The Nurse-Family Connection: Exploring Verbal and Nonverbal Immediacy

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Abstract

Immediacy is the key to developing and maintaining interpersonal relationships. Furthermore, each relationship has a unique set of rules and patterns of communication that help maintain the trust and continue the process of relational development. What is not unique about interpersonal relationships is the foundation of trust, a bond, that can be established through the use of immediacy. This study examines not only if nurses believe effective communication with family members is necessary, but how and in what ways nurses have forged a care connection with family members using verbal and nonverbal immediacy.

Keywords*: Interpersonal Communication, Health Communication, Verbal Immediacy, Nonverbal Immediacy, Family, Caregivers*

In 2011, my family faced two serious health situations that required extended hospital stays and daily family visits—a rotating stream of family descended upon the hospitals. What stood out the most about these two experiences was the nurses I encountered at these hospitals. The nurses were the rocks. The nurses provided me with all the information about what was happening, answering questions clearly while showing me that they cared about me, the family member. They made sure I was comfortable as I and others spent time keeping watch over my grandma and my father. As Eggenberger and Regan (2010) contend, "Caring for families during an illness experiences is a vital aspect of nursing practice" (p. 550). However, even with this

knowledge, there continue to be "deficiencies in the current state of family nursing practice" and "these deficiencies are rooted in a lack of formal education about family nursing in curricula" (p. 550).

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Immediacy

Beginning with Mehrabian's (1967, 1971) seminal works on immediacy in relationships, scholars have a found a positive relationship between liking and closeness. Robinson and Richmond (1995) explain, "Mehrabian suggests that people tend to be drawn toward people they perceive positively (like) and avoid people they perceive negatively (dislike). This principle of approach and avoidance, based on perceptions of others, provides the basis for the nonverbal immediacy construct" (p. 80). Baringer and McCroskey (2009) explain, "While the social psychological perspective of Mehrabian viewed immediacy primarily as a manifestation of liking, writers in communication viewed immediacy as a potential tool to get others to like the communicator—to increase 'affinity'" (p. 178). In what follows, the construct of immediacy, both verbal and nonverbal, will be explored in the field of instructional communication and the nursing field.

Immediacy in Instructional Communication

Nursing and teaching are similar endeavors in terms of how we use communication—specifically, how immediacy plays a role in connecting to our audiences. For a teacher, the audience is the student. For a nurse, the audience is the patient and the patient's family. The construct of immediacy has been given significant attention by instructional communication scholars (e.g., Booth-Butterfield et al., 1992; Christensen & Menzel, 1998; Frymier, 1994; Gorham & Christophel, 1990, 1992; Kelley & Gorham, 1988; Pogue & AhYun, 2006; Titsworth, 2001; Witt & Wheeless, 2001). Mehrabian's work on immediacy suggests "people approach things they like and that appeal to them, and avoid things that they dislike, do not appeal to them, or which induce fear" (Frymier, 1994, p. 134), which led instructional communication scholars to investigate how and in what ways immediacy behaviors function in the classroom. Communicating closeness and warmth in the classroom setting can be achieved through both verbal and nonverbal communicative behaviors. Myers and Knox (2001) explain verbal immediacy behaviors employed by teachers include "using personal examples, asking questions, initiating conversations with students, addressing students by name, praising student work, and encouraging student expressions of opinions" (p. 346). Furthermore, Frymier and Houser (2000) argue nonverbal immediacy is displayed by teachers through the use of "smiling at students, making eye contact, moving about the classroom, and using vocal variety" (p. 209). While the above-mentioned verbal and nonverbal immediacy behaviors are not exhaustive, they have been repeatedly found to promote increased affective and cognitive learning in the classroom (Andersen, 1979; Chesebro & McCroskey, 2001; Christensen & Menzel, 1998; Gorham & Christophel, 1990, 1992; Kelley & Gorham; 1988; Pogue & AhYun, 2006; Titsworth, 2001; Witt & Wheeless, 2001). So, what explanations underlie this relationship?

Communication scholars have found a positive relationship between a teacher's use of immediacy behaviors and student learning outcomes in the classroom (Chesebro & McCroskey, 2001; Witt et al., 2004). Booth-Butterfield et al. (1992) provide affective and cognitive explanations, respectively, to describe how immediacy impacts learning outcomes. Booth-Butterfield et al. (1992) argue immediacy acts as an affective cue in the classroom that prompts teacher likability among students. This claim resonates with Mehrabian's original conceptualization that immediacy behaviors prompt attraction and that teachers can use immediacy behaviors to encourage students to associate liking and interest in course material. In the same year, Booth-Butterfield et al. (1992) investigated the influence of dual process models of persuasion (c.f., Elaboration Likelihood Model, Heuristic Systematic Model) on cognition via student attitude change in the classroom (p. 13). Booth-Butterfield et al. (1992) predicted an "interaction between teacher immediacy and elaboration likelihood such that immediacy will have more impact under low rather than high elaboration likelihood" (p. 15) and found evidence that teacher immediacy behaviors can function as a persuasion cue in the classroom (p. 19). The findings imply that even as higher levels of involvement begin to diminish the effects of immediacy on cognition, immediacy displays still have a dominant effect on student cognitive elaboration and learning. This point is especially salient if traditional-aged college students really do harbor expectations reflecting instant gratification, consumerism, and entitlement in the classroom, attitudes that require teachers to have specific strategies for engaging and maintaining student interest in course material. In a meta-analysis of 81 studies, Witt et al. (2004) found "teacher immediacy has a substantial relationship with certain attitudes and perceptions of students in relation to their learning, but a modest relationship with cognitive learning performance," and suggest that "even though students like more highly immediate teachers and

think they learn more from their courses, actual cognitive learning is not affected as much as they think it is" (p. 201).

Immediacy in the Field of Nursing

While the nurse-patient relationship and the teacher-student relationship are different, both relationships call for a degree of connection in order to be effective. Just as a teacher must establish trust with her/his students to improve learning, a nurse must establish trust to ensure the needs of her/his patient are met. Establishing and building trust happens through verbal and nonverbal communication. Without effective communication, the nurse may lose an important connection to their patients which is imperative when providing for those who are suffering and relying on the expertise of their care providers for physical and emotional comfort.

Bartlett Ellis et al. (2016) examined 149 articles in social relational research in order to provide the role immediacy could and should play in patient-provider relationships. In particular, these researchers were interested in the ways in which immediacy could be used to promote successful medication management by patients. The results of their analysis are not surprising to communication scholars whom are familiar with verbal and nonverbal immediacy behaviors. Immediacy behaviors are approach behaviors and include the following:

> 1) reciprocal in nature and 2) reflected in communicator's attitude toward the receiver and the message, 3) conveys approachability, 4) respectfulness, 5) and connectedness between communications, and 6) promotes receiver engagement. Immediacy is associated with affective learning, cognitive learner, greater recall, enhanced relationships, satisfaction, motivation, sharing, and perceptions of mutual value in social relationships.

Bartlett Ellis et al. (2016) contend "poor provider-patient communication often distances patients from participation in their care" and increases their risk for non-adherence to treatment (p. 9). Nortvedt (2001) explains the nurse-patient relationship is a unique interpersonal relationship with its own set of issues in terms of the balance between nursing obligations and patients' needs. For example, “the normative force of professional duties in nursing is generated from closeness to the need and suffering of others, thereby creating relational ties and responsibility” (p. 115).

Patient-centered care and the central role of face-to-face interaction (both verbal and nonverbal) have been well-documented (Frankel et al., 2003; Haskard-Zolnierek & DiMatteo, 2009; Jones & LeBaron, 2002; Mead & Bower, 2002; Roter & Hall, 2006; Williams & Weinman, 1998). Sheldon et al. (2008) argue “patient-provider communication in oncology affects patient outcomes such as mental health and well-being” (p. 63). Therefore, their study examined nurse responses to oncology patients expressing emotion. Seventy-two female and two male nurses participated in this study—a sample “similar to the demographic of nurses in the United States, reported by the American Nurses Association” (p. 67). The researchers found

> Those nurses who are more skillful acknowledge patient concerns, view an emotion-laden interaction from multiple qualitative and emotional perspectives, and arrive at more effective responses…How nurses respond to patient cues such as expressions of emotion affects further patient disclosure of concerns. The overuse of instrumental and task-oriented behaviors, while necessary for medical care, may be the result of lack of provider attention to patient socio-emotional concerns and/or the use of distracting behaviors. (p. 69)

Henry et al. (2011) reviewed 26 studies that examined the relationship between nonverbal communication and patient satisfaction. Nonverbal communication included, but was not limited

to eye contact, facial expression, body language, gestures, touch, voice tone, and laughter (p. 298). In their meta-analysis, the researchers found greater clinician warmth, less nurse negativity, and greater clinician listening were associated with greater patient satisfaction. Henry et al. (2011) argue additional studies are needed to evaluate the impact of nonverbal communication on patients' mental and physical health (pg. 308). Gorawar-Bhat and Cook (2010) looked specifically at eye contact during physician elder-patient communication. Based on the analysis of 22 videotapes of physician elder-patient interaction, the researchers discovered the "total duration of eye contact does not adequately capture details of interaction," however, "eye contact is an integral component of patient-centered communication that becomes interwoven with verbal communication at critical junctures over the duration of the clinical visit" (p. 446). Both of the studies discussed suggest further observational studies should be conducted to understand the implications of nonverbal communication in caregiver-patient interactions.

While studies have explored the use of immediate behaviors for effective communication between caregivers and patients, few studies have examined the ways in which nurses form a connection to the families of patients. Carman et al. (2013) argue that "patient engagement has been called a critical part of a continuously learning healthy system" (p. 223). With a wealth of definitions for what it means to engage patients, the researchers suggest that "patient and family-centered care" is a broader term that conveys a vision of what health care should be:

> a partnership among practitioners, patients, and their families (when appropriate) to ensure the decisions respect patients' wants, needs, and preferences that patient have the education and support they need to make decisions and participate in their own care. (p. 223-224)

The authors present a three-pronged framework to illustrate whether patients are able to engage in their care. The framework includes three categories: the patient, the organization, and society. Within each prong, "policies and practices that positively influence patients engaged in direct care" are offered (227). Carman et al. (2013) implore researchers to further explore factors that motivate the greatest influence on patient engagement.

While connecting to a patient is imperative for caregivers, the skills needed to engage in effective interactions are rarely taught in nursing programs beyond an introductory, general education communication course (Eggenberger et al., 2015, p. 1). Eggenberger et al. (2015) assert that "opportunities to gain interactive skill competencies are often slim" and "communication areas are often taught by nursing faculty…most have not had formal education in this area and largely teach from the textbook" (p. 1). An integral part of the nurse-patient communication process is the family. Eggenberger et al. (2015) argue, the "family is the core social environment and the primary social support for the family members during health and illness. Therefore, families are always involved in health and illness" (p. 7). Essential to helping a family member become a part of the care process is the need for student nurses to have "opportunities to reflect upon the meaning of family unit attachments and what occurs when a member is threatened by a disease or illness" (p. 7). Eggenberger et al. (2015) contend "thinking family" is crucial to help families experiencing "stressful situations" and ensure that the family units are "always included in conversations when individuals have health or illness needs" (p. 9).

As the review of literature shows, effective communication is necessary in all settings, from the personal to the professional. Immediacy studies both in and out of the care setting have found verbal (using personal examples, encouraging questions) and nonverbal strategies (eye contact, tone of voice, reducing distance) create trust and encourage interest and engagement.

While a wealth of studies have investigated the connection between immediacy and provider-patient relationships, far less in known about the importance of verbal and nonverbal immediacy in patient-family centered care. Therefore, this study explores the following research questions:

RQ 1: How do nurses come to understand the importance of the connection a patient has with their family?

RQ 2: In what ways do nurses use verbal and nonverbal immediacy to connect with the family members of their patients?

Method

Because the review of literature led me to research questions that were exploratory in nature, this study utilized a qualitative content analysis. A qualitative approach seeks "to arrive at an understanding of a particular phenomenon from the perspective of those experiencing it" (Vaismoradi et al., 2013, p. 398). Content analysis, as opposed to grounded theory, "is suitable for researchers who wish to employ a relatively low level of interpretation" (Vaismoradi et al., 2013, p. 399). Qualitative content analysis is "employed to answer questions such as what, why and how, and the common patterns in the data are searched for by using a consistent set of codes to organize text with similar content" (Cho & Lee, 2014, p. 6). One unique characteristic of qualitative content analysis is the flexibility of using inductive or deductive approaches, or a combination of both approaches, in data analysis. Second is the ability to extract manifest and latent content meaning. Cho and Lee (2014) explain, "First, qualitative content analysis is flexible in the use of inductive and deductive analysis of data depending on the purpose of one's studies" (p. 4). The key difference between the two approaches centers on how initial codes or categories are developed. An inductive approach is appropriate when prior knowledge regarding the phenomenon under investigation is limited or fragmented (Elo & Kyngäs, 2008). In the

inductive approach, codes, categories, or themes are directly drawn from the data, whereas the deductive approach starts with preconceived codes or categories derived from prior relevant theory, research, or literature (Cavanaugh, 1997; Kondracki et al., 2002). According to Cho and Lee (2014), "The deductive approach is appropriate when the objective of the study is to test existing theory or retest existing data in a new context" (p. 4).

For this study, I interviewed 10 White female nurses living and working in the Midwest. In order to find a diverse pool of participants, a call was posted to Facebook and shared publicly by various Facebook users. Approximately 25 people expressed interest in participating in this study; however, only 10 White female participants committed to being interviewed. The participants ranged in age from 27 to 60 years old. The nurses had between five and 35 years of experience in a variety of nursing roles from mental health to pediatrics. Of the 10 interviews, four were held face-to-face, three interviews were conducted over Skype, and three interviews were conducted over FaceTime. The participants were selected among those who

a) earned, at minimum, a bachelor's degree in nursing and

b) who have practiced in their field for at least 5 years

Interviews were used to explore the ideas, opinions, and experiences of the participants. A semi-structured interview protocol was utilized with the participants. Semi-structured interviews worked well for this study as participants were encouraged to expand upon their stories as they answered the questions. The interview began by collecting background data on the participants as well as information on nursing background. Next, the participants were asked about the ways in which they make connections with their patients. These questions acted as a "warm up" to having the participants consider how they work to make connections with family members of their patients, successes and failures they've experienced while attempting to make verbal and

nonverbal connections, and also when the participants knew it was important to not only make their patients feel comfortable, but also when they began to realize that the family members were an important part of the care connection (see Appendix A for the Interview Protocol).

Analysis

After conducting and transcribing the interviews, the qualitative analysis led to the emergence of two themes from the interviews that were relevant to the research questions: How do nurses come to understand the importance of the connection a patient has with their family, and in what ways do nurses use verbal and nonverbal strategies to connect with the family members of their patients? First, participants believed that creating a connection with patients' family members was as natural as forging a connection with their patients. Second, participants overwhelmingly expressed that it is important to decrease the physical distance between themselves and their patients' family members to begin creating a connection, as well as establishing a connection through finding commonalities or a common bond.

The Role of the Family in the Nurse-Patient Relationship

Unanimously, the nurses believed the family was an integral part of the care process. However, the ways in which these nurses became aware of the importance of the family were unique. Nicole, who has been a nurse for 10 years and is currently a care coordinator for a clinic, explained it was within the first year of nursing "when you are settling in and everything kind of settles, you truly realize the importance of having the family members at the bedside" (Interview, September 26, 2016). A terminally ill patient taught Nikki Marie, who has been a nurse for 10 years, the importance of the family in the nurse-patient relationship. She explained:

> It was super tough for [the patient's] family and [she] "shooed" her family out to get dinner. Lots of tears for family…I was hanging my bag when they left and I finally asked

> [the patient]. She said I am fine, but I need you to help me deal with my family. They need you more than me. If I could take myself out of the bed and put my whole family in, that's what I'd do. (Interview, September 16, 2016)

Carlos has been a nurse for nearly seven years. She is a firm believer in the nurse-family connection. The realization of the important role of the family in the care connection came very early in her training. She recounts:

> A woman, married for 52 years, had a double mastectomy and her husband was there [when the bandages were being removed]. I was a student and I was supposed to be doing the care, but I didn't have a fracking [sic] clue. I'm like, maybe I just should watch how you do this bandage change… it was hard for me, I was 20, and I was admitting it. I stood back in my MSU scrubs next to the man, the husband. All the sudden, boom, he's going down. He caught himself, sat there, and just started crying. At first, I am, like, what the fuck, you lost your boobs, I mean big deal. But, I'm kind of like, get over it buddy. But, then, he just sits there and cries and he looks so different. Then I realize this man has known this woman, her body for their entire life… for three of my lifetimes they've known each other… the family is just important and we never took the time to think of the family, to let him know what she was going to look like and what was about to happen. (Interview, September 15, 2017)

This moment, for Carlos, marked the integral part family members play in the nurse-patient connection. While the patient must come first, Carlos expresses the need for nurses to also find a way to connect and care for patients' family members in order to help them have agency in the process.

As a nurse for 32 years, Karla had many family members who would come to her with questions after visiting their own doctor. She began realizing the importance in creating a connection with family members when it became clear that her own family members were not asking the important questions about their own medical conditions and medical care. She explains:

> So, because I love to teach, I love to teach family members because the more knowledge they know about their family member… That is where the liaison person comes in (nurse). So, it's important to educate these families because, unfortunately, the doctors don't have time… if you don't educate the family, they can get lost in this… they need a voice.

Interestingly, beyond educating the family members, Karla points to the powerlessness the family can feel and how imperative it is for family members to feel empowered – to give agency through "voice."

Immediacy Strategies in the Nurse-Family Connection

Decreasing the physical distance between communicators is one way to create immediacy. This may be physical or psychological distance. The notion of closeness can be used as a nonverbal strategy to increase affinity between nurses and patients' family members. Nikki, who currently works with stroke patients, explained how she works to connect with family members by decreasing the physical distance between herself and the family members:

> I usually pull up a chair and I try to find a book about stroke and give it to the family. I ask if they've looked at the book, have you had an opportunity? How are you? How are things going? Can you tell me what happened? How are you doing through this process? They trust you and they, um, respect you and value your opinion and believe what you

> have to say. When you connect—to gain their trust, that's huge because you have their lives in your hands. To have them trust you and know that they are comfortable, that anxiety is at ease. It helps improve outcomes and assist in the healing process. (Interview, September 26, 2016)

The nurses in this study expressed the need to get on the same physical level as the patients' family member(s)—whether that was by pulling up a chair, standing close to the family member when advising or offering support, or offering the family member a caring touch. These attempts to bring one physically closer show care and understanding, offering the family member someone to lean on during trying times.

Clearly, creating physical closeness is key to establishing a connection to a patient's family members; however, creating psychological closeness can also close the distance between a family member and nursing staff—a key relationship to help motivate family members to take part in the education and care of the patient. Karla, who has been a nurse educator and a practicing nurse for 32 years, is adamant about the integral role a nurse has in closing the distance between a nurse and a patient's family. She expressed:

> I had a patient that had cancer and he came in and it was very, very quick. And the family, after talking to them and listening to them. The wife was so exhausted. So, exhausted and you could see that. And, um, I knew that it was ok and I had done a good job when she trusted me enough that she could take a nap. (Interview, September 20, 2016)

What Karla illustrates above is how important it is that her patient's family trusts her as their caregiver. Karla was able to close the psychological distance between herself and the family by listening and engaging with the family. Nikki Marie further emphasized the importance of

psychological closeness when working with patients going through alcohol withdrawal. Nikki Marie explained the importance of talking with and listening to family members, so they understood that what the patient is going through is not their fault. She explained that it was a slow process of listening to the wife of her alcoholic patient and talking to her as a means of support that allowed for an affinity to be built:

> We built trust over seven days. At first, [the patient's wife] didn't come. And, the second day she came crying because she was sad she didn't come the first day because she was angry with him. And, when he was going through withdrawal she was worried. Um, she wasn't real open to sharing those experiences right away. So, it was taking that in tid-bit strides. (Interview, September 17, 2016)

In the above quotation, Nikki Marie presents how the process of building a psychological bond begins with a patient's family member. As noted above, Nikki Marie had to work slowly on this connection. She would ask the wife how her day was, what she was going to be doing the rest of the day, little things to begin building toward more meaningful conversations—conversations that helped Nikki Marie understand how the patient's wife was feeling and what the patient's wife was needing to feel comfortable. As a connection was built through caring conversations (and with the patient's permission), Nikki Marie was able to take the wife aside separately. The wife was able to say anything she needed to say so it would not offend her husband. This was an important moment as it allowed the wife to work through feelings of guilt and responsibility and clarify that her husband's alcoholism had nothing to do with her and her love for the patient. (Interview, September 17, 2016)

Willow struggled a bit with describing how she connects with family members, but did so by explaining what the "reverse" feels like:

> Make good eye contact. You just feel comfortable with them. You can talk about anything. I think about the times when I haven't had that… I go in, do what I have to do. And, I'm anxious to get out of the room. You know, I don't look at them… I mean, I look at them, but it's not that connection; talking and making eye contact, nodding your head. All the things you would do if you are having that conversation with someone. So, I know you go in and do what you have to do and talk minimally, and—you are still doing your job, it is just not the same. (Interview, October 6, 2016)

Later, in the interview, Willow was able to articulate how she made the connection with a patient's wife. This patient came in at least once a month with his wife because of his respiratory issues:

> He often needed his IV and antibiotic, so he always needed the same thing and he and his wife didn't need any new education on how to care for him. So, when they came in, I remembered where she lived, what she did—she was always going to the casino, you know? Small talk, just trying to use what we had in common… which is often the patient, but she didn't need information on him, so we just talked. (Interview, October 6, 2016)

Willow provides an example of the ways one can use small details about people to help close the psychological distance between the nurse and the patient's family members. Even in times of a quick or unexpected death for a family, Willow explained how she worked to create immediacy with family members by getting them involved and communicating with them immediately:

> I was on the medical floor and there was a patient that came in and he was [long pause] critical. He was in hospice care and the family couldn't do it anymore. The wife and the daughter were there and I was with him for his last minutes. The connection the wife and daughter and I had was so good. They were so thankful for what I did… I just tried to

> make them as comfortable as I could. I sat with them, we got coffee, we talked. You know? I just tried to involve them in what was going on and why we were doing things. Just involving them in the decisions. (Interview, October 6, 2016).

Karla, Willow, and Nikki Marie all point to the importance of establishing rapport and building trust with family members to encourage them to become actively involved in the caregiving process. Closing the physical distance between nurse and family is one clear strategy to increase affinity between a nurse and the patient's family. Importantly, nurses can also begin to build rapport and strengthen trust with the family members by using verbal immediacy strategies such as small talk and trying to find similar interests in order to build a common bond.

Discussion and Conclusion

Throughout the interviews for this study, I became increasingly aware that nurses, in general, are not taught in their programs to consider the role of the family in the nurse-patient interaction. The needs of the patient, for obvious reasons, is the focus of their training. However, as the nurses articulated in this study, the family becomes an integral part of the care process. Furthermore, the majority of the nurses in this study were not provided with specific training in implementing immediacy with patients or the patients' family members and, therefore, were learning on the job the best way to create a care connection with these individuals. Immediacy with the family members served a variety of purposes and manifested itself in several ways depending upon the needs of the patient. For example, immediacy helped the nurses create an atmosphere of care which, in turn, led family members to trust their care providers and feel empowered to participate in the care process for their loved ones.

This study was not without its limitations. The participants were all White women from the Midwest. The experiences of these nurses cannot be generalized to all practicing nurses.

However, their experiences can be used to learn more about the ways in which nursing programs might teach about the family-nurse connection and the ways in which immediacy strategies could be taught to nursing students. With an earlier introduction, nursing students could begin to understand the important role that family members play in the education and care of the patient. Furthermore, nursing programs may begin to consider implementing simulations that include practicing nonverbal and verbal strategies to help nursing students understand the implications of their communication on the nurse-family bond. An exciting outcome of this study is the potential for collaborative research between nursing/health care and communication studies in the area of immediacy. The foundations of immediacy research are found in the discipline of communication. Nursing involves enacting those communicative behaviors daily with patients and families. Future collaborations between the two fields could offer unique and important insights from theoretical and practical perspectives.

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Appendix A

Interview Protocol for Immediacy and Nursing Study

Thank you for taking the time to meet with me today. We will be starting with some general questions about you and move to some more specific questions about being a nurse. As a reminder, you signed a consent form before we started, and, because this interview is voluntary, you may withdraw from this interview at any time.

1. Tell me about your background (age, race, degree, etc.) These prompts will be used should the interviewee need some focus to get started.
2. Tell me about why you chose nursing as your career? How long have you been a nurse and in what departments you have worked?
3. Tell me about the ways in which you connect with your patients while they are in your care?
4. Can you share a story about a time you felt successful with your patient – a comfortable connection as made? Can you share a story about a time when you believe you failed or you just could not make a connection with your patient?
5. How did the scenario in Questions 5 & 6 "feel" and "look" different? What was your part? What was the patient's part?
6. In what ways do you interact with the family members of your patients?
7. What specific verbal strategies do you use to connect with the family members of your patients? To what degree?
8. What specific nonverbal strategies do you use to connect to the family members of your patients? To what degree?
9. Tell me about a time when you felt like you had a connection with the family of one of your patients – how did you know you had made a successful connection?
10. Tell me about a time when you did not feel as though you had made a connection with the family members of one of your patients – how did you know it was unsuccessful?
11. What was the moment when you knew it was important to not only care for the patient, but also care for the family members?
12. What are the benefits of focusing on family members as well as the patient?
13. What are the costs of focusing on the family members as well as the patient?
14. Is there anything else you would like to share with me about the role of family in the care connection? Another story? An important moment in your career?

Again, thank you for taking the time to talk with me today. I appreciate your help with this study.