

# Nurses' Perspectives Towards Nursing Relationship: A Qualitative Study of Experiences

Hemşirelerin Hemşirelik İlişisine Yönelik Bakış Açları:  
Deneyimlerin Nitel Çalışması



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## Abstract

**Objective:** The study was conducted to investigate clinical nurses' perspectives towards nursing relationship.

**Method:** Within the framework of the phenomenological approach, descriptive type, qualitative research method was used.

**Results:** According to the focus group interviews conducted with nurses, they stated that: care, communication and team cooperation is the necessity for the nursing relationship; nursing relationship provides nursing welfare, respectability for the institution and healing for the patient; working conditions, individual characteristics, communication, professional characteristics and patient relatives' attitudes affect the nursing relationship.

**Conclusion:** It is necessary to improve the opportunities for the development of nursing relations in institutions, to develop policies and procedures in this regard, to improve the conditions for patients, nurses and patient relatives in hospitals, and to increase social opportunities.

**Keywords:** nursing; nurse patient relation; qualitative research

## Özet

**Amaç:** Bu araştırma klinik hemşirelerin hemşirelik ilişkisine yönelik bakış açılarının incelenmesi amacıyla gerçekleştirilmiştir.

**Yöntem:** Fenomenolojik yaklaşım çerçevesinde, tanımlayıcı tipte, nitel araştırma yöntemi ile gerçekleştirilmiştir.

**Bulgular:** Yapılan odak grup görüşmelerinde hemşireler; bakımın, iletişimin ve ekip işbirliğinin hemşirelik ilişkisi için gereklilik olduğunu; hemşirelik ilişkisinin hemşireler için refah, kurum için saygınlık ve hastalar için iyileşme sağladığını; çalışma koşullarının, bireysel özelliklerin, iletişimin, profesyonel özelliklerin ve hasta yakınlarının tutum ve davranışlarının hemşirelik ilişkisini etkilediğini ifade etmişlerdir.

**Sonuç:** Kurumlarda hemşirelik ilişkisinin geliştirilmesi için olanaklarının iyileştirilmesi, bu konuda politika ve prosedürlerin geliştirilmesi, hastanelerde hastalar, hemşireler ve hasta yakınları için şartların daha iyi hale getirilmesi ve sosyal olanakların artırılması gerekmektedir.

**Anahtar Sözcükler:** hemşirelik; hemşire hasta ilişkisi; nitel araştırma

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## Introduction

Nursing is a health discipline that prevents disease and disability, facilitates recovery, and alleviates pain. Nursing does this through the interpersonal relationships that it establishes directly with people. This relationship plays a key role, as it forms the basis of care and greatly affects recovery process (1). The nursing relationship is an indispensable process from which all nursing interventions originate and a very effective tool. This relationship is a vital element used in all practices in the treatment, rehabilitation, care and education process in nursing (1). The ANA (American Nurses Association) stresses that the nursing relationship is an element that should be present throughout the care process and used to establish, maintain, organize and terminate the therapeutic relationship between the nurse and the patient (2).

This relationship enables patients to express their feelings. It reduces their uncertainties and anxieties (3). It facilitates their recovery (4), strengthens compliance (5) and the ability to cope with the treatment process (6) and ensures spiritual and physical progress (7). It determines appropriate nursing approaches and ensures that the needs of the patient are fully and increases the quality of care (7), improves nurses' psychological state of mind and increases career satisfaction through professionalization (8). This relationship increases the quality of service and thus patient satisfaction; it shortens the hospitalization period, thereby reducing the cost of care (7).

Despite all the positive outcomes and the roles and responsibilities determined by professional organizations, there are still problems with the nursing relationship and dissatisfaction with the nursing services (9).

All these data make it important to determine the nurses' thoughts on a nursing relationship. In the study, it is aimed to determine the thoughts of nurses about the nursing relationship. In this way, it is aimed to raise awareness about the nursing relationship and its importance in order to reveal the presence of the nurse, to contribute to the care process and to add value to the nursing profession.

Research question: What are the themes that reveal the thoughts of nurses about the nursing relationship?

## Material Methods

### Sampling/Participants

The study was carried out using descriptive-type qualitative research methods in a phenomenological context in which nurses' perceptions of the nursing relationship were determined using focus groups in five comprehensive state and university hospitals with at least 500 beds and operating within the Ankara / Turkey between May 2018 and August 2018. Consolidated Criteria for Reporting Qualitative Studies (10) was used so that the research results could be presented explicitly and comprehensively.

The study's population comprised all the nurses working in the above-mentioned hospitals. The sample group was determined using the snowball method. The sample group consisted of 35 nurses who met the research criteria and volunteered to participate in the study. Individuals who worked as nurses in one of the adult clinics outside the intensive care unit were included in the study.

### Study Design

The study was carried out by holding 5 focus group interviews with nurses who were informed and volunteered to participate in study. Focus group interviews were conducted face to face by researcher AGYA, who is an expert in the field of psychiatry, with five to 10 nurses and a total of five groups in meeting rooms designated by the management. The interviews lasted an average of one hour. During the interviews, no nurse left the groups. Each group consisted of nurses working in the same hospital. While creating the groups, care was taken to include nurses from each clinic within the scope of the research. Data were collected using a descriptive characteristic form and semistructured interview form created by the female researchers AGYA (MSc) and FÖ (Ph.D.). Descriptive Characteristics Form was developed utilizing the literature on the nursing relationship (11,12). The descriptive characteristics of the participants are given in Table 1. The researcher AGYA, who is an expert in the field of psychiatry, conducted the interviews face-to-face with 5-10 nurses in the meeting rooms designated by the hospital administrations. The interviews lasted an hour on average and no nurses left the groups. The researcher gave them her contact information so they could find out about the

results of the study later. An expert rapporteur in the field of psychiatry kept a written record of the interviews, which were also recorded on tape. The audio recordings and the rapporteur's notes were used to conduct a content analysis of the focus-group interviews. The researcher analyzed the recorded data and wrote it down. The objective of the analyses was to the main and sub-themes of the nurses' opinions. The interviews were terminated when the themes began to recur (13).

Semi-Structured Focus Group Interview Form is created open-ended objective, nonguiding questions based on the literature (11,12) nursing to reveal nurses' thoughts on the nursing relationship.

The questions included in the form, are as follows:

1. What do you think the nursing relationship is?
2. What might the elements of the nursing relationship be?
3. What could affect the nursing relationship?
4. How does the nursing relationship affect the patient, the nurse, and the institution?
5. What would you recommend to improve the nursing relationship in the clinic where you work?

Approval was granted by the hospital's ethics committee (No:16969557-762). All participants were informed about the researcher, content, purpose and informed consent form of the study and their questions were answered. Written permission was obtained from the participants.

### Data Analysis

The content analysis method was used to analyze the interviews. An expert rapporteur in the field of psychiatry kept a written record of the interviews which were also recorded on tape. The audio recordings and the rapporteur's notes were used to conduct a content analysis of the focus-group interviews. AGYA, who has received in MAXQUDA 10. Plus qualitative training, transcribed the interviews and established the themes and sub-themes. Afterward, FÖ and two experts assessed the suitability of the main and sub-themes before finalizing them. Data were coded as suggested by Strauss and Corbin (14). In order to increase the reliability of the research, the researchers worked independently from each

other, and then by making comparisons, sub-themes, general themes and main themes were determined respectively, and the evaluations of all four researchers were matched.

### Results

All of the 35 nurses included in the sample are women aged between 23 and 56 years old. Their nursing experience ranged between five and 35 years (mean=18 years). Ten of the nurses are single and 25 are married. It is seen that 31 of them are university graduates. Figure 1 shows the main and sub-themes of the nurses' views on the nursing relationship.

### Main Themes

#### Themes for the Nursing Relationship

##### 1. Requirements of the Nursing Relationship

Almost all nurses (88.5%) indicated that.

"Care", "Communication" and "Teamwork" are necessary for the nursing relationship. The person by whom the theme is expressed is indicated by "P", which is the abbreviation of the word "person".

When defining the requirements of the nursing relationship, the nurses emphasized the importance of care given. Examples of the nurses' opinions on this matter follow: "I think the requirement for the nursing relationship is a care." (P1,P3). "Our relationship with the patient are built on care. We first focus on the patient's care." (P5). "It is a bond that is shaped by the care." (P4,P22). "... the first step in care is the nurse, naturally, this affects the relationship." (P5,P25). "The nursing relationship means the process of providing patient care." (P29). "To act and care in line with the needs of the patient." (P14,P15).

The nurses, reported stated that communication should cover the explanations given to the patient, the reactions given, listening them. Examples of the nurses' views on this follow: "The nursing relationship is a therapeutic relationship between helper and helped." (P2). "Everything that is done to the patient is actually a bond and a form of communication." (P11). "The components of this relationship are communication..." (P15). "It is a relationship based on communication." (P5,P27,P28).

The nurses, indicated that they work in multiple disciplines during the patient's recovery;

**Table 1.** Descriptive Variables of Nurses (N=35)

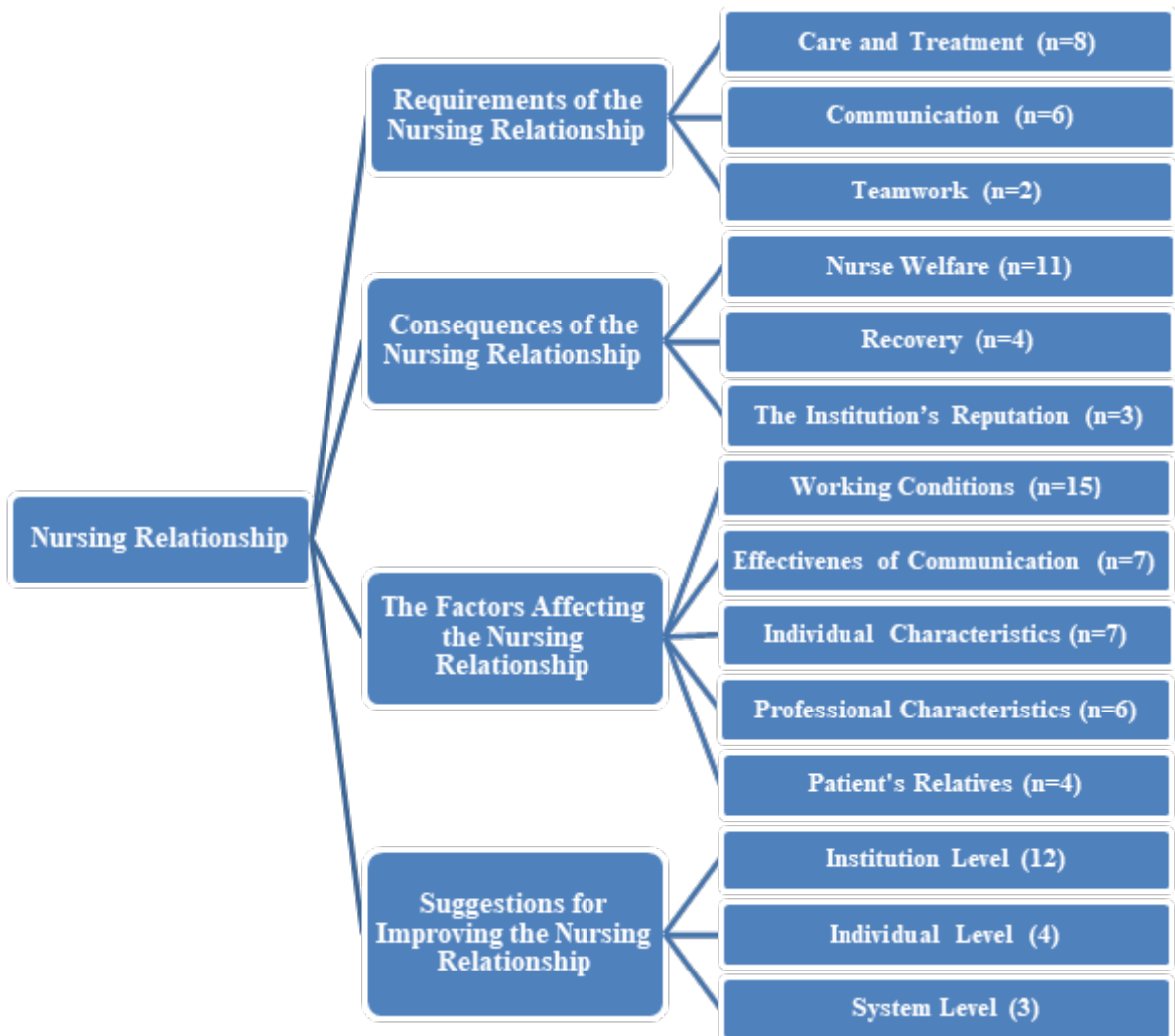
Participant	Focus Group	Age	Gender	Marital Status	Graduation	Nursing Experience (Year)
1	1. FG	28	F	S	U	5
2	1. FG	35	F	S	U	13
3	1. FG	47	F	S	U	27
4	1. FG	55	F	M	U	36
5	1. FG	34	F	M	U	12
6	1. FG	53	F	M	U	33
7	2. FG	42	F	M	U	20
8	2. FG	33	F	S	U	11
9	2. FG	46	F	M	U	27
10	2. FG	50	F	M	U	30
11	2. FG	30	F	M	U	9
12	2. FG	27	F	S	U	7
13	2. FG	56	F	M	HS	38
14	2. FG	39	F	M	U	17
15	3. FG	40	F	S	U	18
16	3. FG	55	F	S	U	35
17	3. FG	28	F	M	U	8
18	3. FG	23	F	M	U	4
19	3. FG	38	F	M	U	15
20	3. FG	44	F	S	U	22
21	3. FG	28	F	M	U	5
22	3. FG	33	F	M	U	11
23	3. FG	53	F	M	HS	34
24	3. FG	25	F	M	U	6
25	4. FG	38	F	M	U	16
26	4. FG	50	F	M	HS	30
27	4. FG	33	F	M	U	10
28	4. FG	49	F	S	U	29
29	4. FG	37	F	M	U	15
30	4. FG	29	F	M	U	7
31	5. FG	26	F	M	U	5
32	5. FG	48	F	M	U	28
33	5. FG	44	F	M	U	22
34	5. FG	29	F	S	U	6
35	5. FG	53	F	M	HS	33

Abbreviations: FG, Focus Group; F, Female; M, Married; S, Single; U, University; HS, High School

therefore, they act as a bridge between the patient and other disciplines. “The relationship between nurses and patients involves more than

just two people.” (P12). “Teamwork means our relationship with the patient, our colleagues, and all the other personnel.” (P18).

**Figure 1.** Themes and sub-themes of nurses' views on the nursing relationship



## 2. Consequences of the Nursing Relationship

Of the nurses 71.4 % stated that the nursing relationship has "Nurse Welfare" "Recovery" and "The Institution's Reputation" consequences.

The nurses reported that the nursing relationship affects nurses' motivation and satisfaction and leads to many emotions. "I think that the nursing relationship is a source of positive motivation for people in terms of conscience and humanity." (P13). "We feel exhausted and fed up when the nursing relationship is negative." (P22). "Positive feedback from the patient makes us happy, but if it is negative we are negatively affected." (P30).

The nurses indicated that the practices made for patients to express their emotions and thoughts, for their care needs to be understood and to protect the patient's psychology were affecting the nursing relationship "Quality care depend entirely on the nurse. If correct and complete

care is given to the patient, and an appropriate style of communication is used, the patient will be positively affected by this." (P1). "If the relationship is strong, they can easily describe all the symptoms, and this is good for treatment." (P2,P10). "If the patient trusts the nurse, this is good for treatment." (P3,P15).

The nurses explained that both patients and nurses are affected by the nursing relationship and this effect changed the level of institutional satisfaction and corporate image. For example: "It could affect the institution's preferability." (P1). "It reflects to the institution as a complaint, satisfaction or legal ramifications." (P1,P2).

## 3. The Factors Affecting the Nursing Relationship

Two-thirds of the nurses (68.5%) stated that many factors can affect the nursing relationship. The sub-themes "Working conditions"

“Individual Characteristics” “Effectiveness of Communication” “Professional Characteristics” and “Patient’s Relatives” emerged here.

The nurses stated that the working conditions affect the nursing relationship. They said: “Physical conditions (noise, arguments, crowd, etc.) can affect it.” (P1,P2,P3,P15). “For example, the fact that the rooms are for two people adversely affects this communication and relationship.” (P2,P10). “Long working hours and a busy work tempo can hinder the relationship” (P2,P10). “The nursing relationship... is affected by the work tempo, the time allotted to the patient...” (P5,P31,P32,). “The high number of patients per nurse is the most important factor that affects it.” (P1,P2,P4).

Examples of the comments saying that the individual characteristics of the patient and the nurse affect the nursing relationship follow: “The patient and the nurse profile affects this.” (P1,P5). “It is affected by the patient’s diagnosis, gender, state of mind, religious, cultural background, and level of education.” (P3,P15). “It can be affected by the patient’s and nurse’s attitudes and behaviors.” (P4,P18).

The nurses said that mutual trust and respect in communication, giving feedback, establishing empathy, all affect the nursing relationship. Examples of these expressions follow: “Empathy from the nurses, giving feedback to the patient and respect are positive factors in this relationship.” (P2,P4,P12). “Speaking in a way that the patient can understand also affects this relationship.” (P3,P5,P13,P25).

Examples follow of the nurses’ comments saying that such professional qualities as, informing and defending the patient, knowing their professional responsibilities, applying knowledge and skills in care, and being experienced and autonomous all affect the nursing relationship: “Respect for privacy, trust, integrity, fairness, advocacy.” (P1,P4,P19). “I think we should be Professional.” (P3,P1). “When a patient is negative in their communication, we still provide the same care as for other patients without making any discrimination.” (P1,P7). “Providing complete information and trust.” (P6,P21).

The nurses said that the nursing relationship is affected by the level of knowledge of the

patient’s relatives, how they communicate with the nurse, their expectations, attitudes, and reactions: “The reactions of the patient’s relatives affect the relationship.” (P2). “Teaching the patient’s relatives the situations when they need to call the nurse and educating the patient’s relatives are things that positively affect this relationship.” (P3,P13). “Patients are influenced by the relatives’ expectations.” (P3,P14).

#### 4. Suggestions for Improving the Nursing Relationship

The nurses stated that the nursing relationship could be improved by increasing staffing numbers, optimizing the physical conditions, making inspections, providing more feedback, increasing the amount of in-service training in communication skills. “I recommend increasing the number of nurses.” (P4,P18,P34,P35). “Being appreciated is crucial in developing relationship.” (P2,P11). “I think that physical conditions should be improved and in-service training should be done on an institutional basis.” (P3,P16,P17). “If the number of patients per nurse goes up, this is going to create adversity.” (P20).

Here are individual suggestions for giving appropriate feedback, empathizing, knowing one’s duties, authorities, responsibilities, supporting one another, and improving the nursing relationship. Examples of these recommendations follow: “... Supporting each other as nurses strengthens the relationship.” (P1,P2). “Mutual understanding is a must. We need to empathize more and work more on communication.” (P5,P29).

The nurses made some system-related suggestions to help improve the nursing relationship such as making public service announcements, providing training on vocational guidance, and making economic regulations. Examples of these suggestions follow: “If nurses who work in clinics where there are systemic errors that need to be fixed are trained in how to be role models for preservice nurses.” (P1). “I think that public service announcements are very important.” (P2,P8). “I suggest regulating wages in other hospitals as well.” (P4,P22).

#### Discussion

Perceptions about the nursing relationship were grouped under four main themes.

## Requirements of the Nursing Relationship

The sub-themes in this main theme are care, communication and teamwork.

The nurses in our study stated that the nursing relationship should focus on the needs of the patient so those needs can be met. They also said that the care given forms the foundation on which this relationship is built. Providing a good nursing relationship for good care is vital in the development of nursing relationships (12). It is stated that determining and meeting the needs of the patient in the care process constitutes the focus of the nursing relationship (6). In this respect, nurses are expected to provide care by creating an environment that is based on the needs of the patient, respects the patient, supports the patient's progress, and encourages communication (15). The fact that the nurses in our study defined care in terms of the nursing relationship is a key point of cognition that reveals the foundation on which the nursing relationship is built.

The nurses defined communication as being vital for the nursing relationship and stated that communication should include allocating time to the patient, respecting the patient, explaining things to the patients, and therapeutic elements as well. The definition given by nurses dovetails with the definition of therapeutic communication (1). Communication in the nursing relationship is a requirement of providing appropriate patient care and in developing the nursing relationship. It is also a vital role of nursing (12). The effective use of communication in the nursing relationship is an extremely important element that enables the nurse to identify the patient's needs, meet them appropriately, provide quality health care, and increase and strengthen patient satisfaction. The fact that the nurses in our study defined communication, which is an integral part of nursing, as one of the elements of the nursing relationship highlights the power of communication in the nursing relationship.

The nurses also placed teamwork among the requirements of the nursing relationship. A collaborative relationship within the team positively impacts patient outcomes, contributes to patient care and the wellbeing of the staff, and improves intermediate determinants of quality such as information sharing, and

improved decision-making (16). Lack of collaboration within the team leading to poor work performance, a reduction in workforce, increasing the risk of accidents and errors during care delivery (16). The fact that the nurses in our study defined teamwork as being one of the elements of the nursing relationship reveals the importance of teamwork in developing the nursing relationship.

## Consequences of the Nursing Relationship

Under this main theme, welfare, the institution's reputation, and recovery are included.

The nurses stated that there were changes in their levels of anxiety, happiness, and exhaustion, as well as in their motivation as a consequence of the nursing relationship in connection with nurse welfare. Although the nurse creates a change in the patients with the nursing relationship, she only experiences a sense of being when she gains meaning from her experiences and this sense of being determines the nurse's professional satisfaction (9). The nurses placed nurse welfare under the consequences theme and this might be because the nursing relationship is a dynamic, two-way process. It might also be due to the nurses' power to create change in the patient.

The nurses indicated that the nursing relationship can affect patient satisfaction, the preferability of the institution, and demand for the institution. The literature states that the nursing relationship can be a measure of a hospital's reputation (17) and emphasized that communication and employee behavior (18) are the most important components of an institution's reputation. Nurses play a vital role in providing safe and continuous patient care in hospitals (19). Nurses' interventions and communication with patients increase the institution's reputation and affect hospital efficiency (20). In this respect, it can be said that the nursing relationship affects patient care outcomes and patient satisfaction and is a major quality factor in terms of the institution's reputation.

Recovery was also defined as one of the consequences of the nursing relationship. A good nursing relationship ensures interpersonal continuity. It improves compliance with treatment, relieves pain, and has a positive impact on the patient's emotional state, reducing levels of depression and anxiety (5). Nursing is a

professional vocation with a healing philosophy that includes therapeutic approaches. That the nurses considered recovery to be a consequence of the nursing relationship suggests that they are aware of the key responsibilities and roles of the nursing relationship and its power to shape and influence patient care and recovery.

### **Factors Affecting the Nursing Relationship**

The Nurses stated that “Working Conditions”, “Individual Qualities”, “Efficiency of Communication”, “Professional Qualities”, and “Attitudes and Behaviors of Relatives” affect the nursing relationship. The nurses stated that working conditions such as the, work tempo, and the nurse shortage, in particular, all increased the workload and reduced the time that could be allocated to the patient. Care delivery and outcomes are related to the number of nurses (21). Due to adverse working conditions, nurses can spare little time for patients, have difficulty in communicating with patients and their relatives (22). And these conditions cause anxiety in nurses and nurses reflect this anxiety to patients (23). On the other hand, when nurses allocate enough time to patients and use it effectively this ensures the development of patients’ trust towards nurses and communication between them (24) and positively affects nursing care outcomes (19). In our study, it is thought that nurses cannot establish the nursing relationship they want because poor working conditions prevent them from devoting enough quality time to each patient.

It is stated that individual characteristics of nurses such as gender, age, education level, respect, trust, and perspective affect the nursing relationship. The individual characteristics of the patient and the nurse can affect the nursing relationship (6). Professional qualifications are shaped by adding differences to individual characteristics and these qualities can only be reflected in nursing practices with individual skills and cognitive abilities (25). Each nurse is a distinct individual, and this distinctiveness is reflected in the nurse’s practices, saving the nursing relationship process from being a mechanical one. The nurses in our study defined individual characteristics as being among the factors that affect the nursing relationship. We can interpret this as the nurses not finding the process to be a mechanical one, as them taking

patient’s individuality into consideration in the nursing relationship, and thinking that a person’s attitude, behavior, and communication are just as important here as knowledge, skill, responsibility, and experience.

Many of the nurses who stated that communication is both necessary and affects the nursing relationship also said that they could not establish therapeutic communication and that they only used communication to give information. It is known that nurses cannot adequately communicate with patients and many of them have problems communicating with patients and take the wrong approach (26). Accordingly, it can be said that the nurses participating in the study are aware of the importance of communication as it affects the nursing relationship, but they do not know how to communicate. They cannot make time to communicate and the spiritual dimension is neglected in communication.

The nurses indicated that such professional qualities as informing, patient advocacy, responsibilities, and putting experience into practice would affect the nursing relationship, which is associated with the nature of professional qualities. Professionalism is described as a way of seeing a person as a whole, the ability to listen to others and create a balanced perspective. It is vital in nursing, which is associated with the concepts of competency and skill, and is critically important in the delivery of health care. Professionalism, one of the three basic components of the nursing relationship, occupies an important place in the biopsychosocial assessment of the patient. It is crucial to maintaining and developing the nursing relationship and a patient-centered approach and ensuring patient satisfaction (25). It is thought that including nurses’ professional qualities among the components of the nursing relationship will contribute to more qualified care.

The nurses stated that factors such as education level, age, and the attitude of patient relatives affect the nursing relationship. When the patient’s relatives fail to contact and communicate with healthcare personnel, this creates a negative interaction between the nurse, the patient, and the patient’s relatives, which in turn creates an obstacle between the nurse and the patient, adversely



affecting nursing practices (27). The fact that nurses define patient relatives as one of the factors affecting the nursing relationship in the findings of our study suggests that they can consider the patients along with those near to them.

### **Suggestions for Improving the Nursing Relationship**

The nurses made suggestions for improving the nursing relationship from an individual, institutional, and system standpoint. The nurses said that nurses needed to be aware of the nursing relationship and to know and use such concepts as communication and empathy. It is known that an effective nursing relationship requires the development of the personal and professional development of nurses and that personal awareness is key to this (28). In the nursing relationship, the nurse should be aware of the factors that may affect the relationship with the patient, pay attention to such factors as respect, trust, creating unity, and apply communication techniques correctly (29) and they are expected to be able to empathize (28). Accordingly, it is thought that supporting the development of nurses, especially in communication matters, will raise awareness about the nursing relationship in nurses and increase the quality of care.

In addition the nurses stated that policies relating to nursing and regulations for nursing education should be made. Policymakers, leaders, and hospital administrators have to fine-tune the nurse-patient balance to preserve the patient-oriented culture, provide safe care, and increase the institution's reputation (30). For this reason, policymakers and managers should take action to develop working environment standards and keep nurses at work by reviewing the distribution of duties, powers, and responsibilities among nurses (19).

### **Conclusion**

In conclusion, it can be seen that the categories and themes that emerged in our study are supported in the literature on the nursing relationship. Our study determined that the perspectives on the nursing relationship were mostly affected by the working conditions. The means for developing the nursing relationship need to be improved in the institutions. Policies and procedures need to be developed to this end. Conditions in hospitals for patients, patient

relatives, and nurses need to be improved and there needs to be an increase in social facilities. We think that suggestions for improving the nursing relationship will create a strong bond between the patient, nurse, healthcare team, and patient relatives and contribute to the betterment of the institution. Consequently, we think that our study can guide future studies on how to improve the nursing relationship. To improve the nursing relationship among nurses, we suggest increasing individual awareness about the nursing relationship, optimizing working conditions, and improving institutional facilities. The fact that this study was conducted in only 5 hospitals and inadequate psychiatric nurses number is a limitation of this study. It is recommended that future studies on this subject be strengthened using samples of nurses from different hospitals.

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