The nurse-patient relationship (NPR) has long been a focus of healthcare research. The contact between patients and healthcare providers is critical to their experience of getting or providing medical care (Chen, Zhao, Yuan, Qin, Zhang & Zhang 2022). It is considered that the establishment of a nurse-patient relationship is critical to the quality of treatment in all healthcare delivery settings such as home care, nursing homes and hospitals. Furthermore, the relationship between the patient and the nurse is related to patient satisfaction and the effectiveness of healthcare system. (Tejero 2012.)

According to Halldorsdottir (2008), the nurse-patient interaction is the "core of nursing." The connection between nurses and patients or clients has been utilized as one of many methods to assess patient satisfaction in every type of healthcare environment throughout the history of nursing. This relationship gives the patient the chance and space to identify and address personal difficulties and reduces pain and suffering for the patient and their family members (Mok & Chiu 2014).

The experiences of patients in healthcare settings are complex, In this thesis, several facets of the nurse-patient relationship in healthcare settings are illustrated. A study of the literature was done to explore, familiarize and evaluate patients' experiences of nurse-patient relationship in healthcare settings.

2 Theoretical framework

2.1 Patient

A patient is someone suffering from medical syndromes and requires medical care to become fit. They may deal with physical pain, chronic diseases, mental disorders, psychological issues, or disabilities. (MedicineNet, 2022.) They usually suffer from pain and exhaustion and thus seek the help of hospitals and nursing homes. Some patients having mild issues do not need constant monitoring. In those cases, they visit doctors but continue the prescribed treatment by themselves in their houses. In case of severe issues, when constant monitoring and advanced treatment procedures are required, they are hospitalized. (Neuberger 1999.)

The most common issues with which patients come to healthcare settings are bone fractures, Back issues, cholesterol issues, upper respiratory issues Chronic neurological disorders, anxiety, bipolar disorder, and depression, elevated blood pressure, diabetes, headaches , migraines and childbirth to mention a few, dementia, irritable bowel syndromes, people requiring dialysis daily, breathing disorders, and mental disorders like depression, suicidal tendencies, and extreme OCD obsessive compulsive disorder (Patra et al. 2017).

Many patients suffering from chronic diseases or emergencies stays in health healthcare facilities such as hospitals, clinics, nursing homes, and even birth centres. It involves different types of interactions that a patient encounters with different healthcare facilities. In this, he interacts with different people under the healthcare staff such as doctors, nurses, pathologists, and other staff (Sequence Health 2022).

2.2 Nursing

A nurse is a highly qualified professional who has completed a broad education in promoting good health, preventing illness, and providing care to a wide variety of patients in many

different healthcare settings (International Council of Nurses 2022). They take the major responsibilities of all the patients and provide the primary medical care required for them. Most of the registered nurses are highly qualified with years of expertise. Other than medical guidance they are also skilled communicators and have skills like showing empathy, and patience. (Norful et al., 2017.)

The International Council of Nurse (2019) defines nurses are at the center of the current global health goals, from resolving health emergencies and containing pandemics to combating non-communicable and infectious illnesses through. Additionally, nurses must be everything to everyone. With improved skill, they are now capable of diagnosing, prescribing, and treating patients. In addition to working in hospitals and other health care facilities, registered nurses can also be found at athletic events and in shelters, jails, and educational institutions. Their work is varied and filled with duties. For instance, registered nurses conduct health examinations, give medication, treat wounds, and counsel and educate patients. In addition, they have a responsibility to do research and keep themselves informed, coordinate and supervise their interactions with other health care providers, and more. (American Nurses Association 2016.)

According to the International Council of Nurse (2019), over 80% of all direct patient care is provided by nurses, who represent over half of the global healthcare workforce. They frequently deal with patients first among the medical team, and occasionally they are the only healthcare provider a patient may ever meet. They help their families and communities as well as the sick, injured, and dying by providing care, support, and treatment. They diagnose illnesses, give medications, aid with procedures, continue treating patients beyond the initial diagnosis, offer emotional support, and carry out a variety of other crucial tasks. As a result, nurses are inextricably connected to a nation's capacity to handle its most important health concerns. (International Council of Nurse 2019.) The profession of nursing needs to follow various rules and regulations to ensure the safety of patients. The ICN Codes of Ethics for Nurses provides a guideline of the social values and norms nurses are expected to follow (Stievano, & Tschudin, 2019). These ethical conducts mainly state that nurses should treat each patient equally and ensure no discrimination is done based on religion, race, gender, and socioeconomic status. Their primary aim is to ensure the safety of patients and increase their health outcomes. The main ethical principles in nursing are autonomy, beneficence, no maleficence, and justice. (Haddad, & Geiger, 2018.)

The healthcare system employs a variety of different nurses. For instance, advanced practice registered nurses have a master's degree in addition to greater clinical expertise than conventional registered nurses, giving them a larger range of duties in their work. Instead, practical nurses assist patients with basic needs like eating and washing and have a more fundamental education. (Norful et al., 2017; International Council of Nurse 2019.) According

to the American Nurses Association (2016), licensed practical nurses may handle some of the duties that registered nurses' handle. Registered nurses, licensed practical nurses, and advanced practice registered nurses have all been referred to as "nurses" in this thesis work. Home-support workers and personal care assistants are not included, though, as they have a shorter period of education and as a result, their understanding of healthcare is not as in-depth (Academy Canada 2016).

2.3 Patients' experiences

The term "patient experience" refers to a broad variety of contacts patients have with the healthcare system, such as the care they receive from health plans, as well as from the staff members in hospitals, physician offices, and other healthcare facilities, as well as from doctors and nurses. Experiences are what patients directly and personally observe about their treatment. (Bowling, Rowe & McKee 2013.) According to Wolf, Niederhauser, Marshburn & Lavela (2014), the definition of patient experiences is the belief that specific occurrences are likely to take place during or because of medical services they have accessed. The constant evaluation and ensuing quality improvement of medical services depend on the evaluation of healthcare services. Patient experience is essential in healthcare quality and includes a number of elements that patients value highly when seeking and receiving care, such as scheduling appointments on time, having simple access to information, and having good communication with their healthcare providers. (Bowling, Rowe & McKee 2013; Wolf et al 2014.)

The experiences felt by the patients in general healthcare settings are both positive and negative. A patient generally feels comfortable when he does not have to wait for long and receives timely appointments. Also, easy access to the information of the diagnosis is highly appreciated by the patient along with good communication from the medical staff. Under these positive experiences, the patient feels relieved and less anxious. Other accommodations such as parking facilities, security, and a well-maintained visitor's area leave positive feedback from the patient. (Carr 2017.) On the other hand, poor care settings make the patient dissatisfied, anxious, and uncomfortable. One of the major factors is overflowing waiting rooms. This disturbs the patients waiting and even those who are under care as the noise gets increased too. This is where they complain about miscommunication which can even lead to errors in medication. Patients also complain that they are only provided with one type of meal which is also not nutritious. (Levinson & Shojanian 2011.)

The patient experience, which includes crucial elements like on-time appointments, simple information access, and effective contact with medical professionals, is a crucial part of the quality of healthcare (Bowling, Rowe & McKee 2013). To evaluate the patient experience, one must determine if or how frequently something that ought to occur in a healthcare context

really did. To provide a whole picture of health care quality, it is crucial to evaluate patient experience alongside other factors like efficacy and safety of care. For healthcare to become more patient-focused, it is important to fully understand the patient experience. The degree to which patients are receiving treatment that respects and responds to unique patient preferences, wants, and values may be determined by taking a close look at several components of the patient experience. (Agency for Healthcare Research and Quality 2022.)

2.4 Nurse-patient relationship

Relationship is a frequent term with many different meanings. It exists when two or more parties are involved. The degree of a person's relationships with others are determined by how they relate to one another. The nurse-patient relationship (NPR) is essential for the patient's physical and mental recovery. (Palese, Tomiatt, Suhonen, Efstathiou, Tsangari, Merkouris, Jarosova & Leino-Kilpi 2011.) The nurse-patient relationship (NPR) is a formal and therapeutic connection that ensures the patient's needs are given first attention. The bedrock of nursing has always been the promotion of a nurse-patient interaction or connection, regardless of qualification, and this involves self-awareness and understanding of the crucial elements of therapeutic communication skills. (College of Nurses of Ontario 2006.)

The nurse-patient relationship (NPR) has been defined in the context of nursing as one that enables the nurse and patient to achieve their respective requirements in terms of nursing care while also being satisfied. Before being able to meet the needs of her patients, a nurse must first get a knowledge of her own views and values as well as her capacity to establish relationships or interpersonal knowledge. (Balzer-Riley 2012.)

The nurse-patient relationship is a critical component in the development of nursing care; without it, it is challenging to understand the professional objective that motivates nurses, which is caring (Olshansky, 2007). It has also been linked to improved patient health, enhanced empowerment, and emotions of security and confidence. The nurse-patient relationship is deliberate in that it involves the patient expressing a need and the nurse responding with care. nurse-patient relationship is frequently associated with specific settings of care delivery, such as hospital admission or palliative care. (Palese et al. 2011.)

According to Feo, Kitson & Conroy (2018), nurse-patient connection has been conceptualized as a crucial component of holistic care, along with physical and psychological components. As a result, the growth of fundamental care is fundamentally dependent on the development of the nurse-patient relationship, which is integrally linked to the nursing discipline. Since the patient's behaviors, feelings, and nonverbal communication affect the nurse's and vice versa,

it has subsequently been reconceived as a caring relationship (Balzer-Riley 2012; Feo et al. 2018.)

2.5 Phases of nurse-patient relationship

According to College of Licensed Practical Nurses of Newfoundland and Labrador (2017), nurse-patient relationships must go through various phases to be successful. Firstly, there is a pre-interaction phase where the nurse must become conscious of her own individual sentiments, anxieties, and concerns towards dealing with the patient. (College of Licensed Practical Nurses of Newfoundland and Labrador 2017).

Secondly, there is the orientation phase. The orientation phase begins with a meeting between the nurse and the client and concludes when the patient begins to identify problems to be addressed. In the initial phase of care, the nurse outlines their roles and pinpoints the patient's problems. This phase starts to develop the patient's trust. At this point, the nurse discloses the pertinent information about himself or herself. The goal of the orientation phase is to determine the patient's needs, the nursing diagnosis, and the nursing interventions. Additionally, it sought to build rapport with the patient and win their approval. (Forchuk 2021.) During the orientation phase, patients acknowledge their need for assistance and make an effort to cope with their existing circumstances. As nurses interact with patients, they learn crucial details about them as individuals with distinct needs and goals. Nursing staff members are mandated to approach patients with the "respect and pleasant attention granted a stranger" at first. (Hagerty 2017.) Patients and nurses move fast through this stage, and nurses must maintain courtesy and respect all through the course of care/treatment (Forchuk 2021).

Thirdly, the working phase follows, and it is where nurses spend the most of their time with patients. During this phase is when the nurse recognizes or assesses the patients' present situation and the needs of the patient. Patients start to accept nurses' responsibilities as health-resource experts, counsellors, and primary caregivers as they progress through the working phase. (College of Licensed Practical Nurses of Newfoundland and Labrador 2017.) This is the relationship's problem-solving phase, which corresponds to the planning and execution phases of the nursing process. The nurse engages the patients in a rehabilitative nurse-patient relationship as active partners in shared decision-making regarding their treatment or care. (Hagerty 2017.) This phase establishes appropriate treatment outcomes to drive nurse interventions and client activities, and the interaction in the working phase shifts to active problem solving connected to evaluated needs. This is when the nurse asks questions about the patient's circumstances and objectives in order to assess the patient's requirements and build a nursing care plan. The patient should feel secure and start to trust the nurse at this phase. With the identification phase comes the beginning of the relationship's functioning portion.

(College of Licensed Practical Nurses of Newfoundland and Labrador 2017.) To identify issues and establish clear, problem-oriented goals, the nurse and patient collaborate. Data collecting uncovers health issues, which are then used to construct the nursing care plan's relevant solutions. The establishment of shared objectives enables patients to take an active role in their own care. Additionally, nurses may assist patients in channelling their energies into taking action by assisting them in exploring their emotions, such as fear, worry, and powerlessness, regarding their condition. (Nurse Best Practise Guidelines 2002.) A patient's ability to cope with their present health issues and actively engage in their care may be aided by the identification of their own resources and strengths (College of Licensed Practical Nurses of Newfoundland and Labrador 2017).

The termination phase, which is also known as discharge planning, is the last phase. The conclusion of a relationship is a crucial opportunity for the nurse and patient to reflect on their accomplishments and their time together. Patient and nurse performance during the orientation and working phases will determine how successfully the termination phase goes. A significant aspect of the termination phase is focused on giving the patients guidance about symptom management and home rehabilitation. (Nurse Best Practise Guidelines 2002.) During this phase, the nurse and patient assess the patient's reaction to treatment and discuss the significance of the relationship as well as what goals have been met. In any environment, the end of a successful nurse-patient relationship should be final. It is unacceptable, unprofessional, and unethical to even imply to the patient that the relationship will continue. (College of Licensed Practical Nurses of Newfoundland and Labrador 2017.)

PHASES OF NURSE-PATIENT RELATIONSHIP

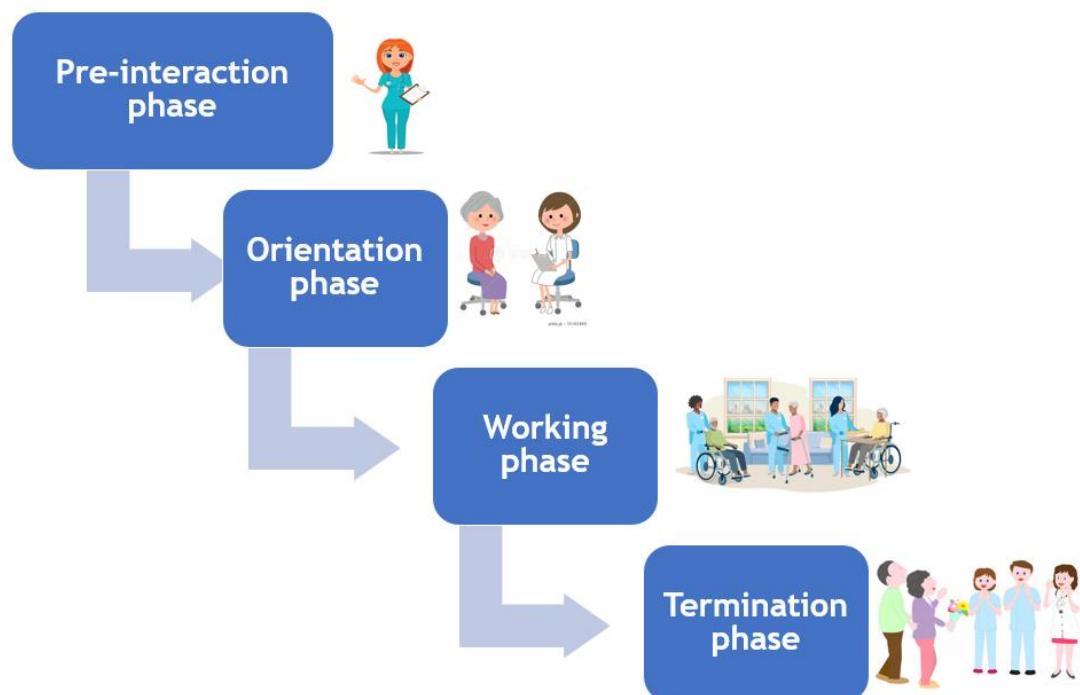


Fig 1: *phases of nurse-patient relationship. (College of Licensed Practical Nurses of Newfoundland and Labrador 2017).*

2.6 Healthcare settings

The term "healthcare setting" refers to a broad range of healthcare-related services and locations, including acute care hospitals, urgent care centres, rehabilitation centres, nursing homes and other long-term care facilities, specialised outpatient services like haemodialysis, dentistry, podiatry, chemotherapy, endoscopy, and pain management clinics, as well as outpatient surgery facilities. There are also some healthcare services that are provided in private offices or homes. (WHO 2023). A value-based system of delivery is replacing the fee-for-service model in the healthcare industry as a result of this response. Health care administrators are in a position to drive the shift to the value-based model in all types of healthcare setting such as, leadership, teamwork, and problem-solving skills. (Mosadeghrad 2014.) The different parts of healthcare settings include elderly care, mental healthcare, child and maternal care, emergency care, ambulatory services, dentistry, palliative and end-of-life care, rehabilitative services, physiotherapy, in-patient and out-patient care amongst others.

Every health care system is built on a complex network of care processes and pathways. The quality of the care delivered by the system depends to a large extent on how well this network functions, and how well the people who provide and manage care work together (Bernadette, Cyral, Elizabeth, Nicholas & Mary 2016). Giving the individuals who are most affected by problems that affect care quality the time, permission, tools, and resources they require to address those problems is the goal of quality improvement (Fulop & Ramsay 2019). In order to achieve a quantifiable improvement, it entails taking a methodical and coordinated approach to issue resolution while applying particular techniques and instruments. The patient experience has been elevated to a top organizational objective in healthcare settings as a measure of value-based care and service excellence. (Larsson, Sahlsten, Segesten & Plos 2011.)

A variety of things happen in the healthcare setting that have a big impact on how treatment is delivered. The development of laws that control medical innovation and guarantee patient safety has been impacted by these occurrences and despite these restrictions, the number of adverse events in healthcare settings has continued to rise, leading to allegations of malpractice being made against staff members and institutions in the field. (Marshall & McIntosh 2017.) Health care administrators are in a position to drive the shift to the value-based model in all types of healthcare facilities thanks to their leadership, teamwork, and problem-solving skills (Mosadeghrad 2014). Healthcare settings are viewed from a real-world perspective and focus on inpatient and outpatient care settings, home care settings, and special needs housing (Marshall & McIntosh 2017).

Occasionally, patient interactions with healthcare professionals cause them to feel stressed, anxious, and apprehensive which most times is as a result of lack of an existing positive nurse-patient relationship or connection between the care-provider and the patient. Healthcare professionals must provide the ability to support patients physically, emotionally to be able to overcome crucial concern in healthcare settings. (Barker, Griffiths, Mesa-Eguiagaray, Pickering, Gould & Bridges 2016.) To ensure good improvement in the quality of healthcare setting and good outcome of patient care, it is necessary to come up with a quality improvement and better initiative that would work in continuous quality improvement and focus on various aspects such as intervention, planning, implementation and evaluation that can enhance the delivery of healthcare competence for the continuation healthcare settings (Joseph-Williams, Lloyd, Edwards, Stobbart, Tomson, Macphail & Thomson 2017).

3 Purpose of the thesis and research questions

I. The purpose of this thesis is to familiarize with Patients' experiences of nurse-patient relationship in healthcare settings.

II. The aim of this study is to explore Patients' experiences of nurse-patient relationship in healthcare settings.

3.1 Research Questions:

- I. How patients describe their experiences of nurse-patient relationship in different healthcare settings?

4 Methodology.

4.1 Literature Review

A literature review was the method of investigation adopted in this thesis. The goal of a literature review is straightforward: to familiarize with the subject and the literature prior to developing an argument or justification (Arshed & Danson 2015). Literature review may aid in the development of theoretical and conceptual frameworks as well as the concentrating, structuring, and refining of research topics. It discusses issues that have already been studied in order to show where knowledge stands right now. Knowledge exists to direct practice, give context to a scientific endeavour, and support the necessity for a new research study, but it exists most importantly to satiate intellectual curiosity. (Aveyard 2010.) The researcher can identify and explain the primary issue through the literature review, gather the previous studies

indicating the current scenario, pinpoint links, inconsistencies, gaps, and contraindications, as well as offer a strategy for resolving the issues that are present (Torraco 2011).

Reviews of the available literature on a given research topic are summarized in literature reviews, which are useful in research since they serve as background information. Re-analysing study data for literature reviews might provide fresh perspectives on the research topic, which is another crucial feature. (Aveyard 2010.) This is accomplished by providing an in-depth overview of the literature on the subject of interest in order to draw attention to potential research possibilities, spot gaps in the literature, or recognize discrepancies (Coughlan, Cronin & Ryan 2007).

To begin a literature review, a focused and precise research topic must be created. The research topic, which must be specific, unambiguous, precise, and relevant, guides the selection of relevant material. The following stage involves compiling and identifying pertinent material using predetermined inclusion and exclusion criteria. The data is finally analysed and summarized. It's crucial to identify materials for the literature evaluation based on their relevance rather than preconceived notions. The evidence should be used to support the research review's conclusions. (Khan et al. 2011.)

Without expressing any personal beliefs, a clear interpretation of the significance of the findings should be provided in a literature review. The review must be insightful in order to convince the reader to pay attention. Reviews of the literature should always be readable and written in a narrative fashion. Researchers should explicitly define the research topic, which will serve as a road map through the reviews, in order to appropriately profit from the literature. The best outcomes will be obtained by keeping the data collection limited and clearly clarifying the inclusion and exclusion criteria. The next step is to use Boolean operators to discover the pertinent databases. (Torraco 2011.)

4.2 Data Search

To obtain the data required to respond to the research question, three distinct electronic databases were used. These include Science Direct (Elsevier), EBSCOHost (combined search) and PUBMED central. These databases were chosen because they offer a diverse range of nursing articles in full-text publications. The literature search was carried out in February 2023. The search was restricted to academic publications that were published between 2012 and 2022, had full-text, academic or research or scholarly articles and must be an English publication. These eligibility requirements guaranteed that the results were accessible, provided in a language that all readers could comprehend, credible, and up to date.

For this search, the following keywords were used: patients' experiences, healthcare settings, nurse-patient, relationship. The following synonyms were used: patients' view or perspective

for experiences, environment for settings and interaction or relation for relationship. The terms in each search were linked using the Boolean operators "AND" and "OR." The search words were constructed as "patients' experiences OR patients' view OR patients' perspective AND nurse-patient relationship OR nurse-patient relation OR nurse-patient interaction AND healthcare settings OR environments". The original search generated 299 items in total. These publications' titles and abstracts were scrutinised, and only those that were relevant to this literature review were chosen for a comprehensive review. Table 1 describes this process.

Table 1: *Search terms and database search results*

DATABASE	SEARCH	LIMITS	RESULT	ACCEPTED WITH ABSTRACT	FINALLY ACCEPTED
EBSCOhost (combined results)	"nurse-patient relations" AND "patient experience" AND "healthcare settings"	10 Year limit fulltext Academic Journal	120	20	2
PUBMED	"nurse-patient relations" AND "patient experience" AND " healthcare settings" "	10 Year limit fulltext Scholarly Journal	147	15	4
Science Direct (Elsevier)	"nurse-patient relations" AND "patient experience" AND " healthcare settings"	10 Year limit fulltext Research articles	131	23	4
Total			398	58	10

4.3 Inclusion and Exclusion Criteria

The inclusion and exclusion criteria are crucial to the search procedure. According to Salkind (2010), inclusion criteria are a collection of predefined parameters used to identify studies that will be included in a research project, exclusion criteria are a set of predefined parameters used to identify studies that will not be included or who will need to withdraw after being included. The criteria used to select the data were dependent on the research question and the aim/purpose of the research topic.

These criteria are set during the research process in order to provide validity and justification, to prevent bias, and to include all relevant previous studies based on their reliability. The articles chosen for detailed review were then evaluated for eligibility. Articles relevant to the research question and of sufficient quality were chosen for analysis based on the inclusion and exclusion criteria specified in table 2 below.

Inclusion criteria	Exclusion criteria
Article of language is English	Article of language is not English
Articles published between 2012-2022	Articles not published between 2012-2022
Articles must answer research question	Articles did not answer research question
Full-text article	Article is not full-text

Table 2: *inclusion and exclusion criteria*

The search resulted in 398 articles in total, 340 of which were discarded, and 58 were retained for review and assessment. These 58 papers were critically reviewed in accordance with the research objectives and the research question, and 48 were eliminated, leaving 10 for in-depth evaluation and analysis, which satisfied the objectives of the research study. The application of the inclusion and exclusion criteria is depicted in Figure 2.

4.4 Articles to be reviewed selection process

Firstly, the content of each academic research was individually screened during the search process. After that, both researchers carefully reviewed the abstracts of the papers chosen, and any duplicates that existed were eliminated. The authors jointly selected the articles intended to be used in the review. The selection or removal of articles with opposing viewpoints was done logically. Even in the initial stage of selection, complete text reviews were conducted on articles whose meaning could not be ascertained from the review of the summary alone. As a result, using the inclusion and exclusion criteria, research papers that covered a wide range of topics relevant to the thesis were chosen. Following separate full-text readings of the chosen articles by each author, and following subsequent meetings, discussions and agreement, the right articles were chosen for the literature review.

Secondly, each author created an original summary table of references during this period, along with any justifications for inclusion or exclusion. The authors mutually decided to take the

declaration for inclusion and exclusion into consideration. Through reasonable justifications and consultation between both authors, certain research articles were still deleted because the authors believed the studies to be unclear in relation to the thesis topic. The same applied to those articles which didn't support the aims and objectives of the thesis.

Finally, this led to the selection of the research articles for evaluation. The quality of the final chosen pieces was then evaluated both separately and collectively. There were ten final articles selected for full-text analysis. Each of the chosen full-text research articles was examined separately. As a result, the search procedure yielded 10 academic papers, which are presented in Figure 2 below.

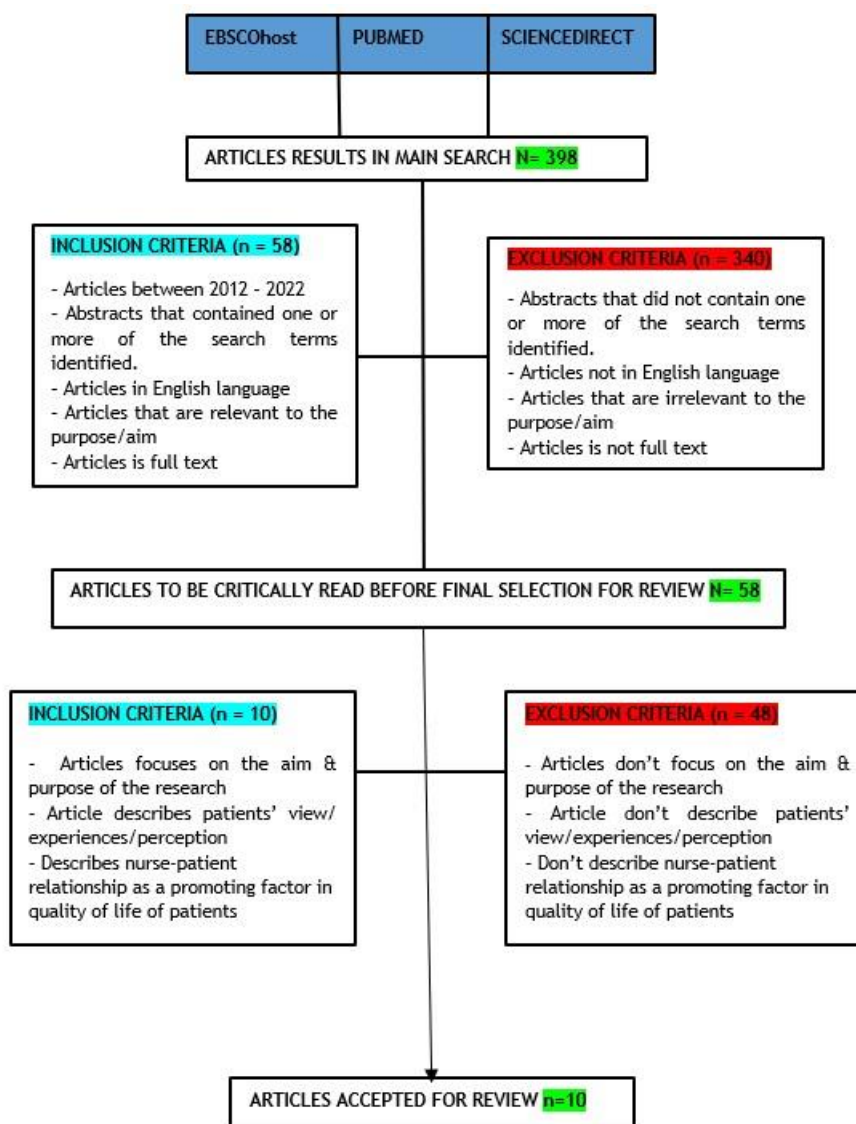


Fig 2: Data selection flow chart

4.5 Descriptive content Analysis

Without a thorough analysis, quality or quantity of the data collected is worthless. The goal of data analysis is to organize, structure, and give meaning to the collected data. It is a technique for converting unstructured, raw data into ordered data. Data analysis is mainly based on the research's purpose or aim statement and research questions. (Ibrahim 2015.) The research questions derived from the thesis are used to frame the findings in the review.

This tool was selected because, content analysis is the study of what is spoken, written, or recorded. It is a "research approach for the subjective evaluation of the content of text data," which is accomplished through a methodical and methodical coding procedure and the identification of themes or patterns. (Elo & Kyngäs 2013.) To examine or investigate a given textual material and determine the frequency, trends, structures, patterns, and relationships of words used in a particular literature, content analysis is an analytical method that uses a variety of strategies. Content analysis gives researchers the ability to analyse the findings and provides answers to their study questions by presenting the gathered and chosen data in texts or themes. (Huma & Nayeem 2017.)

By focusing on the interrelations between the concepts, ideas and themes that emerge from the reviewed text relying on conceptual analysis. Therefore, relationship analysis continues further to analyse the relationships between the ideas that have been found in each reviewed article to seek for the semantic and meaningful relations inside the article that will be analysed and reviewed. (Morais & Sampson 2010.)

The selected articles were all academic or scholarly research articles, thus the findings from the various articles were all read thoroughly. We simultaneously gathered, organized, and characterized the various data points from each chosen article included in the review using relationship content analysis. We first identified articles that responds to the research question for analysis. The research question was focused so the concept types are not open to interpretation and can be summarized. Next, we selected the text for the analysis carefully by locating enough information for a thorough analysis, so results are not limited or with having information that is too extensive so that the coding process becomes too onerous and heavy to provide relevant and valuable results.

To minimize erroneous interpretation, the researchers read the chosen papers many times and examined them together. Both authors carefully and meticulously study the results from the articles to uncover a deeper knowledge and meaning before organizing the derived information in an analytical manner. The findings from the various articles were analysed thematically by coding the concepts in an intrinsic and systematic manner way to bring out the similarities in the thematical concepts, differences, and contrasting themes of the research, which covered theoretical, interpersonal, functional, and the practical facets of human life

experiences. Using thematic coding, the related data concepts were categorized throughout analysis to explore and illustrate the various experiences, attitudes, and perspectives that patients had on the nurse-patient relationship while they were residents of nursing homes. The selected articles are displayed below in tabular form in table 3.

Table 1: Selected articles and their findings

Authors, year, & countries	Article title	Aim of the research	Main findings
Article 1: Vujanić, et al. 2022 Croatia	Patients' and Nurses' Perceptions of Importance of Caring Nurse-Patient Interactions: Do They Differ?	The main aim of this study was to identify distinctive characteristics and differences in perceptions between patients and nurses related to the importance of caring interactions and to examine the contribution of independent variables in explaining their perceptions.	According to the overall CNPI-70 scale, there was a significant difference in patients' and nurses' perception ($p < 0.001$). Patients assessed caring nurse-patient interactions significantly higher (4.39) than nurses (4.16).
Article 2: Konlan et al. 2021 Ghana	Influence of nurse-patient relationship on hospital attendance. A qualitative study of patients in the Kwahu Government Hospital, Ghana	The aim of this study is to explore patients' perceptions of the nurse-patient relationship and its influence on hospital attendance at the KGH.	Many of the participants had positive perceptions regarding the attitude of nurses, and that influenced hospital attendance while others opined that nurses' attitudes towards them made them attend a private facility.
Article 3: Haugan G. 2014 Norway	Nurse-patient interaction is a resource for hope, meaning in life and self-transcendence in nursing home patients	This study aimed to investigate the associations between hope, meaning in life, self-transcendence and nurse-patient interaction in a nursing home population.	The SEM model fit well with the present data. Significant direct relationships of nurse-patient interaction on hope, meaning in life and self-transcendence were displayed. Meaning and the interconnectedness dimension of hope appeared to be particularly dynamic resources, revealing significant influences on all the constructs in the SEM model tested.
Article 4:	Patient Experiences of Primary Care Provided by	The objectives of this study included	Patients value patient-centered care grounded in NPs' expertise

<p>Rickards T. & Hamilton S. 2020 Canada</p>	<p>Nurse Practitioners in New Brunswick, Canada</p>	<p>gaining a better understanding of 1.) the practice patterns of Nurse-practitioners, 2.) patients' experiences with receiving care from an Nurse-practitioners, and 3.) how this information could aid in future and ongoing evaluations of the Nurse-practitioners role. Although the study addressed these 3 objectives, this article focuses on findings within the patients' experiences.</p>	<p>with a focus on health promotion and self-management strategies, resulting in greater personal control over health.</p>
<p>Article 5: Chan, E. A., Wong, F., Cheung, M. Y., & Lam, W. 2018. Hong Kong</p>	<p>Patients' perceptions of their experiences with nurse-patient communication in oncology settings: A focused ethnographic study.</p>	<p>To explore patients' perceptions of their experiences with nurse-patient communication in an oncological clinical environment.</p>	<p>Two main themes were identified: 1. Nurses' workload and the environment and 2. Nurse-patient partnership and role expectations. Within these two themes were related subthemes on: Sympathy for the busy nurses; Prioritizing calls to the nurses; Partnership through relationship; Nurses' role in psychosocial care; and Reduction of psychosocial concerns through physical care.</p>
<p>Article 6: Alshammari, M., Duff, J., & Guilhermino, M. 2022. Saudi Arabia</p>	<p>Adult patient communication experiences with nurses in cancer care settings: a qualitative study</p>	<p>This study aimed to explore adult patients' communication experiences with nurses in cancer care settings.</p>	<p>Four major themes were identified and a total of eleven sub-themes. The major themes were (1) The importance of patient-nurse relationships, (2) Providing appropriate information to patients, (3) Responding to patients emotional needs and (4) Verbal communication between nurses and cancer patients.</p>
<p>Article 7: Gharibian Adra, M., Aharonian, Z., & Sibai, A. M. 2019. Lebanon</p>	<p>Exploring resident-staff relationships in nursing homes in Lebanon.</p>	<p>To explore the prevailing relationships between residents and staff in nursing homes in Lebanon, and to elicit factors that influence these relationships.</p>	<p>Two main themes representing resident perceptions about their interactions with the nurses emerged: (1) relationships to satisfy the need for physical care, (2) relationships that foster a bond of caring and trust.</p>

<p>Article 8: Drageset, J., Taasen, S. E., Espehaug, B., Kuyen, B. M., Eide, W. M., André, B., Rinnan, E., & Haugan, G. 2021. Norway</p>	<p>Associations Between Nurse-Patient Interaction and Sense of Coherence Among Cognitively Intact Nursing Home Residents.</p>	<p>To investigate the association between nurse-patient interaction and sense of coherence among cognitively intact nursing home residents.</p>	<p>Four of the 14 NPIS items revealed highly significant correlations with SOC-13 (sum score; unadjusted and adjusted for age and gender). Furthermore, the analysis adjusted for age and gender showed significant associations for NPIS (sum score) with SOC-13 (sum score), manageability, and comprehensibility. The correlation between NPIS and meaningfulness was not statistically significant.</p>
<p>Article 9: Segaric, C. A., & Hall, W. A. 2015. Canada</p>	<p>Progressively engaging: constructing nurse, patient, and family relationships in acute care settings</p>	<p>The aim of this study is to explain how nurses, patients, and family members construct relationships in acute care settings, including managing effects of work environments.</p>	<p>Forward movement through the stages of progressively engaging was associated with nurses', patients', and family members' increased satisfaction with relationships and nursing care. They described a heightened sense of trust and respect and acting in more reciprocal ways. Patients and family members experienced a greater sense of well-being, while nurses described feeling they had done their jobs well and all groups attributed these positive feelings to "doing the job with heart."</p>
<p>Article 10: Samuel P. Abraham et al. 2021 USA</p>	<p>Therapeutic Nurse- Patient Relationship with Individuals Living with A Mental Illness</p>	<p>The purpose of this review was to analyse the impact of the therapeutic relationship between nurses and clients with mental illness and explore ways of effectively developing those bonds.</p>	<p>We found that the therapeutic nurse-patient relationship is one of the most important aspects of mental health nursing, significantly improves client outcomes, and can be developed by implementing empathy, friendliness, trust, humor, genuineness, and a patient- centered attitude into the care of individuals on a psychiatric unit.</p>

Furthermore, the ten selected articles (n=10) were summarized in a tabular form based on the research design implemented in each article, the number of participants involved, whose perspective, what healthcare setting was the researched carried out in. This information is presented in table 4 below.

Table 2: Summary of the selected ten articles in terms of research method, number of participants, perspective, and healthcare setting.

No. of articles	Research design	Number of participants	Whose perspective	Healthcare setting
Article 1	Quantitative research design using questionnaires	446 participants -291 patients -155 nurses	Patients' & nurses' perspective	Hospital setting
Article 2	Qualitative research design approach. A semi-structured interview guide was used for data collection.	10 participants	Patients' perceptions	Hospital setting
Article 3	Quantitative cross-sectional design	202 participants	Patients' perspective	Nursing homes
Article 4	Qualitative & quantitative methods by collecting data through survey design	1197 participants	Patient experiences	Primary health care
Article 5	Qualitative method using interviews and observation techniques.	117 participants -93 patients -24 nurses	Patients' and nurses' perspective	Hospital setting (oncology ward)
Article 6	Qualitative descriptive design	21 participants	Patients' perspective	Hospital settings
Article 7	Qualitative method using semi-structured interviews.	13 participants	Patients' perspective	Nursing homes
Article 8	Quantitative research design using questionnaires	188 participants	Patients' perspective	Nursing homes
Article 9	Qualitative research design using glaserian grounded theory	40 participants	Patients', nurses & family perspective	Hospital settings
Article 10	Qualitative method using case studies and interviews	3 participants	Patients' perspective	Inpatient psychiatric ward
Total: 2237 participants were used in the ten selected articles to be reviewed				

4.6 Data extraction from selected articles

In this study, the use of data extraction is done with the intention of collecting information from various sources and using it to address the research problems. According to Higgins, Thomas, Chandler, Cumpston, Li, Page & Welch (2022), going back to the original articles and highlighting the data that directly relates to the study question is required. However, it was

essential to create a data extraction form to clarify this procedure and increase the validity of the findings. This stage of the research process is the most crucial, difficult, and time-consuming.

The data collection was familiarized by going through the chosen articles frequently after the group of selected articles had been chosen. The literature search process first scanned the article's names, abstracts, and text. A flowchart was used to illustrate the procedure in Fig. 2 and finish this section. Table 3 and Table 4 respectively, shows the list of articles that were chosen for this research and list the articles' titles, subjects in the study, and results. Then, a Microsoft Excel was made for noting and highlighting concepts similarity in the articles. The results were recorded and grouped into initial relevant groups which provided an overview of the potential content similarity of the data that answers the research question and aim of this study distinctly. Highlighting and colour coding were utilized extensively throughout the research process, particularly in the early phases. Additionally, each step of the procedure was meticulously documented.

To create the Findings section of the thesis, which includes the original major themes and sub-themes, the findings from the chart were encoded into the thesis document and made into a more fluent form of text (Seers 2012). The themes were then further altered and modified numerous times before coming up with of the final and most appropriate themes. It took working together as a team by the authors to complete every step of the research analysis procedure.

4.7 Information deductions and themes

The research articles were carefully read and reviewed after numerous readings. In order to answer the research primary question, "What are patients' experiences of nurse-patient relationships in healthcare settings?". We were able to identify an acceptable quantity of information on the topic in question, and several previous research investigations had been carried out by different groups from various healthcare settings.

The authors after extracting information, conclusions, and results from each selected articles, identified related information as shown in Table 5 above. Based on the content analysis's similarities, three (3) main themes and seven (7) sub-themes were identified. this was accomplished through thematic coding to explore and visualize various patient experiences and perceptions of the nurse-patient relation or interaction in the healthcare environment where the relevant research papers were conducted.

The deducted information and themes (main theme and sub-theme) from each article based of related contents from the selected articles are presented in Table 5 below.

Table 5: Deducted information from each selected article and themes

Raw data	Reduction	Codes	Themes
<p>NPR develops positive care bond and trust between the nurse and the patient (7), NPR provides development of comfort, confidence, and trust among the patients no matter how minimal it is (5), NPR makes the patient feel secure (9), NPR fosters respect, dignity, trust, and good decision-making (6), Patients felt valued, cared for, seen, and respected by the nurses (4), Patients attach significant importance of trust to the development of a caring NPR (1), NPR and nurses caring attitudes or behavior develops a feeling of connection and trust (3), NPR provides support and gives the patient a feeling of safety (6), NPR builds trust and promotes care treatment relationship (2), NPR builds trust, promotes total wellbeing of the patient, and provides satisfaction to care (8), NPR makes the patient feel secure (10)</p>	<p>Sense of security and safety</p> <p>Being valued and respected.</p> <p>Development of connectedness and dignity</p>	<p>Trust</p>	<p>Effective communication</p>
<p>Effective communication about care procedures promotes independability and a speedy recovery phase (1),</p>	<p>Nursing communication techniques,</p>	<p>Lack of communication</p>	

<p>Effective communication is the sole of nurse-patient relationship (importance of non-verbal communication and mannerism) (2), Effective and ineffective communication methods and interaction techniques between the nurse and the patient significantly influences patients' health outcomes (emotionally, psychologically, spiritually, and physically)(3), Effective communication skills (listening skills) are vital to the success of a therapeutic nurse-patient relationship in all care settings (4), Effective communication builds a collaborative and supportive NPR (5). Patients felt respected and treated as individuals (2), In-effective communication strategies affects the development of NPR (6) Effective communication (verbal and non-verbal) made the patients feel warm and valued (7) Nursing communication techniques give patients a better understanding of what to anticipate from their treatment (8) Quality verbal and non-verbal communication skills improves NPR (9)</p>	<p>Non-verbal communication and mannerism Inappropriate communication methods Ineffective interactions</p>		
<p>Every patient is seen as a unique individual (7), Patient felt treated as a priority (5), NPR establishes hope within the patients and gives them a sense of humanism & individuality (1), NPR ensures that the basic care needs of the patients are met (7), NPR fosters hope, meaning-in-life, and self-transcendence among patients (3), NPR is a vital resource that strengthens the sense of being treated as individuals</p>	<p>Individualized care</p>	<p>A patient seen as an individual</p>	

<p>(individualized care) (8), NPR reduces anxiety and promotes individualized care (10)</p>		
<p>A holistic approach to nurse-patient relationship promotes overall wellbeing of patients (3), NPR fosters support which leads to patient quick recovery (7), NPR leads to an exceptional quality of care (4), NPR alleviates the patients suffering due to emphatical feeling from the nurse which in turn speeds up the patient's recovery progress (10), NPR is a partnership that promotes the quality of care a patient receives during their stay in any care settings (5), NPR ensures that patients' basic needs are met during the process of nursing care (1), NPR helps in maintaining and restoring patients' health (4), NPR provides support to patients and their families (10)</p>	<p>Improved health-outcomes</p>	
<p>Patients' response to nursing care determines the development of NPR (1), challenging attitude of patients de-orientates the building of NPR (5), impact of patient's personality on solid connections between the nurse and the patient (8)</p>	<p>Patient behavior towards nurses during NPR</p>	
<p>Nurses tend not pursue personal connection with patients due to health organizational problems (2), shortage of nursing staffs, busy work schedules and lack of interpersonal skills among nurses are problematic factors in NPR (5), NPR tends to be affected negatively by healthcare management</p>	<p>Nurses' shortage Interpersonal skills for NPR</p>	<p>Influence of lack of nurses on patients experiences of NPR.</p>

(shortage of nurses, lack of appropriate training for nurses to improve their interpersonal skills in handling patients as customers) (9)		
---	--	--

5 Findings

In this section, the research articles are reviewed extensively in relation to the purpose statement and research question and discussed in depth. Three main themes emerged from the data analysis conducted: Effective communication, A patient seen as an individual, Negative nurse-patient relationship experiences and seven sub-themes: Trust, Lack of effective communication, Individualized care, Progressive health outcomes, Patient attitude towards nurses during nurse-patient relationship, Nurses' shortage, and Interpersonal skills for NPR.

5.1 Effective communication

Effective communication is required for the establishment of nurse-patient relationships. Nine (9) of the articles chosen focused on therapeutic communication between the nurse, caregiver or staff and the patient (Vujanić, Mikšić, Barać, Včev & Lovrić 2022; Konlan, Saah, Doat, Amoah, Abdulai & Mohammed 2021; Haugan 2014; Rickards & Hamilton 2020; Chan, Wong, Cheung & Lam 2018; Alshammari, Duff & Guilhermino 2022; Gharibian, Aharonian, & Sibai 2019; Drageset, Taasen, Espehaug, Kuven, Eide, André, Rinnan & Haugan 2021; Segaric & Hall 2015). Both patients and nurses used successful communication techniques to start and progress ethical relationships in care settings. According to the patients' experiences, communication is the foundation of the connection and trustworthiness of the care they are receiving. When the communication process is effective, nurses can readily teach patients about the disease and its treatment, allowing the patient to have a better understanding of the care process. (Vujanić et al. 2022; Chan et al. 2018; Gharibian, Aharonian, & Sibai 2019.)

Building strong Nurse-patient relationships that enhance medical outcomes requires effective communication skills. The patients appreciated being listened to. Effective communication can be both verbal and non-verbal. Patients said it was crucial for nurses to have an optimistic attitude and behave positively because they are the ones who are providing them with care, and this may contribute to better patient health outcomes. (Drageset et al. 2021; Konlan et al 2021.)

Patients value being provided the time and attention necessary to share their individual needs (Haugan 2014). Depending on the patient's specific needs and the nature of their medical situation, effective communication is given. For patients to comply, lessen their worry, and feel supported, they need to comprehend each stage of the care process. The residents were able to assess the personal characteristics of their caregivers through communication with the nursing staff and observation of their vocal and nonverbal behaviour. Some of them said that when they were handled with respect, they felt comfortable and valued while some reported that they easily developed trust for the nurses because they communicated about their care process in a manner that they could comprehend. (Gharibian, Aharonian, & Sibai 2019; Haugan 2014; Rickards & Hamilton 2020; Segaric & Hall 2015.)

Effective communication and interaction in nurse-patient relationship within the context of healthcare settings can also enhance the patient's psychological, physical, and functional state as well as their level of acceptance and compliance. Communication is a vital component provision of exceptional nursing care to patients. The ability of nursing staffs to effectively communicate and gain the patient's trust is essential for providing high-quality patient care, reducing patients' stress, guilt, suffering, and illness symptoms, and promoting patient safety. (Rickards & Hamilton 2020; Drageset et al. 2021; Vujančić et al. 2022; Konlan et al. 2021; Haugan 2014; Chan et al. 2018; Alshammari, Duff & Guilhermino 2022.)

5.1.1 Trust

Nurses may only gain the trust of their patients by effective communication, which is a key component of relationships between nurses and patients in healthcare settings. Nurse-patient relationship and the act of building it initially originate from the nurse, which appears to be a key component in the development of trust between a nurse and a patient. In order to best meet each patient's needs, nurses modified their conduct and communication approach. (Haugan 2014; Vujančić et al 2022.) Building relationships based on trust is the goal of this effective communication strategy. The first impression a patient has of a nurse can have a big impact on whether that patient is ready to start putting their trust in that nurse. (Alshammari, Duff, & Guilhermino 2022; Segaric & Hall 2015). During the initial encounter, a nurse's communication and involvement with the patient are crucial in building trust that will last throughout the entire care relationship (Chan et al. 2018).

Majority of patients overall demonstrated that nurses developed trusting relationships with them as patients, which benefited the care relationship that was formed. The way a nurse conducts themselves while performing their duties is crucial for building trust. A nurse who is extremely attentive and helpful, demonstrating care by not only caring for the patient but also caring about the patient needs, is supportive and this facilitates in the growth of trust. (Segaric & Hall 2015; Alshammari, Duff, & Guilhermino 2022.) Patients claimed that it is a lot easier for

a patient to develop a relationship with and subsequently start to trust a nurse who comes across as pleasant and friendly from the initial meeting as opposed to a nurse who appears to be rude. The growth of trust is likely to be positively impacted if the patient feels at ease with the nurse after making a connection. Additionally, establishing a relationship with the patient's family or other loved ones helps the nurse and patient build trust. (Drageset et al. 2022; Chan et al 2020; Vujanić et al 2022.)

Sometimes the things identified as "unimportant" in the communication and relationship between a nurse and a patient, such as addressing the patient, reacting positively to questions, and acting on their demands, having mutual conversations with them, are considered essential for the development of trust between a nurse and a patient in the care relationship (Rickards & Hamilton 2020). Trust is easier to develop when the nurse appears cheerful, easy to communicate with, supportive, positive, and truly cares about the patient than when the nurse behaves totally oppositely towards the patient (Gharibian, Aharonian, & Sibai 2019). Furthermore, positive nurse-patient relationships can erase a patient's prior negative perceptions and experiences. The patient's problems are frequently connected, and NPs are aware that by taking the time to observe, they can gain a better grasp of the patient as a whole. Nobody can be helped in terms of their wellbeing if you don't listen to what they have to say. The nurse-patient relationship can be improved or hindered by body language and gestures by the nurse or patient. Lack of quality communication hinders the patient's ability to develop trust for the nurse during the care process. (Vujanić et al 2022; Rickards & Hamilton 2020; Konlan et al 2021.)

5.1.2 Lack of effective communication

Lack of communication results in a lack of relationship, which undermines trust and makes the patient nervous. The effectiveness of the care given might be hampered by lack of effective communication. Lack of proper communication between nurses and patients can happen for a variety of reasons, both deliberately and unintentionally; because the needs of patients might develop unexpectedly and the health condition of the patient can change swiftly. (Haugan 2014; Konlan et al. 2021.)

Konlan et al (2021), highlighted that poor communication between nurses and patients is a significant barrier to the provision of nursing services in most hospitals settings. Poor or lack of effective communication can lead to misinterpretation of information and increases stress in the nurse-patient relationship, which may result in conflict or abuse by either the patient or the nurse. In nurse-patient relationship, communication is a crucial means of interaction and connection. When a nurse is caring for a patient, successful engagement of the patient in his or her own care and administration depends on clear communication and accurate information dissemination. (Konlan et al. 2021; Vujanić et al 2022.)

5.2 A patient seen as an individual

The nurse-patient relationship empowered the nurses to treat each patient as a unique individual with his or her specific care needs rather than just as a patient with a specific illness. To build rapport with their patients, nurses refer to them on the basis of who they were prior to their sickness rather than concentrating on their current weaknesses. (Haugan 2014.) Patients responded by saying they don't feel cared for if nurses only ask them health-related inquiries; instead, they prefer to be engaged with, conversed with, and actively listened to by nurses and care providers. Patients feel more respected when there is a good nurse-patient relationship, which raises their sense of self-respect and dignity. (Drageset et al. 2021; Girard, Fox, LaLonde & Abraham 2021.)

Knowing the patient and "making them feel like a real person" are essential components of the nurse-patient relationship. Positive care relationships are the outcome of getting to know the patients' basic needs, life experiences, and preferences. (Gharibian, Aharonian, & Sibai 2019; Segaric & Hall 2015.) Patients stated that they felt the need to be treated as persons rather than as patients with a medical disease and that they had to be recognized as the individuals of their own experiences. Patients elaborated that they want to feel unique and wish their relationships with the nurses can be more intimate. (Konlan et al. 2021; Vujančić et al. 2022.)

5.2.1 Individualized care

Good nurse-patient relationship makes sure that a patient receives more person-centred and individualized care. Nurses deliver quality care, good quality information and support based on the unique requirements of each patient when nurse-patient relationship is engaged. (Konlan et al. 2021; Alshammari, Duff & Guilhermino 2022.) It ensures that the manner in which the patient's care plan is organized, managed, and provided is up to the patients' discretion and control the unique strengths and specific needs of the patients are taken into consideration, as well as "what's important to them" to them. (Haugan 2014; Vujančić et al. 2022.)

Individualized patient care signifies a positive change in the patient and nurse's relationship. nurse-patient relationship offers a beneficial change in the balance of power and decision-making that allows the patient to speak up, be heard, and sense a connection to the nurse, care team, and healthcare system. Individualized care enhances the patient's health and welfare and relieves pressure on the nurse, caregiver, and healthcare team because there is a better knowledge of the patient's needs and how to meet these specific needs related to each patient. (Konlan et al. 2021; Chan et al. 2018; Gharibian, Aharonian, & Sibai 2019.) Patients want to be treated as unique individuals, and in order to effectively provide genuinely individualized treatment, patients' humanity must be properly acknowledged (Alshammari, Duff & Guilhermino 2022).

5.2.2 Improved health-outcomes

The patient's health-related outcomes have been shown to be influenced by nurse-patient relationship (Girard, Fox, LaLonde & Abraham 2021). Empathy, confidence, advocacy, informed feedback, and attending to the patient's unmet needs are all components of effective therapeutic relationships. This kind of professional connection can increase patient happiness, shorten hospital stays, and progressively improve the patient's health and well-being. A patient's recovery and the quality of their treatment are influenced by the interaction between a healthcare worker and the patient (Drageset et al. 2021; Haugan 2014).

When a patient visits a health care unit, they always anticipate receiving quality treatment and improved health outcomes prior their arrival to the healthcare setting. Patients who trust and feel at ease with their nurse are more likely to pursue better-quality treatment plans and play an active part in their treatment and care process therefore recovering at a more rapid pace. (Rickards & Hamilton 2020; Konlan et al 2021.) All medical and non-medical problems, from social to emotional variables, that may have an effect on a patient's health can be identified and addressed by nurses with the assistance of a solid relationships, communication, and interaction. (Haugan 2014; Alshammari, Duff, & Guilhermino 2022; Girard, Fox, LaLonde & Abraham 2021.)

The nurse-patient relationship is an important part of the healthcare delivery process that can have a substantial influence on the quality of treatment that the patient receives and how fast they recover or get rehabilitated (Segaric & Hall 2015). The goal of medical care is to interact with patients in a manner that encourages them to accept their rehabilitation rather than merely administering treatments and medications. By doing this, patients may obtain the most thorough and efficient care possible. (Vujančić et al. 2022.)

5.2.3 Patient behaviour towards nurses during NPR

Patients recommended that patients and nurses should have better interaction and display an equally positive attitude and behaviour toward one another. Some of the participants made the observation that while nurses should always maintain a positive attitude and demeanour, there are instances when specific patients are to blame (Girard et al 2021;Konlan et al. 2021.) They claimed that some patients treat nurses rudely and without cause, which may have an impact on other patients and the nurses' dispositions throughout the course of the day as they provide care services. It's critical that patients appreciate nurses in order to have better relationship with them. (Konlan et al. 2021).

In order for the nurse to be able to support understand and empathize with patients, the majority of participants recommended that patients should discuss their concerns with the nurse. By doing this, a comprehension and rapport are established before nursing care is provided. In contrast, nurses should be able to explain to patients why they are unable to provide certain services immediately the patient needs it. (Gharibian, Aharonian, & Sibai 2019; Konlan et al. 2021; Girard et al 2021.) Relationships between patients and nurses were largely influenced by patient reaction. Many participants felt they could easily converse with the nurses, which helped them characterize their response and interaction with the nurses as positive. The participants discussed the significance of other reactions as well, stating that a nurse's gesture or countenance was sufficient to give them the support and confidence they needed. A few of the patients had various viewpoints, and they described slightly different interactions with the nurses. For instance, some participants complained that the nurses "merely give the medication and leave," with little contact or reaction. (Drageset et al. 2021; Alshammari, Duff, & Guilhermino 2022.) The fact that the patients understood the nurses' hectic schedules had an impact on how they perceived the nurses' responsibilities and interacted with them. Patient perceptions of the nurses' duties and encounters with them were affected by the patients' awareness of the nurses' busy schedules (Rickards & Hamilton 2020. Drageset et al. 2021)

5.3 Problematic nurse-patient relationship experiences

A phenomenon unique to the entire globe is the perception of nurses' attitudes toward patients in healthcare environments. In most healthcare environments, the provision of nursing services is severely hampered by the lack of effective patient-nurse communication (Rickards & Hamilton 2020). Negative personality traits of nurses, job fatigue, insufficient skills, and a negative attitude of nurses toward nurse-patient relationships are all significant obstacles to developing a positive nurse-patient relationship in the healthcare setting. However, a few patients claimed to have had a negative experience with nurses or caregivers. (Chan et al 2018;Konlan et al. 2021). This negative mindset was brought on by the manner and timing with which the nurse interacted with the patient. Some of the particular experiences were connected to the nurse giving an instruction to a patient, especially when the patient was in pain. Participants reported that some nurses were unkind and rude while administering care. (Konlan et al. 2021.)

It is essential that nurses become more knowledgeable about their patients' health challenges and make plans to strengthen their interactions with patients. Ignorance of a health condition or circumstance frequently results in the display of unacceptable or negative attitudes and stigmatizes certain patient categories and encourages the exhibit of unacceptable behaviours toward patients while receiving care services (Konlan et al. 2021; Segaric & Hall 2015; Chan et al 2018.) Participants felt that negative nurse-patient interactions were mainly caused by

nurses' lack of adequate interpersonal skills and lot of work stress due to staff- shortage during shifts above all other factors (Konlan et al. 2021)

5.3.1 Influence of lack of nurses on patient experiences of NPR

Patients illustrated that lack of nurses in their various healthcare settings has a significant impact on how the patients are treated while receiving care, and how it's adverse effect in building a solid relationship with the nurse. The lack of nurses in healthcare environments also has an impact on the health of the nurses themselves because of the increased workload, which can lead to workplace stress, anxiety, and physical and mental health problems, which in turn affects how the nurses interact with their patients. (Konlan et al. 2021; Chan et al 2018.) Nurse shortages have an adverse effect on patient care because worn-out nurses are unable to provide the best possible care, and the load on nurses can only be reduced by recruiting more nurses and increasing the patient-nurse ratio so that the nurse-patient relationship can be curative and effective (Chan et al 2018; Rickards & Hamilton 2020).

The lack of nurses and the time restraints they experienced, while also engaging in a variety of nursing routines and documentation processes, were clear indicators of the nurses' heavy burden. Patient perceptions of the nurses' duties and encounters with them were affected by the patients' awareness of the nurses' busy schedules. The hospitals' congested and noisy physical environment also made it difficult for nurses and patients to communicate with one another. (Segaric & Hall 2015; Konlan et al. 2021; Chan et al 2018.) More time should be allocated for nurses to engage with their patients. Furthermore, consistency of care providers has been shown to be important for nurse-patient relationship as well as mutuality in relationships with patients (Haugan 2014). The different demands placed on the nurses were also observed, which showed how they carried out their duties in a busy workday and how their work routines and need to multitask would obstruct nurse-patient interaction, communication, and relationships. (Rickards & Hamilton 2020; Konlan et al. 2021.)

5.3.2 Interpersonal skills for NPR

Many of the participants mentioned that nurses should act professionally and patiently when dealing with patient-nurse interactions (Konlan et al. 2021). Most often, a nurse is the patient's first point of interaction with a healthcare institution, so it is crucial that nurses have excellent interpersonal skills. In order to care for numerous patients, nurses manage a variety of everyday tasks while collaborating with other nurses and members of the healthcare team. (Chan et al 2018; Konlan et al. 2021.) nurses and healthcare workers who possess excellent interpersonal skills can build rapport with patients and elicit supportive responses to medical care plans. By exhibiting interpersonal skills with the patients, nurses can build strong relationships with both the patients and their families, resulting in a collaborative relationship that will be advantageous to both parties throughout the course of treatment This ongoing, positive

relationship has a significant influence and promotes effective medical interventions for to meet the patient medical and non-medical needs. (Rickards & Hamilton 2020; Konlan et al. 2021.)

Patients' perceptions of nurses will improve as a result of interpersonal skills and sufficient distribution of nurses. Nurses will also be motivated to work hard and professionally, which will strengthen the nurse-patient relationship (Konlan et al. 2021). Nurses' compensation and appreciation for care is still a key factor in overall work happiness and can enhance the interaction they have with patients. For nurses to develop their interpersonal skills in dealing with patients as clients, some of the interviewees said that hospital administration must offer in-service training (Konlan et al. 2021; Rickards & Hamilton 2020; Segaric & Hall 2015.) Nurses must be trained to handle all kinds of situations; they should be able to maintain their composure under pressure (Segaric & Hall 2015).

From the patients' point of view, nurses must thrive to be patient, warm, accommodating, empathic, compassionate, kind, sympathetic and professional when working or responding to their needs (Haugan 2014). The effectiveness of the care connection that is created is improved by effective nurse-patient relationship, so it is crucial that nurses are able to deal with personal problems and preconceptions without allowing that affect their relationship with the patients. (Konlan et al. 2021; Segaric & Hall 2015) Patients believe that nurses' absence of professional knowledge and adequate interpersonal skills causes them to form detrimental impressions. Contrarily, nurses with a positive attitude and skills will improve the professional health settings environment whereas nurses with cautious and introspective personalities may negatively impact professional environment, particularly in the area of effective communication (Chan et al 2018; Rickards & Hamilton 2020; Konlan et al. 2021.)

6 Discussion

The purpose of this study was to analyze patients' experiences of nurse-patient relationships in healthcare settings using a descriptive literature review. ScienceDirect, PUBMED, and EBSCOHost were searched for relevant articles for the review. Ten papers were chosen for in-depth reading and analysis using the content analysis approach. Articles that did not match the eligibility requirements or were unrelated to the research question were discarded. However, every article that was chosen discussed various NPR patient experiences.

Previous studies on this topic have proven the significance of patients' experiences of nurse-patient relationships in healthcare settings and have outlined the elements that influence the continual development of this relationship. This study was conducted to synthesize current evidence-based knowledge of the various patient experiences in order provide

more information on the subject matter that would be beneficial for nursing practice. Comparing the results of the completed analysis to the earlier study, none were contradictory. All the selected articles for review however, emphasized the value of communication as the foundation of an effective relationship between a nurse and a patient in healthcare settings.

The concept of "patient experience" is multidimensional and encompasses a variety of aspects of treatment, including both the interpersonal aspects of the care received and the patient's interactions with healthcare settings. Patient experience represents the quality of treatment from the patients' perspectives and is fundamentally based on their preferences and beliefs. The more positively patients perceive their treatment, the more probable it is that they will feel appreciated by healthcare professionals and have high levels of commitment toward the nurse-patient relationship. (Faraz, Jenni & Martin 2014.) Nursing staff members provide a wide range of services as part of the holistic care model and spend the most time with patients while they are in any aspect of the healthcare environment than any other medical staff (Park, Xu, Smith & Otani 2020). The nurse, followed by the doctor, the type of healthcare setting, and other staffing domains, have reportedly been shown to be by far the most significant determinants of patients' experiences (Faraz, Jenni & Martin 2014). A study revealed that patients' experiences with nurse-patient relationships have a direct and considerable impact on how they evaluate hospital services and whether or not they are likely to return to that specific healthcare facility (Chen et al 2022).

Our research suggests that good, efficient, and effective communication is what fuels a healthy nurse-patient relationship or interaction. The studies selected how crucial effective communication is to the nurse-patient relationship. It is evident from Nurses play a crucial role in educating and passing of information to patients. This information is used to support patient decision-making and autonomy, to help patients understand their health condition, the duration of their treatment plan, and any possible adverse effects of their care process (Al Fozan 2013).

The nurse-patient relationship should be established in a manner that it fosters feelings of safety and trust. The patient must feel heard and appreciated in any healthcare setting within which they are receiving treatment, as well as knowing that support is accessible and that their care is being continued. (Karlsson & Berggren 2011). As this study has shown, patients' perceptions of the quality of the care that nurses provide are significantly influenced by the attitude that nurses exhibit while providing such care. The essential principle of care is to respect the patient's sense of worth and morals.

According to Twayana & Adhikari (2015), Patients' perceptions of the nurse-patient relationship are influenced by the quality of the care they receive and their interactions with the nurses. This is significant because it influences how well patients will do physically, emotionally, or

psychologically both during and after their course of treatment, which is why it is also thought to be a key factor in measuring and ensuring the quality of care (Chen et al 2022). Prior experiences impact how patients perceive and assess the care they receive, and when symptom management is satisfied successfully, patients offer positive feedback about the care they receive (Marsh, Peacock, Sheard, Hughes & Lawton 2019). When a patient's wants and expectations are entirely satisfied, it is claimed that patient satisfaction has been attained. Studies have shown, however, that if the patient's psychological and emotional demands are not also fulfilled, regardless of the quality medical treatment they may get, they will not be completely satisfied with the care given. (Twayana & Adhikari (2015.) The relationship that develops between the nurse and the patient during care is the foundation of their interaction connection. This interaction includes the sharing of thoughts, feelings, and actions. (Mitchell 2007.)

Elwin (2010), outlines that the foundation of care experience, which has the most profound effect on patient experience and satisfaction, is established by a positive nurse-patient relationship. Patients form opinions about the hospital services based on how nurses engage with them and their co-workers, as well as how they interact with them (Chen et al 2022). The patient feels safe and has positive experiences of the treatment because of the nurses' responsibility, dedication, empathy, and interest in the patient's health issues. This continues to demonstrate how patients' perceptions of their happiness with the care are a key element in determining the standard of care services. (Garczyk, Jankowski, Misterska, Głowacki, Żukiel & Kowalska 2013.)

The nurse-patient relationship in a healthcare settings benefit from the connection between the nurse and the patient, thus the orientation and identification phases are very crucial stages that cannot be over-emphasised. The nurse's efforts throughout this time phases must prioritize fostering the patient's autonomy and individuality. (Forchuk 2021.) Within the exploitation phase of the nurse-patient relationship, it is essential for the nurse to fully comprehend the reasons for the patient's behaviour, attitudes, and actions in order to meet his or her needs and give individualized treatment or care to the patient (Hagerty 2017). The workload of the nurses, their level of stress at work, and the patient's attitude in the healthcare environment all had an impact on the flow of information and the decisions made by the patients (Ahmad & Alasad 2007).

The nurse's interpersonal skills, abilities and competence also plays a significant role in the development of the nurse-patient relationship; and it includes competencies in the practical facets of nursing such as health promotion, pain assessment and management, and psychological support. some nurses may find it difficult to connect with patients, and they may even choose to emotionally disconnect themselves from the patients in order to protect themselves based own experiences. (Oudshoorn, Ward-Griffin & McWilliam 2007.) However,

nurses must be able to interact with patients in order to establish a therapeutic relationship. The nurse should ideally develop into an empathetic friend who gets to know the patient well, helps the patient feel normal, and can also provide them medical advice and support. (Garczyk et al 2013.)

Time is a crucial and essential resource in relationships since without it, no relationships cannot develop. Nevertheless, because time is limited, nurses frequently feel they must prioritize and disregard some areas of care. (Glantz, Örmon & Sandström 2019). On an organizational level, it's critical to recognise and emphasize the value of spending valuable time with patients. Organizational policies influence the nurse-patient relationship in certain ways, such as understaffing. Additionally, in order for nurses to establish and sustain mutually beneficial relationships with patients, the support and collaboration of the entire care team is required. (Oudshoorn, Ward-Griffin & McWilliam 2007.) Nurse-patient relationship may be regarded as a relationship between a patient and the healthcare environmental facilities in rather than being characterized as a one-to-one interaction with only the nurse (Karlsson & Berggren 2011).

7 Ethical consideration

Ethics are the guiding concepts, ideals, or norms that direct a researcher's work while they are carrying out a research study. It involves an array of regulations and practices that govern how the researchers behave themselves while conducting the research study. Ethical issues and guidelines need to be carefully considered when conducting any form of research. Informed consent, relationships between participants and researchers, accessing data, confidentiality, anonymity, sampling size, and analysis of data are some of these ethical considerations. Ethics are principles that separate right from wrong. They are standards of behaviour that set apart acceptable from unacceptable actions in a research process. (Finnish National Board on Research Integrity TENK 2019.) Following Laurea's instructions, the primary sources of references were arranged alphabetically. We rigorously adhered to the ethical considerations in our study in a number of different ways. We didn't need permission to conduct our study because it was based on a literature review; instead, we just had to present our research plan to our supervising teachers, who gave us permission to proceed.

Clinical research is becoming more and more significant in the development of evidence-based clinical practices. As a result, discussing the subject of ethical dilemmas in such research is becoming increasingly significant in carrying out any kind of study. The ethical guidelines for doing scientific research, other researchers, and their contributions to the field of science were all respected during the conduct of this study. (Resnik 2011.) Accuracy and preciseness were one of the most important ethical standards of our study. The accuracy of facts that was achieved and persisted throughout the thesis process. however, this was made possible by

strictly adhering to the ethical principles and guidelines, resulting in a legitimate outcome and accurate findings.

Ethical approval, participants' permission and consent were mentioned in all of the research papers employed in this thesis study. Plagiarism is a serious issue; however, it was avoided in this thesis by rewriting the language of the sources and referencing the authors of the ideas and conclusions. The usual guidelines, such as honesty in scientific communications, were very carefully followed when evaluating data from various sources based on our study. Without engaging any fabrications, plagiarism, or other types of falsification, the data was analysed as correctly as possible to present a complete account of all research findings.

7.1 Validity and reliability of research

Validity of a research is described based on the degree of accuracy and preciseness with which an instrument measures what it is designed to measure (Connelly 2016). A valid study makes sure that the findings are interpreted correctly and in a way that is reasonable and trustworthy in light of previous studies (Silverman 2013). Due to the involvement of two authors in this study, the data obtained is correctly analyzed without having its meaning altered in order to prevent information falsification and misunderstanding. The use of inclusion and exclusion criteria helps to guarantee the accuracy and relevance of the data collected for the study (Moule & Goodman 2014). The study that was done was based on prior research studies from other authors, therefore the validity of the literature reviews mostly rested on the information gathered from the study materials used during the entire research process. Since the study was performed in English and all of the selected research articles used were written in English as well, it was simple for us to evaluate, assess, analyse and interpret the information in accordance with the study's focus.

Reliability of a research is defined as testing the trustworthiness of the utilized measures and how well they capture the expected outcomes (Silverman 2013). A trustworthy study demonstrates adequate consistency between data from the same category collected by various or the same authors. A trustworthy study needs to be verifiable, transferrable, dependable, and reputable. In other words, conclusions should be unbiased, true, relevant to different situations, consistent, and repeatable. Credibility, or the truth of the study and its conclusions, is what makes a study trustworthy. (Dudovskiy 2017.) The term "transferability" describes how well the study's conclusions may be used in different contexts. Confirmability refers to how impartial the study's conclusions are, or how free it is from individualized prejudice or ulterior objectives. (Moule & Goodman 2014.)

An significant factor was the reliability and authenticity of the original studies used in this thesis. To guarantee the most recent research articles was used, the literature review only included publications from 2012 to 2022. Only trustworthy databases were utilized to gather

information for this thesis, and the writers did their best to evaluate the quality of the papers they chose for study. The data search procedure, analysis, and conclusions were all thoroughly documented. Laurea University of Applied Sciences provided the databases that were utilized. In order to use the most appropriate research studies, the data was examined carefully while keeping in mind the research questions. Additionally, each author individually conducted the search procedure, and each author evaluated the potentially relevant research articles. The inclusion of articles into the study only happened when both authors felt they satisfied the criteria. The accuracy and dependability of all the data utilized were confirmed by double verification. Finally, dependability relates to the study's validity and its capacity to be replicated with accurate findings.

7.2 Limitations of the study

According to USC Libraries (2014), a research's limitations are its design or methodology features that have an impact on how the study's findings were applied or interpreted. Even if the study's objectives and purpose have been accomplished, this thesis has limitations because of the research procedure. The primary limitation of this study was the lack of complete access to more relevant literature. Despite visiting other libraries, access to the majority of the high-quality articles was restricted. As a result, it's possible that the review overlooked some crucial and pertinent information that may have been examined in this thesis work. The results of this study were gathered using a data collection made up of articles from multiple countries; As a result, the findings are not exclusive to a particular culture, ethnic group, or country.

Interestingly, there hasn't been much study done on how patients feel about nurse-patient relationship in the general healthcare settings. The majority of the research focused on the nurse's perspective, or opinions or views of the nurse-patient relationship. Despite these shortcomings, this study is appropriate for readers who want to learn more about how patients view, perceive, and experience nurse-patient relationships in healthcare settings. Additionally, the authors improved their teamwork abilities and learned how to conduct research utilizing a descriptive literature review. They also undoubtedly improved their research planning capabilities.

8 Conclusion

According to the findings, there are a variety of ways that nurses' behaviours or attitudes, interpersonal skills, and unfavourable working conditions, staff shortage amidst others might influence the nurse-patient relationship in healthcare settings. A nurse should take the demands of a patient into careful consideration and respond to them as soon as possible. A relationship that fosters the development of trust and patient safety during the patient's care

process in any type of healthcare environment can be formed when there exists effective communication between a nurse and a patient. Additionally, the caring relationship between both parties might help the trust flourish and even strengthen it. A patient's trust is increased when they are interacted with in a pleasant, caring way, which builds on small gestures like a warm greeting and good responses.

The evolution of the nurse-patient relationship is significantly influenced by the professional, interpersonal, emotional, and ethical competence of the nurse. Nevertheless, organizational rules have a significant impact on how nurse-patient relationships develop and evolve in healthcare settings. To ensure that patients receive high-quality healthcare, nurses must be given the time and support they need to build and sustain meaningful therapeutic connections with patients. Additionally, a great deal more study is required to comprehend the breadth and complexity of the variables impacting patients' opinions or experiences regarding the growth of a healthy nurse-patient relationship. Furthermore, the benefits of a good rapport between a nurse and patient in healthcare generally should not be underestimated.

9 Recommendation

Recognizing the fundamental connection that exists between patient-perceived quality of nursing services and patient experiences will allow healthcare settings nurses and nurse-managers to build nurse-patient relationship initiatives, which will lead to improved efficiency and effectiveness in healthcare environment and management. Administrators of hospitals and nursing supervisors should continue their efforts to combat the propensity of standardizing and streamlining the delivery of care to patients by ensuring enough staffing and less stressful working environment. They should also look into how changes in organizational structures, culture-shaping initiatives, and adequate training for nurse employees can be used to create a nursing care environment that is patient-centred and effective communication between the nurse and patient is ingrained into the nurse-patient relationship during in daily care practices.

References

Aaronson E.L., Mort E., Sonis J.D., Chang Y., White B. A. 2018. Overall emergency department rating: Identifying the factors that matter most to patient experience. *The Journal for Healthcare Quality (JHQ)*, 40(6), 367-376.

Agency for Healthcare Research and Quality 2022. What Is Patient Experience? Accessed 10 April 2023. <https://www.ahrq.gov/cahps/about-cahps/patient-experience/index.html>

Ahmad, M.M. and Alasad, J.A. 2007. Patients' preferences for nurses' gender in Jordan: *International Journal of Nursing Practice*, 13: 237-242. Accessed 10 April 2023. <https://doi.org/10.1111/j.1440-172X.2007.00633.x>

Al Fozan H. 2013. Patients and Family caregivers' satisfaction with care delivered by Saudi Nurses at National Guard Health Affairs Hospitals in Saudi Arabia: *J Nat Sci Res.* 2013;3(12):67-74.

American Geriatrics Society Expert Panel on Person-Centered Care 2016. Person-Centered Care: A Definition and Essential Elements. *Journal of the American Geriatrics Society*, 64(1), 15-18. Accessed 04 January 2023. <https://doi.org/10.1111/jgs.13866>

American Nurses Association. 2016. What Nurses Do? Accessed 30th August 2022. <http://www.nursingworld.org/EspeciallyForYou/What-is-Nursing/Tools-YouNeed/RNsAPNs.html>

Arungwa O.T., 2014. Effect of Communication on Nurse-Patient Relationship in National Orthopaedic Hospital, Igbobi, Lagos. *West African J. Nursing*, Vol.25(2):37-49

Aveyard, H. 2010. *Doing a Literature Review in Health and Social Care: A practical guide.* McGraw-Hill Education.

Babiker, A., El Husseini, M., Al Nemri, A., Al Frayh, A., Al Juryyan, N., Faki, M. O., Assiri, A., Al Saadi, M., Shaikh, F., & Al Zamil, F. 2014. Health care professional development: Working as a team to improve patient care. *Sudanese journal of paediatrics*, 14(2), 9-16.

Baird, E. O., Brietzke, S. C., Weinberg, A. D., McAnany, S. J., Qureshi, S. A., Cho, S. K., & Hecht, A. C. (2014). Ambulatory spine surgery: a survey study. *Global spine journal*, 4(3), 157-160. Accessed 10 April 2023. <https://doi.org/10.1055/s-0034-1378142>

Balzer Riley, J. 2012. *Communication in Nursing*, 7th edition: St.Louis, MO: Elsevier Mosby.

Barker, H. R., Griffiths, P., Mesa-Eguiagaray, I., Pickering, R., Gould, L., & Bridges, J. (2016). Quantity and quality of interaction between staff and older patients in UK hospital wards: A descriptive study. *International journal of nursing studies*, 62, 100-107. <https://doi.org/10.1016/j.ijnurstu.2016.07.018>

Bendapudi, N. M., Berry, L. L., Frey, K. A., Parish, J. T., & Rayburn, W. L. 2006. Patients' perspectives on ideal physician behaviors: *Mayo Clinic proceedings*, 81(3), 338-344. Accessed 06 February 2023. <https://doi.org/10.4065/81.3.338>

Bowling, A., Rowe, G., & McKee, M. 2013. Patients' experiences of their healthcare in relation to their expectations and satisfaction: a population survey. *Journal of the Royal Society of Medicine*, 106(4), 143-149. Accessed 10 April 2023: <https://doi.org/10.1258/jrsm.2012.120147>

Brown, B.B., Patel, C., McInnes, E. et al. 2016. The effectiveness of clinical networks in improving quality of care and patient outcomes: a systematic review of quantitative and qualitative studies. *BMC Health Serv Res* 16, 360. <https://doi.org/10.1186/s12913-016-1615-z>

Buljac-Samardžić M., van Woerkom M. 2018. Improving quality and safety of care in nursing homes by team support for strengths use: A survey study. *PLoS ONE* 13(7): e0200065. Accessed 12 March 2023. <https://doi.org/10.1371/journal.pone.0200065>

Carr, R. 2017. *Health Care Facilities: WBDG*. Accessed 10 January 2023. <https://www.wbdg.org/building-types/health-care-facilities>

Chan, R.J., Teleni, L., McDonald, S., Kelly, J., Mahony, J., Ernst, K., & Yates, P. 2020. Breast cancer nursing interventions and clinical effectiveness: a systematic review. *BMJ Supportive & Palliative Care*, 10(3), 276-286. Accessed 10 April 2023. <http://dx.doi.org/10.1136/bmjspcare-2019-002120>

Chen, X., Zhao, W., Yuan, J., Qin, W., Zhang, Y., & Zhang, Y. 2022. The Relationships Between Patient Experience with Nursing Care, Patient Satisfaction and Patient Loyalty: A Structural Equation Modeling. *Patient preference and adherence*, 16, 3173-3183. Accessed 04 January 2023. <https://doi.org/10.2147/PPA.S386294>

Chen, S., & Cardinal, R. N. 2021. Accessibility and efficiency of mental health services United Kingdom of Great Britain and Northern Ireland: Bulletin of the World Health Organization, 99(9), 674-679. Accessed 15 March 2023. <https://doi.org/10.2471/BLT.20.273383>

College of Licensed Practical Nurses of British Columbia (2013). Boundaries in the Nurse Client Relationship.

College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL). 2017. Interpretive Document: The Therapeutic Nurse-Client Relationship Accessed 25 November 2023. https://www.clpnnl.ca/sites/default/files/2017-04/Therapeutic_NurseClient_Relationship_Interpretive_Document_2017.pdf

College of Nurses of Ontario 2006. Therapeutic Nurse-Client Relationship practice standard: Therapeutic Communication and Client-Centred Care. Accessed 25 November 2023. <http://www.cno.org>

Connelly, L. 2016. Trustworthiness in Qualitative Research. MEDSURG Nursing.

Coughlan, M., Cronin, P., & Ryan, F. 2007. Step-by-step guide to critiquing research. Part 1: quantitative research. British journal of nursing (Mark Allen Publishing), 16(11), 658-663. Accessed 25 November 2023. <https://doi.org/10.12968/bjon.2007.16.11.23681>

Crowley, C., Guitron, S., Son, J., & Pinykh, O. S. 2020. Modeling workflows: Identifying the most predictive features in healthcare operational processes. PloS one, 15(6), e0233810. 06 February 2023 <https://doi.org/10.1371/journal.pone.0233810>

Davison, I., & Cooke, S. 2015. How nurses' attitudes and actions can influence shared care: *Journal of renal care*, 41(2), 96-103. 06 February 2023. <https://doi.org/10.1111/jorc.12105>

Doss S., DePascal P., & Hadley K. 2011. Patient-Nurse Partnerships *Nephrology Nursing J.*, Vol.38(2):115-125

Egenes, K. J. 2017. History of nursing. Issues and trends in nursing: Essential knowledge for today and tomorrow, 1-26. Accessed 12 August 2022. https://books.google.co.in/books?hl=en&lr=&id=b9zPDQAAQBAJ&oi=fnd&pg=PA3&dq=history+of+nursing+homes+during+wars&ots=LyA-MpnZi7&sig=pDaHmUaAh_RpS7Jylto-IXG_MSM&redir_esc=y#v=onepage&q=history%20of%20nursing%20homes%20during%20wars&f=true

Elo, S & Kyngäs, H. 2013. The qualitative content analysis process: *Journal of Advance Nursing* 62.1. pp107-115.

Elwin S. 2010. Patients' Perceptions Regarding Nursing Care in the General Surgical Wards at Kenyatta National Hospital: Nairobi, Kenya.

Fallon, M. and Hanks, G. eds., 2013. ABC of palliative care: John Wiley & Sons

Faraz A., Jenni B., Martin R. 2014. Measuring patient experience: concepts and methods: *The patient*, 7(3), 235-241. Accessed 10 April 2023. <https://doi.org/10.1007/s40271-014-0060-5>

Finnish Nurses Association. 2019. Nursing and Nurse Education in Finland. Accessed 15 August 2022. https://www.nurses.fi/nursing_and_nurse_education_in_f

Finnish Institute for Health and Welfare (THL) 2022. Accessed 15 March 2023. <https://thl.fi/en/web/mental-health/mental-health-services>

Feo, R, Kitson, A, Conroy, T. 2018. How fundamental aspects of nursing care are defined in the literature: A scoping review. *J Clin Nurs.* 27: 2189- 2229. Accessed 06 February 2023. <https://doi.org/10.1111/jocn.14313>

Finnish National Board on Research Integrity TENK guidelines. 2019. Accessed on 14 April 2023. Ethical review in human sciences | Finnish National Board on Research Integrity TENK

Forchuk, C. 2021. The Orientation Phase of the Nurse-Client Relationship. Accessed 25 November 2022. 10.4324/9781003000853-32.

Fulop, N.J, Ramsay, A. I.G. 2019. How organizations contribute to improving the quality of healthcare *BMJ.*365: l1773 doi:10.1136/bmj. l1773.

Garczyk, D., Jankowski, R., Misterska, E., Głowacki, M., Żukiel, R., & Kowalska, A. M. 2013. Patient satisfaction with nursing after surgery due to cervical or lumbar discopathy. *Medical science monitor: international medical journal of experimental and clinical research*, 19, 892-902. Accessed 10 April 2023. <https://doi.org/10.12659/msm.889526>

Gartshore, E., Waring, J., & Timmons, S. 2017. Patient safety culture in care homes for older people: a scoping review. *BMC health services research*, 17(1),1-11. 06 February 2023. 10.1186/s12913-017-2713-2

Gilbert, P. 2009. *The Compassionate Mind: A new approach to Life's Challenges*. Constable Robinson

Glantz, A., Örmön, K. & Sandström, B. 2019. How do we use the time?: An observational study measuring the task time distribution of nurses in psychiatric care. *BMC Nurs* **18**, 67. Accessed 25 November 2022. <https://doi.org/10.1186/s12912-019-0386-3>

Griffith R. 2015. Understanding the Code: acting in a patient's best interests. *British journal of community nursing*, 20(9), 458-46. Accessed 04 January 2023. <https://doi.org/10.12968/bjcn.2015.20.9.458>

Haddad, L. M., & Geiger, R. A. 2018. Nursing ethical considerations.

Halldorsdottir, S. 2008. The dynamics of the nurse-patient relationship: Introduction of a synthesised theory from the patient's perspective. Vol. 22 *Scandinavian Journal of Caring Sciences*.

Happ, M.B., Sereika S., Garrett K., & Tate J., 2008. Use of the Quasi Experimental Sequential Cohort Design in the Study of Patient Nurse Effectiveness with Assisted Communication Strategies (SPEACS): *J. Contemporary Clinical Trials*. Vol. 29(5):801-808.

Hagerty, T. A., Samuels, W., Norcini-Pala, A., & Gigliotti, E. 2017. Peplau's Theory of Interpersonal Relations: An Alternate Factor Structure for Patient Experience Data? *Nursing science quarterly*, 30(2), 160-167. Accessed 04 January 2023. <https://doi.org/10.1177/0894318417693286>

Higgins, J.P.T., Thomas, J., Chandler, J., Cumpston, M., Li, T., Page, M.J. & Welch, V.A, 2022. *Cochrane Handbook for Systematic Reviews of Interventions* version: Cochrane. Accessed 06 February 2023. www.training.cochrane.org/handbook.

Huma P., & Nayeem S. 2017. Content Analysis.

Ibrahim, Muh. 2015. The art of Data Analysis. *Journal Of Allied Health sciences Pakistan*. 1. 98-104.

International Council of Nursing 2022. Nursing definitions: Accessed 18 August 2022. <https://www.icn.ch/nursing-policy/nursing-definitions>

Joseph-Williams, N., Lloyd, A., Edwards, A., Stobbart, L., Tomson, D., Macphail, S., & Thomson, R. 2017. Implementing shared decision making in the NHS: lessons from the MAGIC programme. *Bmj*, 357.

Karin, T.D. & Cláudia, C.A. 2018. Healthcare Settings: Environmental Psychology and Human Well-Being; Academic Press, 2018, Pages 313-334, <https://doi.org/10.1016/B978-0-12-811481-0.00012-3>.

Karlsson, C., & Berggren, I. 2011. Dignified end-of-life care in the patients' own homes: Nursing ethics, 18(3), 374-385. Accessed 12 March 2023. <https://doi.org/10.1177/0969733011398100>.

Katz P. R. 2011. An international perspective on long term care: focus on nursing homes. *Journal of the American Medical Directors Association*, 12(7), 487-492.e1 Accessed 12 March 2023. <https://doi.org/10.1016/j.jamda.2011.01.017>

Kerr, D., Milnes, S., Martin, P., Ammentorp, J., Wolderslund, M., & Chiswell, M. 2021. Responding to nurses' communication challenges: Evaluating a blended learning program for communication knowledge and skills for nurses. *Patient Education and Counseling*. Accessed 10 April 2023. [10.1016/j.pec.2021.11.019](https://doi.org/10.1016/j.pec.2021.11.019).

Khan, K., Kunz, R., Kleijnen, J., & Antes, G. 2011. *Systematic Reviews to Support Evidence Based Medicine*: Hodder Arnold

Larsson, I. E., Sahlsten, M. J., Segesten, K., & Plos, K. A. 2011. Patients' perceptions of nurses' behaviour that influence patient participation in nursing care: a critical incident study. *Nursing Research and Practice*, 2011.

Levinson, W., & Shojania, K. G. 2011. Bad experiences in the hospital: The stories keep coming. *BMJ Quality & Safety*. Accessed 10 January 2023. <https://qualitysafety.bmj.com/content/20/11/911>

Marshall, S., & McIntosh, C. 2017. Strategies for managing adverse events in healthcare simulations: *Healthcare Simulation Education: Evidence, Theory and Practice*, 152-157.

Marsh, C., Peacock, R., Sheard, L., Hughes, L., & Lawton, R. 2019. Patient experience feedback in UK hospitals: What types are available and what are their potential roles in quality improvement (QI)? *Health expectations: an international journal of public participation in health care and health policy*, 22(3), 317-326. Accessed 10 April 2023. <https://doi.org/10.1111/hex.12885>

MedicineNet.com. 2022. Definition of Patient. Accessed 18 August 2022.
<http://www.medicinenet.com/script/main/art.asp?articlekey=3915>

Mental Health America, 2020. Mental Health Treatments: Accessed on march 18.3.2023.
<https://www.mhanational.org/mental-health-treatments>

Mitchell, J.B. 2007. Enhancing Patient Connectedness: Understanding the Nurse-Patient Relationship. *Intl. J. for Human Caring*, Vol.11 (4):79-82

Mok, E. & Chiu, P.C., 2004. Nurse-patient relationships in palliative care: *Journal of advanced Nursing*, 48(5), pp.475-483.

Moore, S. L. 2012. The experience of hope and aging: a hermeneutic photography study. *Journal of Gerontological Nursing*, 38(10), 28-36.

Morais, Y., & Sampson, S. 2010. A content analysis of chat transcripts in the Georgetown Law Library: *Legal Reference Services*, 29(3), 165-178.

Mosadeghrad A. M. 2014. Factors influencing healthcare service quality. *International journal of health policy and management*, 3(2), 77-89. Accessed 24.2.2023.
<https://doi.org/10.15171/ijhpm.2014.65>

Moule, P. & Goodman, M. 2014. *Nursing Research, An Introduction*, 2nd edition. London: SAGE

National Center for Biotechnology Information, 2016. Enhancing adult therapeutic interpersonal relationships in the acute health care setting: Accessed 10 November 2022.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5072574/>

National Institute for Health and Welfare THL 2022. Accessed 14 August 2022.
<https://thl.fi/en/web/ageing/older-people-services-undergoing-a-change/home-care>

Natale, J. 2018. 5 ways to improve the patient experience in healthcare settings - The rising workplace, PLLC: Health, Safety & Ergonomics. *The Rising Workplace, Pllc | Health, Safety & Ergonomics*. Accessed 10 January 2023. <https://www.risingworkplace.com/new-blog/2018/8/27/5-ways-to-improve-the-patient-experience-in-healthcare-settings#:~:text=5%20Ways%20to%20Improve%20the%20Patient%20Experience%20in,Soothes%20...%205%205%29%20Comfort%20is%20Important%20>

Naughton C. A. 2018. Patient-Centered Communication: Pharmacy (Basel, Switzerland), 6(1), 18. <https://doi.org/10.3390/pharmacy6010018>

Neuberger J. 1999. Do we need a new word for patients? Lets do away with "patients": *BMJ (Clinical research ed.)*, 318(7200), 1756-1757. Accessed 25 November 2022. <https://doi.org/10.1136/bmj.318.7200.1756>

Nolan, M., Davies, S., Brown, J., Wilkinson, A., Warnes, T., McKee, K., Flannery, J., & Stasi, K. 2008. The role of education and training in achieving change in care homes: a literature review: *Journal of Research in Nursing*, 13(5), 411-433. <https://doi.org/10.1177/1744987108095162>

Norful, A., Martsolf, G., de Jacq, K., & Poghosyan, L. 2017. Utilization of registered nurses in primary care teams: a systematic review. *International Journal of Nursing Studies*, 74, 15-23. <https://doi.org/10.1016/j.ijnurstu.2017.05.013>

Nurses Association of New Brunswick. 2015. Standards for the Therapeutic Nurse-Client Relationship. Accessed 14 July 2022. <http://www.nanb.nb.ca/media/resource/NANBStandardsNurseClientRelation-E-2015-10.pdf>

Nursing Best Practice Guideline, 2002. Establishing therapeutic Relationships. Accessed 10.11.2022. http://rnao.ca/sites/rnaoca/files/Establishing_Therapeutic_Relationships.pdf.

Olshansky E. 2007. What do we mean by compassion and caring in nursing and why does it matter anyway: official journal of the American Association of Colleges of Nursing, 23(5), 247-248. <https://doi.org/10.1016/j.profnurs.2007.08.003>

Oudshoorn, A., Ward-Griffin, C., & McWilliam, C. 2007. Client-nurse relationships in home-based palliative care: a critical analysis of power relations. *Journal of clinical nursing*, 16(8), 1435-1443. Accessed 10 April 2023. <https://doi.org/10.1111/j.1365-2702.2006.01720.x>

Palese, A., Tomietto, T., Suhonen, R., Efstathiou, G., Tsangari, H., Merkouris, A., Jarosova, D. & Leino-Kilpi, H. 2011. Surgical Patient Satisfaction as an Outcome of Nurses' Caring Behaviors: A Descriptive and Correlational Study in six European Countries. *J. Nursing Scholarship*, 43(4), 341-350. Accessed 06 February 2023. doi: 10.1111/j.1547- 5069.2011.01413.x

Park, S., Xu, J., Smith, F. S., & Otani, K. 2020. What Factors Affect Patient Perceptions on Their Hospital Experience: *Hospital topics*, 98(3), 127-134. <https://doi.org/10.1080/00185868.2020.1796554>

Peplau H. E. (1997). Peplau's theory of interpersonal relations. *Nursing science quarterly*, 10(4), 162-167. <https://doi.org/10.1177/089431849701000407>

Renjith, V., Yesodharan, R., Noronha, J. A., Ladd, E., & George, A. 2021. Qualitative Methods in Health Care Research. *International journal of preventive medicine*, 12, 20. https://doi.org/10.4103/ijpvm.IJPVM_321_19

Resnik, D.B. 2015. What is Ethics in Research and Why is it Important? Accessed 14.04.2023 <https://www.niehs.nih.gov/research/resources/bioethics/whatis/index.cfm>

Robinson, J., Gott, M., Gardiner, C., & Ingleton, C. 2017. Specialist palliative care nursing and the philosophy of palliative care: a critical discussion. *International journal of palliative nursing*, 23(7), 352-358. <https://doi.org/10.12968/ijpn.2017.23.7.352>

Salkind, N.J. 2010. *Encyclopedia of research design*: SAGE Publications, Inc. Accessed 25 November 2022. <https://dx.doi.org/10.4135/9781412961288>

Sanford, A. M., Orrell, M., Tolson, D., Abbatecola, A. M., Arai, H., Bauer, J. M., & Vellas, B. 2015. An international definition for “nursing home”: *Journal of the American Medical Directors Association*, 16(3), 181-184. <https://doi.org/10.1016/j.jamda.2014.12.013>

Seer, K. 2012. *Evidence based nursing: what is a qualitative synthesis*; RCN Research Institute, School of Health & Social Studies, Warwick, UK.

Sequence Health 2022. Patient experience in healthcare: Why it is important? Sequence Health. Accessed January 10, 2023. <https://www.sequencehealth.com/blog/why-is-the-patient-experience-so-important-in-healthcare>

Sheldon, Lisa & Foust, Janice. 2013. *Communication for Nurses: Talking with Patients* (third edition).

Silverman, D. 2013. *Doing qualitative research*, 4th edition. SAGE.

Silverman, J., Kurtz, S., & Draper, J. 2013. *Skills for Communicating with Patients* (3rd ed.). CRC Press. <https://doi.org/10.1201/9781910227268>

Sodexo UK. 2022. What is patient experience and why is it so important? Sodexo UK. Accessed January 10, 2023. <https://uk.sodexo.com/inspired-thinking/insights/what-is-patient-experience.html>

Stievano,A., & Tschudin, V. 2019. The ICN code of ethics for nurses: a time for

revision. *International nursing review*, 66(2), 154-156. Accessed 25 November 2022. <https://doi.org/10.1111/inr.12525>

Tejero L. M. 2012. The mediating role of the nurse-patient dyad bonding in bringing about patient satisfaction: *Journal of advanced nursing*, 68(5), 994-1002. <https://doi.org/10.1111/j.1365-2648.2011.05795.x>

Torraco, R. J. 2011. *Writing Integrative Literature Reviews: Guidelines and Examples*. University of Nebraska-Lincoln. Sage. Accessed 13 September 2022. http://www.sagepub.com/gray/Website%20material/Journals/hrd_torraco.pdf

Twayana S, Adhikari R.H. 2015. Patient's perception regarding nursing care at inpatient department of hospitals in Bhaktapur district. *International Journal of Scientific and Research Publications* 5: 1-3.

The International Council of Nurses 2019. Why nurses are important for UHC. <https://www.uhc2030.org/news-and-stories/news/partner-insights/international-council-of-nurses-why-nurses-are-so-important-for-uhc>
555297/#:~:text=They%20are%20often%20the%20first,support%20their%20families%20and%20communities.

UCS libraries 2014. Accessed 15 April 2023. <http://libguides.usc.edu/content.php?pid=83009&sid=616083>

Vigdis, G. 2012. Patients' perceptions of actual care conditions and patient satisfaction with care quality in hospital.

Waldrop, D. P., & Meeker, M. A. 2012. Communication and advanced care planning in palliative and end-of-life care: *Nursing Outlook*, 60(6), 365-369. <https://doi.org/10.1016/j.outlook.2012.08.012>

Wang, J. X., Cao, X., & Chen, Y. P. 2021. An air distribution optimization of hospital wards for minimizing cross-infection: *Journal of cleaner production*, 279, 123431. <https://doi.org/10.1016/j.jclepro.2020.123431>

Webb, L. 2011. *Communication Skills in Practice*. New York: Oxford university press.

Wolf, J.A., Niederhauser, V., Marshburn, D. & LaVela, S.L. 2014. Defining Patient Experience: *Patient Experience Journal*. 1(1):7-19. doi: 10.35680/2372-0247.1004.

WHO 2009. Guidelines on Hand Hygiene in Health Care: First Global Patient Safety Challenge Clean Care Is Safer Care. Geneva.

World Health Organization 2023. Definitions of health-care settings and other related terms. Accessed 10 April 2023. <https://www.ncbi.nlm.nih.gov/books/NBK144006/>
<http://www.wpro.who.int/chips/chip04/definitions.htm>

Appendices

References of selected articles : Appendix 1

Article 1: Vujanić, J., Mikšić, Š., Barać, I., Včev, A., & Lovrić, R. 2022. Patients' and Nurses' Perceptions of Importance of Caring Nurse-Patient Interactions: Do They Differ? *Healthcare* (Basel, Switzerland), 10(3), 554. <https://doi.org/10.3390/healthcare10030554>

Article 2: Konlan, K. D., Saah, J. A., Doat, A. R., Amoah, R. M., Abdulai, J. A. & Mohammed, I. 2021. Influence of nurse-patient relationship on hospital attendance. A qualitative study of patients in the Kwahu Government Hospital, Ghana. *Heliyon*, 7(2), e06319. <https://doi.org/10.1016/j.heliyon.2021.e06319>

Article 3: Haugan G. 2014. Nurse-patient interaction is a resource for hope, meaning in life and self-transcendence in nursing home patients. *Scandinavian journal of caring sciences*, 28(1), 74-88. <https://doi.org/10.1111/scs.12028>

Article 4: Rickards T. & Hamilton S. 2020. Patient Experiences of Primary Care Provided by Nurse Practitioners in New Brunswick, Canada. *The Journal for Nurse Practitioners*. 16. [10.1016/j.nurpra.2019.12.027](https://doi.org/10.1016/j.nurpra.2019.12.027).

Article 5: Chan, E. A., Wong, F., Cheung, M. Y., & Lam, W. 2018. Patients' perceptions of their experiences with nurse-patient communication in oncology settings: A focused ethnographic study. *PloS one*, 13(6), e0199183. <https://doi.org/10.1371/journal.pone.0199183>

Article 6: Alshammari, M., Duff, J., & Guilhermino, M. 2022. Adult patient communication experiences with nurses in cancer care settings: a qualitative study. *BMC nursing*, 21(1), 201. <https://doi.org/10.1186/s12912-022-00981-4>

Article 7: Gharibian A. M., Aharonian, Z., & Sibai, A. M. 2019. Exploring resident-staff relationships in nursing homes in Lebanon. *International journal of qualitative studies on health and well-being*, 14(1), 1688605. <https://doi.org/10.1080/17482631.2019.1688605>

Article 8: Drageset, J., Taasen, S. E., Espehaug, B., Kuven, B. M., Eide, W. M., André, B., Rinnan, E., & Haugan, G. 2021. Associations Between Nurse-Patient Interaction and Sense of Coherence Among Cognitively Intact Nursing Home Residents. *Journal of holistic nursing: official journal of the American Holistic Nurses' Association*, 39(1), 16-28. <https://doi.org/10.1177/0898010120942965>

Article 9: Segaric, C. A., & Hall, W. A. 2015. Progressively engaging: constructing nurse, patient, and family relationships in acute care settings. *Journal of family nursing*, 21(1), 35-56. <https://doi.org/10.1177/1074840714564787>

Article 10: Girard, J., Fox, S., LaLonde, C., & Abraham, S. 2021. Therapeutic Nurse-Patient Relationship with Individuals Living with A Mental Illness. 20. 290-30

Figures and Tables

Figure 1: phases of nurse-patient relationship.....	14
Figure 2: Data selection flow chart.....	20
Table 1: Search terms and database search result.....	17
Table 2: Inclusion and exclusion criteria.....	18
Table 3: Selected article for this study and summaries of the article.....	20
Table 4: Summary of the selected ten articles in terms of research method, number of participants, perspective and healthcare setting.....	25
Table 5: Deducted information from each selected article and themes.....	27