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Nurses' Relationships with Patients and Its Impact on Effectiveness of Nursing Skills

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Nurses' Relationships with Patients and Its Impact on Effectiveness of Nursing Skills

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‖ 英文抄録 ‖

Object：To clarify how the relationships between nurses and their patients impact on the effectiveness of nursing skills, as reported by nurses.

Method：This descriptive study relied on self-administered anonymous questionnaires and interviews. A total of 165 nurses completed a questionnaire that inquired whether having good or bad compatibility with their patients impacted on the effectiveness of their nursing skills and the reasons why they thought so, and whether compatibility influenced the formation of caring relationship. In addition, eight of the nurses participated in semi-structured interviews covering the same content as that of the questionnaire, to which they added more depth with their concrete examples.

Results：95.2% of nurses had experienced feeling good compatibility with their patients；92.7% had experienced feeling bad compatibility with patients. 85.5% of nurses had experienced both being able to and not being able to form caring relationships with patients. In good relationships 67.5%, in bad relationships 59.5%, and in caring relationships 64.5% of nurses responded that the relationship status influenced their nursing skills. When a good relationship did form, nurses were not nervous and communicated easily with patients, nurses were able to provide their nursing skills smoothly, patients felt good and took better care of themselves, and nurses got higher levels of satisfaction and motivation. When they were beginning nurses, they blamed themselves for bad relationships, but experience enabled them to deal with patients with whom they did not get along.

Conclusion：Nurses recognize that they are compatible with some patients and not with others. They realize that this compatibility leads to formation of caring relationships and these relationships have an impact on their performance of nursing skills, thus also impacting on their effectiveness. Experience as a nurse and life events enabled them to deal with patients with whom they did not get along.

Key words：compatibility, caring relationship, effectiveness of nursing skills, questionnaires and interviews

Ⅰ. Research Background

Although nursing skills led to various physical and mental responses through physical, chemical, and cognitive stimuli, their implementation involves nurses' relationships with patients. For that reason, in clinical settings, it is difficult to measure the effectiveness of nursing skills itself alone（Hishinuma, 2000；Hishinuma, 2009；Hishinuma et al., 2009）. Fukai reported that

whether the subject was previously known to the investigator influenced decreasing pain from hot compresses（Fukai et al., 1997）. In our experience, after a subject's blood flow had increased by a footbath, a person who made the subject feel uneasy joined, and the subject's blood flow decreased. There is a possibility that nurses' relationships with patients have significant impact on the stimuli of nursing skills. But how the nurse's relationships with patient impact on the effectiveness of a nursing skill is not clear.

If nurses' relationships with patients impact on the effectiveness of nursing skills, then it should be asked what kinds of relationships exist and what kinds of

impacts occur? In nursing, the caring relationship that Mayeroff (1971) described as "helping another grow and actualize himself" is an important concept. Watson (1985) claimed that the essence of nursing was in this caring relationship. However, it is not clear that a caring relationship can be built anytime with anyone. Regarding the caring relationship, it has been pointed out that forming empathy was key (Fujimoto, 2000 ; Ito, 2003 ; Shodai, 1989). Shodai (1989) described the first step of the process of forming empathy as "good attraction (aisho)". She used attraction, but we will use the term compatibility. If compatibility is the key to caring relationships, it is not clear whether nurses recognize good or bad compatibility with patients. Therefore, if it is clear how nurses recognize compatibilities with patients, it will show us useful suggestion for building relationship with patient. Furthermore, if it is clear whether relationship with patient impact on effectiveness of nursing skills, it will make change on measuring the effectiveness of nursing skills in clinical settings.

Ⅱ．Objectives

The aims of this study are to determine 1) whether nurses have ever felt good or bad compatibility with a patient, and whether they have ever felt that they could or could not form a caring relationship with a patient, and 2) whether they perceive that these nurses' relationships with patients impact on the effectiveness of their nursing skills.

Ⅲ．Method

In this research we defined five terms as follows :

nursing skill : skills for protecting or decreasing of pain, and performing patients' daily activities.

effectiveness of nursing skills : achievement of the objective of the nursing skill.

compatibility : general feelings caused by the relationship between people : matching of interests, fun to be with, difficult to deal with, do not like, etc.

caring relationship : be interested in a person, empathize with him/her, and be devoted to him/her.

nursing practice : nurses' activity using nursing skills with interaction to respond to the needs of people who have some health problems.

This research was a descriptive study that combines a self-administered anonymous questionnaire survey and an interview survey.

1．Questionnaires

Subjects : The subjects were nurses in at least their second year of nursing experience, and we planned to recruit 110 subjects, as the number of questions was eleven. We recruited individually in writing, using a combination of convenience and snowballing, and return of the questionnaire was interpreted as consent to participate.

Questionnaire Content : The subjects were asked : ⅰ) whether or not they had experienced feelings such as good compatibility (matching of interests, fun to be with) ; if answered yes, whether they felt that the issue made a difference in the effectiveness of their nursing skills (positive or negative, and whether the impact was large or small) and to write freely about the reasons, ⅱ) whether or not they had experienced feelings such as bad compatibility (difficult to deal with, depressing) ; if answered yes, whether they felt that the issue made a difference in the effectiveness of their nursing skills (positive or negative, and whether the impact was large or small) and to write freely about the reasons, ⅲ) whether they had experienced that they could form a caring relationship, or could not form one despite their efforts to show interest and compassion ; if answered yes, whether they felt that the issue made a difference in the effectiveness of their nursing skills (positive or negative, and whether the impact was large or small), ⅳ) whether they felt that good or bad feelings made a difference in forming a caring relationship, ⅴ) whether they felt that they had been able to form relationships with patients whom they did not know very well through the application of their nursing skills, finally, ⅵ) their current job, years of experience, gender, and age.

Ethical Considerations : The questionnaire was anonymous, and the subjects' answers were voluntary. We told the subjects that a merit of participation was it afforded them the opportunity to reflect on their nursing skills and practice, and a demerit was the time requirement. We asked the subjects to send the questionnaires in unsigned envelopes. We explained that we would present the results at academic conferences and in papers.

The period of data collection was from August to December 2014.

2．Interviews

Subjects : In the request letter of the questionnaires, we described the planned interviews. The subjects were those who agreed to interview.

Survey Content：The content was the same as that of the questionnaire and we asked subjects to talk about their concrete examples in a semi-structured interview setting.

Ethical considerations：It was explained to subjects verbally and in writing, that when participating in the interview, they could refuse to continue at any time；in such an instance, their data would be deleted. It was further indicated that, with their permission, the interview would be recorded with an IC recorder and erased after the nurse's comments had been transcribed；that during analysis the subject's name would be removed and their data would be assigned a number instead, and that the results would be presented at academic conferences and in papers. Written consent was obtained from the subjects regarding their participation. Subjects were told that individual names would not be revealed that the interview would enable them to reflect on their nursing skills and practice, and that the time requirement should be the only drawback.

Data collection took place between November 2014 and August 2015.

3．Methods of Data Analysis

Each item in the questionnaires were totaled, the proportion of the responses was calculated for each item, and the free comments provided were classified into subcategories and categories according to similarity of content.

Regarding the interview results, all interviewees' comments were transcribed from the IC recorder. All statements relating to compatibility or caring relationships and the impact of these relationships on the effectiveness of their nursing skills were extracted and categorized. All subcategories and categories were compared with the results of the questionnaires.

The results of the questionnaire and interview surveys were combined to extract the nurses' perceptions of the compatibility and care relationships with the patients and their perceptions of the impact of the relationships on the effectiveness of nursing skills. In this combining process we held meetings twice with researchers in fundamental nursing to interpret the outcomes.

This study was conducted with the approval of the St. Luke's International University Research Ethics Review Committee（approval number：14-030）. The authors have no conflicts of interest directly relevant to the content of this article.

Ⅳ．Results

1．Questionnaires

1 ）Backgrounds of subjects

Of the 183 questionnaires distributed, 165 were returned；these were then analyzed（for a recovery rate of 90.2％）. The respondents' jobs were as follows：134 nurses, 16 nursing instructors, 7 midwives, 3 assistant nurses and 5 who declined to answer. Concerning gender, 155（93.9％）were female, 6（3.6％）were male, and 4（2.4％）declined to answer. Regarding age and years of clinical experience as nurses, excluding nursing instructors and those who did not give their job title are shown in Table 1. Nursing instructors' experience as a nurse in clinical settings ranged from 4 to 30 years and experience as an instructor were as follows：7 were 1 to 4 years, 5 were 5 to 9, and 4 were over 10 years.

2 ）Nurses' experiences of their relationships with patients

With respect to their experiences, 157 had experienced feeling good compatibility with their patients and 8 had not；153 had experienced feeling bad compatibility with patients and 12 had not. 146 had experienced feeling both good and bad compatibility and one had neither（Table 2）. Moreover, 141（85.5％）had experienced both being able to and not being able to form caring relationships with patients despite trying to do so and 24（14.5％）had not.

Finally, 127（77.6％）responded that they had experience of all three items, 164（99.4％）had experience of at least one, and only one claimed not to have experienced any of the three.

3 ）Whether good compatibility made a difference in the effectiveness of nursing skills

Among 157 who had experienced feeling good compatibility with their patients, 106 felt that good compatibility made a difference, and 101 of these 106 responded that they felt the impact was positive. Fifty-one responded that good compatibility did not impact on nursing skills（Table 3）.

Ninety-one nurses who felt that good compatibility with the patient made their nursing skills more effective wrote the reason why they thought so. The contents of their descriptions could be classified into the following six categories：good communication, without nervousness, smoothly providing nursing skills, the patient participates in the care, positive outcomes on patients, and a high degree of nurse's satisfaction. Categories, subcategories, and examples of descriptions are

Table 1　Backgrounds of subjects　　　　　　　　　　　　　　　　　　　　$N=165$

Job	nurse	nursing instructor	midwife	assistant nurse	no answer	Total
	134　(81.2)	16　(9.7)	7　(4.2)	3　(1.8)	5　(3.0)	165　(100)
Age	20 s	30 s	40 s	50 s	no answer	Total
	40　(24.2)	54　(32.7)	44　(26.7)	16　(9.7)	11　(6.7)	165　(100)
Years of clinical experience*	1-9	10-19	20-29	30-	no answer	Total
	55　(38.2)	51　(35.4)	21　(14.6)	5　(3.5)	12　(8.3)	144　(100)

Number of people（%）

＊：of nurse, midwife, and assistant nurse

Table 2　Experiences of feeling good and bad compatibility　　　$N=165$

		Experienced feeling bad compatibility		
		Yes	No	Total
Experienced feeling good compatibility	Yes	146　(88.5)	11　(6.7)	157　(95.2)
	No	7　(4.2)	1　(0.6)	8　(4.8)
	Total	153　(92.7)	12　(7.3)	165　(100)

Number of people（%）

Table 3　Impact on the effectiveness of nursing skills

	Makes a difference in the effectiveness of nursing skills				Impact of the effect (Those who answered Yes)			
	Yes	No	No answer	Total	Large	Small	No answer	Total
Experienced feeling good compatibility	106 (67.5)	51 (32.5)	0 (0)	157 (100)	101 (95.3)	2 (1.9)	3 (2.8)	106 (100)
Experienced feeling bad compatibility	91 (59.5)	61 (39.9)	1 (0.7)	153 (100)	10 (11.0)	75 (82.4)	6 (6.6)	91 (100)
Experienced could and could not forming a caring relationship	91 (64.5)	48 (34.0)	2 (1.4)	141 (100)	74* (81.3)	3 * (3.3)	14* (15.4)	91* (100)

Upper：Number of People, Lower：（%）

＊：when they could form a caring relationship

shown in Table 4.

4) Whether bad compatibility made a difference in the effectiveness of nursing skills

Among 153 who had experienced feeling bad compatibility with patients, 91 felt that bad compatibility had an impact, and 75 of those 91 felt that the impact was small in bad cases. Sixty-one responded that bad compatibility had no impact（Table 3).

Sixty-six nurses who felt that bad compatibility made them less effective wrote the reason why they thought so. The contents of their response could be classified into the following five categories：bad communication, nervousness, nurses want to leave from the patient, without the patient's participate, and nurses' motivation decreased. Categories, subcategories, and examples of descriptions are shown in Table 5.

5) Whether they had experienced that they could form a caring relationship or could not form one despite

their efforts to show interest and compassion

Among 141 respondents who indicated that at times they could not form a caring relationship with the patient, 91 said that this factor made a difference in the effectiveness of their nursing skills, and 74 of those 91 stated that this effect is large. Forty-eight responded that it had no impact on the effectiveness of their nursing skills（Table 3).

6) Concerning the relation between compatibility and forming a caring relationship

115 respondents（69.7%) thought that compatibility was related to the successful formation of caring relationships, 35（21.2%) thought that it was not, and 15 (9.1%) gave no response.

7) The impact of nursing skills on forming a caring relationship

145 respondents（87.9%) felt that they had formed relationships with patients with whom they were not

Table4　The reasons why good compatibility made the nursing skills more effective

Category	Subcategory	Examples of description
Good communication	Communication is easy（16）［10］	Ask about the patient's wishes, values
		Open to suggestions for care
		Visit the patient many times
	Notice what the patient wants［1］	I notice what the patient wants to say even though he/she does not say it directly
	Nurses feel trust from the patient［1］	I feel trust from the patient
Without nervousness	I am not nervous（5）［4］	Movements are smoother
Smoothly providing nursing skills	I am kinder（2）	I have more patience
	Can use skills smoothly（15）［3］	Do not make mistakes
		Provide care politely
	Take their time（5）	Spend longer time caring for the patient
	Can provide more skills（2）［2］	Can provide a lot of care at the same time
	Nurses feel good［1］	I feel good
The patient participates in the care	The patient participates（13）［1］	The patient is cooperative
	Lively conversation（6）	I have a nice chat with the patient
	The patient smiles（1）	The patient smiles during the care time
Positive outcomes on patients	Feeling good（9）［1］	The patient said,"It's pleasant."
		The patient said,"That felt good."
	Relaxing（6）	Less pressing of the nurse call button
		Falling asleep
		Limbs becoming warm
	Improvement of self-care（3）	Increased activities of daily living
	Looking forward to care（3）	The patient said,"I look forward to next time."
A high degree of nurse's satisfaction	A high degree of satisfaction（3）［1］	I feel sincerely glad that the patient is pleased
	Motivation is up（1）	I want to do more

（ ）：number from questionnaires,［ ］：number from interviews

already well acquainted through providing their nursing skills, 13（7.9％）felt that they had not, and 7（4.2％）gave no response.

2．Interviews

1 ）Subjects

　Initially, 19 nurses expressed interest in the interviews；after an explanation about the interview, nine remained willing, and individual interviews were completed with eight of these. The interviews lasted between 30 and 60 minutes, with an average of 50.4 minutes. All the interviewees were female；seven were nurses and one was a nurse/midwife. In terms of age, two were in their 20 s, four in their 40 s, and two in their 50 s. The experience of these nurses was between 4 and 30 years.

　All interviewees had experienced both good and bad compatibility with patients. Their statements included the changing process relating to compatibility or caring relationships. 74 descriptions were extracted on good and bad compatibility, 48 descriptions on changes in perception and the reasons for change from when they started as a nurse to the present, and nine comments regarding nursing skills and relationships.

　Hereinafter, the number in parentheses indicates interviewees' number,［　］indicates category, and ＜　＞indicates subcategory.

2 ）Good and bad compatibility

　The descriptions regarding good compatibility with patients（25 descriptions）and bad compatibility with patients（49 descriptions）were compared with the subcategories and categories of questionnaire results. New category was not found, eight new subcategories were found. New subcategories and numbers were added Table4 and Table5.

　About good compatibility, there were twenty-two descriptions corresponding to the subcategories already shown. In＜communication is easy＞, new examples were "talking about patient's families more deeply（No. 3 ）" and "asking a patient to wait a moment with a sense of confidence（No. 4 ）". Four new subcategories were found. The first is＜notice what the patient wants＞（No. 2 ）" and the second is＜nurses feel trust from the patient＞（No. 6 ）；these were in the category ［good communication］. The third is＜nurses feel good＞（No. 6 ）in the category ［smoothly providing

Table5　The reasons why bad compatibility made the nursing skills less effective

Category	Subcategory	Examples of description
Bad communication	Communication does not go so well(13) [8]	Ask the patient the bare minimum Do not hear important things Make the patient become angrier
	A vicious cycle develops [3]	Patients press the nurse call button when the nurse has not done something properly
Nervousness	I am nervous (9) [13]	Feel awkward Feel as though I cannot make mistakes Want things to be done in an innocuous manner
	Providing care with tension (2) [2]	Sweating
	More politely [2]	Having to explain things more carefully
	Providing every skill [1]	Not being able to promote the childbirth process despite providing every skill
Nurse wants to leave from the patient	Wanting to leave early (10) [8]	Wanting to finish the care as soon as possible
	Provide only the essential care (2) [2]	Not doing anything other than what is necessary
	An inappropriate pace (9)	The nurse works at his or her own pace
	Fail at skills (5) [1]	Making unusual mistakes Getting into trouble
Without the patient's participate	A glum patient (4) [7]	Patients will not make eye contact Patient's facial expression is blank
	Patient does not participate (1) [1]	Patients do not even do things that they could do for themselves
Nurses' motivation decreased	Have decreased motivation (3)	Not feel as though they want the patient's condition to improve
	Nurses feel unsatisfied [1]	I feel unsatisfied when I do what I should be doing

（　）：number from questionnaires, ［　］：number from interviews

nursing skills]. The last is＜motivation is up＞in the category［a high degree of nurse's satisfaction］（Table 4）.

Regarding bad compatibility, forty-two descriptions corresponded to the subcategories already shown. In ＜communication does not go so well＞, new example was "without a good understanding, I am unable to deepen a relationship（No. 4）". ＜I am nervous＞, an example comment was "not being able to open the door to the patient's room unless I pulled myself up（No. 5, 6）". Four new subcategories were found. ＜A vicious cycle develops＞was a new subcategory of the category［bad communication］. In the category［nervousness］, ＜more politely＞and＜providing every skill＞ were new subcategories. In the category［nurses' motivation decreased］, a new subcategory was＜nurses feel unsatisfied＞（Table 5）.

3）Changing of nurses' perception of bad compatibility

All the subjects said that at the beginning of their careers, they experienced bad compatibility with patients. However, the nurses' present ways of recognizing and responding to bad compatibility have changed from the initial attitudes. They admit the exis-

tence of bad compatibility with patients, they can respond and care for them. These comments were from interview only.

Forty-eight comments were classified into two categories：［changing of nurses' perceptions］, and［factors that influenced nurses' perceptions］（Table 6）.

In changing of nurses' perceptions of bad compatibility with patients, there were three subcategories. Nine comments related to when they were novice nurses： they believed that all patients should be treated equally （No. 1, 2）；that if they could not get along with a patient, it was their fault（No. 1, 4）；that they could not say no（No. 3）；that they could not avoid patients（No. 6）；that they had to do things that were asked of them（No. 5）；a sense of mission that they are the only ones who can do it（No. 7）. This subcategory was named＜it is I who is bad＞.

Three comments related to four to six years after they started nursing：they think that if the patient does not understand what they are doing, then the patient is to blame（No. 3）；they feel that they are making much effort, but the patient does not notice（No. 1）. This subcategory was named＜the patient is to blame＞.

Table6　Nurses' perception of bad compatibility

Category	Subcategory	Examples of comments
Changing of nurses' perceptions	It is I who is bad ［9］	If I could not get along with a patient, it is my fault
		All patients should be treated equally
		I cannot avoid patients
	The patient is to blame ［3］	I am making much effort, but the patient does not notice
		The patient does not understand what I am doing
	Even if there were bad compatibility, I can care ［26］	I have stopped liking or disliking patients
		I must make extra effort especially when I do not get along with the patient
		I ask patients to tell me if they think they have bad compatibility
Factors that influenced nurses' perceptions	Nurses realized a wide range of values ［7］	People have a wide range of values
		Things will not always be as they are expected to be
		Bad compatibility was not a morally bad thing
	Nursing experience and life events that made change ［3］	Experience as a nurse
		Raising children
		Dealing with illness

［ ］: number from interviews

Twenty-six comments related to the present recognition: they no longer hate patients for being bad (No. 4), have become able to do the job even if they do not get along with the patient (No. 1), have stopped liking or disliking patients (No. 2), acknowledge that they have to make extra effort especially when they do not get along with the patient (No. 4), attempt to somehow build a relationship which gets the nurse's thought noticed (No. 8). They ask compatible nurses to help them (No. 1, 3, 6, 7), and ask patients to tell them if they think they have bad compatibility (No. 7). This subcategory was named＜even if there is bad compatibility, I can care＞.

In the second category [factors that influenced nurses' perceptions], there were two subcategories. Reasons for this change over time are that the nurses realize that people have a wide range of values (No. 1, 2, 3), things will not always be as they are expected to be (No. 1), and that nurses have stopped thinking that bad compatibility was a morally bad thing (No. 4). The subjects also indicated that they learned to find rewarding aspects even with patients whom they personally disliked (No. 1, 4); that they could casually complete what the patient most wanted at that moment, thereby eliminating the feelings of dislike (No. 7). This subcategory was named＜nurses realized a wide range of values＞.

Other than from their experience as nurses, this change also came from raising children and dealing with illness. This subcategory was named＜nursing experience and life events that made change＞.

4) Nursing skills and relationships

The nurses reported that communication was somehow difficult even though they had not yet established either a good or a bad relationship with the patient. One gained the patient's trust after providing a comfortable hand bath (No. 3), and one told the patient that she would come regardless of whether the nurse call button had been pressed, causing the patient to press the button less and trust the nurse a little more (No. 8). Without citing a specific example, some spoke of having seen relationships turn around once they could help the patient feel good (No. 3, 4, 7), and they indicated that they had used their nursing skills to help them build closer relationships with patients.

V．Discussion

Through the survey and interviews, nurses reported about differences in relationships with their patients. In their responses to the questionnaire, 99.4% of nurses acknowledged having had feelings of good or bad compatibility with patients, and 85.5% were aware that in some instances they are unable to form caring relationships. These suggested that nurses have ever felt good or bad compatibility with a patient, and nurses have ever felt that they could or could not form a caring relationship with a patient too.

The next point of the results was that nurses perceived good or bad compatibilities with patients. In good compatibility with patients, nurses have good communication, without nervousness, provide nursing skills smoothly, the patient participates in the care, positive outcomes on patients, and a high degree of their satisfaction. By contrast in bad compatibility with patients, nurses have bad communication, nervousness, want to leave from the patient, without the patient's participate in the care, and their motivation decreased. However even if there were bad compatibility, they can care after they realized a wide range of values through nursing experience and their life events.

From the results, two factors primarily determined what the nurses recognized as good or bad compatibility : whether their communication could be easy and whether the nurse felt nervous. Another point was the relationships with patients impacted on the manner or performance of providing nursing skills. The relationships affect the manner of providing skills, and that impact on the outcomes both patients and nurses. Nurses did not report impact on the effectiveness of nursing skill itself directory but reported impacts on patients and nurses after providing nursing skills. In good compatibility, the patient felt good or increased activities of daily living, and nurses satisfied and increased motivation. By contrast in bad compatibility nurses decreased motivation, and subjects did not report any outcomes on patients. From this it is clarified why the effectiveness of the nursing skills itself could not be measured in clinical settings. In clinical settings, the providing process of nursing skills was impacted from nurses' relationships with patients. Therefore, the effectiveness of the nursing skills itself could not separate from the effectiveness of nurses' relationships with patients

A caring relationship is one in which the nurse is not nervous and is able to communicate with the patient, feels confident that it would be okay to become close to the patient or the patient's family in some way, and the patient forms a relationship of trust with the nurse. Good attraction(aisho)produced empathy easily(Shodai, 1989), and the first impression was the starting point of developing empathy(Fujimoto, 2000). The compatibility is an important factor in nurses' relationships with patients.

Where a caring relationship is present, nursing activities go smoothly, nurses take their time and apply their skills most effectively, and patients are cooperative, striking up conversation with a smile. In such cases, the nurses complete their task well, achieving the purpose for which they have been trained. Moreover, the patient feels good and calm, looking forward to his or her care and making improvements in self-care. The study also determined that in positive patient-nurse relationships, nurses have a greater sense of satisfaction and motivation. This process is just caring as Mayeroff (1971) said, and many researchers have pointed out (Peplau, 1952 ; Orlando, 1961 ; Travelbee, 1966).

However, even though they recognize the differences between relationships, 30% to 40% of the nurses stated that these differences had no impact on the effectiveness of their nursing skills. This feeling that even if the patient's relationship with the nurse is bad, it cannot be allowed to impact on their work. This can be inferred from the fact that nurses were regarded to not have negative feeling for their patient (Takei, 2001).

The results of the interviews indicated that new nurses tend to blame themselves for bad compatibility with patients and see it as something that they need to work on. However, through work and life experiences, they learn to expect that there will be some patients with whom they are incompatible, and they become more able to deal with those situations. Fujimoto(2000) pointed out that nursing experiences was an influencing factor to developing empathy. The questionnaires and interviews indicated that it is possible for nurses to gain their patients' trust through the application of their nursing skills at an early stage of the patient-nurse relationship ; clarifying this process would be a worthy topic of future research.

Furthermore, as this study dealt with effects strictly from the nurses' perspective, a study from the patients' perspective would also be of value.

Ⅵ. Conclusion

This study has found that 95.2% of nurses recognize that they have good compatibility with patients and 92.7% of nurses recognize that they have bad compatibility with patients. 85.5% of nurses had experienced both being able to form and not being able to form caring relationships with patients despite trying to do so. Good compatibility led to the formation of caring relationships. Nurses' relationships with patients affect the performance of providing nursing skills, and impact on the effectiveness of the skills.

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看護職と患者の人間関係と看護技術の効果への影響

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目的：看護職と患者との人間関係が，看護技術の効果にどのように影響しているかを，看護職の認識から明らかにする．

方法：自記式無記名の質問紙調査と，面接調査を組み合わせた記述研究である．看護職165人に，相性がいい・悪い，ケアの関係性を感じた経験の有無と，それが看護技術の効果に影響すると思うかとその理由をたずねた．また相性がケアの関係の形成に影響するかをたずねた．協力を得られた看護職8人に，半構造的面接を行い，同様の内容を具体的な経験から詳細に聞き取りを行った．

結果：95.2％の看護職は，患者との相性がいいと感じた経験があり，92.7％は相性が悪いと感じた経験があった．85.5％はケアの関係性になれる・なれないを感じたことがあった．相性がいい場合の67.5％，相性が悪い場合は59.5％，ケアの関係性では64.5％が，関係性が看護技術の効果に影響すると認識していた．関係性がいいときは，看護職に緊張がなく患者とコミュニケーションがとれ，その場合はスムーズに看護技術が提供され，技術の効果に加え，患者には気持ちよさやセルフケアの向上をもたらし，看護職にも満足や意欲の向上がもたらされていた．新人時代は関係性がとれないのは自分が悪いと思っていたが，経験によって相性が悪い患者にも対応できるようになることも示された．

結論：看護師は患者と相性の善し悪しがあることを認識しており，この関係性はケアの関係性の構築に影響し，人間関係は看護技術の提供方法と効果に影響することが示された．また，経験によって相性が悪い患者にも対応できるようになることも示された．

キーワード：相性，ケアの関係性，看護技術の効果，質問紙と面接調査