

Background

A positive interpersonal care relationship (IPCR) has a beneficial impact on patient safety and care satisfaction [1]. Consequently, to achieve high quality care in practice, it is essential to gain insight into the IPCR and how it can be optimised. The lack of an unambiguous definition of the IPCR, the lack of an adequate measurement tool and the complexity of the IPCR concept are challenging to assess the quality of the IPCR.

Aim(s)

Gaining insight into the IPCR between older patients and nurses on non-geriatric hospital wards by:

- Identifying current knowledge about the elements of the IPCR from the perspective of the older patient.
- Developing and psychometric testing of the Interpersonal Geriatric care relationship (InteGer) tool to gain insight into the elements of the IPCR that hospitalized older patients experience as (not) disturbing.
- Exploring older patients' experiences regarding their contact with nurses during their hospitalization.

Methods

A multi-methods study was conducted, including a systematic mixed methods review, instrument development and validation, survey research and grounded theory research.

Results

The systematic mixed methods review revealed that older patients consider dignity and respect as core values of the IPCR. Five core elements were identified by the older patients to meet these values.

The development and validation process of the InteGer consisted of four phases and the final tool included 30 items divided into four components and had good psychometric characteristics.

The results of the cross-sectional study were divided into four categories. 10 items scored in the category "no action needed", nine items in the category "remain attentive for patient experiences", 10 items in the category "further analyses or monitoring needed" and one item in the category "urgent action needed".

The analyses of the 17 qualitative interviews with older patients revealed that within the brief, functional contacts with the nurses, they find that their fundamental care needs are not always met. Because they do not want to be a burden to the nurse, they adapt as much as possible. They search solutions themselves by calling in their loved ones, by placing themselves in a subordinate position or by lowering their expectations to a minimum.

Discussion

Based on the results of this research, one core value (respect for patients' dignity), one core need (fundamental care needs), and three core elements (patients' adaptability, perceived nurses' attitude and perceived workload in the care context) can be identified in the process of the IPCR. During the InteGer studies, additional insights were gained regarding the use of negatively formulated items and the strengths and weaknesses of the IPCR.

Implications and future perspectives

To optimize the IPCR, attuning appears to be necessary. This can be achieved by focusing on an attuning attitude of the nurse, anticipating the adaptability of the patient and optimizing the organization of care.

Further research can focus on the nurse's perspective within the IPCR, the care context in which they work and on exploring how the InteGer tool can be used within a quality policy, e.g. to monitor patient safety risks or as a tool to improve patient-centered care.

References

1. Jangland, E., Gunningberg, L., & Carlsson, M. (2009). Patients' and relatives' complaints about encounters and communication in health care: evidence for quality improvement. *Patient education and counseling*, 75(2), 199–204. <https://doi.org/10.1016/j.pec.2008.10.007>