INTEGRATIVE REVIEW ARTICLE

ADULT NURSING-PATIENT RELATIONSHIP: INTEGRATIVE REVIEW ORIENTED BY THE KING INTERPERSONAL SYSTEM

RELAÇÃO ENFERMEIRO-PACIENTE ADULTO: REVISÃO INTEGRATIVA ORIENTADA PELO SISTEMA INTERPESSOAL DE KING

RELACIÓN ENFERMERO-PACIENTE: ADULTO REVISIÓN INTEGRATIVA ORIENTADA POR EL SISTEMA INTERPERSONAL DE *KING*

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ABSTRACT

Objective: to analyze the evidence about the relational behavior between the nurse and the adult patient, positioning them epistemologically in the Interpersonal System of the Open Systems Conceptual Model. ***Method:*** integrative review to answer the question: what are the behavioral elements present in the adult nurse-patient interpersonal relationship and how are they structured epistemologically? We searched the LILACS, PubMed / MEDLINE, IBECS, Science Direct, BDENF and SCIELO libraries by February 2015. Sixteen studies were selected. The analysis was guided by the Imogene King Interpersonal System. ***Results:*** the interpersonal relationship is effected by care with affection in the interaction and transaction. The communication, permeated by subjectivity and intertwined with ethics and morals, strengthens the bonds and defines the roles of the interlocutors. Stress moments occur when there is imbalance in interaction, transaction, communication or a role. ***Conclusion:*** the review showed the elements of the interpersonal relationship that links each concept of King's interpersonal system. ***Descriptors***: Nurse-Patient Relations; Nursing Theory; Review.

RESUMO

Objetivo: analisar as evidências sobre o comportamento relacional entre o enfermeiro e o paciente adulto, posicionando-as epistemologicamente no Sistema Interpessoal do Modelo Conceitual de Sistemas Abertos. ***Método***: revisão Integrativa para responder a questão: quais os elementos comportamentais presentes na relação interpessoal enfermeiro-paciente adulto e como eles se estruturam epistemologicamente? Foram realizadas buscas na LILACS, PubMed/MEDLINE, IBECS, *Science Direct*, BDENF e biblioteca SCIELO até fevereiro de 2015. Foram selecionados 16 estudos. A análise foi orientada pelo Sistema Interpessoal de Imogene King. ***Resultados***: a relação interpessoal é efetivada pelo cuidado com afeto na interação e transação. A comunicação permeada por subjetividade e entrelaçada com a ética e a moral fortalece os laços e define os papéis dos interlocutores. Os momentos de estresse ocorrem quando há desequilíbrio na interação, transação, comunicação ou papel. ***Conclusão***: a revisão mostrou os elementos da relação interpessoal que vincula cada conceito do sistema interpessoal de King. ***Descritores***: Relações Enfermeiro-Paciente; Teoria de Enfermagem; Revisão.

RESUMEN

Objetivo: analizar las evidencias sobre el comportamiento relacional entre el enfermero y el paciente adulto, posicionándolos de modo epistémico en Sistema Interpersonal del Modelo Conceptual de Sistemas Abiertos. ***Método:*** revisión integrativa para responder a la pregunta: ¿Cuáles son los elementos comportamentales presentes en las relaciones interpersonales enfermero-paciente adultos y cómo se estructuran de modo epistémico? Se realizaron búsquedas en PubMed/MEDLINE, LILACS, IBECS, Science Direct, BDENF y biblioteca SCIELO hasta febrero de 2015. Se seleccionaron 16 estudios. El análisis estuvo guiado por el Sistema Interpersonal de Imogene King. ***Resultados:*** la relación interpersonal se efectúa por el cuidado con afecto en la interacción y transacción. La comunicación, permeada por la subjetividad y entrelazada con la ética y la moral, fortalece los lazos y define los roles de los interlocutores. Los tiempos de estrés ocurren cuando hay desequilibrio en la interacción, transacción, comunicación o papel. ***Conclusión:*** la revisión mostró los elementos de relación interpersonal que vincula cada concepto del sistema interpersonal de king. ***Descriptores***: Relaciones Enfermero-Paciente; Teoría de Enfermería; Revisión.

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INTRODUCTION

The context of the interpersonal relationship, of the encounter and dialogue, is fundamental for the attribution of meanings of the demands of care required by the patients and is of special relevance in the clinical contexts, being one of the places where the processes of Nursing care occur.

Facing the interpersonal relationship as a locus of Nursing care is one way of positioning the nurse-patient interaction as the central nucleus of Nursing care.[1] This displacement demands, from nurses, a philosophical epistemic posture that uses face-to-face dialogue as the space that allows the manifestation in action of Nursing care.

Some Nursing theories contemplate the interactive process as the central nucleus of care.[2] The theorist Imogene King developed two epistemological undertakings: the Conceptual Model of Open Systems Interacting and the Theory of the Scope of Goals. In them, Nursing is defined as perception, thought, relationship, judgment and action side by side with the behavior of individuals who come to a Nursing situation. Their concepts situate man as an individual in interaction with other individuals within a variety of environments in which he is influenced by perceptions, roles, past experiences, and concrete situations.[3]

In the Conceptual Model of Interacting Open Systems, three interactive systems are determined: personal, interpersonal and social. The interaction of the nurse and patient within these open systems is the object of theorization and is based on the assumption that the world is composed of human beings and objects that interact in the environment.[3] Thus, the interpersonal system is complex, containing many concepts and assumptions that need to be better understood. The interpersonal relationship in Nursing care, as the epistemological structure of this science, requires elucidation of operational elements for Nursing care.

The accomplishment of this study is justified by the attempt to subsidize updated theoretical support, from an integrative review anchored in a theoretical model of Nursing to promote the reflection and understanding of the adult nurse-patient interpersonal relationship. In addition, the study[4] demonstrated that the use of the interpersonal system in research is not simple and that its distinction with the social system is not clear, requiring operational elements for professional practice. Thus, the objective is:

- To analyze the evidence on the relational behavior between the nurse and the adult patient, positioning them epistemologically in the Interpersonal System of the Open Systems Conceptual Model.

MÉTHOD

Integrative Review[5] carried out based on the following question: what are the behavioral elements present in the adult nurse-patient interpersonal relationship? The following steps were carefully followed: selection of guiding question; definition of the characteristics of the primary surveys of the sample; selection, in pairs, of the surveys that composed the review sample; analysis of the findings of the articles included in the review; interpretation of the results and report of the review, providing a critical examination of the findings.[5]

The searches were performed in the databases LILACS, MEDLINE via PubMed, IBECS, Science Direct, BDENF and the SCIELO electronic library. We did not delimit the period of publication time of the researches, studies that were mobilized were published until February of 2015. The descriptors were used with the following search equation: *Nursing AND professional-patient relations OR interpersonal relation AND Nursing care, according to MeSH terminology, in all the chosen databases*.

Inclusion criteria comprises: studies that address the interpersonal relationship in Nursing care; of free access; available in full; in Portuguese, English or Spanish. Articles of review, reflection, guidelines, research protocols and quantitative studies were excluded.

For the description of the searches, the PRISMA document (Preferred Reporting Items for Systematic Review and Meta-Analyzes) was used to explain how the search and selection of studies were carried out, according to the flowchart (Figure 1).

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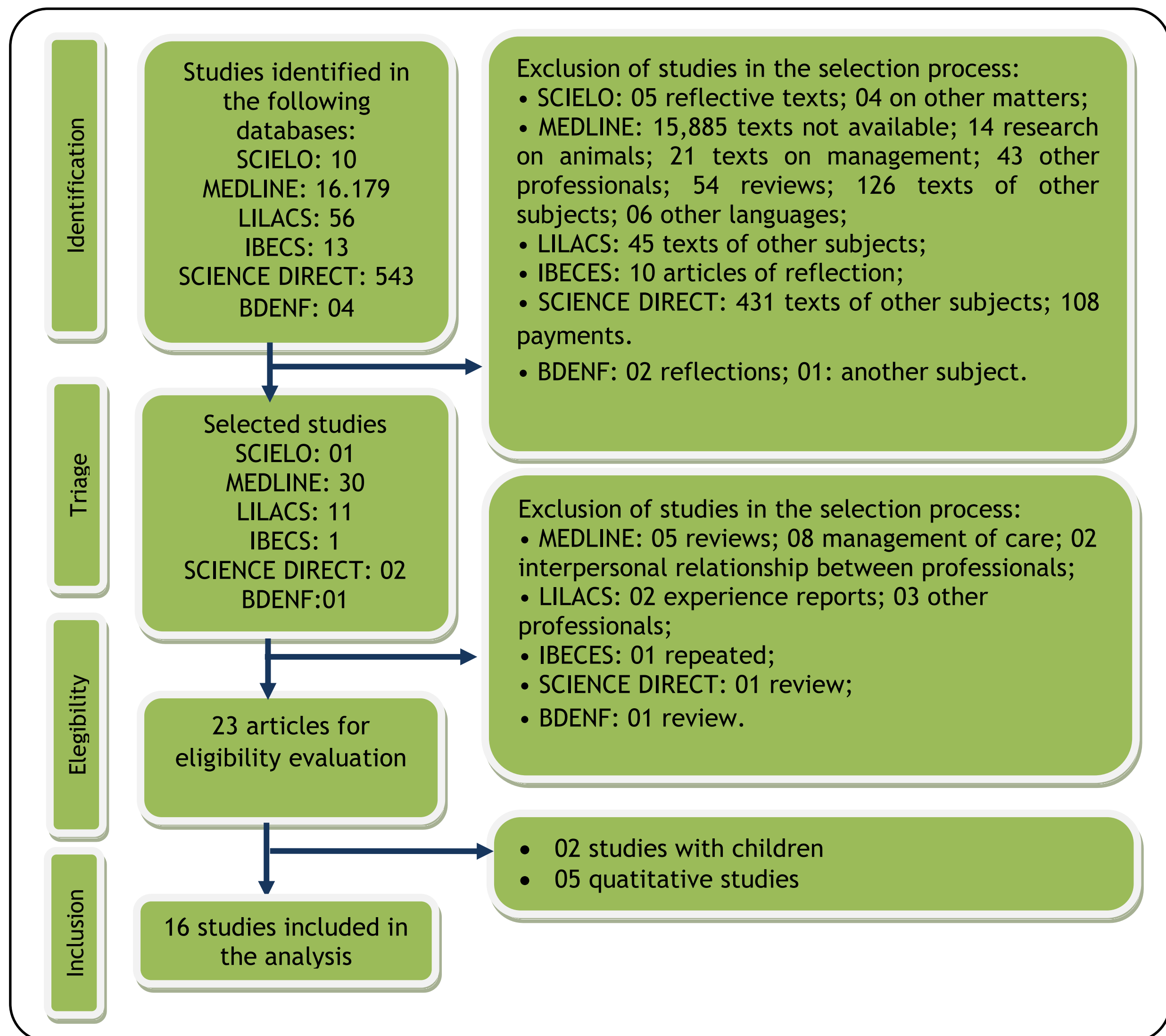

Figure 1. Study selection flowchart. Fortaleza (CE), Brazil, 2015.

After completing the article searches, the research question was analyzed in a critical and detailed manner, comparing it with the theoretical knowledge, identifying the conclusions and implications of the variables related to the behavior of nurses and adult patients.[5]

In the studies that met the inclusion criteria, a quality evaluation procedure was performed through the application of the Critical Appraisal Skills Program (CASP),[6] a qualitative evaluation tool that focuses on the rigor, credibility and relevance of the research. It consists of ten questions and each is worth one point. The higher the acquisition of points, the better the quality of the study.

For data collection, a table was used for the variables collected from the selected articles: reference, country, type of study, sample, place of data collection, evidence of good and bad relational behavior.

Display data matrices were developed to show the data encoded by the critical analysis performed. In order to deepen the analysis, the Interpersonal System of the Open System's Conceptual Model[3] was used as a framework to structure the evidences found. After the identification of the evidence, a process of theoretical abstraction was carried out, from which the evidences were positioned within the concepts of the Interpersonal System, allowing a better understanding of the elements that delineate the interpersonal relationship in Nursing care.

The Interpersonal System is composed of five concepts: interaction, communication, transaction, role and stress. These concepts were used as an axiom in the organization of the evidences found. Thus, their definitions were analyzed to carry out the positioning of the evidence adequately in each concept, paying attention to the results of the review and improving the understanding of the interpersonal relationship.

The choice of this modality of analysis was encouraged by established authors[5] of the Integrative Review that proposes that the researcher seek to adapt the best way of critical analysis of the collected data, looking for the theoretical deepening of the integration process of the results, including the use of Nursing theories .[5,7] Furthermore, the analysis used was inspired by a doctoral study[7] that used a theory to interpret the results of the studies included in the integrative review.

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RESULTS

About the studies, figure 2 shows its characteristics.

Country	CASP	Qualitative method	Participants	Location
Brazil[8]	06	Descriptive	08 Post-ICU admission adults	University Hospital
Brazil[9]	07	Descriptive	29 hospitalized adults	03 hospitals
Brazil[10]	06	Descriptive	17 nurses	FHS
Brazil[11]	06	Dialético	07 nurses, 04 relatives e 01 patient	University Hospital ICU
Brazil[12]	09	Hermeneutic Phenomenology	22 ICU Patients	Hospital
Brazil[13]	08	Grounded Theory	8 nurses	Hospital
Brazil[14]	09	Descriptive	25 nurses	Hospital
Brazil[15]	08	Descriptive	22 nurses	Hospital ICU
Brazil[16]	06	Descriptive	117 people	02 hospitals
Brazil[17]	07	Descriptive	25 Nursing professionals	Hospital
Denmark[18]	10	Hermeneutic Phenomenology	21 women	SC university hospital
Brazil[19]	08	Analitical, pragmatic, linguistic	03 nurses, 06 patients	FHS
Brazil[20]	06	Case study	01 Patient with schizophrenia	FHS
Brazil[21]	07	Descriptive	09 nurses, 03 administrators,04 patients	08 FHS
Brazil[22]	07	Socia Representations	15 hospitalized adults	Hospital
Norway[23]	09	Hermeneutic	10 nurses	Palliative care center

CASP - Critical Appraisal Skills Program; ICU- Intensive Care Unit; SC-Surgical Clinic; FHS - Family Health Strategy. Figure 2. Characterization of the scientific production on the interpersonal relation between nurse and adult patient. Fortaleza (CE), Brazil, 2015.

Based on figure 2, it was possible to observe that the great majority of the studies come from Brazil. As far as the methodological delineation is concerned, descriptive research is carried out, with in-depth analysis of hermeneutic phenomenology, grounded theory, social representations and pragmatics.

Regarding the evaluation of quality by the CASP criteria, seven studies met at least eight of the ten criteria. The lowest score was six, for five studies. The most commonly unpublished criteria were: adequate consideration of the researcher-participant relationship; appropriate recruitment strategy to the research objectives and sufficiently rigorous data analysis.

The elements that make up the interpersonal relationship in Nursing clinical care are presented in figure 3.

	Identifying elements	Stress generating elements
Interaction	Demonstration of affection and respect behavior[12, 22]	Rude and aggressive attitudes[9,23]
	Timely approach and distancing of interlocutors[6,20-1].	Lack of or decreased contact[11,22]
	Execution of care techniques / actions[11,15]	Greater concern with the equipment[12]; Negligence[15]
Communication	Comprehensible verbal language[12-3,21]	Incomprehensible verbal language[19]
	Willingness to listen[1-2]	Ignore or disregard what the other says [9-10]
	Non-verbal friendly language[14,16-7,22-3,]	Gestures with meaning of rejection or disapproval of the attitudes of the other[19]
Transaction	Subjectivity of the encounter between nurse and patient[11,18,22].	Attention without solicitude, promptness and without affectivity[9]
	Ethics and moral present in care[14-5,21]	Disrespect for the beliefs, culture and will of the other[23]
	Dignity of the person in their relationship with their family[23]	Distancing between nurses and patients' families[23]
	Confidence in the technique and clinical reasoning of the nurse[12,17]	Little technical expertise and fragile clinical reasoning of nurses[9,14,22]
Role	Presentation and identification of the interlocutors[8,22]	Interlocutors who do not allow mutual recognition[19,23]
	Technical provider of health care[6-9]	Technical unpreparedness for Nursing Care[8,16]
	Provider of humanized care[9,21]	Difficulty in establishing limits in the interpersonal relationship[10].

Figure 3. Elements that make up the interpersonal relationship in clinical Nursing care. Fortaleza (CE), Brazil, 2015.

The analytical exercise of abstraction and positioning of evidence in the Interpersonal System has emerged that the articulation between the concepts interaction, communication, transaction, role and stress occurs in a mutually integrated way, the first four being positioned for the encounter between nurse and patient linearly. Already, the stress is operationalized in an interdependent way, transversalizing the other concepts. Stress composes the exchange of energy for the effectiveness of others. When, in some of these elements, the balance is lost, one has the manifestation of stress.

DISCUSSION

Elements that make up the concept of interaction. Interaction is defined as behaviors observable in dyads, triads or groups, in mutual presence.[3] In this process, the evidence is focused on three axes: demonstration of affection and respect behavior; approach and distance of the interlocutors; and execution of care techniques/actions.

The behaviors of affection are demonstrated by the nurse, attentive to the care, providing the necessary time to perform them.[9] Greater socialization time promotes the nurse and patient bond, allowing for the expression of anxieties, sharing worries, fears, expectations, making the nurses find involvement with the suffering of the other.[16,20-1]

The approximation and distancing of the interlocutors are perceived by the patients as an arrangement or not for the care.[12] Small signs of approximation perceived by the patients have great potential for strengthening the bond. Nurses who play, smile, learn their patient's name and have physical contact with them are more pleasing.[12,22]

Execution of care techniques/actions also integrates the interaction. Competent Nursing care aims at meeting everyday needs such as oral hygiene, helping to get to the bathroom, assisting in meals, needs, safe and timely delivery of treatment, pain control and comfort measures such as change of position.[11,15]

Caring requires effective linkages with patients. The bond is effective with the establishment of relations of exchange and trust between the patient and the nurse, contributing to the co-responsibility of both in care.

Elements that make up the concept of communication. Communication is defined as the exchange of thoughts and opinions between individuals.[3] In this process, the evidence demonstrates axes that guide the communication process between nurse and patient: understandable verbal language,

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willingness to listen and friendly nonverbal language.

Dialogue between nurses and patients has to be constructed from an understandable verbal language, which carries reciprocity as its essence.[12] A nurses' speech must permeate the same language of the patient, in which the nurse responds to the calls and informs the procedures of Nursing.[13,15,21] Communication that fulfills the purpose of being comprehensible to the user, fulfills their expectations and clarifies doubts.

It is necessary for the nurse to demonstrate belief in the patient's speech.[17-18,22] In addition, talk about subjects not related to hospitalization, offer support, stay by their side, dedicate themselves till the end, encourage the patient, convey positive feelings, involving interventions, both of a technical and practical nature and of human character.[14]

The willingness to listen is another central element of communication. The first action to be developed with the patient includes the sensitive listening of their health needs, allied to the reception, aiming to realize integral attention to patients in their individual and family context..

The performance of qualified listening is essential to qualify the relational bond.[14,22] To this end, in the communicative process, time is needed for caring for the other, time for talking about life, beyond disease and treatment.[21]

Non-verbal language is also indispensable in bonding. The use of gestures as technical resources have different functions and meanings and can accompany, help, stimulate and maintain the interpersonal relationship. For patients, the nurse's way of walking and reaching the bed conveys safety and confidence and interferes with recovery.[16,19]

A symmetrical body language between the interlocutors is essential for understanding.17 Patient expressions, often, mean satisfaction and contentment for the nurse.[23] It is necessary to give importance to the awareness that kinesics must be properly decoded. The use of gestures and postures reveal feelings of caring, attention, safety, respect and trust.[14,16,19,22]

For the theorist[3], communication is the means by which learning happens and, to be effective, it has to happen in an atmosphere of mutual respect and one has to want to be understood. The analyses demonstrated that the interpersonal communication in Nursing care is complex and requires the nurse skills of coding and decoding the speech and gestures in order to better understand the transacted messages.

Elements that make up the concept of transaction. Transaction is defined as the process of interaction in which human beings communicate with the environment to reach estimated goals.[3] In terms of operationalization, the evidence points to four axes: the subjectivity of the encounter; ethics and morality present in care; the dignity of the person in their relationship with their family; and the nurse's technical skill and clinical reasoning.

The subjectivity of the encounter between nurse and patient is evidenced in the studies by the involvement of affectivity, solidarity, affection and love transposed from an empathic relationship that permeates the whole Nursing activity.[8,11-2,18,22] These elements give nuances of a reciprocal care that envisages the understanding of the needs of the human being, beyond the present health problem.

The construction of a bond takes place through commitments and co-responsibility, transmitting trust and credibility, seeking the best care.[14, 21,23] The interpersonal relationship, based on ethics and morality, permeates the transaction between nurse and patient in Nursing care . Respect for the person in its psychological, social and emotional components is a key element in the relationship that promotes trust and aligns itself to the responsibility of a care that preserves human dignity.

Respect for patient's decisions, seeking consent for care, preserving confidentiality and privacy are moral and ethical characteristics that strengthen the nurse-patient transaction.[8,10,15] The person's dignity permeates the understanding of his or her needs arising from the disease, treatment and changes in personal, social, and professional life, that is, something that transcends Nursing and penetrates the self paths of the interlocutors of this interaction.

The person's dignity, in their relation with the family, integrates the attendance to the needs of the patient in consonance with the humanization. It is a relationship oriented to the understanding of the human being in its complexity, making the health environment less hostile with the integration of the family into care.[11] This environment personifies the patient and both their strengths and weaknesses become more evident.[23]

Empathy and the ease of sharing difficult moments, experienced by users and their families, contribute to the construction and

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maintenance of interpersonal affective bonds.[22] The patient will share who they are, their rituals, and their personal characteristics that mobilize the care system.[12]

The flexibility of professionals in relation to hospital norms with the presence of the family is another point that strengthens the relationship. Flexibilization of visit routines was fundamental for the narrowing of affective ties and for the re-dimensioning of this social space by family members.[11] On the other hand, professional attitudes that distance themselves from the family contribute to the patient's conflicting relationship with the Nursing team.[22]

The nurse's technical skills and clinical reasoning are characteristics that value interpersonal relationships and give confidence to patients.[12] In the transaction, the nurse seeks to interpret events, explain the implications of an event, and talk about how it interferes with the situation of the patient. Patient relationship.[17] Deducing, by reasoning, the conclusions of the unknown and making predictions about the future, giving meaning to an event for the recipient, strengthens confidence in both.

Elements that make up the concept of role. In the scope of role, defined as the set of behaviors expected of those who occupy a certain position in the social system, or a set of procedures or rules that define the obligations and rights inherent in an organizational position, we find three elements for its operationalization: presentation and identification of interlocutors; health care technical provider; and humanized care provider.

The beginning of the interpersonal relationship occurs with the presentation of those involved in the care situation. In this sense, the role of the nurse and the patient is to initiate their interaction with the mutual presentation. The strengthening of the bond, after the presentations, may occur with the identification of both in later encounters.[8,22] The recognition of identities allows the approximation to the dialogue, and it is up to the professional to conduct a therapeutic process negotiated with the patient.[22]

The nurse, as a technical provider of health care, is perceived in the good relationship with the patient.8 This aligns the competence of the nurses with the meaning of being technically skillful. They value skilled nurses to give injections, inserting intravenous lines, doing procedures without causing unnecessary pain, performing efficient transfers and intimate hygiene without causing embarrassment and discomfort.[9]

Technical knowledge must be linked to relational technologies.[21] The moral and ethical ideal of Nursing professionals should express humanitarian, affective, relational, vocational and ethical characteristics focused on justice and respect for rights, availability of treatment for a cure, control of the disease and relief of symptoms.[9] These elements make the patient feel safe and protected by having his/her care promoted by the nurses.

Elements that make up the concept of stress. Stress is defined as the dynamic state through which a human being interacts with the environment to maintain equilibrium through growth, development, and effective role performance.[3] In this sense, elements that act negatively on the relationship and cause stress to permeate the interaction, communication, transaction and paper.

In interaction, attention with coarse attitudes (sudden movements, unkind speeches, lack of education, conceit, arrogance of health professionals, impatience and disinterest for the other) makes the patient feel that care is inferior, although it may have been technically appropriate. On the other hand, nurses are exposed to aggressive patients, which undermine the care strategy.[23]

The devaluation of patient complaints and opinions due to harassment and prejudice regarding color, gender, religion, sexual orientation and discrimination of professionals in performing procedures in the presence of infectious diseases and in relation to the legal status of the citizen (illicit drug users, prisoners) is an element for negative interaction.[9]

In addition, the reduction of physical contact, which compromises the frequency of visits to their bed or the lack of contact with relatives,[11,22] and the persistence of failures regarding the protection of the body and intimacy during the care promotes a negative interpersonal relationship.[15]

In communication, stress can manifest itself from the institution of verbal language incomprehensible to the patient. When it is the patient's speech that has cultural and linguistic elements that the nurse does not understand, the stress will come through the frustration of the professional in not deciphering the message of that speech.

The neglecting of what the other has to day makes it impossible for the patient to choose and make decisions about care.[9] Certain expressions may seem elusive: I am in a hurry; I do not have much time; be quick; among others, limiting space and approximation.[12]

Gesturing with a meaning of rejection or disapproval of one another's attitudes function as repressions of behavior, condemned as a bad habit. Abrupt gestures, such as the corporal movement of estrangement, interrupt the exchange of messages, as they demonstrate disinterest and repudiation of the speech of the other. Shy gestures that carry negative messages, are also harmful to communication.[19]

Accordingly, the evidences of poor transactional behavior are characterized by care without solicitude, readiness and without affectivity, where there is a lack of sensitivity, solidarity and compassion. Disrespect for one's beliefs, culture and will promotes frustration and arouses feelings of disappointment, anger, and sadness. These negative expressions go against the humanization of care.

In addition, nurses with little technical expertise and fragile clinical reasoning do not trust the transaction. Failure to perform Nursing care weakens or even impedes attachment.[9,14,22] Actions related to the forgetting of some material (residue of the technical activities exercised such as a thermometer, garrote and needle caps) in the territory or personal space of the patient ; Actions regarding exposures and physical and visual intrusions that violate physical and emotional privacy (neglect or inappropriate use of screens and the provision of sweaters or other clothing that exposes intimacy) lead patients to understand that caregivers were not competent.[16]

The stress manifested in the paper begins in an interpersonal relationship without the formal presentation or the recognition of people, making the moment of encounter unrelated.[23] The recognition of identities that legitimize a paternalistic hierarchy, in which the nurse decides what they believe to be better for the patient, without considering their autonomy and the right to take part in the decision process, promotes the settlement, making it difficult to accept the care plan.[19-20]

In addition, unpleasant patient care, such as bed rest, is understood as professional attitudes that limit the freedom or accommodation of the professional, reducing the possibility of a positive interpersonal relationship.[8] Communication and interaction processes should seek therapeutic alternatives that reassure patients and prevent them from performing careless practices. The search can be conducted towards the implementation of relational technologies that allow the link between the subjects and the better conducting of the therapeutic process, with preservation of human dignity. It is a thin line in the interpersonal relationship that, to be faced, the nurse can use their clinical reasoning and humanistic sensitivity.

CONCLUSION

The human behaviors in the interaction are leveraged by care with affection, by an understandable communication permeated by subjectivity and intertwined with ethics and morality. The moments of stress occur when there is an imbalance between these elements.

The results of the review contributed to the theoretical explanation of the elements that make up the nurse-patient relationship from the conceptual model of Imogene King, as well as the behavioral elements present in the interpersonal relationship in Nursing care that links each concept of the interpersonal system of the theorist. In addition, the analysis modality allowed the understanding of the studies published under the perspective of a Nursing theory, deepening questions and fomenting the practical reflection, making interpretations rich in a theoretical sense.

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