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The Quality of Nurses' Relationships with Patients and their Relatives in the Emergency Department of a Tertiary Hospital in Nigeria: A Qualitative Study

[*1]Anyebe, E.E., [1]Jibril, U.N., [1]Ibraheem, M.A., [2]Adesina, K.A. and [1]Adenigba, O.B.

[1]Department of Nursing Sciences, Faculty of Clinical Sciences, College of Health Sciences, University of Ilorin, Kwara State, Nigeria

[2]Department of Nursing Sciences, Osun State University, Osogbo, Osun State Nigeria

Corresponding author's Email: anyebe.ee@unilorin.edu.ng; ejembianyebe@gmail.com

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Abstract

Nurses, patients and patients' relatives engage in a continuous interaction in the hospital setting. Such interaction is expected to be supportive, educative and therapeutic. The extent to which the nurse communicates with patients and their relatives should lead to transaction, goal attainment, effective nursing care, and satisfaction. Anchored on the *Peplau's Interpersonal theory*, this study explored the views of nurses, patients, and patients' relatives on the level of nurse-patient and nurse-patient relatives' relationships, and the level of satisfaction with the nursing care and its associated factors at an Accident and Emergency (A&E) Unit of a Teaching Hospital in North-Central Nigeria. Using a cross-sectional survey design, an in-depth interview guide was used to collect data from 17 purposively selected participants (seven nurses of different ranks, five patients, and the one relative each of these patients). Interviews were audio recorded. Following transcription, data were analyzed thematically. Levels and satisfaction with nurse-patient relationship were rated differently: below average by the nurses, but relatively more satisfactory by most patients. However, both nurses and patients' relatives described nurse-patient relatives' relationship as dissatisfactory, with its potential and actual effects on patient care. Communication barriers, poor interpersonal skills, poor nursing staff: ratio shortage and the nature of Emergency Room are factors affecting interpersonal relationship of nurses with patients and their relatives. Improved communication, nurse-patient ratio, quality of care, interpersonal relationship skills training for nurses and orientation of patients and relatives are recommended to enhance therapeutic relationships.

Keywords: Interpersonal Communication, Emergency Department, Interpersonal Relationships, Nurse-Patient Relationship, Therapeutic Relationship

1.0 Introduction

The nurse-patient relationship is an interaction with the purpose of enhancing the well-being of the client (which may be an individual, a family, a group, or a community), enables nurses to elicit information and to understand their patient's needs, assists the nurse to establish a patient's unique perspective of their illness, beliefs, and preferences of patients/families (Arnold and Underman, 2011). This signifies a feeling being cared by both the patients and their families, and in the process creates an environment that would ensure therapeutic milieu where treatment outcomes and satisfaction will be supreme.

To establish a proper skillful relationship with the patients, the initial step in constructing an

effective communication should focused on the needs of the patients (Manongi et al, 2009). High standards caring behaviours resulted from the appropriate nurse-patient communication will lead to health promotion and therefore patient satisfaction, hence enshrined in Florence Nightingale in the 19th century's caring dogma (Fleischer et al, 2009). The nurse-client relationship consists, among other things, boundaries, self-awareness, cultural sensitivity, empathy, confidentiality and effective (therapeutic) communication (Arnold and Underman, 2011; College of registered Nurses, Nova Scotia, 2012; Erickson & Blazer,2012; Gerace, Oster and Hayman, 2018). Effective and skillful communication is the most valuable tool that enables nurses to assess patients' needs and provide them with the appropriate physical and emotional supports, accurate information, address the patients' cultural, spiritual, mental, psychological, physical and social needs. Effective communication is an important aspect of patient care, which improves nurse-patient relationship and has a profound effect on the patient's perceptions of health care quality and treatment outcomes (Li, *et al.*, 2012). Effective communication skills of health professionals are vital to effective health care provision, and can have positive outcomes including decreased anxiety, guilt, pain, and disease symptoms. Moreover, they can increase patient satisfaction, acceptance, compliance, and cooperation with the medical team, and improve physiological and functional status of the patient; it also has a great impact on the training provided for the patient (Aghabarari, *et al.*, 2009).

The maintenance of high nurse-patient's family communication also depends on the nurse and patients' family (Bailey, 2010). Quality family communication is the backbone of the art and science of nursing because it has a significant impact on patient well-being as well as the quality and outcome of nursing care, and is related to patients' family overall satisfaction with their care (Lalah, *et al.*, 2013). Garra *et al.*, (2010) believe that communication is more difficult when patients or their families' and carers' cultural values and languages are different, causing inability in exchange of information and therefore a potential for misdiagnosis and maltreatment, especially in the case of patients with acute conditions. Loghmani, *et al.*, (2013) underpinned the central role effective nurse-family relationship played in quality nursing and emotional support in meeting patients' needs.

Failure to communicate effectively is a major potential obstacle in nurse-patient relationships in caring settings, as this can result in anxiety, misunderstanding, misdiagnosis, possible maltreatment, exposure to complications, increased length of hospital stays, waste of resources and finally dissatisfaction of nurses and therefore possible misplacements (Vida, et al., 2014). Apart from communication problems, other factors that impede nurse-patient relationships include increased workload, dissatisfaction of the caring staff, negligence and lack of support of the nurses by the healthcare authorities including inadequate nursing staff, too much nursing documentation, too long waiting time, and lack of specialized nurses (Manongi, et al., 2012).

Given the prominence and importance of nurse-patient relationships to care, many studies have reported poor nurse-patient relationships, leading to personal dissatisfaction because nurses are reported not to use their interpersonal skill training to interact with their patients in clinical settings (Jangland, et al., 2009; Norouzinia, Aghabarari and Elham, 2015). Dissatisfied levels of nurse-patient relationships and more dissatisfied levels of nurse-patient's relatives' relationship were separately reported (Shafipour, et al., 2014; Loghmani, et al., 2013). Some reasons for these levels of dissatisfaction were nurses being or showing "always busy," "unable to effectively communicate with their patients' family," "lapses in professional ethics and adherence to professional nursing standards." Other studies fault nurses and nursing professionals in general, for not making efforts to establish positive interactions with the patients due to decreased sense of altruism (Bridges, et al., 2013). To improve nurse-patient relationship,

Roohangz *et al.* (2014) suggested the barriers already highlighted.

However, some studies (such as Igbinlade, *et al.*, 2020) found satisfactory nurse-patient relationships. From all the diverse findings from these studies, nursing staff are statutorily responsible for the establishing and continuous improvement of this relationship (Bolster & Manias, 2010). In addition, most of the studies used quantitative methods to study the nurse-patient relationships in non-emergency units. The need for a qualitative approach in an emergency department should be necessary to explore the situation in "non-cold" clinical situations like the Accident and Emergency (A&E) Unit or Emergency Department (ED). Emergency department an area of a hospital especially equipped and staffed for emergency care (often called emergency room – ER)

One of the researchers, during a clinical posting in Accident and Emergency Unit of University of Ilorin Teaching Hospital, Ilorin, Kwara state, Nigeria, observed the certain levels of interpersonal relationship between the nurses, patients being cared for and their patient's relatives during the usual busy routines in the emergency department. For most patients, an accident and emergency visit often represents the patient's initial experience with a hospital system and thus a unique opportunity to establish a positive first impression. However, these visits frequently occur during times of acute stress and uncertainty for the patient and in an emergency department care environment that faces a myriad of challenges. Overcrowding, hurried and inadequate communication, a lack of adequate patient privacy, varied attentions to pain control, and uncomfortable emergency department environments all continue to be issues that impact patients' experiences of care and as a result remain areas of focus for emergency department leaders (Jonathan *et al.*, 2018). Given that the Emergency department is a unique environment in which physicians, nurses, mid-level providers, clinical assistants, and other staff work together very closely to care for patients, it is imperative that efforts to improve Emergency Department patient experience which include representation and perspective from all Emergency department staff role groups. The emergency department may use a triage system of screening and classifying clients to determine priority needs for the most efficient use of available personnel and equipment (Farlex 2012). It has been reported that patient satisfaction with triage nurse caring behaviors and general satisfaction with the triage nurse, and intent to return to that Emergency department are positively related (Jonathan et al, 2018).

It is inferred that the limited time in ED, the urgent nature of patients' conditions and relatives' pressure to get things done speedily and sometimes 'miraculously' for their patients' quick recovery or at least survival, often cause strain in therapeutic relationships in the ED. (Relatives are any individuals that are a support system for the patient aside from the health care term, either blood related or not blood related to the patient.) This creates challenges and tensions in nurse-patient and nurse-patients' relatives interactions. This must be why many theorists (such as Watson, 2008, Travelbee, 1979; Paterson and Zderad, 2013) all admitted that appropriate relationships are critical to the provision and reception of healthcare (Vida, *et al.*, 2014). Nurse-patient and patient relationships occur in various stages (Peplau. 1952/1991/1997).

The nurse is usually the one to set boundaries, and plays different roles that will improve the quality of care given to the patient and encourages collaborative involvement of the patient and his relatives in his care. Nurses are expected to strive to meet patients and gain essential information about them as people with unique needs and priorities (Peplau, 1997). To do this, Peplau identifies four stages of the (nurse-patient) interpersonal process: the orientation, identification, exploitation/working, resolution/termination phases. The four-phase scenario is patient-centered, comprehensive and individualized and should be initiated and terminated by the nurse, after meeting patient's therapeutic goals. To meet these goals, Peplau

describes six nursing roles that lead into the different phrases, namely: stranger role: resource role, teaching role, counseling role, surrogate role, leadership role, with which the nurse forms a relationship and works with the patient and family collaboratively to set treatment goals and improve care (Figure 1).

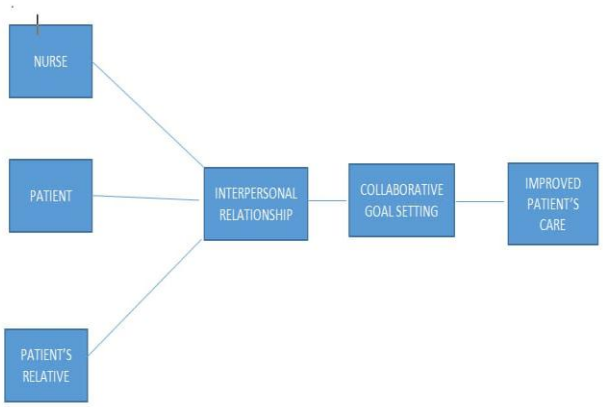

Figure 1: Conceptual model based on Peplau's theory developed for interaction between the nurse, patient and patient's relative

Whatever the situation, nurses are expected to always act in the best interests of the patient to maintain a relationship (Williams, 2011); it is their responsibility to establish and continuously improve this relationship (Bolster & Manias, 2010). The Peplau model remains a useful guide for establishing such interpersonal relationships for nurse-client interactions Therefore, a continuous interrogation of this phenomenon of care at both clinical and social arenas remains essential. Anchored on this model, this study explored the relationships between the nurse and patient and between the nurse and patient' relatives in the Accident and Emergency unit, University of Ilorin Teaching Hospital, Kwara State.

2.0 Materials and Methods

2.1 Research design

The qualitative descriptive exploratory design was adopted to collect data from nurses, patients and patients' relatives at the A&E Unit, of the University of Ilorin Teaching Hospital, Kwara State, Nigeria.

Research setting

The University of Ilorin Teaching Hospital belongs to the second-generation Teaching Hospital, established on the 2nd May 1980. The facility has a total number of 714 nurses and 252 doctors UITH Record Office (2018), covering many specialized units and Departments. The A&E Unit is one of such.

Sample size and Sampling method

Seventeen participants (7 nurses, 5 patients and 5 relatives of these patients) were purposively sampled. All the nurses were of diverse socio-demographic status, patients and patients' relatives were of diverse socio-demographic status involved in the care of the patients in A&E units. The patients selected were of relatively pain-free and of sound minds to respond adequately to the interview questions. Because of the busy nature of the unit, nurses, patients or patients' relatives who were too engaged were allowed to have interviews shifted to convenient times but those unwilling were excluded. Patients who were too sick could not engage in conversation due to pain or other factors, or unconscious, were excluded.

Instrument for data collection

An In-depth Interview (IDI) was used as instrument of data collection for this study. An IDI guide was prepared for the interview based on the objectives of the study. The validity of the instruments was achieved through brainstorming sessions by the four researchers (authors), then to some colleagues who were experts in qualitative designs. The instrument was modified after these sessions and on recommendations. The reliability of instrument: Trustworthiness was ensured through credibility, dependability, transferability and confirmability.

Credibility: Peer debriefing and member checking were done to increase the probability of credible findings. Referential adequacy, stakeholders and expert review was ensured in this study.

Dependability: In this study, dependability was achieved through an inquiry audit; reviewers

played the role of auditor by examining the documentation of critical incidents through presentations and interviews to ensure that the findings, interpretations and recommendations were supported by data. In addition, there were various discussions with the supervisors on the processes of data collection and data analysis to ensure continuous scrutiny of the data as well as the processes applied for collection, analysis and reporting.

*Transferability***:** Thick description of research methodology was undertaken with sufficient detailed descriptions of data collected in context. The researchers also provided a detailed description of the process followed in this study, with the potential of facilitating duplication, and hence transferability.

Confirmability: this was achieved by triangulating the subjects (the nurse, patient and relatives) as the researchers listening and reflecting on the interviews and reviewing the transcripts independently severally.

Method of data collection: Data was collected using an In-depth Interview (IDI) guide. Three of the authors were involved in the interviews. The data were collected in September 2020 for over two weeks. The data were collected during the COVID-19 pandemic, though immediately after the peak. The patient load was however full capacity at the Emergency department despite the pandemic. All preventive protocols were strictly adhered by both patients and the researchers, as well as the nurses.

The data collection involved a female author was the interviewer while the other two acted as research assistants at different times, taking notes (field notes) during the sessions and audio-recording. The interviews were conducted in either English or the local languages (*Yoruba,Hausa and Nupe* languages – for those could not speak English), after obtaining approval to conduct study from the relevant authorities and individual informed consents from the study participants. The interviewer had to employ some interpreters for the Nupe and Hausa languages since the interviewer could speak both English and Yoruba languages. Interviews were done during the morning and afternoon shifts, each lasting between 30 and 45 minutes.

Method of data analysis

Data collected was translated (for those conducted in the local language) and then transcribed along with those conducted in English Language. New concepts were identified. Information was clustered, and data analyzed into themes and triangulated to meet research objectives. The data was then thematically and narratively presented while verbatim quotes were used appropriately to present the data where necessary. Four themes emerged from the analysis, namely:

i. Level of Nurse-patients and nurse-patients' relatives relationship
ii. Perceived effects of interpersonal relationships on the care
iii. Factors influencing the relationships
iv. Enhancing the interpersonal relationships

Ethical consideration

All related ethical issues were addressed during the conduct of this study. Ethical clearance was obtained from the Health Research and Ethics committee with Approval Number UITH/CAT/189/vol. 19/ from in May 2020 from the University of Ilorin Teaching Hospital, Ilorin Kwara state. Prior to the commencement of data collection, informed consent was obtained from each participant, maintaining research autonomy, confidentiality and anonymity, beneficence, and non-maleficence of all participants.

3.0 Results

Participants' demographic Characteristics

The demographic variables of the study participants (n=17) are presented Table 1 (a and b) Table 1a above shows that the patients who participated in the study were between the age of 24 and 80 years and are most of the patients and relatives are Muslims.

Only one of the patients had formal education, the relatives of each patient have at least a primary school education, except for one relative that had no education).

Table 1b shows the nurse participants' characteristics: they were all of Yoruba ethnic extraction, and predominantly females, with only one male nurse.

Table 1a: Socio-demographic variables of patients and patients' relatives

S/N	Age (in years)	Gender	Tribe	Religion	Educational status	Relationship with patient
P1 Patient 1	70	Female	Yoruba	Islam	No formal Education	
P2 Relative 1	45	Female	Yoruba	Islam	Secondary school	Daughter
P3 Patient 2	72	Female	Nupe	Islam	No formal education	
P4 Relative 2	26	Male	Nupe	Islam	College of education	Grandson
P5 Patient 3	38	Male	Yoruba	Islam	HND	
P6 Relative 3	40	Female	Yoruba	Islam	SSCE	Sister
P7 patient 4	80	Male	Nupe	Christianity	No formal education	
P8 Relative 4	45	Male	Nupe	Christianity	HND	Son
P9 Patient 5	24	Male	Fulani	Islam	No formal education	
P10 Relative 5	34	Male	Fulani	Islam	No formal education	Brother

Table 1b: Socio-demographic status of Nurses

S/N	AGE	GENDER	TRIBE	RELIGION	RANK
P11 Nurse 1	59	Female	Yoruba	Christianity	CNO
P12 Nurse 2	35	Female	Yoruba	Christianity	NO1
P13 Nurse 3	47	Female	Yoruba	Christianity	CNO
P14 Nurse 4	29	Male	Yoruba	Christianity	NO1
P15 Nurse 5	24	Female	Yoruba	Christianity	NO1
P16 Nurse 6	42	Female	Yoruba	Christianity	SNO
P17 Nurse 7	35	Female	Yoruba	Islam	NO2

Key: CNO = Chief Nursing Officer, SNO = Senior Nursing Officer, NO1 = Nursing Officer I, NO2 = Nursing Officer II

These participants responded to questions on the various issues of interpersonal relationships between the nurse and patients and between the nurse and patients' relatives; their responses are categorized into themes and subthemes (Table 2).

Table 2 Themes and sub-themes that emerged from the interview with the patients, their relatives and the nurses

S/No	Themes	Sub—themes
1.	Level of Nurse, patients and patients' relatives' interpersonal relationship	Level of satisfaction with interpersonal relationship • Nurse-patient relationship is not as satisfactory as it can be in an ideal hospital condition. • Nurse-patient relationship is more satisfactory than nurse, patients' relatives' relationships.
2.	Effect of interpersonal relationships on the care of patients.	• Enhances proper progress of health condition by facilitating collaborative care between patients, their relatives and the nurses. • Conflict in care of patient results from a poor relationship. • Discharge against medical advice
3.	Factors influencing Nurse, patients and patients' relatives' interpersonal relationships.	• Communication barrier • Heavy work load on Nurses • Character disposition of some Nurses • Cultural barriers and religious barriers. • Gender difference between nurses, their patients and relatives • Anxiety of relatives • Financial constraints of relatives and financial strain on relatives • Attending to patients in order of severity of condition.
4.	Ways to enhance the interpersonal relationships.	• Employing translators in the hospital. • Improvement of the Nurse-Patient ratio and employing more porters. • Training of Nurses on interpersonal relationships. • Proper orientation of patients and patients' relatives about the hospital policies. • More male Nurses should be employed. • Nurses should advocate for them to reduce financial strain on the patient and relatives.

Source: interviews

Nurse, patients and patient relatives' interpersonal relationships

Themes that emerged from the in-depth interview:

1. Level of interpersonal relationships between nurses, patients and patients' relatives
2. Effects of the relationships on the care of the patients
3. Factors influencing the interpersonal relationships
4. Suggested Ways to improve the interpersonal relationships

Level of Satisfaction with Nurse-patient relationship

Patients were asked about their level of satisfaction with the Nurse-patient relationship from the day they were admitted into the ward. Patients were able to remark on it, most of the patients described the relationship as being satisfactory. Here are some examples of the responses: *"Very satisfactory"* (Participant 1, Patient 1). Some other responses are:

> *The relationship is satisfactory. They check up on me and ask if I am feeling pains.* (Participant 5, Patient 3)

Another patient hinted on how she believes that the relationship between her and the nurse can be better if they are given more time to relate.

> *To me the relationship is not satisfactory …. they come in the mornings and evenings only to check and give us drugs…. Many times, they just quickly ask us how we are feeling and do not wait to hear us express ourselves, so we just quickly say, we are fine or we are better even when we are not better.* (Participant 3, Patient 2)

When the nurses were asked if the relationship between them and their patients is satisfactory, most of them said it is not satisfactory. Here are some responses:

> *I will say the level of satisfaction of the nurse- patient relationship is about 50%. It is not as if the nurses are not trying to improve the relationship but there are many barriers to a good relationship between nurses and patients.* (Participant 11, Nurse 1)

> *To be sincere, the level of satisfaction is below average…The length of relationship is too short to establish a sound nurse-patient relationship… among other reasons.* (Participant 12, Nurse 2)

Level of satisfaction with Nurse and patients' relatives' relationship

The relatives of the patients and the nurses were asked to comment on the level of their interpersonal relationship. To say how satisfactory the relationship is. Most of the relatives discussed about their view concerning their relationship with the nurses, they expressed their dissatisfaction of the relationship. These are some responses from relatives:

> *…you see, it is not satisfactory at all.* (Participant 8, Relative 4)
>
> *"Not satisfactory….."* (Participant 2, Relative 1)
>
> *Satisfactory? ehhemm, well I don't have a problem with them.. …they are doing well.* (Participant 6, Relative 3)

Responses gotten from nurses showed that more lapses are seen in the interpersonal relationship between nurses and the relatives than between nurses and their patients.

> *For me… the relationship between nurses and patients' relatives is worse than the relationship between nurses and patients. The patients do not really have a problem… they just want to be cured but the relatives always have one reason or the other to fight us. They believe that we are bias whenever we try to attend to patients who are needier and have a paramount case; they only want their own relative to be treated.* (Participant 11, Nurse 1)

> *To be very sincere, nurse and patients relatives relationship…is poor"* (Participant 12, Nurse 2)

> *Nurse and patients relatives' relationship is not really good"* (Participant 14, Nurse 4)

> *Nurse and patients relatives' relationship is better if the patient's relative is more educated than when they are not."* (Participant 13, Nurse 3)

From the foregoing, nurses seem to acknowledge having some weak relationship with the patient relatives.

Effects of interpersonal relationships on the care of patients

From the interview, respondents identified potential and actual effects of both good and poor interpersonal relationship in the clinical setting. They generally believe that if the relationship is good, it will enhance quick recovery of patients as well as facilitate collaborative care between patients, their relatives and the nurses.

> *I feel good when the relationship is smooth, and I am responding well to treatment.* (Participant 1, Patient 1)

> *In an ideal condition…..unfortunately, this is not an ideal condition…a good interpersonal relationship will enhance smooth progress in the care of the patients.* (Participant 11, Nurse1)

> *They check up on him and we get all things necessary for his care… it is not easy but my brother is improving…he is better than how we brought him.* (Participant 7, Relative 3)

Other responses from nurses, patients and patients' relatives hinted on the effect of a poor interpersonal relationship on the care of the patient.

> *I believe that if I can relate better with them then I can tell them how I feel….A good nurse*-patient *relationship is therapeutic*….(he laughed)*...it is good for us to laugh and feel better no matter how sick we feel.* (Participant 3, Patient 2)

> *The poor interpersonal relationship affects the care of baba (*our father)*…We don't even know the progress of his treatment and we keep spending money and borrowing money. They don't tell anything!* (Participant 9, Relative 4)

> *When there is conflict of religious beliefs, the relatives want to do one thing or the other, that is not in line with the treatment of the patient and we end up having to disagree.* (Participant 13, Nurse 3)

> *They don't get the things we need to care for him, the important things are not available, at times, we have to borrow from other patients.* (Participant 14, Nurse 4)

A nurse pointed out that some patients' relatives decide to discharge or take their patients out of the hospital against medical advice because there is no mutual agreement between the nurses (and other healthcare providers) and the patients' relatives.

> *Some of the patients' relatives blame us for not doing anything about their relative's condition and they decide to take away their relative (the patient) against medical advice….the thing is that they do not see the things we are doing.* (Participant 12, Nurse 2).

Factors influencing Nurse-patients and nurse-patients' relatives interpersonal relationships

Various factors where identified during the interview by the nurses, patients and the patients' relatives.

1. Excess workload on nurses: The most emphasized factor elicited by the nurses was heavy work load on the nurses. Nurses including one of the nurse in-charge of the ward expressed their dissatisfaction concerning the heavy work load on the nurses, giving them very little time to interact or have a good relationship with their patients and patients' relatives.

> *The factors are many…let me start with the faulty system. There are certain jobs in the hospital that are not supposed to be done by the nurses and this increases*

the work load on the nurses… how do the nurses have time to give a proper individualized care to the patients and relate well with them and their relatives when there is no time…. the number of nurses to patients is 18 patients to 3nurses and most of these patients are dependent with critical conditions that requires close monitoring" (participant 11, nurse1)

The work load is too much on the nurses and this is a great factor affecting the nurse, patient and patients' relatives interpersonal relationship….. because of the heavy work load a nurse just collapsed on the ward that is why she is receiving i.v infusion as you can see her on that bed…..There is no enough time." (participant 12, nurse 2)

Other factors include

2. *Communication barrier:* some nurses, patients and patients' relatives identified communication barrier/language barrier as a factor influencing the interpersonal relationship.

Communication is a barrier…… if my relatives are not here to translate, I can't relate with them". (participant 7, patient 4)

I speak Hausa and Fulani language. I cannot understand Yoruba or any other language they speak. At times, they get someone to tell us to what to buy….. Communication is a barrier…… my brother that stays here with me does not understand the language they speak (participant 9, patient 5).

One of the responses from the nurses on communication barrier says

*I speak English and Yoruba fluently. The ideal thing is that the hospital employs interpreters that will interpret to the patients… there are times we get patients that do not understand English or Yoruba or any other language that we understand and the relatives translates whatever we say to the patients but it is not right to do this. You know why?. so many relatives do not interpret the exact way they are told because they are do not want their relatives to be depressed or in a worse case when we and the relatives do not have a mutually understood language, we use another patient relative to transplant, hence we are invariably breeching the patient's confidentiality by letting someone else know about his treatment and condition" (*participant 12, nurse 2)

1. **Character disposition of some Nurses:** one of the relatives interviewed spoke about individual character of the nurses, stating that some nurses have bad character disposition and it shows in their relationship with people at work.

   You know that people are different. Some people are good and some people are bad. Some people do not know how to treat elderly people well, while some people know how to treat elderly people well. Some nurses don't know that the way they treat young patient shouldn't be the same way that they treat the old ones…they treat them badly, without any form of respect" (participant 2, relative 1)

2. **Cultural barriers and religious barriers:** this factor was said to affect the relationship with the patients and patient relatives because according to a nurse, the relative want to try every means to ensure their patient get well, including using herbal concoction or even some fetish things and this causes serious rift between the nurses and the patients, relatives. Here is what she said;

   Some patients' relatives try to give their patients herbal drinks (concoction). Some even do some fetish things… I remember one night, I was on night duty and I saw a patient

with his relatives, the relatives had black soap and razor blade for incision… I quickly stopped them but after that night our relationship has not been too good… (participant 13, nurse 3)

3. Gender difference between nurses, their patients and relatives

The ratio of male to female nurses in accident and emergency unit is really low. A patient relative who is a male expressed his displeasure about this and how this imbeds his relationship with the nurses in the care of this sick grandmother. Here is his response

"For me, I think because am a guy, I cannot relate well with female nurses…and I rarely see the male nurses" (participant 4, relative 2)

Although the male nurse that was interviewed stated plainly that he doesn't feel gender is a barrier to him relating with patients or relatives of a different gender. When asked if he sees gender difference as a barrier to relating with his patients and their relatives, he said:

"not at all" (participant 14, nurse 4)

4. Financial constraints of relatives and financial strain on relatives

Two relatives expressed that the financial strain that the care of the sick relatives makes them undergo affects the relationship with the nurses. Here are their responses.

*If you ask me about one main factor that affect our relationship, I will say it is the different investigations they keep telling us to do all the time…. Maybe it is because this place is teaching hospital, everyone comes to say, do this investigation, do that investigation….and we keep spending and spending and I can't even see improvement" (*participant 8, relative 4)

Money too is a barrier…. I cannot buy all the things they tell me to get and because of that they are usually angry (participant 9, patient5)

5. Attending to patients in order of severity of condition

Three nurses spoke extensively about this being an issue that causes conflict between them and the patients relatives. They explained that because of the short staffing, they have to attend to so many patients and the cases usually seen in the unit are emergency cases, to avoid losing patients, they have to attend to patients in the order of severity but the relatives do not usually understand with them and they is either a fight or a very battered interpersonal relationship. Here is what one of the nurses said:

The patients do not really have a problem… they just want to be cured but the relatives always have one reason or the other to fight us. They believe that we are bias whenever we try to attend to patients who are more needy and their case is more paramount, they only want their own relative to be treated. (Participant 11, Nurse 1)

6. Short duration of stay in the unit: the peculiarity of accident and emergency unit is the short duration of the patient and relatives' stay. And for a relationship to be well formed, time is required. A response from a nurse emphasized this;

This is accident and emergency unit and truth be told, it is not easy to build a good relationship with the patients and their relatives because of their short stay….it is either the patient is transferred to the ward, discharged or the patient dies. (Participant 12, Nurse 2)

Ways to enhance nurse-patient and nurse-patients' relatives' interpersonal relationships

The interview elicited some ways perceived by the patients, the nurses and the patients' relatives on how their interpersonal relationships can be improved. These include; Employing translators in the hospital, Improvement of the Nurse-Patient

ratio and employing more porters, training of Nurses on interpersonal relationships, proper orientation of patients and patients' relatives about the hospital policies, more male Nurses should be employed, nurses should advocate for them to reduce financial strain on the patient and relatives.

On addressing the low nurse-patient ratio and reduce workload on nurses, most informants advocated giving enough time to interact effectively with the patients and their relatives. This was captured by ones of the nurses who said:

> *More nursing staff should be employed…. Interpreters should be employed to bridge the communication gap* (Participant 12, Nurse 2)

This was corroborated by a patient, saying:

> *The nurses are always too busy to ask us how we are feeling and improving…. they come mornings and evenings only to check and give us drugs…. Many times, they just quickly ask us how we are feeling and do not wait to hear us express ourselves, so we just quickly say, we are fine or we are better even when we are not better…. they should have more time….* (Participant 3, Patient 2)

A patient hinted on the need for proper training of nurses on interpersonal relationships

> *If the nurses can treat our patient's better, then the relationship will improve. I believe they should call all the nurses. The good ones and the bad ones and teach them how to treat elderly people……that way, we and the nurses will be happy and relate better.* (Participant 4, Relative 2)

Regarding communication, various responses elicited the following suggestions;

> *They should have nurses that can understand our language.* (Participant 10, Relative 5)

> *Interpreters should be employed to bridge the communication gap.* (Participant 12, Nurse 2)

Speaking on quality of care, one of the nurses was of the opinion that if the nurses improve their ways of practice, then the relatives of the patients will not have reasons to complain about the care of their patients.

> *I suggest that nurses should provide quality care that commands respect* (Participant 14, Nurse 4)

Speaking on the need to bridge gender gap, a male respondent had this to say as a suggestion to improving nurse and relative interpersonal relationship.

> *I think if there are more male nurses, the relationship will be improved.* (Participant 4, Relative 2)

A patient's relative suggested that if certain things are done by the nurses, such as advocating for them to reduce cost of care services, then the relationships will not be strained:

> *I know that the investigations are not the nurses' fault oh… but if they can advocate for us and tell the hospital administration that we are spending so much. So that whatever test we are told to carry out will be what we need to do, not doing almost all tests, scans and all…. That way, we will relate better* (participant 8, relative 4)

On the need to avoid bridge of hospital policies by relatives, two nurses suggested that the patients and their relatives should properly be orientated on admission on the hospital policies.

> *Most the relatives don't understand the way system runs... they need to be orientated on the way things are done and the things we do not allow"* (Participant 11, Nurse 1)

The relationship between nurses and the patients' relatives can be improved through adequate patient orientation" (Participant 14, Nurse 4)

Summary of Major Findings

Based on the responses of the respondents (the Nurses, Patients and a relative of each patient) in the accident and emergency unit,

1. The level of satisfaction of the interpersonal relationship between the patients and the Nurses was described to be satisfactory by most patients,
2. The nurses described the relationship with the patients to be below average.
3. On assessing the level of relationship between the Nurses and the patients' relatives, a dissatisfied level of relationship was reported by most of the Nurses and most of the patients' relatives.
4. The effects of these interpersonal relationships were identified to be sources of poor progress in patients' care.
5. Factors that were mentioned by the respondents to influence the interpersonal relationships were communication barrier, heavy workload on Nurses, short duration of relationship among others.
6. Most of the Nurses suggested that there should be proper staffing of Nurses, translators should be employed to bridge communication barrier and proper orientation of the patients and relatives on the orientation phase of the interpersonal relationships, most patient relatives were of the opinion that Nursing staff should be trained properly on interpersonal skills and more staff should be available to create more time for individualized care of each patient.

4.0 DISCUSSION OF FINDINGS

4.1 Level of nurse- patients and nurse-patients' relatives' interpersonal relationships

The findings of this study have shown that the level of relationship and the level of satisfaction of the interpersonal relationship between the patients and the Nurses were described to be satisfactory by most patients, while the nurses described the relationship with the patients to be below average. This findings is not in line with the finding by Vida Shafipour, Eesa Mohammad, and Fazlollah Ahmadi (2014) in Iran on Barriers to Nurse-Patient Communication in Cardiac Surgery which showed a dissatisfied level of nurse-patient relationship.

On assessing the level of relationship between the Nurses and the patients' relatives, a dissatisfied level of relationship was reported by most of the Nurses and most of the patients' relatives, this is similar to findings by Loghmani, *et al.*, 2013). The nurses were always busy and unable to effectively communicate with their patients' family.

4.2 Effects of nurse-patients and nurse-patients' relatives' interpersonal relationship on care of patient

Most of the nurses, patients and patients' relatives spoke about the negative effects of a poor interpersonal relationship such as poor progress of treatment, not setting collaborative goals, poor assessment of progress of patients' health among others as also noted in a study done by Laleh, Fariba and Abbas (2013).

Some relatives spoke of the positive effect of interpersonal relationship that is lacking because of the poor attitude of some nurses. This claim is in line with the study of Williams, (2011) which shows that the therapeutic effect of a good Nurse-patient interpersonal relationship results from the Nurse behavior.

4.3 Factors influencing Nurse, patients and patients' relatives' interpersonal relationships

Majority of the Nurses identified workload on the Nurses as a main factor influencing their relationship with their patients and relatives. Study carried out by Laleh *et al.* (2013) stated this too, alongside other factors such as

communication/language barriers (Roohangz, *et al.*, 2014). The financial constraints and anxiety of the relatives concerning the health condition of their patient found in this study as influencing factors were also reported elsewhere (Baily, 2010).

4.4 Ways to enhance the nurse, patients, relatives, interpersonal relationships

Majority of the nurses, patients and patients' relatives suggested ways they believe the interpersonal relationships can be improved such as enough staffing of nursing personnel to improve the nurse-to-patient ratio, hence allowing the nurses to have enough time to interact effectively with their patients. These were also noted by Roohangz, *et al.*, (2014). Having people in the hospital either as part of the nurses that could understand other languages or employing translators in the hospital that will be available in the hospital to translate becomes an essential component of nurse-patient relationship. Other respondents noted that training of nursing staff on how to relate well with their patients and relatives will improve the interpersonal relation. This was also captured in the study carried out by Laleh, Fariba and Abbas (2015).

4.5 Implications for Theory and Practice

The Hilgard Peplau'a theory of interpersonal relationship (aka psychodynamic nursing) explains the purpose of nursing which is to help others identify their conditions and to apply principles of human relations to solve the patients' problem at all levels. Nursing is an interactional profession by nature and by its therapeutic drive. It is described as a person-to-person care (Travelbee, 1979). As a healing art, it is thus an interpersonal relationship discipline because it fundamentally involves interactions between two or more individuals.

Interpersonal relationship is of vital importance to the health care populations at large and to nursing practice in particular. An increased knowledge of interpersonal relationship between the Nurses, the patients and their relatives and the ways the state of the relationship is, remains critical to quality care especially at tense moments like the emergency situations found at the Accident and emergency units of hospital. Findings can be used to improve the level of these interactions.

Frustrations and dissatisfaction that arise from having to deal with poor interactions between patients and patients' relatives and the health system coupled with reinforcing factors such as cultural barriers, language barriers and religious beliefs can be addressed by the suggested ways in this study. Some of these can be presented in seminars for further interrogation and brainstorming by nurses to chart a way forward in nurse interpersonal relationship with patients and their significant others.

Moreover, as a qualitative study, the diverse opinions expressed in this study throw open some areas of interpersonal communication between nurses, and patients and their relatives for further empirical exploration both for qualitative and quantitative research undertakings. It is expected that other social theories and nursing models should be used interrogate the nurse-patient interaction.

5.0 Conclusion and Recommendations

Appropriate and effective nurse-patient and nurse-patient relatives' interpersonal relationships are an important aspect of caring. The forming, storming, norming and performing phases of such a relationship depend on various factors such as communication and a mutual understanding between the three parties. The Accident and Emergency Units of busy facilities like the Teaching Hospitals may require peculiar approaches and trainings to equip healthcare professionals in such units to address the unsatisfactory levels of interpersonal relationships expressed in this study.

The level of dissatisfaction between the patients and their relatives with nurses (described most patients, the nurses themselves) has serious implications for therapeutic milieu and progress in patients' care. Factors that were mentioned by

the respondents to influence the interpersonal relationships were communication barrier, heavy workload on Nurses, short duration of relationship among others. Most of the Nurses suggested that there should be proper staffing, interpreters where language is a barrier, and proper orientation of the patients and relatives on coming to hospital setting especially an A&E Unit. Most patient relatives were of the opinion that more training on interpersonal skills and more staff are needed to create more time for individualized care of each patient.

Based on the results of the findings in this study, the following specific recommendations were made:

- More training should be arranged on continuous basis in therapeutic communication skills.
- All nurses should give patients and relatives proper orientation on admission to the unit. Patients and relatives should made aware of and to adhere to hospital policies;
- Work environment should be conducive for nurses and patients and their relatives. Where necessary, enough translators should be employed in the hospital to bridge language gaps;
- Nurse:patient ration need to be addressed to allow for more time to each patient's needs.

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