

**Patient's Perception of the Nurse Patient Relationship
In Postoperative Care**

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Abstract <p>Over the decades, there has been an increasing interest in finding out patient's perspectives on the health care service delivery, based on their experiences as the fundamental concepts that determines how well the healthcare systems respond to patients' individual health care needs and preferences. Health policies around the world regard patient centered care as a focal point expecting the health professionals to develop and adopt more holistic approaches of care that rightly addresses patients' needs and expectations. In surgical nursing, few studies have been carried out to show the association of patients' views on their interrelationship with the nurses and the perception they have on satisfaction levels of care during the postoperative period.</p> <p>The aim of the study was to discuss factors affecting therapeutic nurse-patient relationship, analyze the patients' perceptions of their nursing care during the postoperative period, highlight some characteristics of both parties and finding out strategies of the relationship improvements.</p> <p>The study was conducted as a Literature review. Data collected from Cinahl, Academic search elite, PubMed and Google search. A relational content analysis was used in the analysis of data.</p> <p>The main category of discussion were the nurse-patient interactive factors and the institutional factors whose results indicated further studies to be carried out on ways of improving the relation in many places of the world</p>		
Key words; Nurse-patient relationship, Surgical patient, postoperative care.		
Miscellaneous;		

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1. Introduction

The patient's judgment and perception of the care and treatment from the health care providers is great concern that stands out as the baseline factor in determining the quality of service provision worldwide within the health care systems. Surgery as a special branch in the medical field, involves different elements of specific care for surgical patients undergoing different stages of the perioperative procedures with postoperative period being a very critical phase that requires high standardized measures of care and management for better patient outcome. (Triin Jacobson, 2014)

The welfare of the patient is the main responsibility of the nurse along with the entire surgical team at this point. The nurse is expected to pay very close attention to the patient's immediate postoperative features, performing careful regular assessments and taking prompt nursing interventions in all aspects of the patient's care according to the nature and the type of the surgery performed, all in all assisting the patient return to the normal optimal functioning state safer, quicker and comfortable. (Daisy Jane, 2011) In achieving this, it is very crucial that a good nurse-patient relationship is established as early as possible.

A nurse patient relationship is a conscious commitment that the nurse makes in the care of the patient which acts as a symbol of agreement between the nurse and the patient whose focus is based on the needs of the patient. Patient experiences, the clinical effectiveness and patient safety are some of the pillars that will determine how well the quality of care will be perceived. (Daisy J. 2011)

2. Surgical Patient Care Path

Patients are admitted for surgery depending on the condition which also determines the degree of urgency which can either be an elective or an emergency procedure. In elective surgeries, a plan is done in advance and the patient is taken through a period of preparation before the surgery. Surgical Procedures can be performed for various reasons. It could be for diagnostic purposes such as biopsy, exploratory laparotomy, for curative purposes such as an excision/ removal of a tumor, organ transplant, or reparative like in multiple or infected

wound repair, for reconstructive or cosmetic reasons such as a cleft lip or facial reconstruction or it may also be performed for palliative purposes to relieve pain, improve one's quality of life and restore function. (Awour N. et al 1999)

Perioperative nursing basically includes the nursing activities involved in the entire surgical care path. It involves three phases namely, Pre-operative, Intra-operative and Post-operative phase. Each phase begins and ends at a certain point in the sequence of events that constitutes a surgical experience which comprises of a wide range of activities that the nurse performs using the nursing process based on the standard practices in collaboration with the surgical team. (Ascari RA. Et al, 2013)

Preoperative phase begins when the patient is scheduled for surgery to the time the patient is transferred to the operating theatre. The nurse's role is to guide and prepare the patient for the surgical operation. The nurse does this by conducting a thorough assessment to identify the patient's special needs highlighting potential problems that may determine the kind of interventive measures to be carried out during the postoperative care. (Shawa E.2013)

This is the moment when the nurse gets to know the patient quite well, establishing the basis of a therapeutic relationship. The nurse develops an individualized teaching plan taking the patient and the family through the entire path of surgical experience. The nurse provides the information to equip the patient and minimize the fears, doubts, anxieties and insecurities about the surgery the patient or family may have. The nurse ensures that the patient understands the reason for the surgery and the possible risks associated with the procedure, as well as the potential outcomes of the entire operation. The period basically involves educating the patient with the aim of reducing any surgical risks, preventing postoperative complications, promoting patient cooperation during postoperative care and an effective recovery thereafter. (Ascari RA. 2013)

The nurse also performs other duties such as physical and psychological assessment, guides the patient to undertake the necessary laboratory tests, including any other investigations prior to the operation and gets the patient to sign or give the consent to the surgical procedure in planning. The nurse coordinates with other professionals to ensure the patient gets well prepared for the surgery, with

the main responsibility being the provision of adequate information to the patient as much and as clear as possible based on the type of surgery. The information is not only meant to alleviate stress and anxiety of the surgery but by far to enhance and promote a safe recovery (Shawa E. 2013) It has been proven that patients that receive adequate preoperative education tend to mobilize faster in their postoperative period as they follow the instructions given to them and this also shortens their time of stay in the ward.

Postoperative care begins as soon as the patient is transferred to the PACU where the care involves helping the patient recover from the anesthesia, closely monitoring the vital signs, assessing of the patient's physiological and the neurological status and any signs of complication. The basic health condition of the patient including pain, fluid and electrolyte balance is monitored, care of the surgical wound and treatment offered as appropriate. Discharge of the patient in minor day surgeries is done few hours after the procedure when patient's situation is stable with instructions on the wound care, infection prevention measures, medication and other related instructions. The contact information of the health care unit is given to the patient in case of post-operational complications. (WHO, 2003) The patient is then discharge either via his/her local health care Centre for follow u

Patient with major surgeries need hospitalization. They are admitted in the post-operative care unit for close monitoring and assessment of the vital physiological and neurological functioning, pain management and further interventive care and management. (WHO, 2013) Nurses and a team of professions are involved in the post-operative phase during hospital stay, to include the surgeons, physiotherapists, psychologist, nutritionists, social workers and the family. This team work together to ensure safe and quick recovery of the patient and the return to an optimal functioning status. The team also ensures patient follow up even after the hospital discharge.

The nursing role while the patient is admitted in the postoperative unit/ward continues until the full stability level is achieved according to the patient discharge criteria. The nurse keeps the patient informed of all the necessary information the patient must know concerning his or her care, teaching the patient on

the independent selfcare and management, nutritional and treatment adherence, among other special areas of concern in relation to patient's health promotion based on the type of surgery and safe postoperative recovery. (WHO, 2003)

3. Therapeutic Nurse-Patient relationship

It is a helping relationship between a nurse and a patient based on mutual trust and respect, empowering of faith and hope with positive attitude and care in assisting the patient meet his/her gratification needs physically, emotional and spiritually. A therapeutic nurse-patient relationship is the core of any nursing practice. It is geared towards enhancing patient's well-being. Since it is the nurse's primary responsibility to set the structure and the purpose of the nurse-patient relationship, he/she is obliged to establish and maintain this key relationship by using the necessary nursing knowledge and skills, applying caring attitude and behavior in a patient-centered care approach, to develop the relationship that will meet the needs of the patient. (College of nursing of Ontario, 2006)

Establishment of the purposes and the goals of this relationship is a fundamental responsibility not only for the delivery of care during this period, but also for the evaluation of the relationship outcomes. The nurse functions within the professional, legal, and personal boundaries, respecting the uniqueness of each patient as a person and as a fellow human being. Nurses establish relationships with patients by integrating the concepts of respect, empathy, trust, active listening, genuineness, and confidentiality throughout their interactions regardless of the context, or the length of the interaction. (Bartlett & Jones, L. K. 2009)

Bartlett & Jones, describe ways of establishing a nurse-patient relationship in five phases namely; Orientation, identification, exploration, resolution and termination.

Orientation phase is the starting point where the nurse sets a warm environment to establish a rapport using effective communication skills to get the attention and the cooperation of the patient. The nurse clarifies the nature and the purpose of the relationship, explaining his/her role and the patient's role in the relationship. It helps to reduce anxiety from the patient making him/her comfortable and

freely cooperate when the nurse handles the whole process in an orderly and professional manner. (Bartlett & Jones, 2009)

Identification phase is the phase where the work segment of the relationship begins. The nurse works together with the patient assessing and identifying specific needs of the patient that requires nursing interventions and sets the goals for implementation. The nurse develops a nursing care plan based on the data collected from the patient. Guides the patient to explore his/her feelings of fear, anxiety or helplessness for his condition and to identify the personal strength and the resources of coping.

Exploration phase, is when the active work of the relationship takes place. The nurse carries out the interventions appropriately as per the set goals, reassessing and evaluating the outcomes. The nurse closely collaborates with the patient to meet his/her expectations. (Bartlett & Jones, 2009)

Resolution phase is a preparation period of ending a therapeutic relationship. Being satisfied with the patient's outcomes or improved state of health, the nurse makes the plans of resolving the relationship. The nurse psychologically prepares the patient before the termination. Health education on selfcare such as home wound care, pain management, medication, diet, exercise and the rest, are part of preparations the patient gets at this point before the discharge. (Bartlett & Jones, 2009)

Finally, *termination* which is the ending of a therapeutic relationship, where the nurse evaluates the progress of the interventions done, to confirm whether the expected goals were met or not. After reviewing the outcome of the nursing interventions to be satisfactorily, the nurse brings the relationship to a closure. In cases of unmet goals at this stage, then the patient may be referred for a follow-up, or to another health care facility for further management if need be. For a successful relationship, the nurse may at this point review the important instructions given prior, to ensure the patient is discharged with the necessary knowledge of how to take care of his/her condition and what to do in case of an alarming need. (Bartlett & Jones, 2009)

During this entire period, the nurse is required to take into consideration several factors, such as the physical condition of the patient, the patient's emotional state, cultural preferences and values, needs, the readiness of the patient to communicate, and how the patient relates with other people in order to meet the needs of the patient. The nurse should be very observant and keen in his/her communications and actions while performing her responsibilities not to violate the patient's feelings or rights in anyway ensuring that the message is clearly and well understood by the patient or family. (Jones, L. K. 2009)

4 Effects of a positive Nurse-patient relationship

Psychoneurological studies states that stress, anxiety or fear can have negative impacts on health and healing process in a person. A healthy nurse-patient relationship empowers the patient and changes the patient's perception of his/her well-being. It makes the patient feel secure, and can reduce anxiety and fear during the patient's hospital stay which is very essential in patients recovering from postoperative experiences. (Halldorsdottir, 2008)

An effective relationship that is established on honesty and trust enables a good collaboration between the two parties. Gaining trust from the patient is very important for the nurse because the patient can freely open up to give the vital information about him/herself necessary for making a proper nursing diagnosis and a good plan to meet the patient's needs. (Halldorsdottir, 2008)

Having compassion as a nurse, and treating the patient with tender loving care, respect and dignity makes the patient feel valued and worth. The patient also feels a sense of hope and encouragement if reassured positively, develops confidence and feels secure with the nurse. This ultimately changes the patient's perception of her condition that commences an inner healing from the inside out. (Bartlett & Jones L. K. 2009)

In an effective nurse-patient relationship the nurse is able to help the patient deal with some hard truth of his condition and confront the reality. When this relationship is well cultivated, the nurse could be the only one in a position of discussing and helping the patient confront issues of his/her health than any other health care provider. (Halldorsdottir, 2008)

It is motivating when the patient is able to interact freely with the nurse in the course of his care, getting as much helpful information as possible to help him cope or adopt with the new changes of his condition as in the case of post-operation. This kind of positive nurse-patient relationship also creates a pleasant working environment that makes it easier for the patient to comply with the nursing care provided that finally brings a sense of satisfaction to both parties. (Halldorsdottir, 2008)

5. Basic elements of a good nurse-patient relationship

5.1 Personification and caring in nurse-patient relationship

One of the earliest nursing theorists to explore the nursing patient relationship and nursing communication was Hildegard Peplau (... 1992, 1997). He developed a landmark theory of interpersonal relationships which puts an emphasis on the reciprocity in the relationship between the nurse and the patient. Peplau's theory moved thinking about nursing from what the nurses do to patients, to thinking about what nurses do with the patients which envisions nursing as an interactive and collaborative process between the nurse and the patient. (Jones L. K. 2009)

Since it is a collaborative relationship, the nurse should therefore treat the patient with care and respect as a fellow human being, protecting the patient's values, dignity and his/her uniqueness as an individual irrespective of the social-economic status, attributes, nature of the illness or the health problem of the patient. (Hupcey, et. al 2001)

Each patient's response to health and illnesses, adaptation to challenges especially after an operation and coping with the changes may be very personal, which requires the nurse to be non-judgmental but respect and accept the patient as a unique human being. The nurse assuming the professional role, is expected to take the patient as an individual with unique health needs, human responses and a pattern of living. (Emmanuel O. C. et al, 2017) This kind of acceptance does not really mean approving everything the patient does or portrays but rather, having a non-judgmental attitude towards the patient, with the aim of making the patient feel comfortable to express and legitimize his/her feelings.

Some patients might have unhealthy habits like drinking, smoking or issues like difficulties in maintaining their personal hygiene. The nurse's role is not to be judgmental but to respectfully consider patient's symptoms or weaknesses, values, beliefs, and feelings and strive to work with the patient so as to achieve the main goal of care. In other words, the nurse is expected to demonstrate an unconditional positive regard by accepting the patient without negatively judging him/her based his/her personality. (Jones L. K. 2009)

5.2 Trust in nurse-patient relationship

Establishing trust is very fundamental in all aspects of interpersonal relationships and more importantly in the development of a therapeutic relationship in nursing care. After an operation, patients find themselves in vulnerable situations physically and most likely emotionally, and spiritually and more than anything else they just want to believe that the nurse is knowledgeable enough, honest and reliable to accept them as they are in their situations and that they can with no doubt help them meet and satisfy their needs. (CNO, 2006)

It's when one has a strong belief in someone or something that he can be rest assured that whatever that is anticipated, is surely going to be meet. Trust is actually a very vital component in the nurse-patient relationship, which has been conceptualized mostly by addressing the imbalances of power between the nurse and the patient that increase the vulnerability and the dependency of the patient. It is therefore conceived as an internal good of the nursing care based on how positive and ethical a nurse handles the patient. (Leyla Dync, 2013)

Nurses facilitates the development of trust in the mind of the patients by portraying characters like, active listening where the patient is given time to express him/herself and feels understood and cared for, respect which makes the patient valued as a person, characters of being honest and consistence keeping any promises that he/she makes with the patient if not, then giving clear communication and having an accepting attitude which in a nutshell makes a patient to comfortably open up and share information about him/herself which may be very beneficial in the nursing care plan. Trust is therefore very crucial in this relationship without which it is be impossible to effectively meet the needs of a patient or enhance the patient's satisfaction with the nursing care. (Jones L. k. 2009)

5.3 Professional boundaries in nurse-patient relationship

When establishing the nurse-patient relationship, the purpose and goals of the relationship are set by certain social parameters. Boundaries are legally and ethically important, which helps to establish the rules and roles of the nurse and the patient as well as the nature of the relationship. This relationship is a professional relationship meant to revolve around the needs of the patient. The objectivity in the relationship is very important attributes when assessing the patient's needs and providing competent and professional care. For instant, having compassion as a nurse means, using an empathetic approach without necessarily being so emotionally close to the patient that might impair the main goal or rather compromise patient's care. Setting boundaries therefore, for appropriate topics and conversations, give the nurse the chance to effectively perform their roles as health care providers in a distinctive way. (Jones, L. K. 2009)

The nurse has the right to exercise his/her professional powers appropriately within the stated legal and professional norms. To maintain professional boundaries the nurse is expected to clearly define the role and purposes of the relationship, state other persons involved in the care, and establish clear boundaries between him/her and the patient. Setting and maintaining appropriate boundaries help patients understand when their requests are beyond the limits of the therapeutic relationship. It is therefore also important to develop a comprehensive care plan with other members of the health care team to meet the needs of the patient as need be, such as physiotherapist, nutritionist, social care workers, fellow nurses, etc. (College of nurses of Ontario(CNO) 2013)

The nurse must also consider the patient's cultural values during the interactions in the context of maintaining boundaries since different ethnicities have varying cultural practices in care, confidentiality and the like. The nurse must be aware of his/her own emotions and how he/she responds to the needs of others. Self-awareness enables the nurse to recognize signs of emotional exhaustions, burn-outs and fosters a balanced use of professional and personal values thus establishing congruence in the professional role. The nurse can also distinguish between compassionate care and over-involvement with the patient that may endanger the ability to provide competent, professional, collegial and objective care. (Jones & Bartlett, 2009)

Distance in nurse-patient relationship shows that the relationship is professional and differs from other relationships such as family or friend relationships. Nurse-patient relationship is formed for a certain purpose and for a specific time limit and therefore seen as inappropriate if it lacks an adequate distance or boundaries. Furthermore, if nurse-patient relationship does not have certain boundaries, it can be perceived by the patient to be lacking professionalism and this in turn may give an impression that a nurse cannot be trusted. (Halldorsdottir 2007, 4, 6)

5.4 Empathy in nurse-patient relationship

Nursing is usually described as providing empathetic or compassionate care to the patients. The emotional work of nursing can be described in four terms which are; altruism, sympathy, compassion and empathy. (Bartlett & Jones 2009) **Altruism** means to understand the experience of another person, making self-sacrifices in certain ways and unselfishly devoting oneself to meet the needs of the other person. **Sympathy** on the other hand is a driven force of sharing the other person's feelings tending to experience what the other person is feeling. This is a situation that may impair the nurse's ability to effectively play her role if the emotional experience clouds his/her professional judgment. (Jones & Bartlett 2009)

Compassion is a deep feeling of sympathy with a desire to help a patient be free from or come out of certain suffering which could be; physical suffering such as pain, psychologically like mood problems or coping with situations like mobility, social problems like family concerns or financial issues, and the spiritual conflicts such as faith or finding one's meaning and purpose in life. It is a moral compass of a nurse's actions. (Jones & Bartlett, 2009) While **Empathy**, in nursing is an intellectual understanding of the emotional state of the patient. (An educated compassion) The nurse tends to understand the patient's feelings and experiences from the patient's own perspective. While showing empathy, the nurse can see the world from the patient's point of view without experiencing the emotional content of what the patient experiences, which enables her to get the picture of the patient's problem clearer and intervene more appropriately. In the nursing prac-

tice therefore, nurses incorporate an empathetic desire to understand the patient's experiences combining with the compassionate goals to alleviate suffering. (Jones L. K. 2009)

Empathy can be expressed in different dimensions depending on the circumstances. Moral empathy is an expression of an unconditional acceptance and treatment of the patient by the nurse as his/her fellow human being. Cognitively, being able to sense what the patient is thinking. Another dimension of empathy in nurse-patient relationship is behavioral empathy. Behavioral empathy applies when the nurse's attitude or actions towards the patient are such encouraging ones to positively affect the patient's feelings. This can be demonstrated through non-verbal communication such as nodding of the head, eye contact, touch or smiling to show that you are giving the patient a closer attention, or verbally through soft tone of voice, active listening and signs of being patience. (Bylund, at. el, 2005)

5.5 Nurses' Responsiveness towards the patients

Patients come to seek health care services already holding a variety of beliefs, attitudes and prior experiences which along with their knowledge and the information they receive from health professionals, enables them to define their situation, making them perceive care in their own perspective. Responsiveness is the manner in which the healthcare design acknowledges and responds to individuals' known expectations regarding non-medical aspects of health care (Ana Venessa et,al 2012)

Nurses play a major role in patients' care than most of the health care practitioners. All nurses experience a sense of moral responsibility, their responsiveness to their patients reflecting their personal moral knowledge as well as the disciplinary knowledge they have. (CNO, 2009) They have the power to help but may at times feel helpless. It is a challenging concept but it all requires courage and believing in oneself that you have all it takes to be responsible in taking care of one's health condition. Each nurse must be able to manage his/her feelings of responsibility. S/he must meet the pull between personal closeness and involvement on the one hand, and the use of general rules and regulations on the other.

The nurse must meet the needs of the client in her district at her level best with the feelings of responsibility that extends beyond the situation. Staying positive in all possible situations of the responsibility at hand, gives a good impression to the patient, making him/her to gain confidence in the nurse. (Anne Clancy et..al 2007)

The fact that postoperative patients may not be able to do so much for or by themselves such as bathing, changing of position or toileting, they expect the nurse to help in all these areas of need. In modern hospitals where call buttons are used, which is a quickest way of calling for the nurse's attention who should then respond as soon as call bell rings to attend to the patient's needs, studies carried out in some hospitals around the world show that this is not always the practice. Poor responsiveness of the nurses in patient care has also been observed whose reasons are said to be; poor communication, due to lack of the modern systems in place, poor attitude of nurses, work overload in understaffed facilities or burnout despite the use such improved systems. Lack of responsiveness to patient's care is linked to a decreased satisfaction and adverse patient outcomes. (Doshia W. 2014) For instant, a surgical patient with mobility problems trying to make his way to the toilet could put him/her at the risk of falling and causing more harm. And therefore, nurse's committed responsibility in all this is poor. Without positive nurse-patient relationship there cannot be patient and family satisfaction and likewise there cannot be an environment that supports patient safety and recovery promotion. (Emmanuel O. C. et al 2017)

6. Aims and purposes

The aim of this study is to discuss those factors that influence the nurse-patient relationship from perspective of a surgical patient during the postoperative care.

The research is carried out to answer the following questions:

1. From the Patient's perspective, what are the factors affecting the nurse - patient relationship in post-operative care?
2. How can the interactions between the nurse and the surgical patients be improved during the postoperative care regarding the patient's perspective?

Purpose of the study is to seek ways of improving the nurse-patient relationship as perceived by surgical patients and in this way, improve the quality of care nurses provide. The study attempts to provide nurses with useful information about ways of improving interaction with the surgical patients during their recovering or rehabilitation period. Those factors will be identified so that interaction with a nurse could be ideally beneficial to a surgical patient.

7. Methodology

7.1 Literature review

Literature based review method was chosen. Literature review is a critical evaluation, interpretation and summary of earlier studies concerning a certain topic. Argumentation for undertaking literary review research is a problem that needs to be investigated or a mystery that one wants to solve. (Kumar 1999, 26)

Literature review introduces the subject of a study profoundly. Still, literature review is not merely a demonstrative summary of existing data. The research question should conduct data collecting and point out the relevant data to solve the problem. (ibid. 27) Moreover, it is important to establish a critical review which comprises one's own arguments and ideas. This is to indicate that one does not simply repeat someone else's words but tries to create a fresh perspective on a topic. (Atkins & Wallace 2012, 79)

Literature review also includes analyzing and organizing one's findings. Analyzing and evaluation of data is performed to ensure that existing information is relevant and reliable. Data that is included to one's literature review research should be strictly relevant because the idea of a research is to answer to the research questions. Reason for this is also to indicate the loop holes in knowledge for future research needed. (Neale 2009, 56-57)

Literature review aims at verifying why the research question should be paid attention to. It also aims at establishing a new perspective on a certain subject. In this way literature review can provide new beneficial ideas to professional practice. Purpose of literature review is also to identify the most relevant researches and information published concerning one's research question. Furthermore, literature review should illuminate the essence of a study. This is to indicate that

one has understood properly the data and the nature of one's topic. (Daymon & Holloway 2002, 35)

Processes of literature review often start with deciding on a topic. One should decide on a topic that one is really interested in because that ensures that one has acquired motivation to produce a qualitative study. Another important feature of a good literature review topic is that it is manageable. To produce a good literary review, there ought to be data available enough concerning the research topic. On the other hand, the research area ought to be restricted so that undertaking the research would not be too challenging to a researcher. Moreover, a certain topic is chosen to either seek answer for a dilemma or to unveil an enigma. (Daymon & Holloway, 2002, 22-23)

Process of literature review also include introducing a current knowledge available concerning a research topic and evaluating its reliability. Moreover, literature review also comprises of illumination of the methodology of one's study. This is done to create a framework for the data analysis. Literature review ought to be written coherently and clearly to produce a qualified statement of a topic. Organizing the literature into themes relevant to the research topic eases the discovery of resolutions to the research question. (Atkins & Wallace 2012, 65, 79)

This study will be implemented as a literature review because it would be difficult to get permission to interview surgical patients in postoperative care units. Also, this study will be done as literature review because it aims at bringing together the current knowledge of a research topic (Machi & McEvoy 2009, 2).

Moreover, literature review allows one to debate on complicated policy that cannot be investigated thoroughly by systematic review. This means that literature review research can depict scientific philosophy or clinical abstract. (Neale 2009, 52-53)

7.2 Data search

The databases that was used for this study include, Google Scholar, Pub Med, Microsoft Academic search, Cinahl, Janet and American national corpus. The related information was searched from these databases by using the following keywords:

postoperative nursing, patient nurse relationship, nurse patient interaction, quality of postoperative care, Patient's perception & Patient satisfaction. Articles included to the study were those that were able to justify themselves scientifically, in English or Finnish language, publication date 1990 (inclusive)-present, studies from any geographical location, online articles available in full text to ensure their reliability, and sources written by professionals or experts of the subject in question. Academic sources were also included as they are critical and accurate reviews. Non-academic sources that were included were those that were able to balance with the academic sources to ensure their reliability and validity. (Bio-Med Central, 2000)

Database	Key terms	Results	Chosen based on the title	Chosen based on the abstract	Relevant Studies
Academic search Elite	*Surgical Nurse* AND *patient relationship*	270	7	3	2
Cinahl	*Nurse patient relationship* AND Surgical care	129	14	8	5
Cinahl	*Patient Perception* AND *surgical nursing care*	128	14	8	3
Janet	*Surgical nurse* AND *patient relationship*	14	3	3	0
PubMed	*Postoperative* AND *Nurse patient Relationship*	246	9	7	5
Academic search Elite	*Patient perception* AND *Postoperative* AND *Nurse-patient relationship*	50	12	8	6
Google Search	*Postoperative care* AND *Nurse patient Relations* AND *Patient perceptions*	460	45	20	10

Table2. Data search table

7.3 Data analysis

The purpose of the data analysis is to assemble and restructure the collected data and obtain the very important information necessary to describe and summarize it based on given variables under the study. (Kulatunga U. et al, 2007)

The study was analyzed using relational content analysis. Content analysis was suitable for this study because it is a useful tool for organizing and integrating the literature-based information of this topic. Content analysis can be used to scrutinize written material or recorded information characterizing concepts of a given discourse in a systematic and a quantitative way. (kulatunga U. et al 2007) Relationship analysis therefore goes further to explore the relationships between the concepts identified with the aim of looking for the semantic and meaningful relationships within the study (Colorado State University, 2006)

Using relationship content analysis, we assembled, structured and described different kinds of identified data from different sources at the same time. Theoretical data from different authors was analyzed thematically, while the data originating from those who have researched on the real-life situation also analyzed by reducing and thematically coding the concepts systematically in an inherent way to bring out the similarities, differences and conflicting subjects of the study that involved theoretical, societal, functional and practical aspects of human life experiences. The framework levels of our study were based on earlier research studies of philosophy in nurse- patient relationships during the postoperative period, and the current situation on the ground from the most current researchers that ranges from (1990- 2017)

Categorization of the related data concepts during the analysis, was done through thematic coding in exploring and picturing out different kinds of attitudes perceived in the nursing practice by their patients during the postoperative care as per the previous studies.

8. Results

The results were presented within two category domains with the subtitles illustrating the key factors affecting the relationship between nurses and the surgical patient and what perceptions patients have on care provision.

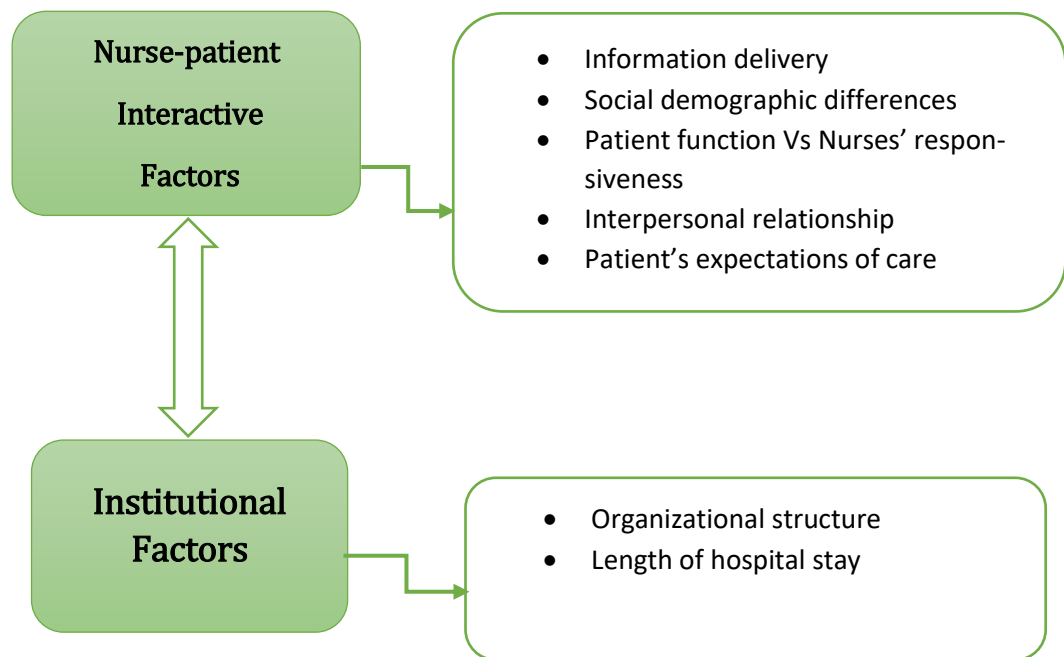


Fig 1. Categories of the factors affecting nurse patient Relationship

8.1 Nurse-patient Interactive Factors

8.1.1 Information Delivery

Communication is a major vehicle of interaction in any form of relationship. In a nurse-patient relationship, clear communication and proper information delivery is the key prerequisite in engaging the patient to effectively participate in his/her own care and management. (Shawa E. 2013)

The patients need to have been fully prepared with adequate information prior to the surgery. After the entire procedure they also need a clear picture of what the situation is, once they are fully conscious and recovered from the anesthesia and the timely information of their care and management thereafter. The information is delivered based on the individual patient and the type of surgery done. Patients need an understanding of every step of care to cooperate and reduce the anxiety and the shock of the operation and therefore, they expect a lot from the nurses and the collaborative team at large. (R. Suhonen & H. Leino Kilpi, 2006)

Nursing care is on its own an act of interaction between the nurse and the patient involving actions and nursing activities that are directed at and shared with the patient through dialogues and discussions, listening, supporting, reassuring, comforting and helping the patient discover his/her own strengths in relation to the care, clarifying doubts, cultivating sensitivity, value, appreciation and understanding between the nurse and patient. (A. Paula & M. Braga, 2010) And thus communication gaps between the two parties, results in a decrease of the quality of care, poor outcomes and of course dissatisfaction of service on the patient's point of view. (Vahid Z. et al 2014) Most studies emphasis on the patient's need to receive adequate and accurate information. They claim that the Nurses ought to explain important details about their postoperative care clearly and precisely accurate to the best of their understanding since this means a lot in patient's coping strategies and the entire recovering process from the surgery. (Vahid Z. et al, 2010)

(R. Suhonen & H. Leino Kilpi, 2016) describes how important it is to give relevant information based on the patient's individualized needs and the coping abilities in their study, giving different views on the nurses' and patient's perception on the most important content of patient informational needs, they report patients ranking situational information such as activities and events to be the most important to them, whereas the nurses value psychological support as the most important. They also find that patients raised concerns about the medical procedures such as treatment, wound care, outcome of care, risk factors, anesthesia certain consequences and possible complications as topics of interest.

Some studies shown areas where information provision in surgical care has been minimal leaving patients with unmet informational needs, in unclarity of issues as pertains to the steps of care before and after their surgeries. Patient education begins during the preoperative period and continues until the patient is discharged from the hospital as health education though in most region, it has been noted that the health educational services offered nurses are minimal affecting patient's satisfaction and their perception of the quality of service provision. (R. Suhonen & H. Leino Kilpi, 2006)

The most important responsibility of the nurse during preoperative period is giving the information to both the patient and the family. The information is meant to give a detailed overview of what's expected in the entire operation which does help reduce the patient's stress and anxiety preoperatively and promoting the recovery thereafter. (Shawa E, 2012) In his study Shawa finds out that a relatively higher percentage of patients had poor perception regarding explanation of the information they got from the nurses and poor attitude from the nurses in terms of their communication skills. 31.6% of his respondent reported poor and inadequate information delivery as 11.5% of them reporting poor interactive attitude of the nurses in the surgical units.

Lack of proper information delivery has been associated by shortage of the nursing personnel and too much workload. This is a barrier against effective nurse-patient relationship because when the nursing staff is so busy due to the weight of work, there can never be sufficient time to offer holistic individualized care to address or discuss vital issues with the patients concerning their health, care, procedures or patient's role in the care and management satisfactorily. (R. Suhonen & H. Leino Kilpi, 2006)

Lack of well trained and competent nurses in communication skills is another factor. Insufficient or poor communicative skills by the health care givers in providing emotional support to patients going through difficult moments of accepting the situation such as changes in the body image because of the surgery, e.g. amputation or an organ removal could be so frustrating to a patient. The patient feels more comfortable or gain a sense of satisfaction with nurses that seem

to be competent in their work, having good communication skills, who can actively listen to them, show compassion, kindness, sensitivity and promptly responding to the patient's verbal and non-verbal expressions. (Peggy Rupp 2009)

According to Cappabianca, et al (2009) language barriers can yet be another major challenge of this effective interaction. In cases where the nurse partially understands or does not understand the patient's language having no other common language in use between them, the nurse may not adequately meet the patient's informational needs. The patient may feel reluctant and unable freely express or tell his/her problems to the nurse, which is a challenge for the relationship.

Most studies however, have shown patients that have been satisfied with the information and the interactive styles of the nursing staff pre- and postoperatively giving them the proper information on their entire operational process, patient requirements, risk factors and possible complications, wound care and pain management as well as the step by step care during the entire postoperative period. (R. Suhonen & H. Leino Kilpi, 2016)

8.1.2 Social demographic differences

Studies show that some patients consider older and experienced nurses to be the best satisfying care providers than the younger nurses who have less experience in the field and thus to some patients their services are not satisfactory. The patient's perception of quality of care is rated higher in the more experienced nurses than it is in the new graduates or student nurses in the field who have but little experience. The experienced nurses are regarded to be more competent, with much knowledge and skills in nursing. (P. Johansson et al 2005), some patients lack trust and simply despise the care they are given by the younger nurses which may affect this relationship greatly.

Johansson and his team also talks about a group of learned and well-off patients, who probably come to the ward with so much knowledge from the internets of what to expect postoperatively, and when they see some nursing care procedures

done differently to them than their expectations, they tend to disagree or cause some sort of misunderstanding since they feel the nurse does not know what he or she is doing. They feel insecure and would want to consult the doctor to be sure. Those with higher level of education mostly feel less satisfied with some of the nursing care services than the less educated and this undermines the nurse, interfering with how well the nurse can relate to such kind of patients.

Some patients especially in gynecological postoperative units prefer being taken care of by the care-giver of the same sex (gender issues). To some it's about cultural issues while some it's about dignity and privacy. Most female patients will feel terribly uncomfortable being handled by a male nurse in a gynecological procedure and likewise some male patients may feel the same being handled by female nurse after an operation that pertains male reproductive health issues. Respect to the wishes of the patient is key to the satisfaction of patients care. Otherwise the patients feel that their rights are violated which brings about poor relational issues among the nurses and their patients.

On the other side as well, some studies show that male patients usually give better report on the care they receive than the female patients do. Hargraves et al 2001 found that female patients can have lots of complains when it comes to their nursing care during the postoperative period as compared to the male patients. They attach more importance to their health than the male patients do and tend to have control of things happening around them if they sense things aren't going on the way they feel it should. Assuming the administrative role over their own care how things ought to be handled for them in this period of care. Garczyk D. et al on the other hand argues out that female patients tend to be more satisfied with services than the male patients do.

8.1.3 Patient's functional abilities Vs Nurses' responsiveness

Due to the patient's state of health or the changes imposed by the disease or surgery, the patient may not be able to perform most activities by him/herself, expecting the nurse to assist in some of the non-medical aspects of care such as nutrition, elimination, personal hygiene, mobility and the rest. (D. Garczyk et al 2013), in a research conducted in Iran, reports patients complaining about some

unmet expectations from the nursing team that signified that the nurses were not committed to their patients. Patients would like that the nurses are always punctual in their services, responsible, kind, well mannered, give reliable information about all the nursing care activities they perform, step by step explaining the prognosis of the patient's situation. They expect nurses to give clear instructions and physically assist or support them to do all they cannot do, but most nurses leave the work to the relatives to take care of their sick people who have no much knowledge or experience at all without giving clear instructions on what they should do. Patients perceive this to be unfair and so frustrating.

A study conducted from several hospitals in the Sub-Saharan region of Africa in 2013, described some sort of negligence some nurses portray in response to the patients' functional inabilities. It was noted that most patients stay with their family members in the ward who take care of most of their physical/non-medical needs while the nurses only handle the medical or professional part of care. The family member manages all manner of care as the nurse including assisting their sick ones to take the medications, feeding, hygiene care, helping patient in ambulation and so on, as the nurse only gives instructions which sometimes may not be sufficient. This has been perceived to be irresponsibility on the nurses' part. (A. K. Karani et al 2013)

As the patients stay in the ward during their treatment and recovering period depending on the situation, they wish to be engaged to participate in their own care. It gives the patient a sense of satisfaction when the nurses involve him/her in some of the decision making and other matters concerning his or her own care. But this in most cases, is not the practice which makes the patients feel impotent in their decision-making wishing to be heard out, thus feeling that their rights to decision making are violated. The patients perceive it as poor collaborative skills from the health care providers. (A. K. Karani, et al, 2013)

8.1.4 Interpersonal relationships

A good nurse patient relationship is based on the concepts of mutual understanding, respect, trust, cooperation, honesty, among others. In other words, the way the nurse presents him/herself to the patient and how he/she communicates or

handles the patient in any form of care matters a lot. Nurse's attitude towards their work, the patient, their fellow workers or the organization has a great influence on the patient's perception on the quality of the services provided. (P. Johannsson et al 2002) Studies show that some nurses act so unethical and detached in their personal relationships with the patients such that they do not consider the patients complains, feelings or emotions in their practices to be of much value but rather perform their duties as a routine. Such kind of nurses are also reported to act so arrogantly in many ways during the interactions, some portraying negative body language to the patients, with lack of respect to the patient's values, or rights whatsoever. (Kralic D. et al, 1998)

Talking about patient's expectations, Elwin Shawa, 2013, says patients expect nurses to give them a good orientation of the ward, respect their beliefs and values, communicate to them kindly and not being rude or harsh to them in any way.

Conducting a study among patients with hip replacement surgeries in Australia, Kralic and his team describes these two types of nurses; the engaged and the detached nurse from the patient's perspective. The engaged nurses were seen to be actively involved in the patient care which signified a positive experience to the patients and their relatives. These nurses acknowledged the physical, emotional, spiritual and environmental aspects of their patients providing satisfying care to assist them through the surgical recovery. Using patient centered approach, they treated them kindly and compassionately projecting a sensitivity that enabled them to gain insight into the patient's situation. They reported that the patients felt cared for and acknowledged as individuals especially when the nurses used humor, always present for them, actively listening to them, giving them hope and reassurance. (Kralic D. et al, 1998) With that, patients can feel the caring love and indeed, get encouraged.

On the other hand, the detached nurses who had a negative impression, approached patients as objects. They hurried and appeared so busy, they did not interact with the patients, not even involving their patients into decisions but rather seemed to handle them in a rough and unethical way. This kind of nurses tend to use a procedural approach of nursing care avoiding patient's contact that

give patients feelings of vulnerability and insecurity at this delicate moment of their health. The nurses seemed not to be interested in the patient's care conveying the impression that the patients ought to take care of most of their own issues by themselves. They were authoritarian kind of nurses not bothered by patients' concerns. (Kralic D. et al 1998) Since the patients have no say in this kind of care they feel so dissatisfied and feel it is the worse treatment to receive from someone who should be guiding you towards recovery from such kind of an operation. This is the picture of nursing practice in many places in the world in both surgical and non-surgical set-ups. In the Conclusion of their study, they say the women placed more importance on the interaction they had with the nurses during their hospital stay for surgical care. The nurses who had engaging attitude had very positive recommendations while the detached had the negative one

8.1.5 Patient's expectations with the nursing care

It is always the patient's expectations to receive quality care whenever they visit a health care unit. Surgical patients always have an assumption about the outcome of the surgery and the care they are going to receive based the state of their health, preoperative information they receive and to some, the prior experiences they have had before. They rate the quality of care when their expectations are well and fully met. (E. Shawa, 2013)

According to a study conducted in Turkey on patient expectations and satisfaction with the nursing care, Patients expected nurses not only to be knowledgeable and competent but also cheerful, concerned, more understanding, having courtesy and a virtue of benevolence in them. (Özsoy S. A. et.al, 2007) They also stated that the patients expected warm greetings from the nurses, punctuality in service delivery and giving of the timely information of the care progress. Since the information plays a very important role their satisfaction, the patients expect nurses to understand them, and give clear information/instructions that are well comprehensible.

Patients expect that nurses need to give them a close attention in all manner that pertains their care and management. The emphasize on individualized or patient centered care. In a cross-national study conducted to examine the association of

individualized care and patient satisfaction among surgical patients from five European countries, patient's perception of individualized care was 45% of the variance in patient satisfaction in the study findings, which explained nurses' technical competence in patient service care as offered in accordance to their specified needs as a person, taking into account the patient's unique state of health in collaboration with the patient and ensuring that services are offered to the patient's satisfactory levels. (Riitta Suhonen, et al 2011)

Other studies also emphasize the same point that not only the competence and knowledge are expected from the care givers, but also proper moral behaviors and good communication and interactive skills with the patients as part of the essential components for the quality of care during this period. The nurses are therefore expected to be kind, cheerful, responsive, compassionate, honesty, approachable and friendly. (Shawa E. 2013)

Although humor is an important characteristic and helps to improve the communication and relationship between patient and nurses, a study shown in China that sense of humor is not as welcomed as other characteristics due to the cultural reasons and it doesn't affect the healing of postoperative patients in any way according to them. (Zhao, 2011)

Pain management is an important aspect in postoperative care, as the patient would already have suffered from anxiety and stress of surgery itself, physical pain can make the patients appear to be very irritable. The patient expect that the nurses respond quickly to the complains of pain by offering treatment within shortest time possible to get relief. In many studies some patients report higher satisfaction level of pain management while others give remarks of lower levels of satisfaction in pain care. In the study he conducted in a Kenyan Surgical Unit, Elwin Shawa, (2013) finds out among variables of age, gender, education and marital status that most patients gave positive reports on nurses responding quickly in controlling pain as expected by the patients. Another study conducted in the US, by the Anita Gupta, et al (in 2009), on Pain control in the Surgical units within 10 States, had 5 states reporting highest level of pain relief of above 70% among patients, while the other 5 states had the lowest score of less than 65% of patients' level of pain relief.

The expectation also varies among different groups of patients. Youth and elderly wish the nurses to be kind to them than other age groups, and elderly patient strongly expect nurses to be responsive. (Nankhumbi, 2005) More female patients are expecting the nurses to be kind, cheerful, responsive and not to be rude. Religion does not have a big influence on the expectations according to Nankhumbi, whereas Danuta G. et al 2013, describing the psychosocial expectations of patients hospitalized due to lumbar disc herniation under their study, mentions one of the expectations to be the ability to receive their religious and spiritual support the best they can while on their recovering process.

8.2 Institutional Factors

8.2.1 Organizational structure

Organizational factors within the hospitals and nursing units, particularly the supportive systems for the effective care and management, and the systems that foster nurse's work engagement activities are very important factors that affect patient's perception of care and satisfaction. (Cynthia T. and Barbara M. 2009)

In a study conducted to find out the relationships among organizational contexts, that is, structural characteristics of the hospitals and the nursing unit environments, patients' characteristics and their perception of care, the structure of the nursing units which also pictured the capacity of the units, work engagement among the nursing staff and the overall working conditions, Cynthia and Barbara explore the experiences of patients in some medical-surgical units in the U.S hospitals (acute care units) reporting a lot of dissatisfaction of care among the respondents. Talking about the health care provision in most of the surgical nursing units, they report patients' comments on the nurses' characteristics of the lack of courtesy or respect, poor pain management and communication skills which somehow was related to the hospitals' structural organization, working conditions and other features related to nursing structural environment (Cynthia T. and Barbara A. 2003)

Patient characteristics such as age, gender, health status, education, social class and prior experiences with the health care systems also influence their perception of symptom distress as well as their expectations on the management of care. Older patients, women and patients with higher education tend to rate higher satisfaction of care from the nurses than other categories of patients (Carlson et al 2002). Prior experiences influence how patients interpret and evaluate the care they receive, and patients give positive remarks of care based their health status when the symptom management is satisfactorily met. (Roohan et al 2001) In their findings Cynthia and Barbara also report the patients' perceptions on their care and symptom management, stating that those whose expectations were well met were those in the units where the nursing workgroup reported better working conditions whereas the units that had poor working conditions and improper supportive systems had negative views on the quality of care from the services they received within the nursing units. (Cynthia T. Mark B. 2003)

Patients from smaller health care institutions tend to be more satisfied with care than those from bigger hospitals and likewise those from non-teaching hospitals perceive their level of care to be better than those in teaching hospitals, because in the teaching hospitals nurses tend to focus more on the technical aspect of quality for the training purposes than optimizing individualized patient experiences to the best of patient's satisfaction. (Ashish K. Jha et al 2008)

8.2.2 Length of the Hospital stay

The length of stay(LOS) in postoperative care varies depending on factors such as type of surgery, age, sex, patient's preoperative functional/profile status, delivered preoperative information, ASA status score (American Society of Anesthesiologist), need for blood transfusion, among others. These factors are found to influence postoperative outcome in general, the LOS and patient satisfaction of care. (Henrick H. et al 2008). Preoperative functional status is a very important determinant factor in rating the patient's recovery and functional independency after any given surgery. (Escalante A & Beardmore TD, 1997)

Strategies to reduce the LOS with satisfying outcomes are operational in most surgical set-ups across the world. For instant, some of these strategies according to Escalante A & Beardmore TD, from their study on LOS after hip or knee surgery include optimization of preoperative functional status, early surgical interventions e.g. early mobilization, and prevention of wound complications while Henrick H. et al 2008, talks about the fast-track surgical procedures, which are regimens that are aimed at reducing perioperative morbidity, physiologically optimized anesthesiologic procedures, optimized pain management and aggressive mobilization with an end result of reducing the postoperative LOS, shorter convalescence and rapid functional recovery.

Though the LOS varies from less than a week to few months, the satisfaction rates also varies depending on the different variables and patient's characteristics. Female patients and the elderly patients tend to stay longer than younger patients, and an increased ASA score can also be associated with longer LOS (Henrick H. et al, 2009). Care givers' clinical skills and competency in standardized postoperative nursing care interventions, distress and pain relief, respect for patients' values, opinions and feelings are some of the important aspects considered by patients during the hospitalization care. Henrick and his team in their study among patients with hip and knee surgery too, had respondents that had short LOS like 3 days or less and those who stayed longer for some reasons who reported high level satisfaction of the nursing care and good relationship with the nurses who provided adequate information, performing their nursing intervention professionally with care, and good treatment that was very satisfying. The satisfaction was high with a median of 10 and mean 9.4 of 10 covering their entire stay. They concluded that the parameters of patient satisfaction with care, provided a patient- based quality assurance. NHS Foundation Trust 2017 give an estimate average LOS of 6 days though most of them are discharged between the 2nd and the 5th day.

9. Discussion

Perception is the way of thinking about somethings or how something is regarded, understood or interpreted. Patient's perception is considered as patient's

view on the service care and treatment, and its outcome. Patient's perception of the nurse-patient relationship is determined by the quality of care and the interactive experiences with the nurses, which indeed is considered an important element for the measurement assurance of quality care for the improvement of services in the hospital/ health care units, because in one way or another, this affects the patient's health outcomes physically, emotionally or psychologically during and after, the course of treatment. (S. Twayana & R.H. Adhikari, 2015)

Patient's satisfaction is said to be achieved when his/her needs and expectations are fully met. However, the studies have proven that, irrespective of the competent medical care the patient may receive, he/she will not get satisfied fully if the psychological and emotional needs are not met as well. The relationship between the nurse and the patient is based upon the interactive exchange of thoughts, feelings and the actions of both the nurse and the patient during the care. (Emanuel C. 2017)

A good nurse-patient relationship sets the ground of care experience which indeed has the most powerful impact on the patient satisfaction. Patients see how nurses interact with them and to their fellow colleagues and draw their conclusions on the hospital services based on what they observe. (E. Shawa, 2010) As seen in this study, the attitude the nurses portray during the care, greatly influence the perception patients have towards the quality of care they offer. Respect for the patient's personal dignity and values is very fundamental in the care. And therefore, the nurses' attitude towards the patients, their work, co-workers and the organization tell how the patient and the family view and judge the things they do not see behind the scenes. (Emanuel C. 2017)

Responsibility, commitment, compassion and interest in the patient's health problems as the engagement nurses, gives the patient a sense of security and positive judgment of the care. (Garczyk D.2013) This still proves how patients' perception of satisfaction with the care is a paramount factor in explaining the quality of services. Some studies found that patients give very negative reports concerning the caring attitudes of nurses in many hospitals around the world, while in other places, there has been very some positive remarks and recommen-

dations. Positive reports are seen mostly in the industrial and developed countries like Scandinavian countries, while in the unindustrialized and low economical countries as well as some places in America, there are a lot of negative reports concerning nursing attitudes towards the patients.

Nurse-patient relationship being regarded as the core of the nursing practice, care is perceived by the patient to be satisfactory when his/her needs and expectations are not only met but also when there is a healthy relationship between the patient and the nurse who can be approachable, kind and doing her role out of a willing spirit. Though the expectations and perceptions may vary from person to person and from service to service depending on many variables, the nurse's attitude towards all that he/she does with or to the patient remains to be the corner stone of the nature of the relationship they have on the patient's view. (J. Ndambuki, 2013)

High ratings of patient satisfaction are considered the desired outcomes of health care services. In this study, the components of care experience identified as contributors to patients satisfaction included the prior experiences in surgery, individualized care, patient values and beliefs, expectations, perception of the care of their expressed needs, nurse's responsiveness, coordination of care on staff side, information and education, physical comfort and pain relief, emotional support in alleviation fears and anxieties of the surgical experiences, involvement of the patient and his family in the care he/she receives and the continuity of care after discharge. (Shawa E. 2013)

Proper pain management being one of the main expectations of the surgical patients, most patients have reported positive remarks on the nurses' work while others have given negative remarks of satisfaction on pain care. Though studies do not give reasons of low satisfaction remarks on pain management, it may probably be associated to the nurses' negligence or workload. Nursing care is meant to bring relief to the patient's situation. Quality nursing care demands that the nurse should pay close attentions to the needs and expectations of the patient, and use safe, tested and affordable methods to alleviate patient's physical, emotional or psychological suffering to reduce death, illness, disabilities as well

as promoting a healthy relationship between the nurse and the patient. (E. Shawa, 2013)

The patients' experiences while being nursed is important for nurses to understand. Before nurses can plan and implement the care to meet the individual patient's needs, they must identify the patient's perceived needs, understand the patient better, his/her thoughts and feelings, partner with the patient in the care and understand how he/she views the care provision. (Shawa E. 2013) As it is in any kind of a relationship, so is it in this case. It encourages the patient a lot if the nurse spends some time with the patient learning from him/her more, offering the required counsel and information based on the expressed needs and besides the regular interventive activities.

When the nurse spend time to actively listen and promptly attends to the needs of the patient, taking into considerations matters raised by the patient, the patient feels a sense of security, care and value even if all the needs are not met to the satisfaction levels. Postoperative patients can be so sensitive especially those who have undergone amputation, or any other surgical operations that may have resulted to the movement inability or a disability of any kind. The patient does not only need the physical aid from the nurse but rather a comprehensive and holistic nursing care where the nurse acknowledges also the emotional, spiritual, mental, social and the environmental aspects of patient needs in the care. This is the reason why the nurse need to individualize the care and respect the patient's wishes and concerns, appropriately supporting and engaging the patient in his/her care as much as possible. (Kralic D. et al 1997)

Social demographic aspects such as age, sex, social classes, and culture being other factors can greatly impact the nurses' relationship to their patients in general nursing view as well as in the postoperative perspective. The nurses are expected to use their professional skills, principles and ethics to detect patients' problems, make proper judgments and skillfully support the patient cope with the situations or help them towards meeting their needs whether, physical, emotional, spiritual despite the social-cultural status or communicative bridges. (Emmanuel C. 2017)

The nature of the relationship can also be affected by patient's characteristics, in conjunction with the nurse's response or reaction to the patient's mode of behavior. We saw in the study how the nurses play the most significant role in the care of the patient than all other professionals throughout the entire perioperative period. The nurses should understand that some of the negative characters exhibited by the patients could be as a result of pain, their physical, emotional or spiritual ill health and should not be taken personal but be handled professionally and wisely, with care and gentleness. (Emmanuel C. et al 2017)

To understand the patient's better and offer appropriate nursing care, nurses should try to spend some time to learn the patient. Some patients prefer having few certain nurses to take care of them throughout the entire period of admission with whom they can harmoniously go through phases of the therapeutic relationship with a peaceful termination at discharge. (Emmanuel D. et al, 2017) This is seen to be the practice in many European countries that should also be encouraged in the third world countries.

Placing much emphasis on patient centered care, studies reveal that the nurse is expected to respect the uniqueness of the patient as a person, collaborating with the patient to meet the needs as expressed. To respect and acknowledge the patient's opinions and preferences, weaknesses, without having judgmental attitudes towards the patient in order to help build the patient's motivations towards self-care, promote recovery and creating a healthy relationship between the two parties. (Garczyk D. et al 2013) This calls for the engagement attitude of a nurse with genuine understanding and compassion, who exercises patience, empathy, kindness and such kind of attributes, having good professional and judgmental skills in handling delicate matters in the entire holistic patient care.

In addition, as stated by Shawa E. 2013, patients also expect nurses to be culturally sensitive and conduct their practices in respect of the patients' values, confidential rights and dignity as they keep their professional values, ethics, boundaries and limitations in an orderly and a friendly way.

In this study, we found out some other of factors that affect nurse patient relationship during the postoperative period as being, language barriers and ineffective communication skills between the nurses and the patients that contributes

to poor information delivery, which makes the patients feel unsatisfied with the services. Too much workload on the side of the nursing staff due to shortages may not allow nurses to give their best to the patients as effectively as they should, and patients' expectations and needs may not be met satisfactorily. Likewise, the absence of a common language in use by both parties, can be a big challenge for the nurse and the patient to communicate effectively in language difference scenarios.

Poor communication and information delivery due to lack of proper nursing interactive skills, inadequate of competency and experience, as well as poor information delivering systems within the facilities is an alarming issue and nurses are called upon to improve in their interpersonal skills and develop positive attitudes towards their patients, treating them with respect and dignity as fellow humans not just the sick. They are expected to develop the practices that support optimal self-care and the wellbeing of the patients by upholding the standard measures of practice in the overall patient care. (Emmanuel D. et al 2017)

Since information is very important in the patient's health promotion, patients feel that nurses should use better methods of delivering the information accurately, adequately and timely to enhance patient's full participation and adherence in the care and management. (Garczy D. et al, 2013)

In a crucial unit like a postoperative ward, patient expect to be handled with well skilled nurses who are competent in their work. Emmanuel and his team say, the hospital/organizational management should make provisions for the on-job training and retraining of the nurses in higher education to get more updated and more equipped in their skills and practice dimensions to include communication and interpersonal skills, holistic care and in human relations for effective service delivery. (Emmanuel D. et al 2017)

The hospital/organizational structure as factor can affect the nursing activities positively or negatively influencing the patients' relationship with the nurses and the perception of care in one way or another. Health Care institutions are said to be effective based on the structural environment they operate in, and the nature of tasks they perform. Hospital environment involves the hospital size, teaching status, magnetic certification, case mix index (the technological structure of it)

and the institutional life cycle whereas structure in terms of nursing includes the nurse staffing and the practice environment in which care is delivered. (Cynthia T. & Barbara M. 2009) The structural variables include the unit capacity, work engagement and the working conditions. Contextual factors in the nursing unit includes the unit size, the availability of support systems in patient service provision, patient acuity and the complexity of work. Different patterns of hospital admissions affect the professional practice environment in the nursing units in various ways influencing the satisfaction level of care. (Cynthia T. & Barbara M, 2009)

Patient satisfaction can be influenced by the nature of the nursing support systems available within the units. The support systems allow the nurses to have quality of time in direct patient care since the operations may not be so involving. These are basically the services that mitigate the nurses' workload contributing to better working conditions. Otherwise, high patient acuity levels in the surgical units and the respective complexity of work required in the patient care can also increase the demands that are placed on the nurses, limiting the time of devoting to the patients' needs fully which influence how patients perceive the care provided to them. Patient satisfaction demands total attention in general and thus nurses' response to patient's needs determines the patient's level of satisfaction as well as their overall perception of the institutional management (Cynthia T. B & Mark B. 2009)

A decreased period of stay for the postoperative patients in the surgical unit, to some extent limits the available time for the nurses to offer the adequate information necessary to enable the patient to effectively manage or cope with the current health situation physically or emotionally after being released from the hospital. (Henrick H. et al, 2008) Inasmuch as the longer LOS can also become a financial burden to the patient, it may have a positive impact in the relationship of the nurses and the patients in terms of service care provision. (Tokunaga, 2002)

However, an evaluation of patient's length of hospital stay is also associated with the satisfaction of quality of care itself in such a way that, despite the patient's type of surgery or age, the quality of nursing care determines whether the patient

stays longer or shorter in the ward. The longer the patient stays in the surgical ward due to poor environmental and working conditions, the poorer the relationship becomes and the poorer the satisfaction and perception of care. (Danuta Garczyk, et al, 2013)

According to many studies, patients give their suggestions on how nurses should improve their interactions with the patients based on how they conduct their duties and responsibilities as nurses. Staff workload which in majority affects the nurses' quality of care because of burn-out, patients feel that the hospital managements should deploy enough nurses to cover the shortage and improve the efficiency of the nursing care services in the nursing units that have staff shortages. (E. Shawa,2013) Likewise, the nurses should also be motivated by improving the working conditions in the surgical nursing units as well as the provision of supportive systems and adequate resources to enhance improved and quality care. (Cynthia T.B. & Barbara M.2009)

10. Conclusion

This study describes several factors that affect the nurse patient relationships, highlighting the nurses' characteristics as the major factors that determines how the patients view the quality of care they receive and the rate of satisfaction level from the care. The study describes both positive and negative aspects of the relationship between the patients and the nurses, mentioning some of the contributing factors from the hospital organizational structures that also affect the smooth run of the care in the surgical units and the relationships positively or negatively. The results of the review confirm that a good nurse patient relationship is the core of any nursing practice, and the nursing care is said to be satisfactorily when all the patient's needs, and expectations are indeed fully met.

It places more emphasis on adequate and proper information delivery, good nursing interactive skills, individualized care and improved working conditions among the surgical units which determines patient's perception of the quality of care. The study highlights patient's views on ways of improving this relationships that are very essential for the nurses to put in practice in building and

maintaining a healthy relationship with the surgical patients knowing that each patient is unique and with unique characteristics and needs. We appeal that more studies should be carried out to explore the views, feelings and the perception of postoperative patients in the surgical units across the world and come up with solutions of satisfactory care and good therapeutic nurse patient relationships.

11 Ethical consideration

11.1 General principles

Ethics are values, codes or the governing principles that guide the researchers work during the period of conducting the research project. It involves various codes and conducts that regulate the behavior of the researchers as they carry out the study. (Polanski, 2004)

In our study, we strictly observed the ethical considerations in various ways. Since we carried out a literature review-based study, we didn't have to seek consent of carrying out our study in any field other than giving our research proposal to our tutor professors who then allowed us to proceed.

The general principles such as honesty in the scientific communications while interpreting data from other sources based on our study were very well observed. The data collected was interpreted as accurately as possible without any form of fabrications, plagiarism or falsification of any kind but rather giving accurate report of all the research findings.

In the entire data collection, we respected, honored and acknowledged all the sources of the data by correctly citing the authors within the texts as well as providing references of the whole work.

Respect for colleagues: Throughout the entire study we worked together as a team, respecting each other as fellow students and researchers, respecting each

other's opinions and contributions towards all that we were working on without undermining or stepping on each other's toes.

We ensured confidential aspect of certain information throughout our search for the data not to violate the privacy of certain persons un-anonymously or making public what has not been published.

11.2 Validity and Reliability

Validity is the degree to which the results of a study are said to be true being able to appropriately measure what is supposed to measure without biasness. (Oladimeji A. B. 2015) It is also explained as the extent by which the requirements of a scientific method may have been followed during the process of generating research findings. (Dudovskiy J. 2017) The study conducted was based on previous research studies from several authors and thus the validity of the literature reviews basically depended on the data collected from the study materials of the entire exercise.

Reliability refers to degree by which the results are obtained by a measurement or a procedure can be replicated. (Oladimeji A. B. 2005) In other terms the possibility of other reviewers to use the information to carry out another study of the same kind or, the extent to which same answers can be obtained using the same instrument more than one time. Meaning that if the research is associated with high level of reliability, other researchers can generate the same results using same research methods under similar conditions. (Dudovskiy J. 2017) Careful and systematic analytical documentation make this possible since reliability problems can crop up in various ways.

Validity and reliability of data are very important in determining the stability and the quality of data obtained. It should also be noted that even though threats to research validity and reliability can never be absolutely avoided or eliminated, researchers need to strive hard to minimize these threats as much as possible. (Dudovskiy J. 2017)

To avoid some sort of biasness the authors scrutinized the review articles coming up with the relevant and accurate data that was rightly able to address the topic

of the study with no fabrications. Even though there could be the possibilities of unintentional evidence of publication biasness in the study to some minor degree due to the fact that the study was conducted by students who could not freely access certain research articles or publications because of some kind of limitations, we believe that our opinions during the discussions did not affect the analysis and the synthesis of the data as such. We did so by strictly keeping the rules and regulations according to thesis report writing as guidelines and the Ethical principles of JAMK University of Applied Sciences, 2014.

The literature reviews for this study was collected from authors across different places of the world. That is; from some parts of Europe, Africa, Asia and America, picturing the nurse/patient relationships within the surgical units and more specifically, the perception of the surgical patients concerning the care and treatment from their nurses during their postoperative period. Most of the reviews article were studies collected from the surgical nursing addressing different and specific issues that were very beneficial in giving us the very relevant ideas and concepts suitable for building the body of our entire study project. The study was conducted in English, most of data articles being in English as well which was easy for us to analyze and interpret our data based on the topic of our study.

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