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A new conceptualization of the nurse–patient relationship construct as caring interaction

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Abstract

The journey through the history of nursing, and its philosophical and political influences of the moment, contextualizes the interest that arose about the nurse–patient relationship after World War II. The concept has always been defined as a relationship but, from a phenomenological approach based on a historical, philosophical, psychological and sociological cosmology, it is possible to re-conceptualize it as 'caring interaction'. Under the vision of aesthetics and *sociopoetics*, the object of nursing care is the most delicate, vulnerable and unrepeatable raw material: the person, whose feelings and reciprocity, which must be considered. In addition, it involves the adoption of the socio-critical paradigm, as it considers the importance of actively involving the person, not just patient anymore, or their family in the nursing cares, optimizing the reciprocity inherent to this interactivity. In short, our philosophical and epistemological approach to the concept of nurse–patient relationship proposes a new conceptualization of it as a caring interaction.

KEYWORDS
epistemology, interpersonal relation, nurse, patient relation

1 | INTRODUCTION

The nurse–patient relationship is often taken for granted, and even disregarded, within the nursing cares (Allande et al., 2020; Castledine, 2004). In addition, the era of digitization and new technologies has made its appearance in nursing science, and there is a need to consider the possibility of dehumanization of nursing cares in this context, as well as the fact that the nurse–patient relationship is being disregarded as a basic element (Cuchetti & Grace, 2020). In this sense, humanization of nursing care means identifying the other person's strengths through direct interaction, that is, an integral exchange with the other person's needs is achieved by understanding these needs and implementing actions towards helping the other (Rodríguez, 2011). These interpersonal relationships, that new technologies transform in indirect or distant, between the person or family and the nursing professional are the essence of the nursing care (Poblete & Valenzuela, 2007). On the other hand, the traditional conceptualization of the construct refers to the cared person as 'patient', which directly implies a power relationship that does not base nursing cares (Stein, 2014b). Cuchetti and Grace (2020) also describe an interaction that must exist between the nurse and the person in order to achieve the expected outcomes through the Nursing Process. They also highlight the need for nursing educators to continue considering the human factor in nursing cares and that the nurse–person relationship cannot be disregarded in nursing science (Castledine, 2004; Cuchetti & Grace, 2020; Strandås & Bondas, 2018).

In this context, taking into account the relevance of nurse–patient relationship and reconsidering it as direct and closely interaction in nursing cares, our philosophical approach to the construct

is described here. In addition, a new conceptualization is proposed as *caring interaction*, based on a historical, philosophical and disciplinary reflection.

2 | THE NURSE–PATIENT RELATIONSHIP AS INTERACTION: HISTORICAL BACKGROUND

Florence Nightingale, in her book 'Notes on Nursing' published in 1860, already pointed out the nurse's need to understand the patient's personal idiosyncrasies emerging from her interactions with him (Nightingale, 2007). Since its contributions, the nurse discipline has been influenced by different paradigm perspectives throughout its historical evolution (Pepin et al., 2017; Raile, 2017).

Among them is the interactive–integrative perspective, in which the person must be regarded as a holistic being who needs interaction with other people and life experiences to find his personal meaning. This perspective laid the foundation of the 'school of interaction' as a set of nurse authors whose theories of nursing care are based on human interaction, thus characterizing their object of study (Pepin et al., 2017; Raile, 2017). However, it is necessary to contextualize the influence of the historical moment of the authors of this nursing school to understand the basic philosophical postulates of their theoretical proposals.

After World War II, several philosophical currents turned their attention to phenomenology and existentialism. Authors like Sartre began to theorize about human existence and the consequences of their behaviour on 'the other' and the world. (Warburton, 2011). In the disciplines of sociology and social psychology, Herbert Blumer, in 1938, neologized the term *symbolic interactionism*, whose main premise is that people act on the objects of their world, and interact with others through the meaning that objects and people have for themselves (Blumer, 1969). A few years later, Emmanuel Lévinas developed his theory, published in 1947, around the concept of the *other's ethics*. The ethical principle of the person is the *encounter with the other*, as well as with the *experience of the other*. This *encounter with the other* must be face-to-face, and it is inevitable that closeness or distance of the other has an effect on both. In addition, the *face of the other* versus oneself generates a feeling of moral commitment, and the awareness of considering her or his existence appear (Leask, 2008). Similarly, the philosopher Erving Goffman also theorized, in his first work published in 1955, about the face-to-face interaction between two persons. Under his perspective, social reality is based on an interaction, and its effects are perceived, felt and processed by 'the other' and by oneself (Goffman, 2005).

In this philosophical context, the birth of humanistic psychology takes place, whose greatest exponents are Abraham Maslow and Carl Rogers. Regarding the latter, his theoretical contribution, the *Person-Centered Approach*, published in 1951, conceives a process of mutual interaction between therapist and client, considering empathy as the main element to achieve the process of communication between both. In addition, other important mediators in this interaction are unconditional acceptance and active listening, creating a context in which the client can freely express his feelings and emotions. The fundamental objective of this interaction is not the theoretical knowledge of the therapist itself, but the client's experience of what is happening and what meaning it gives to him (Schneider et al., 2015). In this way, DeLeon et al. (1985) argued how humanist philosophy had influenced the nursing science. Although both fields have a specific set of knowledge, they also share many elements related with the relationship between a professional who 'may help' and a person or group of people who 'need to be helped' (DeLeon et al., 1985).

In this historical and cultural scene, where the interest focuses on 'the other' (person, client, patient), on the effect of interaction on each actor, and on human relationships, the 'school of interaction' in nursing emerges. In the 50 s of the twentieth century, intricately linked to the existential phenomenology and humanistic psychology, caring is considered as an interactive process between a person who needs to be cared and another who is able to provide them with it. The latter, the nurse, must clarify her values and become a therapeutic instrument, always acquiring a commitment to caring process and the caring receiver. In addition, she is not a static being since she reacts to the patient's behaviours and attitudes. The authors belonging to the school of interaction were Hildegard Peplau, Imogene King, Ida Orlando, Joyce Travelbee, Joan Riehl-Sisca and Ernestine Wiedenbach (Fawcett, 2013; Pepin et al., 2017; Pokorny, 2017; Sieloff & Messmer, 2017). These authors were followed by Josephine Paterson and Loretta Zderad, who published, in 1976, their *Humanistic Nursing Theory*, and by Katie Eriksson with her *Theory of Caritative Caring*, in which humanist psychology contribution to the nursing field is made evident, as well as the phenomenology, the helping relationship and acknowledging the other (Lavinas et al., 2007; Lindström et al., 2017; Paterson & Zderad, 1976). Some years later, Jean Watson published her *Human Caring Theory*, whose theoretical foundation was Maslow, Kierkegaard, Yalom and Lévinas, among others (Watson, 1997; Willis & Leone-Sheehan, 2017). This theory aims to restore the human aspect in the nurse–patient relationship, which is conceived as an interpersonal relationship, in which both influence each other and have a reciprocal effect.

3 | CARING INTERACTION AS KNOWLEDGE AND ART SOURCES IN NURSING CARES

3.1 | Nurse–patient interaction and patterns of knowledge

The nurse–person relationship has also been defined as interpreting and building process of reciprocal knowledge within the caring context (Fleischer et al., 2009) and also as the consecution of an inter-subjective understanding of a situation which is the

consequence of the interaction that happens between the actors (Tuckett, 2007). Thus, caring always brings about feelings generated from that interaction, and they modulate the development of the same interaction (Siles & Solano, 2011). Cultural history has allowed assessing feelings and values arisen during the caregiver-person interaction throughout time, as well as its incidence in motivation and organization of pre-professional and professional nursing (Siles & Solano, 2011, 2016). This motivation had been generally related to religious, domestic or professional causes (Siles & Solano, 2011; Wyatt, 2019).

Interaction is the core through which person and nurse experiences are built through the action of caring, and through these experiences, much of the knowledge of the nurse discipline is produced. The complexity of disciplinary knowledge was already highlighted by Carper in his classic study of the four patterns of nurse knowledge: empirical-scientific, ethical, personal and aesthetic (Carper, 1978). This classification of nurse patterns of knowledge has been endorsed by numerous researchers in their studies (Chinn & Watson, 1994). All these patterns of knowledge are interrelated, and one of its pillars is the nurse–patient interaction. However, the aesthetic pattern has been less investigated in terms of its incidence in phenomena, such as demotivation, burnout, communication problems and dehumanization of nursing cares, relative to nursing professionals (Siles & Solano, 2016). Moreover, among the cared person or group, this aesthetic pattern has been related to dependence, passivity, and poor therapeutic adhesion, among others. White (1995) adds a fifth pattern of knowledge that appears during this interaction between the cared person and the caring provider: the *socio-political pattern*. It integrates the Heideggerian concept of *being there* developed in his book 'Being and Time', that is the historical, geographical, ideological and sociocultural context that are essential to display forms of communication that facilitate the nurse–person interaction (White, 1995).

Regarding the aesthetic knowledge, Carper (1978) defends that it is the artistic part of nursing and that it is based on the feelings that occur during the person-nurse interaction (Carper, 1978). This artistic nature of nursing is also supported by Chin and Kramer, who maintain the subjective nature of aesthetic knowledge (Chinn & Kramer, 1999). Other authors uphold that the experience occurred in the caring interaction is not absolutely subjective, as the knowledge derived from experience can be described by narratives and also objectified through intersubjectivity (Benner, 2001; Chocarro, 2013; Cody, 1995; Siles & Solano, 2019). On the other hand, the patterns of knowledge, especially the personal and aesthetics, contribute to the personal and professional development in the processes of caring interaction (Silva et al., 1995), although the ethical pattern is undoubtedly very involved in this interactive process (Teixeira, 2005).

In this line, the relationship between the cared person and the caring provider is based on an interaction and generates an answer: feelings and emotions, either shared or not. They become a source of knowledge that modulates the said interaction and the development of the nursing care.

3.2 | Caring interaction as a source of nurse aesthetics: art, caring poetry and *sociopoetics*

To discuss this subject, it is necessary to clarify two concepts that converge in its construction: art and aesthetics. Certainly, nursing is the 'art' that happens through the interaction between two individuals (person or health user, family community group and nursing professional) and whose caring action produces an artistic work in which essential aspects of the human being are involved: knowledge, technique, intuition and sensitivity (Siles & Solano, 2011, 2016). While the concept of 'art' refers to the caring process, the process of 'aesthetics' refers to the perception of the feelings that emerge during this caring interaction and that undoubtedly influence its personalization and humanization.

The term 'aesthetic' originates from two Greek concepts: 'aisthetike' which means 'perception' and 'aisthesis' which refers to sensitivity. The aesthetic theory is integrated into philosophical science as a theory of vulgar (sensitive) knowledge. Likewise, the aesthetic knowledge is separated from the rational because it is based on the human individual sensibility, although aesthetic ideas are necessary to represent give the rational ideas by designing an aesthetic (sensitive) form. Gadamer points out that aesthetics outperforms hermeneutics as it acts as a bridge to save the historical, human or cultural distance between people. Also, aesthetics directly breaks that separation due to the universality of feelings. Aesthetic knowledge in social and human disciplines, and of course in nursing science, surpasses in immediacy the communication potential of hermeneutics (Gadamer, 1996), constituting an essential characteristic in caregiver-cared person interaction and humanization of caring.

Aesthetics can be interpreted as the science that studies and investigates the systematic origin of pure feeling and its manifestations, which is art, according to Kant (1977) in his *Critique of Judgement* (Kant, 1977; Siles, 2016). In this context, the aesthetics of nursing can be interpreted as the science that studies:

- The systematic origin of feelings that occur in caregiver-cared person interactions. The interaction with the person or group of people produced during the caring process generates feelings that can be expressed through verbal and non-verbal communication. This interaction produces a self-perception of nursing professionals regarding the experience of caring and a person's perception regarding the experience of being cared for.
- The gestation of feelings during inter-subjective interaction. It is noteworthy that, in cases of persons with induced or non-induced impaired cognitive level, the interaction is asymmetrical as, although the nurse still generates feelings while applying nursing cares, the patient's family is the one receiving the communicative part of the process. In any way, the nurse needs to try and apply new ways of interacting, maybe perceptive or sensory, with the person, as this is the final focus of the caring (Giesbrecht et al., 2012).

- The embodiment of feelings that arise from the subjective person–nurse interaction constitutes a valuable contribution to the reflection on the aesthetic dimension in nursing caring.

In this sense, three consequences of this embodiment of feelings need to be considered:

- *Art of nursing* occurs as a result of the interaction between the caregiver and cared person, being the latter the most delicate, fragile and irreplaceable raw material with which the nurse produces her great work: caring. Hence, the concept of nursing transcendence has been used by several authors for the development of their nursing theories (Reed, 1996): Watson, to enhance the evolution of nurses towards greater spiritual awareness of caring process that goes far beyond the material or physiological plane; Newman to cement his health theory and Parse and Reed use the concept of self-transcendence to vertebrate their theories (Fiske, 2019).
- The *poetry of caring* as a result of the embodiment of feelings derived from caregiver-cared person interaction. There are already several authors who have researched the poetry of caring (Birx, 1994; Holmes & Gregory, 1998; Siles, 2014, 2016; Siles & Solano, 2011, 2016, 2019). It facilitates the awareness of the transcendence of nursing caring. Undoubtedly, the most important contribution of poetry to nursing science resides in clarifying its transcendent nature by revealing its subject-object: the human being. For Watson (2008), the poetry of caring brings transcendence in the form of truth (Watson, 2008). In the same line, Birx (1994) reveals in his poetry the transcendence of very intense moments in the caring interaction (for other authors, it would be equivalent to sublime moments; Birx, 1994; Siles & Solano, 2016). On the other hand, according to the categorization of Carper's functional patterns, the poetry of caring is a source of knowledge (Holmes & Gregory, 1998).
- *Sociopoetics*, as an interaction between persons and nurses, is a bridge between the subjectivity of the poetry of caring and scientific objectivity (Santos, 2005). *Sociopoetics* is built intersubjectively (Chocarro, 2013), that is, it constitutes the analysis of *poems written by nurses* who experienced very similar caring situations, though differences may be found among their expressed feelings (Siles, 2014, 2016).

In short, assessing the nursing caring aesthetics may be done by considering the relationship between caregiver and cared person as an interaction. That is, the 'relationship' has got effects on all the actors involved, so there is an interaction between all of them. These effects are just feelings and emotions implied in the development of the Nursing Process, that must be regarded from an aesthetics prism: caring is an art that can be expressed through feelings, all of them collected in the *poetry of caring*, which objectivizes the transcendence of caring and its study object, that is, the human being, from the point of view of the all actors involved.

4 | THE DISCIPLINARY PURPOSE OF THE INTERACTION

Having described the interaction as a key element for the development of nurse work, it is necessary to reflect on the disciplinary purpose of it. Thus, nurse science is based on caring, because that is its goal (Kagan, 2009). The concept of nursing is linked to the concept of caring and cannot be understood the first without the second (Morse et al., 1990). Caring was described by Morse et al. (1990) based on five different epistemological perspectives: caring as a moral imperative, caring as a human state, caring as an affect, caring as an interpersonal relationship and caring as a nursing intervention. Also, other authors have regarded caring as a relational practice that must be direct and that arises basic moral responsibilities that will guide the nursing intervention (Hartrick & Varcoe, 2007). All these theoretical approaches characterize the nursing care, so we turn to them when considering the disciplinary purpose of the interaction.

In addition, the nurse essence is intrinsically associated with *caring attitude*, understood as motivation and orientation towards caring (Ujhely, 1968b). Motivation, in the strict sense of the word, is understood as the desire for movement and action towards a goal, that moves someone to do something (Ryan & Deci, 2000). So, the nursing motivation would be the caring itself, the *caring attitude*, and this cannot be understood without an interaction with the person or group of people who demand assistance. Cuchetti and Grace describe caring as the *authentic intention* in nursing science, and so this could be considered the motivation of the nursing profession. If we think about the interaction between *caring attitude*, *authentic intention* and the concept of motivation, it is possible to consider that the nursing professional must be motivated by caring, as it is a relational practice and the basis of the discipline (Hartrick & Varcoe, 2007). Caring also means *considering the other* and giving importance to their presence and identity (Stein, 2014b). For this, the interaction with 'the other', considering its effects and reactions to the interaction, is key to develop the caring process which must be dynamic (Alfaro, 2003; Carpenito, 2009; Wilkinson, 2012).

In this sense, it is possible to think that the *authentic intention* of nursing science is the caring itself, mediated by a disciplinary approach towards caring and based on the implementation of a relationship with the cared person, that goes beyond as a simple relationship (Strandås & Bondas, 2018). It is a professional relationship and focuses on considering its effects and responses on all of the actors the person and the responses. So, this is an interaction and its aim is the nursing care; the one cannot exist without the other, taking into account the historical and methodological bases of the nursing science.

5 | CONCEPT, IDENTITY AND PARADIGM

Under the historical and philosophical influence of the early twentieth century, the nurse–patient relationship was described

as an interaction, which constitutes the common element to the theoretical approaches of the school of interaction. However, it is much more than a simple relationship because, unlike this one, the interaction makes an effect—emotions, perceptions, reactions—on both subjects (Nota & Aiello, 2019). The nursing response, the nurse intervention itself, will be determined by the interpretation of the metaparadigm in each of the theoretical models that guide clinical practice and, so, of the theoretical model adopted (Bender, 2018; Wilkinson, 2012). Also, the existence of a relationship with the person is inherent to nursing care as it implies that two or more people come into contact and communicate. However, a relationship does not imply 'action or reaction' (Nota & Aiello, 2019). Nor can it be overlooked that the objective of the nurse discipline is to intervene on other people—not patients—seeking to improve their health situation, from a biopsychosocial point of view and respecting the principle of autonomy as it should never be a power relationship (Stein, 2014a). Otherwise, there is a relationship with the person, but this would not be disciplinary as its objective would not be defined by the same values and principles that base the nursing discipline (Colliere & Lawler, 1998).

From a methodological point of view, the caring process (or Nursing Process) is understood, as Alfaro states (2016), as 'a systematic method to provide efficient humanist caring, focused on achieving expected results' (Alfaro, 2016). Therefore, the objective of the process is to obtain health outcomes, previously identified, based on nurse interventions. It is therefore essential to create such interaction with the person, since it depends on the modification of behaviours and the improvement of their health situation (Carpenito, 2009). In fact, the intervention 'NIC 5000: *Complex Relationship Building*' must be highlighted, which is defined in the NIC taxonomy as establishing a therapeutic relationship with a patient to promote introspection and behavioural change (Bulechek et al., 2013). This definition expresses the need for behavioural change and, therefore, need of interaction.

On the other hand, the nursing outcomes (NOC) also take relevance, although the intrinsic reciprocity that characterizes interaction cannot be lost. These outcomes are closely linked to nursing science and are defined as 'state, behaviour or perception of the person, measured along a continuum, in response to one or more nurse interventions' (Moorhead et al., 2013). This definition indicates that the person's states are unpredictable and depend on nurse interventions. Among them, we find NOC 0902 *Communication*, 1606 *Participation in health care decisions* and 1305 *Psychosocial Adjustment*: *Life Change*. Again, interaction appears as the basis of the nurse work, as it seeks an interpersonal effect of change, objectively measured by the NOC criteria (Carpenito, 2009).

The caring interaction, so far nurse–patient relationship, is characterized by different traits that the nursing professional must possess, such as active listening, eye contact, respect, presence, unconditional acceptance, authenticity, availability, empathy, unconditional acceptance and communication skills, among others (Stein, 2014a). Furthermore, having competence in cultural caring and diversity is becoming increasingly relevant, as another element of this caring interaction (Chambers, 2009). The incorporation of transcultural caring into caring interaction would be motivated by the increase in the migration movements and the rest of the current inclusive actions (United Nations, 2019).

The identification of these elements or traits has not changed greatly since humanistic psychology and existentialism influenced nursing theories (Cibanal, 1991; Raile, 2017; Ujhely, 1968a). Nevertheless, the described attributes are not innate. They depend on a specific education process in nursing sciences (Olshansky, 2007). Thus, its fulfilment must respond not only to the purpose of the discipline and the theoretical interpretation of the nursing metaparadigm, but to the aforementioned *caring attitude* and *authentic intention*. Therefore, the acquisition of competence in the caring interaction is considered necessary as a vehicle to 'be and make nursing'. Currently, there is a loss of interest in this competence in favour of new technologies (Kagan, 2009; Nota & Aiello, 2019). However, some more actual studies are positioned as an attempt to value the acquisition of this competence, as well as its evaluation (Allande et al., 2020; Cossette et al., 2008; Watson, 2009). That is why caring interaction, with all its characteristics and elements, is recovering its relevance as a vehicle for nursing cares, which cannot occur without reciprocity with *the other* and whose purpose is to improve the health situation through nursing intervention.

For the caring interaction to occur in a genuine way, where the individuals involved in a caring situation (nurse and person or group of people) participate in its development (with different perspectives and levels: professional and health user), a paradigm change is necessary. Nursing discipline has long been under the influence of the neopositivist principles of the rational technological paradigm (in which the patient played the role of mere passive recipient of the techniques used by the professional). In these situations, the interaction was asymmetrical and uneven, which resulted in a deficient enrichment of the mutual knowledge and the emotional and aesthetic well-being, which are elements that characterize the experience of authentic caring interaction (Siles, 2016). To achieve reciprocal interaction, nursing science has adopted the principles of the *socio-critical paradigm* (Minguez & Siles, 2014). This paradigm considers the importance of involving the patient and/or his or her family in the caring process, in the most active way possible, enabling communication as a tool for optimizing the reciprocity inherent to interactivity. In this sense, Siles and Solano (2011), from the perspective of the cultural and aesthetic history of caring, analyse the aesthetic evolution of nursing by valuing the processes of caring interaction (caregiver-cared person) from its pre-professional stages to the professional present day (Siles & Solano, 2011). In this way, the feelings that have motivated the action of caring in different historical periods have been identified. Scientific nursing has manifested some misgivings about considering the interaction as a supporting element in evidence-based practice, especially regarding its aesthetic dimension: feelings, emotions and effects, that appear among all the actors (Siles & Solano, 2011). However, present-day nursing is trying to reconsider and give value to the 'caring interaction' construct in

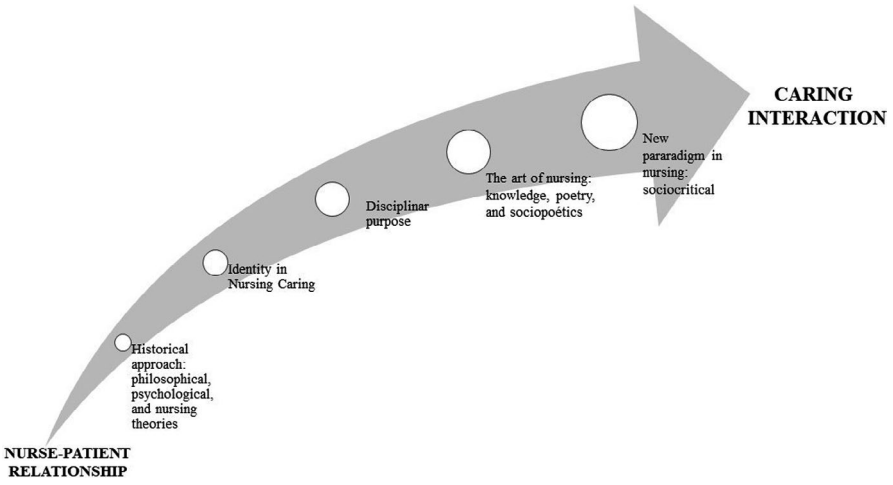

FIGURE 1 Core concepts in the new conceptualization

all its dimensions, thus facilitating the adoption of the socio-critical paradigm exposed here.

In brief, and acknowledging the growing relevance of the caregiver-cared person interaction within the history of nursing, its representation in nursing taxonomies, its disciplinary essence, its objective, and the effects and feelings that produce among all the actors involved, this relationship deserves an approach as an 'interaction' under a paradigm change (see Figure 1).

6 | FINAL CONSIDERATIONS

The journey through the history of nursing, and its philosophical and political influences, is intended to contextualize the interest that arose around the concept of nurse–patient relationship after World War II. Likewise, the consideration of this concept as an interaction, and not just a mere relationship, should change the concept of the person, the other, from static being -patient- to person. Also, the socio-critical paradigm must be adopted in this interaction, as well as the aesthetics of caring, as this provokes feelings and emotions that each actor perceives and feels differently. A behaviour change is expected in the patient in order to improve his or her health situation, from a holistic perspective and through the nurse interventions. Thus, it becomes necessary to understand that these interventions depend on the person's behaviours or health status, and at the same time, on the decision-making process and the critical reasoning that guides the nurse practice. With this, the relationship with the person is not unidirectional and nor based on power, because he or she is not static. It has a both side effect, and it is, therefore, reciprocal, as part of the dynamic nature of the Nursing Process.

The caring interaction is an essential source of knowledge for nursing science. It is necessary to assess the emerging feelings in the processes of caring interaction, in order to reach awareness about the transcendence of the nurse discipline, that is both science and art, and has in its object–subject of work the most delicate, vulnerable and unrepeatable raw material: the person. Likewise, caring interactions can contribute to considering feelings as a source of evidence from a subjective perspective and to the *sociopoetics*, as an objectification of such processes through intersubjectivity.

Altogether, the purpose of this interaction is the caring under the gaze of the nurse discipline and goes beyond a simple relationship. Also, and acknowledging the growing relevance within the history of nursing, the representation of the interaction in nursing taxonomies, its disciplinary essence, its objective, and the effects and feelings produced among all the actors involved, the nurse–patient relationship construct deserves reconsidering. In summary, this philosophical and reflective approach to the concept of nurse–patient relationship proposes a new conceptualization of the construct a caring interaction, as this better describes the disciplinary purpose and the intrinsic characteristics of the relationships that are established between the person or group of people and the nursing professional.

CONFLICT OF INTEREST

No conflict of interest has been declared by the authors.

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