

Global Knowledge Project

INTERPERSONAL RELATIONS WHILE CARING FOR THE ELDERLY: NURSES' PERSPECTIVE

by

Godwin Mulawisha Candidate No.6

Justina Kasonde Nyirenda Candidate No.7

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Justina Kasonde Nyirenda No.

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ABSTRACT

The interpersonal relationship is an important aspect of patient care, especially in the elderly who are on individualized and long-term care. The purpose of the study was to explore the experiences of the nurses in attaining interpersonal relations while the elderly in residential home care and nursing homes. Zambia has no established home nursing services and the elderly nursing homes are not part of the health care system, as nurses coming from this background it was very interesting to observe how nurses and the elderly clients interacted. The study was guided by two theoretical foundations from the Peplau's Interpersonal Relations and Giddens' Pure relationship. The relevance of the theories to this study was based on their tenets that related to the interpersonal relationships.

Methodology: Qualitative study research design was used, while interviews were conducted using a semi structured interview schedule to collect data and analysed using content analysis. A study sample of six nurses was selected using convenient sampling made up of three nurses each from nursing home and residential home care.

Results: The study revealed that nurses initiated a meeting with patients and their family members in creating interpersonal relationship. The nurses had a good connection with their family member and in turn nurses created good contacts with patients in nursing home and residential care. The study revealed that all respondents indicated that respect was important in creating a good nurse-patient relationship. Further, the study revealed that nurses had a challenge in communicating effectively with patients with psychiatric and dementia condition.

Conclusion: Interpersonal relations among nurses and the elderly in residential homes and nursing homes are enhanced by the common shared culture with the patient. Interpersonal relations among nurse and patient are influenced to some extent by the Norwegian culture. The format of creation and maintaining of the nurse-patient relationship may follow prescribed standards however there is an aspect that the nurse brings to the relationship that gives it uniqueness. The nurses' experiences provide insight on how respect is a vital aspect that will foster a viable and functional relationship with the patient.

Keywords: Elderly, Nursing Home, Residential home care, Interpersonal relationship, Experiences

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INTRODUCTION

1.1 Background

The elderly care services in Norway is more established than in Zambia, where the elderly care homes can be found but are not part of the health care system. Zambia's life expectancy at birth is at 57 (UN, 2012) as compared to that of Norway which is at 81.5years (UNDP, 2013), in addition, the age group 70 and older constitutes 11 per cent of the population (Statistics Norway, 2013) this may be one of the reasons why the system is more established in Norway. A more established system means that the nurses working in this system, with time may have enriched strategies of accomplishing interpersonal relationships (or also referred in this study as nurse-client relationships) that are useful in ensuring quality care and promotion of good patient outcomes.

The interpersonal relationship is an important aspect of patient care, especially in the elderly who are on individualized and long-term care. The interpersonal relationship may foster effective communication and enhance care outcome (Staab and Hodges, 1996). According to Levy-storm et al (2011) individual care can be influenced by interpersonal communication from different perspective. Therefore, the nurse may be required to focus on needs to build person-centered rather than nurse- or task-focused because the interpersonal relationship is a key element in nursing. Time spent developing this relationship is an investment and yet a precious commodity.

The nurse will need good communication skills when caring for the elderly in order to assess, implement and evaluate care. Communication creates the pillar for interpersonal relationship on which the elderly will verbalize their individual needs.

As students coming from a country where the elderly care system is not established, observing the interaction between the nurses and the clients, prompted questions on how they were able to establish such interpersonal relationships. There was a uniqueness that was noted about how Norwegian nurses and the elderly in their care interacted and that prompted this study which was aimed at answering these questions by exploring experiences of nurses' interpersonal relationships with the elderly in elderly residential homecare and nursing homes in a small community on the western side of Norway.

The study is organized as follows; chapter one (1) discusses brief general statement of the interpersonal relationship in caring for the elderly in residential home care and nursing home. It is followed by an outline of the statement of the problem which the students will endeavor to answer in the study. Chapter two (2) discusses two theoretical foundations and review of literature that relate to the study topic. The qualitative research, its strengths and weakness,

targets and data collection are outlined in chapter three (3). The empirical data is deliberated in chapter four (4); data is analyzed using content analysis according to emerging themes and concepts. Further, chapter five (5) brings out the findings of the study, begins with demographic variables followed by the detailed discussion of the selected themes of nurses' experiences on interpersonal relations while caring for the elderly coupled with literature and the theories. The conclusion gives a final perspective of the topic and finally the recommendations.

1.2.Statement of the problem

Interpersonal relationships are a fundamental aspect of patient care. It is even more important to establish a nurse-patient relationship when caring for client on long-term care in nursing homes or residential home care. It is assumed that after a period of time nurses gain some unique and useful experiences of how to create and sustain nurse-patient relationships. The statement of the problem will therefore be:

“What are the experiences of the nurses in attaining interpersonal relations with the elderly in residential home care and nursing homes?”

1.3.Purpose of the study

The purpose of the study was to explore the nurses' experiences in interpersonal relations while caring for the elderly in residential home care and nursing homes.

Definition of the key- words

Elderly: A person who is chronological age of 65 years coupled with legislation or cultural considerations (WHO, 2014)

Nursing Home: A residential facility that provides accommodation and offers a range of care and support services around the clock on either short or long term basis. (WHO, 2014)

Residential home care: This is care and support services rendered to elderly people in their homes who have physical, medical, psychological or social care needs. (WHO, 2014)

Interpersonal relationship: Refers to reciprocal social and emotional interaction between the patient and other person in the environment (John and Griffin, 1999)

Nurse-patient relationship: One-to-one interactive process between client and nurse that is directed at improving the client's health status or assisting in problem solving (DeLaune and Ladner, 2010)

Experiences: This is the knowledge or skill acquired by a period of practical contact with and observation of facts or events especially that is gained in a particular profession (Oxford Dictionary, 2015).

THEORY

2.1 Theoretical foundations

The study is guided by two theoretical foundations from the Palau's Interpersonal Relations and Giddens Pure relationship. The relevance of the theories to this study was based on their tenets that related to the interpersonal relationships.

2.1.1 Peplau's interpersonal relations theory

Hildegard E. Peplau (1909–1999) was a nurse clinician, scholar, and theorist who introduced the first interpersonal relations paradigm. Peplau (1989) employed a practice-based approach to develop a theory of nurse-patient relationships. Palau's (1952/1988) interpersonal relations in nursing theory is considered the core of psychiatric nursing and the core of all nursing practice, focusing disciplinary attention on the critical therapeutic value of the nurse-patient encounter. She considered the professional interaction as the medium for effective caring interventions and advised a goal-directed, interpersonal process. Her theory consists of a continuum of four phases through which the nurse and patient collaborate to address the health needs. The following are the tenets of the theory:

The orientation phase is the first stage intended to define the problem. The nurses introduce themselves, patient gets to know the nurses and the objectives of the interaction are set out. Nurses gather pertinent information from clients, such as a pertinent history. At this critical phase, the focus of the nurse is the client. The focus flows through active listening and posing questions to prompt the client's descriptions and personal stories (Peplau, 1997).

The client moves into Identification, the selection of appropriate professional assistance phase (Yamashita, 1997). This phase is further divided into identification and exploitative phases. The identification phase involves the nurse in an affirming role, to be there to assist the client in meeting needs. The nurse may also play a consultant role, by assisting the client to think through issues to reach personal solutions (Price, 1998). The focus is on the reactions of the client to illness and to gain an understanding of self (Peplau, 1997). One major challenge for the nurse, within the identification phase, is negotiating a level of commitment to offer to the client. Often support is desired for a longer term than is available (Price, 1998).

The Resolution Phase is the final phase of summarizing of accomplishments and closure. The discussion of termination is initiated in the working phase, which prepares the client for the eventual end of the interpersonal relationship. The summary of the relationship is provided (Peplau, 1997).

Application of the Theory

The interpersonal relationships confirm self-worth, provide a sense of connectedness with others, and support self-esteem. A great deal of the knowledge for the practice of nursing extends from that of the social sciences, the humanities, and biology.

The nurse- client relationship enables the nurse to realize early intervention objectives, and the find various approaches to decrease the impact of isolation that may go with aging. Most commonly, home care and residential care interventions are a central component of early intervention during which the nurse creates a relationship.

2.1.2 Giddens pure relationship theory

A Pure relationship refers to a situation where a social relation is entered into for its own sake, for what can be derived by each person from a sustained association with another; and which is continued only in so far as it is thought by both parties to deliver enough satisfaction for each individual to stay within it (Giddens 1992:58).

For the purposes of this study, Giddens' pure relationship construct includes a number of qualities that are relevant to social behaviour. Pure relationships are not materially anchored to external social phenomenon such as extended family, pure relationships are voluntarily and internally organized and maintained by the people or parties themselves (Giddens, 1991:88-89). The following are the tenets of the theory:

i. Free-floating relationships

The relationship is kept alive in either both marriage and any social interaction by the virtue of reaching an intended goal. They are kept alive for the sake of the social reward/emotional satisfaction they bring to life

ii. Pure

Relationships are sought for what the relationship can bring to the partners. The nurse –client relationship is balanced as the nurse does not impose her / him on the client.

iii. Reflexive organized

This is an open fashion in which each person brings out the concerns and the problem to the other person because it connects closely to the reflexive self. The relationship is sustained when each person is fully aware of the intended objective.

iv. Commitment

The commitment replaces the external anchors of relationships in pre-modern situations. Pure relationships can only exist with reciprocity. In nursing, commitment creates respect, support and builds ties toward the set goal.

v. Intimacy

The expectation of intimacy provides the closest links between the reflexive project of the self and the pure relationship. Intimacy requires commitment to the relationship. Giddens explains that intimacy consist of confidentiality which is cardinal in nurse-client relationship.

vi. Trust

Mutual trust is closely related to intimacy. An individual must be trusting and trustworthy. Communication is important in creating trustworthy relationship, therefore, time is taken to create this and allow the client to verbalize his or her concerns.

vii. Self-identity

Self –identity is negotiated through linked processes of self-exploration and the development of intimacy with the other person and this help create shared histories. Both parties are expected to be fully involved in determining the conditions of their association and future plans. It requires analytical and reflexive attitudes towards one’s relationship along with the necessities of respect for the other’s freedom, of an equality of emotional give and take, of self-autonomy in order to accomplish personal life project.

Application of the Theory

Mutual communication in a relationship is perceived as the medium to express personal needs and concerns. It is considered as the major model to build the connection as well as the main solution to solve the problem between two parties. In addition, interpersonal relationship is expected as a condition of contracts in which two or more persons can discuss everything from everyday details of life, to similar interest, to the most private feelings that one would not share with anybody else (Shumway, 2003). Unlike the romance discourse, the emphasis of friendships is commonly presented in the intimacy discourse encouraging people to search a partner who can also be “the best friend” or “soul mate (Christiansen, 2009). Nurse –client relationship is the foundation of nursing practice across all population and cultures and in all nurse practice settings. It is based on trust, respect and professional intimacy and requires the appropriate use of authority (Christiansen, 2009).

2.2.REVIEW OF RESEARCH

The interpersonal relationship may foster effective communication and enhance care outcome (Staab and Hodges, 1996). The typical purposes for analyzing existing literature is to identify what is known and not known about a topic so that a comprehensive picture of the state of information or knowledge can be obtained to avoid unintentional duplication and to describe

method of enquiry used in earlier work including their success and short comings (Basavanthappa, 2009). The literature review for this study mainly focused on the experiences of nurses in accomplishing interpersonal relationships with the elderly while caring for them in nursing home and residential care. Nursing is a human relationship between a patient requiring care and the nurse specially educated to recognize and to respond to the need for care in attaining a common goal and it is this goal that provides incentive for a nurse-patient relationship. (Peplau, 1952)

The interpersonal relationship ends once the goal of care is met, however in the care of the elderly, whose care is in most cases long term, the relationship continues indefinitely and has to be sustained by both the nurse and client. It is even more important that the nurse-client relationship is cordial for the elderly, because in as much as they need care with physical needs, they have a much greater need for social and psychological care. According to the International Council of Nurses (ICN, 2009) who states that nursing research indicates that older persons often describe health as a “state of mind”, when discussing health they tend to emphasize psychological attributes, social relationships, and attitude toward life, rather than merely physical state.

Interpersonal relationships are important in nursing, as it is the means through which care goals are achieved, but this calls for mutual agreement by both the nurse and the elderly patient especially for the elderly in residential care where nurses need to have successful interpersonal relationships due to insufficient time. A study entitled ‘Developing trusting, caring relationships: home care nurses and elderly clients’ by Trojan and Yonge (1993), concluded that it is important for nurses to have sufficient time to spend with the elderly to get to know them while providing care and help them to live independently in their homes and clients reciprocate in their own ways, leading to phases identified in trusting, caring and relationships. However, interpersonal relationships are also important between nurses and clients in nursing homes as demonstrated in a more recent research by Kirchhoff et al (2014) entitled ‘ Personlige relasjoner har betydning for pasinters tilfredshet på sykehjem’, where they concluded that employees at nursing homes have a responsibility to ensure that residents are thriving at nursing homes through promoting personal relationships between residents and employees and through establishing relationships among residents. Further Kirchhoff et al. (2014) states that interpersonal relationships are important as they also provide means through which patients’ satisfaction is achieved. McGarry (2008), agrees with this as stated in a study entitled ‘Defining roles, relationships, boundaries and participation between elderly people

and nurses within the home', that nurses and elderly people defined their experiences and perceptions of the quality of care through the ways in which roles and relationships are constructed, negotiated and experienced in the home, McGarry (2008) illustrates that these are central themes in nurse-client relationships.

The importance of interpersonal relationships, allows elderly clients in nursing homes, human connections that are a necessary component for mental health. The elderly who are in long term care facilities often may find themselves alone, with families that are too busy to visit often, therefore only have to rely on the nurses for social interaction. Haugan et al (2013) in a study entitled 'Nurse-patient interaction: a resource for hope in cognitively intact nursing home patients', states that nurse-patient interaction significantly influences hope in cognitively intact nursing home patients; offering connectedness should be a central and integral aspect of holistic nursing home care. As such Haugan (2013), suggest that providing continuing educational programs for caregivers focusing on how to interact with patients in a health-promoting and hopeful manner seems essential.

The nurses working with the elderly, need to have the knowledge and skill that will help them create and maintain meaningful interpersonal relationships with their clients, especially for clients that may have cognitive challenges, for example patients with Dementia and Alzheimer's. Norman (2006) in a study entitled 'Observations of the experiences of people with dementia on general hospital wards', concluded that it was important for nursing practice to move away from the constraint of patients with dementia, and towards their realization and theoretical findings of that research could be used to develop practice that challenges nurses to consider the actions of people with dementia as methods of communication, and to consider prioritising the needs of the person when care planning.

The elderly with other health problems like blindness or hearing loss also present with challenges that require the nurses to carefully plan about ways in which they can create and maintain interpersonal relationships with the client, but as well as help the families also maintain good interpersonal relationships. Smith and Kampfe (1997) states that many older persons with hearing loss experience pronounced modifications in relationships and interpersonal functioning as a result of hearing loss.

Nurses need academic preparation; however their attitudes towards creating and maintaining interpersonal relations with the elderly may have more to do with their own experiences and perceptions. Christiansen (2009) in a study called 'Cultivating Authentic Concern: Exploring how Norwegian students learn this key nursing skill' states that, it is important to develop

relational skills in nursing education in addition to other subject-specific skills. Figueredo-Borda et al (2012) in a study entitled 'Long-term care of the elderly in Uruguay', agrees with this by stating that University education needs to give more relevance to theory and practice of geriatric nursing to adequately prepare nurses in the future. Further, Figueredo-Borda et al (2012) suggests that employers need to give support to nurses in order for them to develop strategies that allow them to manage their feelings of vulnerability to benefit both themselves and those in their care. In addition, Hewitt (2008), in a study called 'Resonating Relationships between Nurses and Elders in Long Term Care', went a step further and stated that relationships between registered nurses and residents and ability to promote quality of care and quality of life are the primary reasons for registered nurses to choose to continue to be employed in long term care, she further also suggested that nurse educators need to increase the focus on geriatrics in schools of nursing to reflect integration of geriatric content and geriatric theory courses promoting the care of the elderly.

In as much as many authors and researcher have studied interpersonal relations between nurses and the elderly, equally as many have focused on a components of interpersonal relations that are seen as crucial, namely communication and trust and for some respect is also added as an important component. Communication is important for successful interpersonal relations. Valentina and David (2012) in 'Role of communication competence in elderly care: A carers' perspective' noted that healthcare professionals do not take so much into account of the way they communicate with their patients and this adversely affects the health outcome of their patients. Therefore, Caris-Verhallen et al (1997), in a study called 'The role of communication in nursing care for elderly people', states that communication in nursing is an important topic assessing the specific needs of elderly patients and providing nursing care that is tailored to the individual patients' needs.

Mutual trust has been found to be a necessary component of interpersonal relations. Dinc and Gastmans (2013) in a paper entitled 'Trust in nurse-patient relationship', stated that trust is crucial in nurse-patient relationships not only for the quality and positive outcomes of nursing care but also, as evidenced by the qualitative studies, for patients. However, Dinc and Gastmans (2013) also noted that trust is fragile, and recommended that nurses be aware of the vulnerabilities of their patients and the fragile nature of a trusting nurse-patient relationship. In conclusion they stated that the development of trust is related to the interpersonal caring attributes of nurses as well as their professional competencies. A more recent study called 'Patients' experiences of trust in the patient-nurse relationship' by Rørtveit et al (2015) agrees

with this notion and concludes that patients' experiences of trust in nursing are dependent on the nurses' knowledge, level of commitment in the dialogue to creating and developing the relationship and contextual issues. Rørtveit et al (2015) suggests that, Clinical nurse researchers nurse supervisors, managers and nurse educators should discuss different areas of trust during nursing supervision and focus-group meetings as well as with nursing graduates to ensure that nurses develop knowledge of how to create a trusting patient-nurse relationship.

METHODOLOGY

Research methods are everyday techniques such as asking, observing, understanding and so on but used in a systematic way in order to collect and analyse data (Flick, 2011). The study was aimed at exploring experiences of nurses' interpersonal relationships with the elderly in elderly residential homecare and nursing homes.

3.1. Qualitative

Qualitative methods are research methods aiming at a detailed description of processes and views that are therefore used with small numbers of cases in the data collection (Flick, 2011). The study was a qualitative study that focused on the nurses' experiences that work in nursing homes and residential care facilities in a small town in western Norway. The qualitative method was selected instead of quantitative methods because it allows collection of in depth descriptive data. Quantitative research methods aim at covering the phenomena under study in their frequencies and distribution and thus works with large numbers in the data collection (Flick, 2011).

3.2. Methodical strengths and weaknesses

According to Mack et al (2011) the following are the strengths and weakness of qualitative research:

Strengths

- i. Qualitative research provides understanding and description of participant's experiences of phenomena.
- ii. The data is based on the participant's own categories of meaning
- iii. Qualitative data in words and categories of participants lend themselves to exploring how and why phenomena occur.
- iv. The researcher almost always identifies contextual and setting factors as they relate to the phenomenon of interest.
- v. Data is usually collected in naturalistic settings in qualitative research.

Weakness

- i. Knowledge produced might not generalize to other people or other settings.
- ii. It might have lower credibility with some administrators and commissioners of programs.
- iii. It generally takes more time to collect the data when compared to quantitative research.
- iv. The results are more easily influenced by the researcher's personal biases

- v. Data analysis is often time consuming.

The study strong point was that the collection of information was from the primary source of information, and the students being nurses made it simple for the respondents to supply the information.

The language barrier was expected to pose a challenge, in that the students did not speak Norwegian and the respondents were not very fluent in English. However the challenge did not materialize. There was limited time to collect information. The number of respondents in this research was small; this made it very difficult to generalize findings to the population as it was very representative of the actual phenomena.

3.3. Population and sample

The aggregate of all possible study objects about which a statement is intended, for example nurses. Research studies mostly include selections (samples) from this population and results are generalized from samples to population (Flick, 2011). The study population was nurses that work with elderly in nursing homes and residential home care.

The sample selection of study participants from a population according to specific rules (Flick, 2011). The sample for study was selected using convenient sampling; candidates were selected based on availability. A total number of 4 nurses were interviewed. The students had planned to interview 6 nurses; one team leader, and two nurses from each site as well as one nurse educator. However, only one team leader and one nurse from the residential home care were interviewed as well as with 2 nurses from the nursing home. We were unable to interview the nurse educator who was out on a working visit at the time of data collection. Further interviews were planned for in case more information was needed, however after the interview the information was assessed to be sufficient to proceed with analysis.

3.4. Data collection method

The data from the respondents was collected through interviews using a semi-structured interview schedule. The interview lasted maximum of 30 minutes and was conducted in a quiet and private room to ensure privacy and confidentiality.

3.5. Data analysis procedures

Data records were analyzed then data was scrutinized for consistent traits and coded. Analysis was based on common reoccurring themes and results presented based on these.

3.6.Ethical consideration

In order, to protect the rights of research participants, ethical approval was sought from the Sogn og Fjordane University College. Permission to collect data was equally obtained from the nursing home and residential home unit to allow us collect data from nurses. The nature and purpose of the study was explained and the participants were informed of their rights regarding the study in which they participated voluntarily. They were further informed of their liberty to withdraw from the study at any time if they so wished and that the information collected from them was kept in strict confidence. In order to maintain the participants' confidentiality, the interview did not bear any identifying features of the participant such as name and physical abode.

RESULTS OF EMPIRICAL DATA

4.1.Introduction

This chapter presents empirical data derived from the Semi- Structured Interview Schedule. Data analysis is defined as the systematic organization and synthesis of research data to elicit meaning from the research data (Polit & Hungler 2010). Data was analyzed using content analysis, which is the process of organizing and integrating narrative, qualitative information according to emerging themes and concepts (Polit and Beck, 2010). A total of four (4) nurses, one (1) team leader and one (1) nurses where from residential homecare and two (2) nurses from the nursing home respectively participated in the study. The nurses, except the nurse team leader who was on fulltime employment, were employed on part-time basis and worked between 75 percent and 80 percent respectively. The nurses interviewed had worked in the two institutions for a period ranging from 18 to 31 years and none of them had geriatric nursing qualification. The nurses were willing to undertake geriatric nursing training however saw it not to be important as they were about to retire while others were able to get any information related to geriatric by reading.

The concepts were systematically classified into major themes. The qualitative analysis resulted in six (6) categories derived from the semi-structured interview schedule. There were, experiences of nurse-patient relationship, creation and maintenance of nurse-patient relationship, holistic care, mastering the skill, challenges to nurse- patient relationship, culture in nurse-patient relationship and respect. The empirical data from residential home and nursing home was mixed for the purpose of determining the most frequent theme, however some themes appeared to arise prominently in one institution and not the other. As such the data is presented according to themes. The emerging themes were outlined in the table 1 below in relation to the experiences of nurses in residential home care and nursing home. The distinction among the institutions are highlighted accordingly within the themes.

1. Table: Themes

No	EMERGING THEMES	RESULTS	NURSES' EXPERIENCES		FREQUENCY (YES)
			Residential home care	Nursing home	
1	Nurses' experience in Creation and maintenance of nurse-patient relationship	Occurs over a period of time as patient visits the nursing home before permanently takes residence		Yes	02
		Starts with the initial meeting	Yes		
2	Challenges to nurse-patient relationship	Patients with cognitive problem		Yes	02
		Patients with Psychiatric problem		Yes	
3	Role of Culture in nurse-patient relationship	Commonality of Culture plays a vital role in nurse-patient relationship for both nurses working in different sites.	Yes		01
4	Holistic care	Holistic care facilitates interpersonal relations in nursing home		Yes	01
5	Mastering the skill	Nurses consult colleagues and new nurses, research information and literature to become skilled.	Yes	Yes	02
		Learn from their experiences on how to become skilled.	Yes		
6	Respect	An important aspect for the nurse-patient relationship		Yes	04
		Nurses act as hosts in nursing home and patients are guests.		Yes	
		An important aspect for the nurse-patient relationship	Yes		
		Nurses are guests in patient's homes.	Yes		

Nurses' experience in Creation and maintenance of nurse-patient relationship

This theme emerged from the interview where the nurses narrated their experiences while caring for the elderly. The nurses working in nursing homes and residential home care described different experiences on how the creation of nurse-patient relationship is done. In residential home care the nurse team leader is usually present for the initial meeting.

The nurse team leader said;

“In the first meeting I am normally there to plan the care of the patient with the family”.

Further narrated;

“We hear from the family what they want from us and we also tell them what kind of care will come from us.”

The nurse team leader explained what happened if other needs arise in the due course of care. In order to maintain nurse- patient relationship the nurse said;

“I do make another appointment for a meeting where the social care is also present”.

Additionally the nurse team leader added that;

“We write back to the family whatever we discuss with them so that they can sign as a way of acknowledge what was discussed in the meeting”.

The family is present during this meet and one nurse said

“The relatives tell us the story of the patient such as date of birth and other things”.

In nursing homes however, the patient and relatives to the patients are known by the nurses before the patient is admitted to the nursing home. This was echoed by one nurse;

“We normally know the patient and their relatives before they come here forever”.

The Sustenance of the nurse –patient relationship in both the nursing home and residential home care is made easier if the relatives become part of the relationship. This was alluded to by one nurse who works in residential care;

.....“Because if you have good connection with the relatives then you will also have good connection with the patient”

One nurse added this about patients who live for a long period of time in nursing homes.

“Many of our patients have been here for long time, they recognize our faces and recognize our voices and we get close with them”.

The patients are addressed by their second names, another mentioned; *“We always call the patients by their names”*

Challenges to nurse-patient relationship

This theme also emerged prominently from interview conducted in the nursing home, nurses described challenges they faced in forging nurse-patient relationship while caring for the elderly. The nurses in residential home care indicated that they have rarely faced any challenge. Nurses from the nursing homes said;

“Most challenge is when we have patient with psychiatric problem.”

The nurse also added that barriers may be faces with communication.

The nurse also indicated that;

“Communicating is a problem with a patient who has a psychiatric problem.”..... “We also have problems communicating with patients with Dementia”.

It was also indicated that nurse-patient relationship requires a nurse who is open and welcoming. However, the nurse expressed her concerns when she said;

“We don’t like to see a nurse who is cold in the heart”

“Sometimes the patient can say that the nurse who was here yesterday was not nice to me”.

Role of Culture in nurse- patient relationship

This category emerged from nurses’ experiences in accomplishing interpersonal relationship with elderly in residential home care and nursing home. They described how interesting it is when caring for the elderly who are Norwegians and those who non-Norwegians by origin.

One nurse indicated that;

“In Norway we have equal growing up population, equal school and people grow up with good temperament”

It was easy for the nurses from nursing home to care for the elderly from the same background. One nurse expressed that;

“We feel that patients from this area are part of us”

“Most of the nurses working here have grown up here in the western coast of Norway.”

Learning and respecting other people’s culture play an important part in how a nurse will perform his or work. Nurses also learn different cultures from other nurses who come from other countries working from the nursing home and residential home care. One nurse said;

“We also have different nurses from Iceland and Sri Lanka and we learn from them”.

Nursing became more interesting for the nurses from nursing home when elderly from other countries are admitted. The nurse said;

“It was even more exciting to nurse elderly from different culture like, Bosnia, Burundi and Afghanistan”.

Additionally the nurse said;

“When their relative die here we allow to them do their way because we respect their culture”.

Holistic care

The respondents stated that part of establishing a good interpersonal relation is to approach patients from a holistic perspective. Patients respond well and are open to having interpersonal relations with nurses if the nurse takes care of all their needs both physical and psychological. For example if patient has wet clothes then the nurse should first help patient out of the wet clothes before embarking on any dialogue. One nurse stated the following;

“We look at our patients as a whole the physical, cognitive and whatever they need, buying clothes”.

A residential home nurse expressed that nurses foster interpersonal relations by not just focusing on the patient’s physical needs but also provide social interactions which most of their patients’ lack. This results in a friendship developing between nurses and patients. For example;

“We have known patients for a long time, and many look upon us as friends in a way, especially if they have very few relatives around”.

The respondents’ also stated that because of this care they patients and nurses have been able to have good interpersonal relationships. They further added that as a result nurses and patients become very familiar with each other. As stated by one respondent;

“They are able to recognize our faces and voices and they know us and the feel very safe with us”.

Another nurse in residential home care added that enquiring about the patient’s family on each visit also fosters the nurse-patient relationship.

“We ask how is the grandchildren, how’s the dog and it’s not just doing the nurse things and go again; we often talk about the common things”.

Mastering the skill of creating interpersonal relations

The theme emerged from the interview where all respondents stated that from their experiences asking other nurses about how best to create and maintain good nurse-patient relationships has helped them master their skills.

“We use each other, I learn from her and she learns from me. Another respondent said that, we have good colleague relationships, we try to help each other become better and better”.

The respondents also commented that experiences from practicing the skill while working with their patients has helped them master it.

“I learn from working, when I make a mistake I learn and never do it again”.

Other respondents stated that reading books on geriatric nursing, internet researches and enquiring for latest information from the new nurses has helped them master their skill.

“I learn from the young ones about new information they have learnt and they learn from me my experience”.

Respect

The theme emerges as all the respondents outlined respect as the first and most important aspect of their interpersonal relationships with the patients. Most respondents said that each patient has to be respected and that makes it easy to have a good nurse-patient relationship

“I don’t think it’s difficult, I think I have good connection with my patients, we respect them.

Another stated that, the first thing a new nurse needs to do is show respect for the patient”.

The theme came out even more strongly among residential care nurses who highlighted that nurses are visitors in the patients home and as such patients have more control of the situation.

As stated by one nurse;

“We are visitors in their homes, so we have to be patient and calm and we have to respect them”. Another respondent added that

“All nurses need to respect their patients, but when you come to a private home you need more respect, you are more like a guest even if we have to go to their rooms to find things to help them we have to have respect, it’s their home if they say no they say no if they don’t want to have a shower we have to say ok then we try next time”.

The views on the theme about respect was found to be different as experienced by the nurses who observed that patients in nursing home are more submissive to the nurses and do as they are told but in residential care the patient is accorded more respect as stated by one nurse;

“The people know that when I am living there, I have to respect the nurse’s and when I stay in my home I am the boss, I don’t want a shower today that’s ok, you have to respect that”.

DISCUSSION

5.1. Introduction

The chapter discusses the findings of the study. The aim of the study was to explore the experiences of nurses in accomplishing interpersonal relationship while caring for the elderly in home care and residential care in the small town in the western coast of Norway. The chapter begins with a discussion on demographic variables, followed by a discussion of the main themes which are nurses' experience in creation and maintenance of nurse-patient relationship, barriers to nurse-patient relationship and respect.

Demographic variables

The demographic findings lead to an assumption that geriatric nursing may not be a necessary qualification to practice in nursing home or residential home care for the elderly. The fact that these nurses have worked within this field for this long and have not gone for specialized training may mean that the basic nurse training has adequately prepared them to work in this area and they may not see the need to do specialized training. However, it also be assumed that nurses may have no interest in geriatric nursing but simply work in nursing home or residential home care because they are few health care facilities found in this rural part of Norway.

Nurses' experience in creation and maintenance of nurse-patient relationship

The study findings revealed that nurses usually began with a meeting as a first stage in creating nurse- patient relationship while caring for the elderly in residential care and nursing home. The meetings were made up of the patient, patient's family members, nurse and nurse leader. The intension of meeting was for the patient and the family to get acquainted with the nurse; it also highlighted the nature of care the patient required and the nurse communicated the care to be provided to the patient and family. The meeting was an opportunity also for the family members to provide more information to the nurses. This finding is line with orientation phase of Peplau's interpersonal relations theory (1997), which requires that nurses introduces themselves and states the objectives of the interaction. The theory adds that the patient gets to know the nurse and vice versa. In the orientation phase, the nurse gathers important information from the patient such as pertinent history (Peplau, 1997). This finding agrees with self –identity in Giddens Pure Relationship theory (1992), which states that self – identity is negotiated through linked processes of self-exploration and the development of intimacy with the other person and this helps create shared histories. Further, Self- identity involves people in several forms of interconnected relationships, forming background of

intimacy and is expected to be fully involved in determining the conditions of their association and future plans.

The study revealed that future meetings could be called for the patient, family and nurses to discuss care needs that may have arisen in due course of the nurse –patient relationship. The meeting was followed by written communication in form of minutes to the patient and family which was signed as an acknowledgement of meeting outcomes as discussed. It is important for the nurse to understand how to maintain a nurse- patient relationship while caring for the elderly. Similarly, Trojan and Yonge (1993) in a study entitled “Developing trusting, caring relationships: home care nurses and elderly clients” concluded that it is important for nurses to have sufficient time to spend with the elderly to get to know them while providing care and help them to live independently in their homes and clients reciprocate in their own ways, leading to phases identified in trusting, caring and relationships.

It was further found that respondents knew the patients and their family members before they were admitted to the nursing home. Therefore, the nurses had a good connection with their relatives and in turn nurses created a good connection with the patients. This may imply that a successful nurse- patient relationship while caring for the elderly in nursing home and residential care is enhanced when family members are involved. The findings, however differ with Kirchhoff et al (2014) study entitled ‘ Personlige relasjoner har betydning for pasienters tilfredshet på sykehjem’, which concluded that employees at nursing homes have a responsibility to ensure that residents are thriving at nursing homes through promoting personal relationships between residents and employees and through establishing relationships among residents.

The study shows that many of the patients had been at nursing homes for long time. The nurse got close to the patient as a result the patients were able to recognize nurses’ faces and voices. In nursing, this intimacy is attributed to good interpersonal relations that exist between patient and the nurse. Similarly, in the study conducted by Haugan (2013) entitled “Nurse-patient interaction: a resource for hope in cognitively intact nursing home patients”, states that nurse-patient interaction significantly influences hope in cognitively intact nursing home patients; offering connectedness is central and integral aspect of holistic nursing home care. This also is supported by Giddens Pure relation theory (1997) that states that intimacy provides the closest link between reflexive project of self and commitment to the relationship. Therefore, there is need for nurses to be committed to the relationship while caring for the elderly in nursing home and residential care.

Challenges to nurse-patient relationship

The findings of the study revealed that the nurses experienced challenges in establishing interpersonal relations when the patient had either a psychiatric condition or Dementia. Communication becomes a problem with these patients and effective communication plays an important role in an interpersonal relationship. According to Peplau's (1997) interpersonal relations communication is fundamental of nursing practice, her theory is regarded as core in psychiatric nursing as it act as medium of effective caring interventions. Additionally, Giddens (1993) in pure relations theory, states that communication is important in creating trustworthy relationship. It is therefore important for the nurses caring for the elderly to be prepared in managing patient with disease associated with aging. This is line with a study by Norman (2006) entitled 'Observations of the experiences of people with dementia on general hospital wards', which concluded that it was important for nursing practice to move away from the constraint of patients with dementia towards realization that could be used to develop practice that challenges nurses to consider the actions of people with dementia as methods of communication, and to consider prioritizing the needs of the person when care planning. The nurses working with elderly patients with cognitive or mental health problem may experience constant challenges, due to lack of geriatric training. It is maybe cautiously assumed that specialized preparation of a nurse who is to work in a focused area like geriatric care may help them deal with such challenges.

Although, Hewitt (2008) in a study entitled 'Resonating Relationships between Nurses and Elders in Long Term Care', found that that relationships between registered nurses and residents and ability to promote quality of care and quality of life were the primary reasons for registered nurses to choose to continue to be employed in long term care, it was important for nurse educators need to increase the focus on geriatrics in schools of nursing to reflect integration of geriatric content and geriatric theory courses promoting the care of the elderly. Therefore, with the projected increase in the population of the elderly in Norway (the age group 70 and older will increase to around 19 per cent in 2060: Statistics Norway, 2013) it may be important to enhance basic nursing training to increase the theoretic and practical geriatric components, this will not only be practical seeing that in rural area specialized nurses maybe scarce, but also cost effective in that minimized the time spent in nursing school. Similarly, Figueredo-Borda et al (2012) in a study entitled 'Long-term care of the elderly in Uruguay', agrees with this by stating that University education needs to give more relevance to theory and practice of geriatric nursing to adequately prepare nurses in the future. A nurse

working with elderly in modern society like Norway need to have the knowledge and skill that will help maintain a relationship especially in patients with cognitive challenges such as Dementia or Alzheimer's.

Respect

Respect is one of the most prominent themes that came out during data collection. All the respondent talked about respect at length and heightened it as one of the first and foremost thing a nurse must show the patient to gain their trust and commitment to achieving their set health care goals. This finding is in line with what Hvalvik and Dale (2013) found in a study entitled 'Nurses' Experiences of Caring for Older Persons in Transition to Receive Homecare: Being Somewhere in between Competing Values'. Their study revealed that nurses caring for the elderly strived to provide care based upon respect for the independent individual as a living whole.

The views expressed by the nurses in our study, leads to an assumption that their experiences have shown them that a good interpersonal relation with their patient always stems from respecting the patients' rights to individual dignity. This is not only taught to them in nursing schools but it may appear to be also embedded in the Norwegian culture, the frequency with which it occurred in the interviews many indicate that it is a common thing among the nurses. The concern of respecting the patient and their personal space particularly may originate from the Norwegians egalitarian culture, which emphasizes equality among all people. This aspect of the nurses' experiences goes beyond the preparation from nursing training, instead it maybe the experiences individuals bring to their practice stemming from their upbringing and culture in general.

While literature on respect in nursing research on the elderly is limited it should be noted that it is a very important aspect of interpersonal relations and all human interaction. Establishment of a Pure relationship requires mutual respect. It is the basis upon which all relationships should be based, without it parties to this relationship will not trust each other and commitment to even attempt a relation is lost.

The findings may have also shade some shadows on the dynamics of respect in different settings where nursing care is rendered. In the residential homes it appears that patients have more control on the dynamics of the nurse-patient relationship, whereas, in nursing homes the relationship is guided by the nurse. This could be because in each of the nursing care sites only one person, either the nurse or the patient can be in control of the environment. The emphasis

regardless should be on the fact that for both theories to be applicable to a relationship, respect must be the cornerstone upon which it is established.

5. Conclusion

The interpersonal relationship is an important aspect of patient care, especially in the elderly who are on individualized and long-term care. Interpersonal relations among nurses and the elderly in residential homes and nursing homes are enhanced by the common shared culture with the patient. Interpersonal relations among nurse and patient are influenced to some extent by the Norwegian culture. The format of creation and maintaining of the nurse-patient relationship may follow prescribed standards however there is an aspect that the nurse brings to the relationship that gives it uniqueness. The nurses' experiences provide insight on how respect is a vital aspect that will foster a viable and functional relationship with the patient.

6. Recommendations

1. Nurse educators should consider enhancing the geriatric nursing component of the bachelors degree nursing program since most of the nurses that work with the elderly at the site where we conducted the interviews are registered nurses.

Further research

This study concentrated on a small sample of nurses, therefore a larger study is recommended to further explore the dynamics of interpersonal relations among nurses and patient in other parts of Norway. Further research should be considered to explore the aspects of culture and respect in nursing from a Norwegian perspective.

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APPENDIX I PARTICIPANT INFORMATION SHEET

RESEARCH STUDY

Interpersonal relationships while caring for the elderly: A nurse's perspective

INTRODUCTION

We are (Mulawisha Godwin and Nyirenda Kasonde Justina) Global Knowledge students at the Høgskuleni i Sogn og Fjordane conducting a project entitled "Interpersonal relationships while caring for the elderly: A nurse's perspective"

We kindly requesting for your participation in the research study mentioned above. Before you decide whether or not to take part in this study, I would like to explain to you the purpose of this study, any risks to you and what is expected of you.

STATEMENT OF THE PROBLEM

"What are the experiences of the nurses in attaining interpersonal relations with the elderly in residential home care and nursing homes?"

PURPOSE OF THE STUDY

The purpose of the study is to explore how nurse's experiences while caring interpersonal relations while caring for the elderly in residential homecare and nursing homes.

PROCEDURE

An interview will be conducted consisting of a series of questions, which will be recorded and will last about 45 minutes.

RISKS AND DISCOMFORTS

No risks or discomfort is involved.

BENEFITS

By taking part in this study, you will be able to provide us with information that would help us understand strategies on accomplishing nurse- client relationship when caring for the elderly. No monetary favours will be given in exchange for information sought.

CONFIDENTIALITY

Your research records and any information you will give will be confidential to the extent permitted by law. You will be identified by a code and personal information will not be released without your written permission, except when required by law.

APPENDIX II

Consent Form

I have been fully informed of the purpose of the study; the benefits, risks and confidentiality, and I agree to participate willingly.

Sign: -----

Date -----

Witness (Name): -----

Sign -----

PLEASE NOTE

1. Your participation in this study is entirely voluntary.
2. You are free to refuse or withdraw from participation without affecting your work

Person to contact for problems or Questions

1. Nyirenda Kasonde Justina, Høgskuleni Sogn Og Fjordane, Postboks 133, 6851 Sogndal, Mobile 97391570
2. Mulawisha Godwin, Høgskuleni Sogn Og Fjordane Og Fjordane, Postboks 133, 6851 Sogndal, Mobile 97391663
3. Birgit Weel Skram, Avdeling Sogndal, Campus Fosshangane, Trolladelen 26, 6856, Sogndal. Mobile 90891210

APPENDIX III

SEMI-STRUCTURED INTERVIEW SCHEDULE

Section A

1. How long have you worked in residential homecare/nursing home?
2. Do you work on part-time or full-time in this institution?
3. Do you have geriatric nursing qualification?
4. Would you like to study geriatric nursing? Why or why not?

Section B Nurse's experience of nurse-patient relationship

A Nurse-patient relationship is a one-to-one interactive process between client and nurse that is directed at improving the client's health status or assisting in problem solving

5. What is your understanding of a nurse- patient relationship?
6. What are the features of a nurse- patient relationship?
7. From your experience, how do you start a nurse- patient?
8. How do you maintain this nurse-patient relationship with the elderly?

Section C Maintaining and creating nurse-patient relationship

In your work, you care for patient with different health problems and even without problems each person is different.

9. How do you use this information to decide the method is the best to make a nurse-patient relationship? Give us examples on how you have managed to achieve nurse – patient relationship?
10. How can you become skilled in the method of creating a nurse- patient relationship?
11. What have you learnt from your experiences about nurse- patient relationships?
12. How has creating these relationships helped you do your work better?
13. What are the challenges you face in forging nurse- patient relationship?

APPENDIX IV

10th April, 2015.

Høgskuleni i Sogn og Fjordane

6856 Sogndal

Norway

The Dean of students

Sogn og Fjordane University College

6856 Sogndal

Norway

Dear Sir/Madam,

RE: PERMISSION TO CARRY OUT A RESEARCH STUDY

We are nurses from Zambia on exchange programme studying Global Knowledge at Høgskuleni i Sogn og Fjordane University college. In partial fulfilment of the Global Knowledge program, we required to conduct a research study. The title of the study is; “Interpersonal relationships while caring for the elderly: A nurse’s perspective”

We wish to conduct the study between 10th April and 30th April, 2015.

We therefore requesting for permission to conduct the study among nurses at your institution.

Your consideration will be highly appreciated.

Yours faithfully,

Mulawisha Godwin and Nyirenda Kasonde Justina

Global Knowledge students