Nurse Bait: Strategies Hospitalized Patients Use to Entice Nurses Within the Context of the Interpersonal Relationship

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Abstract:
Patients on medical-surgical and psychiatric inpatient units long for more and deeper connections with nurses. Patients' dependence on the nursing staff, as well as their perceived powerlessness, creates a situation where patients believe they have to actively find ways to seek needed nursing care. This paper will describe active strategies used by medical-surgical patients to entice nurses within the context of the nurse-patient relationship; strategies designed to mitigate vulnerability and increase interpersonal connection. Implications for nursing practice and for Peplau's Theory of Interpersonal Relations will be presented.

Article:
INTRODUCTION

Patients in the acute care hospital environment experience an enormous sense of vulnerability (Carr, 1998; Granberg, Engberg, & Lundberg, 1998), conflict, tension, and dissatisfaction while undergoing care (Bruster, Jarman, Bosanquet, & Weston, 1994; Kools, Gilliss, & Tong, 1999). Medical-surgical patients have described the hospital as dangerous, confining and insecure; a place that disconnects them from others and the outside world (Irurita, 1996, 1999; Shattell, 2002). Paradoxically, psychiatric patients perceive the locked inpatient psychiatric unit as a place that produces feelings of freedom and safety, or in the words of one study participant, a "refuge from my self-destructiveness" (Shattell, 2002). Whether hospitalized on a medical-surgical unit or a psychiatric unit, patients in our previous studies expressed a longing for more and deeper connections with nurses (Shattell, 2002; Thomas, Shattell, & Martin, 2002). Likewise, nurses working in a psychiatric unit wished for deeper connections with their patients (Thomas, Martin, & Shattell, 2004).

Findings in these studies of disconnected hospitalized patients and RNs seem contradictory to what Peplau (1991/1952) envisioned. The nurse-patient relationship is central to Peplau's definition of nursing—"nursing is a human relationship between an individual who is sick, or in need of health services, and a nurse especially educated to recognize and to respond to the need for help" (Peplau, 1991/1952, p. 6). However, patients in the aforementioned studies described less-than-optimal nursing response to their need for help. Findings of these studies produced new questions: How do seriously ill patients ensure that they receive quality nursing care? What

strategies do they use to entice nurses to engage in a relationship? The purpose of this paper is to describe strategies hospitalized patients use to seek nursing care.

BACKGROUND

Over 1.3 million registered nurses in the United States work in a hospital setting (United States Department of Health and Human Services, 2002). A major issue effecting hospital nursing care is the nursing shortage. International organizations such as the World Health Organization and the World Health Professions Alliance (consisting of the International Council of Nurses, the World Medical Association, and the International Pharmaceutical Federation) are actively seeking ways to address the worldwide nursing shortage (World Health Organization, 2002; World Health Professions Alliance, 2002). Amid the current nursing shortage hospital nurses have become increasingly frustrated and challenged. The American Nurses Association (2001) found that 76% of RNs surveyed ($n = 7300$) reported that an increased patient load for RNs has resulted in decreased quality of patient care. Aiken et al. (2001) found similar results in a study of nursing care in the United States, Canada, England, Scotland, and Germany. In another examination of the effect of decreases in the number of nursing staff on inpatient acute care units in a general hospital, Storr (1996) found that patients were dissatisfied with nursing care and believed that nurses were under a lot of pressure and, therefore, did not have time to care for them.

Fewer nurses have been shown to result in decreased quality of care and poorer health care outcomes (Aiken, Clarke, Cheung, Sloane, & Silber, 2003; Clarke & Aiken, 2003; Needleman, Buerhaus, Mattke, Stewart, & Zelevinsky, 2002). Patients in the hospital setting have been left feeling insecure and in danger of not getting the nursing care that they need, or of a "failure to rescue." Clarke and Aiken (2003) describe failure to rescue as the "clinicians' inability to save a hospitalized patient's life when he experiences a complication" (pp. 42-43).

The hospital environment is described by patients as dangerous, disconnecting, identity disaffirming, and without possibilities (Shattell, 2002). The unethical social labeling of patients as "difficult" or "bad" has been shown to have negative effects on nurse-patient relationships and on outcomes of care (Carveth, 1995; Erlen & Jones, 1999; Finlay, 1997). Therefore, patient behavior or the presentation of self (Goffman, 1959) can have a direct effect on the quality of care that that patient receives. How do seriously ill hospitalized patients manage their behavior in order to obtain quality nursing care, while at the same time, ensuring that they do not get labeled "difficult?" Shattell (2002) found that patients report trying to get nurses in the hospital to pay attention to them in various ways. They develop strategies such as using humor, being extremely kind and charismatic, or simply submitting to the demands of nurses and other hospital staff members so that they would be perceived as "good" or "easy" patients (Shattell, 2002).

Patient perceptions of nurse-patient interactions have been explored in studies of patients' perspectives of interpersonal competence of nurses (Fosbinder, 1994), patients' experiences of exclusion and confirmation in the nurse-patient interaction (Drew, 1986), and patients' experiences of care when labeled "difficult" (Breeze & Repper, 1998). Nurses who labeled patients as "difficult" often avoided or distanced themselves from these patients (Breeze & Repper, 1998; Carveth, 1995; Finlay, 1997). Such distance has been shown to result in less supportive nursing care, such as responding less promptly to patient requests for assistance,

providing less privacy, informing the patient to a lesser amount, providing fewer comfort measures, and using the patient's name less often (Carveth, 1995).

Only a few researchers have investigated patients as active participants in the nurse-patient interaction. Russell (1994, 1996) explored patients as active participants in the nurse-patient relationship when studying care-seeking of elders in a continuing care community. Russell (1996) used participant observation and semi-structured interviews with elderly patients in a long-term care facility to examine care-receivers' insight into "successful care interactions" (p. 309). Russell (1994) found that elders used prior experience—labeled "insight"—to manage future interactions with caregivers. The care-seeking process described by Russell (1994, 1996) emerged from experiences with both formal and informal caregivers and was both sequential and developmental in nature. Although these studies do not explicate patients' experiences of seeking care, they do show that patients are active participants in the communication process between themselves and their caregivers, in order to seek care. However, much about this phenomenon remains unknown; the experience of patients' communication with nurses needs to be explored, as does the experience of seeking care in the more acute setting, the contemporary medical-surgical hospital environment.

To summarize the extant literature, most of the research on nurse-patient interaction has focused on the nurse's communication in the interaction, even when the unit of study was the patient. Patient communication has received much less attention, reinforcing the idea that nurses have more power in these interactions than patients. Russell's (1994, 1996) studies are particularly germane to increasing our understanding of how patients solicit care. But Russell's work was conducted in a setting where there is a higher nurse-patient ratio. The hospital has a lower nurse-patient ratio than most extended care settings. What we do not know is what precise strategies hospitalized patients use to interact with their nurses for the implicit purpose of receiving quality nursing care.

THE STUDY

Purpose

The purpose of this study was to describe the patient's experience seeking nursing care in a medical-surgical hospital setting in the United States.

Methodology

Because it was the experience of care-seeking during hospitalization that was the phenomenon of interest, an existential phenomenological approach, utilizing the method developed by Pollio et al. (1997) and Thomas and Pollio (2002), was chosen. Existential phenomenology seeks to "explicate the essence, structure, or form of both human experience and human behavior as revealed through essentially descriptive techniques" (Valle & Halling, 1989, p. 6). Pollio et al. (1997) describe the use of the phenomenological interview as one way to explore lived experience. The first step in this method is to perform a bracketing interview prior to data collection to identify the researcher's presuppositions. The open-ended interview question was, "what stands out to you when you think about seeking nursing care in the hospital?" The bracketing interview was audiotaped, transcribed, and analyzed in an interdisciplinary interpretive research group. An analysis of the bracketing interview revealed the researcher's belief in the importance of indirectly informing hospital staff that she is a RN, cautiously,

without wanting to intimidate the staff. Another preconceived belief was that hospitalized patients used interpersonal techniques such as being complimentary, "overly" nice, and by doing things for the nurses (for example, ordering pizza for the nursing staff). Finally, the researcher was found to have a presupposition regarding the value of a family member, or possibly someone hired by the patient or family, staying in the hospital with the patient at all times. The patient's advocate could either help with basic needs or act as a conduit to the nursing staff. The researcher believed that it was imperative to have a family member or significant other present during hospitalization.

Participants

A purposeful sampling design was employed to obtain participants with varying demographic characteristics and who had experience seeking care from a nurse in a medical-surgical hospital setting. Potential participants from the community who were known by the researcher to have had an experience seeking nursing care were asked to participate. A snowball sampling technique was used for further recruitment.

Participants were included in the study if they had an experience seeking nursing care in a medical-surgical hospital setting and were open and willing to talk about their experience. Participants were interviewed post-hospitalization to decrease the chance of further threats to safety and security and to protect against potential social desirability issues. There was no pre-specified time period between the hospitalization and the interview since "in phenomenological research, the description of an experience as it emerges in a particular context *is* the experience" (Pollio, Henley, & Thompson, 1997, p. 31).

Participants were English speaking individuals over the age of 21 who were not cognitively impaired or experiencing physical distress at the time of the interview. The sample was comprised of eight participants ranging in age of 29 to 65. Seven of the participants were Euro-American, one was African-American. Participants' reasons for hospitalization varied but were all medical and surgical in nature. See Table 1 for the demographic characteristics of each research participant.

Table 1 Demographic Characteristics of the Participants

Gender	Age	Ethnicity	Highest education	Reason for hospitalization
Man	49	Euro-American	Master's degree	HIV, neuropathy, kidney stones
Woman	65	Euro-American	Bachelor's degree	Bypass surgery, stent insertion
Woman	64	Euro-American	Bachelor's degree	Thrombotic thrombocytopenia purpura
Man	40	Euro-American	High school diploma	Cancer—Burkitt's Lymphoma
Man	55	Euro-American	Master's degree	Quadruple bypass surgery
Woman	33	Euro-American	Master's degree	Breast reduction, tonsillectomy, liposuction
Woman	52	Euro-American	Bachelor's degree	Cerebral aneurysm, heart attack
Woman	29	African-American	Bachelor's degree	Revision of total hip replacement

Interviews

Participants were asked to describe, in as much detail as possible, what stood out for them or what they noticed about seeking nursing care in a hospital setting. The researcher performed a pilot study of the research question with one individual who had an experience seeking care from a nurse in a hospital setting. This interview was audiotaped and transcribed and the researcher interpreted the interview transcript in collaboration with the interdisciplinary interpretive research group. Based on the pilot study, the opening research question did not require revision. The specific research question was, "what stands out to you when you think about seeking care from a nurse in the hospital?" Follow-up questions such as, "tell me more about [the specific experience]" served only to clarify descriptions. Demographic information was obtained immediately after informed consent was given and before the interview began. Interviews were audiotaped and later transcribed verbatim. All interviews took place in participants' homes, based on mutual agreement. Interview length varied from 45 minutes to 90 minutes.

Rigor

Existential phenomenology seeks to describe experience as it is lived, with the hope of furthering understanding. According to Pollio et al. (1997):

the criterion for validity becomes whether a reader, adopting the world view articulated by the researcher, would be able to see textual evidence supporting the interpretation, and whether the goal of providing a first-person understanding was attained.… Validity is not determined by the degree of correspondence between the description and reality but by whether convincing evidence has been marshaled in favor of the aptness of the description (Pollio et al., 1997, p. 53). Evidential support, according to Pollio et al. (1997) includes an examination of methodological and experiential concerns. Methodological concerns include rigor and appropriateness. In this study, methodological concerns were attended to by adherence to the research method and plan, the use of an interdisciplinary interpretive research group, a documented data analysis audit trail through the use of QSR N5 (formerly NUD*IST), and participant verification and authentication. Experiential concerns include plausibility and illumination. Plausibility is the degree to which the evidence presented is convincing and credible. Illumination addressed the following question: "Does the interpretation provide insight to the reader or evaluator?" (Pollio et al., 1997).

Ethical Considerations

The study was reviewed and approved by the University's Institutional Review Board. Written informed consent was obtained from those willing to participate. A copy of the informed consent form was given to each study participant and he or she was informed that he or she could withdraw from the study at any time. None of the research participants chose to withdraw from the study once interviewing began. There were no monetary incentives offered for participation in the study. Names and references to places were changed to protect the identity of the participants. All research materials including audiotapes, informed consent forms, and transcripts were maintained under lock and key by the researcher.

Data Analysis

The data was analyzed using the systematic data analysis method described by Pollio et al. (1997) and Thomas and Pollio (2002). Transcribed interviews were read in the order in which they occurred. The researcher analyzed each transcript for meaning units. Meaning units were read from the part (meaning units) to the whole (entire transcript). Three transcripts were read aloud and subjected to line-by-line analysis in the interdisciplinary interpretive research group. Each member of the research group signed a confidentiality pledge and the researcher took notes of the analysis of the group. The remaining five transcripts were analyzed using QSR N5 software. The major outcome of these readings was development of a thematic description for each transcript. An initial structure was presented to the research group to enhance rigor, and interpretations from the research group were considered in addition to the re-reading of all transcripts to finalize the thematic structure. The formalized thematic structure was presented to one participant for validation. The participant who reviewed the thematic structure confirmed that it was representative of his experience seeking nursing care.

FINDINGS
Eight participants, ranging in age from 29-65, with previous hospitalizations for medical-surgical reasons described their experience seeking nursing care in the hospital setting. Within the context of a dangerous, disconnecting environment, the thematic structure of patients' experiences seeking nursing care in the hospital setting consisted of the overarching theme "make them your friend." In addition to this predominant theme, two secondary themes emerged: "be an easy patient" and "try to get them to listen."

Make Them Your Friend
Participants described building relationships as fundamental to seeking nursing care. The type of relationship they depicted was analogous to friendship, not the type of relationship that might be expected between a client/caregiver or layperson/expert. Conversation and humor were described as ways to develop informal relationships between participants and their nurses. Study participants described forming relationships with nurses by being likable, making friends, using nurses' names, taking an interest in them, making them laugh, and making them feel liked. Participants spoke of deliberately "building friendships" and "building relationships" in their descriptions of seeking nursing care. Participants relayed this strategy in the following statements:

"It is the relationship that you have established" (29-year-old woman).

"I try to take an interest in them so they will… so they will remember me. If I need something they will respond to me" (33-year-old woman).

"If you're having trouble with somebody… you've just got to find a way to make them remember you, or come back to you and say, she's a little more than just a slice, or she's just a little bit more" (52-year-old woman).

This type of strategic intimacy is particularly vivid in the words of this participant:

You build the relationship differently… with the older [nurses], I would talk about the hospital and what a great hospital it was and even try to word it to produce positive conversation… I'd try

to talk to them about that kind of stuff, and [say] "remember the farmers' market and remember…" you know, talk to them about that kind of thing. And then the young ones, I'd just ask them why they majored in nursing and with the shortage and that I was encouraging my daughters to do it. Just bullshit, total bullshit (52-year-old woman).

The interactions described by this participant were calculating in that relationships with various nurses were developed differently, based on characteristics of individual nurses. Also evident in this participant's description was that if lower level relationship-building strategies were ineffective, more direct and "forceful" tactics were utilized:

A person who just comes in and does a job and walks out of the room doesn't set well with me. And I tend to, I can cut up about it and I'll try to make you warm up by making you laugh, but then if you still won't come to me, then I'm either going to get angry, or mad, or force you to do it. I will force you; try to force your hand (52-year-old woman).

Many participants described a desperate situation where the outcome was life or death. For example, "I was terrified I was going to die," "it's like life or death," "it felt threatening… life threatening. The whole process was life threatening." Consistent with existential philosophy, the patients' experience seeking nursing care in the hospital could be viewed as an anxious struggle to live, which could have lent urgency to their care-seeking behavior toward nurses.

Whereas some participants wanted a relationship as a means to bring about better nursing care, others desired and developed a relationship for the simple human connection. Participants fostered connections with nurses: "I want them to like me." One approach used by participants was through the use of everyday conversation:

They are coming in to check on you but they're coming in with a purpose, not just to see how you're doing but they've got something else they need to come in for, maybe just smiling at them and saying hi and trying to start maybe a little conversation with them while they're in there doing whatever they came to do (29-year-old woman).

Participants felt more comfortable about their care if they knew and trusted their nurses: Trusting part I guess. You trust certain ones and you want them to work with you, do your stuff, and the other ones you don't (40-year-old man).

I made friends with all the nurses. I always like to know who's taking care of me (33-year-old woman).

In speaking of a relationship that she developed with a nurse, this participant conveyed how trust impacted her care, "[the relationship] makes you feel a lot better or a lot more comfortable about the care that you're getting. It definitely helps" (33-year-old woman).

Be an Easy Patient
Participants described "easy patients" as nice, friendly, calm, compliant, and easy to talk to: "I think I'm a pretty easy patient because I'm easy to talk to… some of them in there weren't." Participants witnessed nurses labeling patients in the hospital environment. Participants

described "good patients" as those who made the nurse's job easier and those who waited their turn. One participant (who was a registered nurse) spoke specifically of this role, "I kind of understand where the nurse is, overworked, tired, with a lot of pressures. I tend to be much nicer to nurses… that "good patient" role is very easy to fall into. Harder to complain." In reference to patient compliance, another participant said, "I think when one wants to be perceived as a reasonable, civil, cooperative patient, you will do the nurse credit by following orders" (64-year-old woman).

Participants expected a reciprocal process in their care interactions. Participants believed that their response to their nurse affected the care that they received:

As a patient… your attitude can affect the attitude of the people that are giving you the care. If you are grumpy, maybe they won't try to be extra chatty with you because they know you're not going to chat back. But if you're showing them that hey, I'm interested in what you're saying, then maybe they'll be a little more chatty with you, or not even saying that they wouldn't be as helpful with people that aren't as friendly, but maybe they were checking in a little bit more because they felt like, hey you know, she's a nice person, let's just see how she's doing while I'm walking past her door (29-year-old woman).

Unequivocally, this participant related this reciprocity:

I don't want to say the attention, but how the nurse approaches the patient, and the comfort level that she presents to the patient, and then the patient's response to that, has a great deal to do with, to me, with the care they get (49-year-old man).

In terms of managing individual presentation, one participant's maxim was this: "If you come across nice, friendly, then people will be more likely to be that way towards you" (29-year-old woman).

One participant said it was imperative to be on the "good side of nurses" and discussed doing so by "not rocking the boat." Behavior such as complaining too much, yelling, being grumpy and grouchy, and bothering or burdening nurses kept patients from being on the good side of nurses. Participants were aware of the consequences for behavior inconsistent with "being an easy patient" or "being on the good side of nurses:" "Nobody wanted to come around Nick, if I was being demanding about anything… if I got demanding they would definitely not come around because they knew that they'd get yelled at." The importance of being an easy patient in the insecure hospital environment evoked thoughts of life and death for some participants. In their descriptions of seeking nursing care, participants related the significance of being an easy patient to assure survival. For example:

My life is so important to me. And my health is so important to me… and being concerned about, you know making sure that it is taken care of, and taken care of quickly. And I know that it will be if I go through the system as it is set up to operate. So, it's had a huge impact on me. On how I approach hospitals and doctors, and what I have to do, you know, to get through there. That's not to say that there haven't been times that I've been a little frustrated, but I generally

never let it affect me so that I become irate or angry or emotionally upset about it (49-year-old man).

Try to Get Them to Listen
Participants tried to get nurses to listen to them by asking for what they wanted and by asking questions:

They told me to get up and walk… the IVs, the catheter… I really felt there could have been a little more help given and I did ask for it. I'm going to need somebody right now… and they were fine, they stayed (64-year-old woman).

If asking questions or asking for what they needed did not result in getting nurses to listen, participants escalated their tactics: "The nurse was not willing to call the doctor, I had to fuss." "Ask questions. Complain, complain, and complain. If you don't get what you need complaining to this nurse on the floor, ask to speak to the director of nursing. It's your life. I was 51; they could've bumped me off!" Some participants became more assertive, even when they were uncomfortable doing so: "Sometimes I feel like you really need to be… I'm not by nature a real assertive person, and it's hard for me to be assertive, but I will" (65-year-old woman).

Several participants thought it was "necessary" to have an advocate (family, friend, or significant other) present in the hospital with them "all the time." Advocates helped get nurses to listen when participants themselves were unable to:

Luckily, my friend was there… she was in the room with me and decided that whatever they had given me was, I was having an adverse effect of, and when somebody came in, she said to them, "What's going on? I think maybe she's having a bowel problem," and they did not act like they were doing anything about it, so she went out to the desk and pounded on the desk and demanded that they call the medical resident (65-year-old woman).

One participant poignantly asked, "As long as you're capable of complaining, voicing an opinion, asking questions, you probably do okay. If you are not able to do that, who does it for you?"

In many cases, participants felt disregarded by nurses in their efforts to get them to listen. There were many stories where pleas were ignored. One participant begged a nurse to remove his Foley catheter because he knew it wasn't "in right" and "wouldn't work." The nurse said she wouldn't remove it, that "it's working fine;" moments later, urine "was everywhere." He was upset with the "listening skills of the nurses" and in frustration said, "You know, the patient might know what he's talking about sometimes in there, too." Even the participants who were nurses with specialized knowledge experienced not being listened to:

I had some really bad experiences… one of the complications of the chemotherapy was a bowel obstruction… I kept saying for several days, "Hey, there's something bad going on here, I'm not having a bowel movement, I'm not passing gas." To me it seemed like everyone ignored that. I quit eating before they did anything else about it (65-year-old woman).

In this case, the patient accommodated for the nurses' reluctance to listen. Like this participant, most participants did not experience being listened to. In fact, as the participant who was a nurse anesthetist said, "Nobody listens to patients. No matter who you are, nobody listens to patients."

DISCUSSION
The themes identified in this study of the experience of seeking nursing care in the medical-surgical hospital environment are enlightening for nurses charged with the care of patients in the hospital. The thematic structure of the experience of seeking nursing care is contextualized by an environment that is perceived as confining, dangerous, disconnecting, and identity stripping (Shattell, 2002). To seek care from nurses, a patient has to "make nurses your friends," "be an easy patient," and "try to get nurses to listen." The themes that form the structure of the experience are interdependent and interconnected. For example, attempting to get the nurse to listen may result in not "being an easy patient," and therefore strain the relationship you are trying to build.

Participants in this study sought to connect with nurses through attempts to make them their friends. The relationships that patients wanted were similar to friendships where social conversation was a means of connecting with others. Participants used active strategies to get nurses to like them. Methods useful in social settings such as everyday conversation, showing an interest in the other, eye contact, and smiling, were strategies patients used to "bait" nurses into interpersonal relationships. Participants believed in the reciprocal nature of "being nice and friendly" and hoped that if they were nice to the nurses, then the nurses would be nice to them. Goffman (1959) uses the term "performance" "to refer to all the activity of an individual which occurs during a period marked by his continuous presence before a particular set of observers and which has some influence on the observers" (p. 22). In the present study, participants' accounts of reciprocity in interactions with nurses could be viewed as performances. Patients perform for nurses in ways in which they hope will lead to more responsive nursing care. If patients' performances are convincing, nurses will more likely "be there" when patients need them.

Sociologist and tuberculosis patient Roth (1972) called the process of social labeling "negotiating for social worth." Patients in the present study negotiated the social labeling process by being nice, friendly, and compliant; by conversing, remaining calm, and by trying not to "bother" or "burden" nurses. They were acutely aware of the difference between "good patients" and "bad patients." Patients much preferred to be labeled an "easy patient" because the alternative, the "bad" or "difficult" patient, carried negative consequences they wanted to avoid (Breeze & Repper, 1998; Carveth, 1995; Finlay, 1997).

Evidence of patients' relative success in building relationships was apparent in the numerous incidents where study participants identified nurses by name. Participants in the current study knew a lot of information about individual nurses. Relationships with nurses were prominent in their descriptions of experiences of seeking nursing care. These personal relationships accounted for the strong recollection of individual information about nurses who cared for them. This is in stark contrast to findings in a previous study of the hospital environment where individual nurses were minimally alluded to and never named (Shattell, 2002).

Findings from the current study are consistent with those of an Australian study by Irurita (1996). The patient's perspective of quality of nursing care was examined using a grounded theory methodology. Irurita (1996) concluded that "enhancing the development of the nurse-patient (patient-nurse) relationship" had the "intention and the potential to increase and enhance the quality (and amount) of care received" (p. 336).

Based on the findings of the current study, patients have a much greater role in developing nurse-patient relationships than the nursing literature suggests. Patients are active participants in the effort to build nurse-patient relationships and sometimes use these relationships to increase their power. Participants in this study believed that a positive nurse-patient relationship increased their chances of quality nursing care. Building relationships with nurses was fundamental in order to obtain quality nursing care in the dangerous and insecure acute care hospital environment. In addition to wanting a relationship for the secondary gain of quality care, some patients wanted genuine relationships with nurses for affiliation and connection.

As shown in this study, patients want deeper connections with nurses. A simple smile, a little conversation about topics outside of the "world of the hospital," and a quick hello as a nurse walks by a patient's room are the types of actions that facilitate the connections patients desire. These and other means of association are important to patients and, as this study and others have shown, can be accomplished in a short amount of time (Altschul, 1971).

Patients report an intense interest in social interaction. Findings from this study as well as previous research on the nurse-patient relationship, quality of nursing care, and the experience of hospitalized patients plainly reflect patients' interest in social interaction. Should nursing practice (and education) reexamine the "social versus therapeutic relationship" dichotomy that exists? Purely social conversation that affirms identity and facilitates connection perhaps should be given greater value in nurse-patient communication.

Consistent with findings from Kralik, Koch, and Wotton (1997), patient participants in the current study had a seemingly exaggerated appreciation and understanding for nurses' workloads. They were reluctant to ask for help from nurses because they did not want to take nurses away from other patients with "more serious needs." Nurses need to be aware that patients may have needs that go unspoken due to patients' hesitation to bother or burden nurses. Patient participants appreciated when nurses were "just there" and "checked in frequently" since they could then ask for what they needed (since the nurses were "already there") without having to call them and therefore feel like a burden on their already arduous workload, a finding consistent with Fagerstr öm, Eriksson, and Engberg (1999).

Of great interest to patients was the listening skill of the nurses. Patients' experiences of trying to get nurses to listen were not met with open acceptance. In fact, most attempts to get nurses to listen failed. The study findings beg the question, Is Peplau's (1991/1952) theory still relevant today?

Consideration of Study Findings with Regard to Peplau's Theory of Interpersonal Relations

Peplau (1991/1952), drawing heavily on the work of Harry Stack Sullivan, describes satisfaction and security as the two goals of interpersonal relations through the use of performance in interactions,

Performances… are mainly 'security operations'… satisfaction, perpetuation of the species, participation in the ongoing stream of civilization, extension of the self into the community, interdependence are words that denote performances that have to do with affirmation and fulfillment of man's wants, goals, and desires so that new goals can be set and achieved by and for all of the people (p. 79).

It is straightforward to recognize how interactions with nurses can increase security, especially in the life and death situations patients in the hospital find themselves. Patient performances are designed to fulfill the goal of surviving hospitalization.

Peplau also claimed that the nursing profession could be a social force in promoting change. Through the exploitation of individual therapeutic nurse-patient relationships, personalities would develop and grow and eventually move society forward. This sociological context of Peplau's Interpersonal Relations Theory (1991/1952) is evident in Peplau's own words:

Human needs are expressed in behavior that has as its goal security or satisfaction of wants, desires, and wishes… when needs are met new and more mature ones emerge… paying attention to the needs of patients, so that personalities can develop further, is a way of using nursing as a 'social force' that aids people to identify what they want and to feel free and able to struggle with others toward goals that bring satisfaction and move civilization forward. Progressive identification of needs takes place as nurse and patient communicate with one another in the interpersonal relationship (p. 84).

The nurses described by participants in the present study did not seem to use nursing as a "social force" in the way Peplau imagined. The manner in which patients in the current study described their interactions with nurses does not fit Peplau's description of a social force since nurses did not seem to understand the patients' experiences of hospitalization and care needs.

The present study has depicted patients' contribution to the nurse-patient relationship and to nurse-patient communication. As noted by Peplau (1991/1952), "understanding of the meaning of the experience to the patient is required in order for nursing to function as an educative, therapeutic, maturing force" (p. 41). In a discussion of the orientation phase of the nurse-patient relationship, Peplau (1991/1952) states, "we are interested in *what happens when an ill person and nurse come together* [emphasis added] to resolve a difficulty felt in relation to health" (p. 18). In this way, the existential meaning of the experience to both nurse and patient could be therapeutic. However, findings from this study do not support Peplau's theory in that there was no evidence of therapeutic relationships and no evidence of progression through Peplau's stages (orientation, identification, exploitation, and resolution). There was no evidence of patients and nurses working together to solve problems. The relationships that patients described were social, not therapeutic, according to Peplau's standards.

Peplau's theory was initially developed in the late 1940s and early 1950s for use in psychiatric/mental health nursing and during this time period, patients were hospitalized for months and sometimes years. In current times, hospital stays are short, patient acuity is high, and due to the nursing shortage and reimbursement issues, there are less registered nurses in the hospital setting. These issues, coupled with the findings from this study and others (e.g., Shattell, 2002; Thomas, Shattell, & Martin, 2002), make it questionable whether Peplau's theory still applies today. The nurse-patient relationship as Peplau had envisioned does not seem to exist in the world of the contemporary hospital.

CONCLUSION
The concept of the nurse-patient relationship is embedded in nursing practice, education, research and theory. Most disciplinary writings focus on the nurse's role and responsibility in developing such relationships. Findings from this study contribute to the literature by showing that patients have an equally vested interest in building nurse-patient relationships. The notion that nurses are in charge of forming these relationships does not tell the whole story. Participants in this study actively sought ways to form relationships. Not only do patients seek to develop these relationships for social interaction, they do so, in most cases, to enhance their chances of surviving and receiving high quality nursing care.

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