

Therapeutic Relationship between Nurses and Patients in a Tertiary Level Hospital, Bangladesh

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ABSTRACT

Background: Therapeutic relationship (TR) between nurses and patients is accepted as the cornerstone of caring. It is an interpersonal engagement aims to help patients to enhance their wellbeing through establishing a mutual trust relationship.

Objective: To explore the therapeutic relationship between nurses and patients at tertiary level hospital in Bangladesh.

Methods: Descriptive study was conducted among nurses and patients of Khulna Medical College Hospital. Sample was selected using convenient sampling technique and the sample size was 112 (56 nurses & 56 patients). Data were collected using structured questionnaire from the study participants. Questionnaire consists of two parts: Part I (For nurses), Part II (For patients). The descriptive statistics was used to organize the present socio-demographic characteristics of both nurses and patients. Inferential statistics including t-test, one way ANOVA was used to explore the relationship between nurses and patients socio-demographic characteristics and their perceived therapeutic relationship.

Results: The total TR perceived by nurses was 44.52(SD=2.86) whereas patients was 16.55(SD=7.34) and there was significant difference ($p=.00$) between nurses and patients perceived TR. The results showed that there was a statistically significant difference in nurses perceived TR by their age category ($t=2.46$, $p=.01$) and there was a significant different in patients perceived TR and their living area ($t=5.61$, $p=.00$).

Conclusion: The study showed the therapeutic relationship perceived by nurses was high while the therapeutic relationship perceived by patients was low to moderate level.

KEYWORDS: Therapeutic relationship, Nurse, Patient, Tertiary Level Hospital.

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INTRODUCTION

Nursing is widely recognized as a noble profession that combines with the medical proficiency and sense of human consideration. For its nobility, therapeutic relationship (TR) between nurses and patients is accepted as the cornerstone of caring (Zugai, Stein-Parbury, & Roche, 2015). Therapeutic relationship refers to developing a meaningful relationship between the nurse and patient, in which a therapeutic alliance is established (Moreno-Poyato et al., 2017). It is an interpersonal engagement aims to help patients to enhance

their wellbeing through establishing a mutual trust relationship (Roviralta-Vilella et al., 2019).

The key characteristics of therapeutic interpersonal relationships are therapeutic listening, responding to patient emotions and unmet needs, and patient centeredness (Kornhaber, Walsh, Duff, & Walker, 2016). Nurses listening to concerns, taking problems seriously and acknowledging patient's skills that are pivotal in making patient feel like a person and not just a patient (Turpin, McWasiam, & Ward-Griffin, 2012). The importance of therapeutic relationship are

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self-awareness, reflection and professionalism, including how nurses use themselves as an instrument of care provision for a patient from their journey of sickness to recovery (Wright, 2021). However, the nurses need personal manner, technical skill, information giving, communication and presence when the patients were anxiety, pain, long waits (Ware, 2017). The metaphor of TR are entering the patient's world, trusting and telling, identifying different needs and uncovering change, patients becoming masters of their own health, patients experiencing health in illness, and nurses going the distance. These core themes were synthesized into a metaphor of the nurse-patient relationship (Strandås&Bondas, 2018).

The dramatic changes in health care economics, organizational culture and patient needs claimed that the nurse patient relationship is still perceived as central to patient well-being, health and recovery (Duffy & Hoskins, 2003). A good nurse-patient relationship may enhance the patient's health, not only with regard to illness, physical condition and treatment but also physical, emotional, mental and social well-being and this relationship also has the potential to strengthen the patient's own resources towards maintaining health (Strandås&Bondas, 2018). A good nurse-patient relationship reduces the days of hospital stay and cost of health care and improves the quality of care and satisfaction of both nurses and patients (Molina-Mula & Gallo-Estrada, 2020). Thus, it is clear that patients and nurses both are benefited personally and economically from improving nurse patient therapeutic relationship (McAllister, Robert, Tsianakas, & McCrae, 2019).

It is necessary to a person to make them the feeling of safety particularly when they are helpless, dependent, and fearful due to sickness (Hreńczuk, 2021). Moreover, when a patient usually has experience of pain, fear, stress, anxiety and may be afraid of the unknown and be worried about the impact of illness; establishing a relationship with nurses might reduce their fears and anxiety (Baillie, 2005). However, the TR does not always seem to be a priority in health care system and patient often feel that they have few opportunities to establish a relationship with staff and perceive a tense and insecure atmosphere in hospital that ultimately affect the health care outcome and quality of care (Moreno-Poyato et al., 2016).

The quality of healthcare services in Bangladesh has resulted in a loss of faith in healthcare providers, low utilization of public health facilities, and increased outflows of patients from Bangladesh to hospitals abroad due to patients' negative attitudes and dissatisfaction with healthcare service providers and healthcare systems (Mohiuddin, 2020). Though the quality of care largely associated with patient satisfaction where one of the most important domains of patient satisfaction is interpersonal relations between nurse and patient (Johansson, Oleni, & Fridlund, 2002). There is no study found on nurse patient therapeutic relationship. Only one study found on doctor – patient relationship in Bangladesh and the finding was that the doctor patient

relationship was poor from the public and patient's viewpoints (Hamid, Begum, Azim, & Islam, 2021).

Despite several importance in therapeutic relationship between nurse and patient, the area also receives little attention in Bangladesh. Even, several studies have been conducted on various issues in nursing; such as barrier to effective communication, patient satisfaction, quality of care but none of the study has been conducted on therapeutic relationship between nurses and patients. These results are one tool that can help the policymakers and hospital administrators may take special attention to establish cultures that visibly value and support nurse-patient relationships and healthcare delivery that reflect all dimensions of the patient's health. Therefore, researcher would like to conduct study on therapeutic relationship between nurse and patient in Bangladesh.

MATERIALS AND METHODS

Study Design: A descriptive study design was employed to explore the therapeutic relationship between nurses and patients in tertiary level hospital of Bangladesh.

Study period: The study period was from July 2021 to June 2022.

Study Population: The study population was the registered nurses and admitted patients those who are at tertiary level hospital, namely Khulna Medical College Hospital (KMCH) in Bangladesh that was conveniently selected.

Instruments: The instrument for data collection consists of two parts: Part I (For Nurses), Part II (For Patients). Part I (For Nurses): It has two parts Part I.A: Nurses Socio-demographic Characteristics Questionnaire comprising with 6 items age, gender, religion, marital status, education in nursing and job experience. Part I.B: STAR –C (Nurse Version) is the part of “A new scale to assess the therapeutic relationship in community mental health care” (STAR) developed by McGuire-Snieckus, McCABE, Catty, Hansson, & Priebe in 2007. This questionnaire has two-part STAR-C and STAR-P. STAR-C was used to assess therapeutic relationship from nurses' perspective that consist of 12 items, including three subscales: positive collaboration (6-items), emotional difficulties (3-items) and positive clinician input (3-items). It is a 5-point Likert scale response ranging from 0 to 4; Never =0, Rarely =1, Sometimes =2, Often =3 and Always =4. Before scoring, scores of the Emotional Difficulties subscale are reversed.

Part II (For Patients): It also has two parts Part II.A: Patients socio-demographic characteristics questionnaire comprising with 7 items age, gender, religion, level of education, duration of hospital stays, occupation and living area. Part II.B: STAR –P (Patient Version). Therapeutic relationship from patients' perspective assesses by STAR-P that also consist of 12 items, including three subscales: positive collaboration (6-items), positive nurses' input (3-items) and non-supportive nurses' input (3-items). It is also a 5-point Likert scale response

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ranging from 0 to 4; Never =0, Rarely =1, Sometimes =2, Often =3 and Always =4. Before scoring, scores of the Non-Supportive Nurses input subscale are reversed.

Data Collection Methods: Data was collected using structured questionnaire. Researcher was collected data using self-administered questionnaire from nurse participants and from patient participants by face-to-face interview.

Data Analysis: Collected data were analyzed by a specially designed computerized “Statistical Package for the Social Science” (SPSS). Both descriptive and inferential statistics was used for data analysis.

Ethical implication: Anonymity and confidentiality of the respondents were strictly maintained. The participation of the respondents in this study was completely voluntarily and they can withdraw at any time they wish. Researcher was granted that this was not harm to respondents, treatment process and to that hospital. All data provided by the participants will be kept under researcher locked cabinet for three years. After publication of this study in a scientific journal, the data will be destroyed.

RESULTS

Table 1: Distribution of Nurses Socio-Demographic Characteristics (N=56)

Variables	Category	n (%)	M ± SD
Age (Min-Max=26 years-56 years)	<30 years	17(30.4)	34.71 ± 7.37
	≥30 years	39(69.4)	
Gender	Male	2(3.6)	
	Female	54(96.4)	
Religion	Muslim	11(19.6)	
	Hindu	43(76.8)	
	Christian	2(3.6)	
Marital status	Married	51(91.1)	
	Unmarried	5(8.9)	
Education in nursing	Diploma	52(92.9)	
	BSc in nursing/ public health	2(3.6)	
	MSN/MPH	2(3.6)	
Job experience	1-5 years	26(46.4)	
	6-10 years	25(44.6)	
	>10 years	5(8.9)	

In the present study the nurse’s average age was 34.71 (± 7.37). Around 96.4% of nurses were female and most of them were married (91.1%). Most of nurses (76.8%) were Hindu.

Among the nurse’s majority of them (92.9%) were Diploma nurses. Around half of the nurses (46.4%) had 1 year to 5 years job experience.

Table 2: Distribution of Patients Socio-Demographic Characteristics (N=56)

Variables	Category	n (%)	M ± SD
Age (Min-Max=18 years-75 years)	17-30 years	5(8.9)	48.88 ± 14.52
	31-45 years	18(32.1)	
	>45 years	33(58.9)	
Gender	Male	22(39.3)	
	Female	34(60.7)	
Religion	Muslim	46(82.1)	
	Hindu	10(17.9)	
Educational level	Illiterate	2(3.6)	
	<SSC	42(75.0)	
	SSC	6(10.7)	

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Variables	Category	n (%)	M ± SD
Duration of hospital stay	HSC	3(5.4)	
	Graduation	2(3.6)	
	Post-graduation	1(1.8)	
	5-9 days	39(69.6)	
	10-14 days	6(10.7)	
Occupation	15-19 days	2(3.6)	
	>19 days	9(16.1)	
	Service	3(5.4)	
	Business	3(5.4)	
	Agriculture	7(12.5)	
Living area	House hold work	32(57.1)	
	Others	11(19.6)	
	Urban	14(25.0)	
	Rural	42(75.0)	

The results demonstrated that, the patient's average age was 48.88 (\pm 14.53). Most of them were (60.7%) female. The Muslims (82.1%) were the higher in number compared to others. Most of the patients were (75.0%) < S.S.C. Majority

of them the duration of hospital stay was 5-9 days (69.6%). Above half of the patient's occupation were house hold work (57.1%). Most of the patients (75.0%) were lived in rural

Table 3: Therapeutic Relationship Perceived by Nurses and Patients on Overall and Its Dimensions and Level of Therapeutic Relationship (TR) (N=112)

Variables	TR perceived by nurses M±SD	TR perceived by patients M±SD	t(p)
Total TR	44.52±2.86	16.55±7.34	26.15(.00)
Positive Collaboration	22.89±1.8	7.41±4.11	
Positive Nurses input	11.45±.91	1.89±1.86	
Emotional Difficulties	10.18±1.3	–	
Non-Supportive Nurses Input	–	7.25±2.02	
Level of TR for nurses and patients	Nurses n (%)	Min-Max	Patients n (%)
High (>66%)	56(100)	36-48	2(3.6)
Moderate (33%-66%)	0		29(51.8)
Low (<33%)	0		25(44.6)

Result showed that there was significant different ($p=.00$) between the TR perceived by nurses and patients, where the overall mean score of the nurses was 44.52(SD=2.86) and patients was 16.55(SD=7.34). By subscale, perceived Positive Collaboration by nurses 22.89(SD=1.8) was higher than the patients 7.41(SD=4.11). In Positive Nurses Input perceived by nurses was 11.45(SD=.91) that was also higher

than perceived by patients 1.89(SD=1.86). Emotional Difficulties perceived by nurses was 10.18(SD=1.3) and Non-Supportive Nurses Input perceived by patients was 7.25(SD=2.02). Therapeutic relationship perceived by nurses was in higher level while therapeutic relationship perceived by patients was low to moderate level.

Table 4: Relationship between Nurses Socio-Demographic Characteristics and Their Perceived Therapeutic Relationship (N=56)

Variables	Category	M±SD	t/F(p-value)
Age	<30 Years	45.65±1.76	2.46(.01)
	≥30 Years	44.03±3.11	
Gender	Male	44.00±1.41	-.24(.82)
	Female	44.48±2.86	
Religion	Muslim	45.27±2.49	1.06(.29)
	Others	44.27±2.88	
Marital status	Married	44.41±2.92	-2.06(.05)
	Unmarried	45.60±.89	

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Variables	Category	M±SD	t/F(p-value)
Education in nursing	Diploma	44.58±2.65	1.08(.28)
	Higher than diploma	43.00±4.76	
Job experience	<5 years	44.54±2.35	.75(.48)
	6 years to 10 years	44.12±3.36	
	>10 years	45.80±1.92	

The findings of the present study indicated that the nurses perceived therapeutic relationship was significantly different by their age category, results found that the age group <30 years had higher perceived therapeutic relationship compared

to ≥30 Years. A marginally significant difference was found between perceived therapeutic relationship and nurses marital status.

Table 5: Relationship between Patients Socio-Demographic Characteristics and Their Perceived Therapeutic Relationship (N=56)

Variables	Category	M±SD	t/F(p-value)
Age	17-30 years	17.20±1.64	.29(.75)
	31-45 years	15.44±8.15	
	>45 years	17.06±7.49	
Gender	Male	17.09±6.13	.44(.66)
	Female	16.21±8.10	
Religion	Muslim	15.87±7.49	-1.51(.14)
	Others	19.70±5.96	
Level of education	< SSC	16.59±7.05	.07(.94)
	SSC & above	16.42±8.67	
Duration of hospital stay	5 - 9 days	17.21±7.53	.50(.61)
	10 - 14 days	14.83±7.19	
	>14 days	15.18±7.07	
Occupation	Service	19.00±5.19	.64(.59)
	Business & Agriculture	18.90±6.05	
	House hold work	16.13±8.34	
	Others	15.00±5.66	
Living area	Urban	10.50±3.41	-5.61(.00)
	Rural	18.57±7.21	

There was a statistically significant difference on patients perceived therapeutic relationship based on their living area ($t = -5.61, p = .00$). Data showed that rural patients were higher mean score 18.57 ± 7.21 than the urban patients 10.50 ± 3.41 . There was no statistical significant difference on therapeutic relationship of patients on their age, gender, religion, level of education, duration of hospital stay and occupation ($p > 0.05$).

DISCUSSION

In this study, therapeutic relationship of nurses and patients were measured in overall and its three subscales. Present study results revealed that there was significant difference ($p = .00$) between TR perceived by nurses and patients. While the overall TR perceived by nurses was reported as high level but the TR perceived by patients was low to moderate level. The result of this study is inconsistent with the previous study conducted in another country (Geirdal, Nerdrum, Aasgaard, Misund, & Bonsaksen, 2015). But the result is consistent with the earlier study in Bangladesh that conducted on doctor-patient relationship and the findings was that the relationship was high from the doctor's point of view but low from the patient's point of view (Hamid et al., 2021). In this study the patients expressed negative perception towards the nurses. This research reveals that trusting and honest

relationship, communication, understanding patient's goals and expectation, listening patients opinion, negative perception towards the nurses are the most crucial for nurse-patients therapeutic relationship that the patients rated low level. One the other hand nurses did not give any negative answer on their self-performance.

In response to TR subscale positive collaboration perceived by nurses was higher than the patients. This overall result is supported by the item response under this subscale that the nurses perceived rapport, honest relationship, trusting relationship, openness, sharing similar expectation, and working for patients wellbeing were higher than perceived by patients. In Positive Nurses Input the nurses perceived that they listen to patients, supportive to patient, taking patient's perspective that the patients perceived negatively. The nurses did not feel that the patient reject them and they had no difficulties to empathize patients problems that means nurses had no emotional difficulties. Patients perceived that the nurses did not withhold the truth from them but sometimes, they stern and impatient with them that indicate non supportive nurses input. The results were dissimilar with the other study that conducted outside our country (Höfer, Habermeyer, Mokros, Lau, & Gairing, 2015; Geirdal et al., 2015). Although the findings of this study are not directly

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comparable to other study due to the limitation of evidence with similar settings but found consistency with same types of study in similar setting (Hamid et al., 2021).

CONCLUSION

It is suggested that, nurses may actively participate in facilitating therapeutic relationship to patients who are ill and admitted in the hospital. Its correctness has a positive effect on all spheres of the bio-psycho-social condition of patients, stimulating them to cooperate in the fight against the disease and in therapy. Providing support and establishing relationship may alleviate their stress and help to increase their satisfaction regarding nursing care as well as health care. The study will contribute to explore the baseline information about the existing nurse patient therapeutic relationship at public hospitals. The findings of the study have an implication for nursing practice, nursing education, nursing administration and nursing research as the basic and foundational data. Therefore, the study implies that intelligent strategies should be formulated by authority to improve nurse patient therapeutic relationship through improving the work environment, increasing the opportunity of in-service training and education.

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CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

REFERENCES

- I. Baillie, L. (2005). An exploration of nurse-patient relationships in accident and emergency. *Accident and Emergency Nursing*, 13(1), 9-14.
- II. Duffy, J. R., & Hoskins, L. M. (2003). The quality-caring model©: Blending dual paradigms. *Advances in nursing science*, 26(1), 77-88.
- III. Geirdal, A. Ø., Nerdrum, P., Aasgaard, T., Misund, A., & Bonsaksen, T. (2015). The Norwegian version of the Scale To Assess the therapeutic Relationship (N-STAR) in community mental health care: Development and pilot study. *International journal of Therapy and Rehabilitation*, 22(5), 217-224.
- IV. Hamid, S. A., Begum, A., Azim, M. R., & Islam, M. S. (2021). Doctor-patient relationship: Evidence from Bangladesh. *Health Science Reports*, 4(4), e394.
- V. Höfer, F. X., Habermeyer, E., Mokros, A., Lau, S., & Gairing, S. K. (2015). The impact of legal coercion on the therapeutic relationship in adult schizophrenia patients. *PLoS One*, 10(4), e0124043.
- VI. Hreńczuk, M. (2021, May). Therapeutic relationship nurse-patient in hemodialysis therapy. In *Nursing Forum*.
- VII. Johansson, P., Oleni, M., & Fridlund, B. (2002). Patient satisfaction with nursing care in the context of health care: a literature study. *Scandinavian journal of caring sciences*, 16(4), 337-344.
- VIII. Kornhaber, R., Walsh, K., Duff, J., & Walker, K. (2016). Enhancing adult therapeutic interpersonal relationships in the acute health care setting: an integrative review. *Journal of multidisciplinary healthcare*, 9, 537.
- IX. McAllister, S., Robert, G., Tsianakas, V., & McCrae, N. (2019). Conceptualising nurse-patient therapeutic engagement on acute mental health wards: An integrative review. *International Journal of Nursing Studies*, 93, 106-118.
- X. McGuire-Snieckus, R., McCABE, R. O. S. E. M. A. R. I. E., Catty, J., Hansson, L., & Priebe, S. (2007). A new scale to assess the therapeutic relationship in community mental health care: STAR. *Psychological medicine*, 37(1), 85-95.
- XI. Mohiuddin, A. K. (2020). An extensive review of patient satisfaction with healthcare services in Bangladesh. *Patient Experience Journal*, 7(2), 59-71.
- XII. Molina-Mula, J., & Gallo-Estrada, J. (2020). Impact of nurse-patient relationship on quality of care and patient autonomy in decision-making. *International journal of environmental research and public health*, 17(3), 835.
- XIII. Moreno-Poyato, A. R., Delgado-Hito, P., Suárez-Pérez, R., Leyva-Moral, J. M., Aceña-Domínguez, R., Carreras-Salvador, R., ...& Montesó-Curto, P. (2017). Implementation of evidence on the nurse-patient relationship in psychiatric wards through a mixed method design: study protocol. *BMC nursing*, 16(1), 1-7.
- XIV. Moreno-Poyato, A. R., Montesó-Curto, P., Delgado-Hito, P., Suárez-Pérez, R., Aceña-Domínguez, R., Carreras-Salvador, R., ...& Roldán-Merino, J. F. (2016). The therapeutic relationship in inpatient psychiatric care: A narrative review of the perspective of nurses and patients. *Archives of Psychiatric Nursing*, 30(6), 782-787.
- XV. Roviralta-Vilella, M., Moreno-Poyato, A. R., Rodríguez-Nogueira, Ó., Duran-Jordà, X., Roldán-Merino, J. F., & MiRTCIME. CAT Working Group.

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- (2019). Relationship between the nursing practice environment and the therapeutic
- XVI. Strandås, M., & Bondas, T. (2018). The nurse–patient relationship as a story of health enhancement in community care: A meta-ethnography. *Journal of advanced nursing*, 74(1), 11-22.
- XVII. Turpin, L. J., McWasiam, C. L., & Ward-Griffin, C. (2012). The meaning of a positive client-nurse relationship for senior home care clients with chronic disease. *Canadian Journal on Aging/La Revue canadienne du vieillissement*, 31(4), 457-469.
- XVIII. Ware, D. (2017). The therapeutic relationship between nurse and patient in the endoscopy setting: a literature review. *Gastrointestinal Nursing*, 15(10), 34-44.
- XIX. Wright, K. M. (2021). The therapeutic relationship in nursing theory and practice. *Mental Health Practice*.
- XX. Zugai, J. S., Stein-Parbury, J., & Roche, M. (2015). Therapeutic alliance in mental health nursing: An evolutionary concept analysis. *Issues in Mental Health Nursing*, 36(4), 249-257.