Original Article

How Nurses Experience their Profession and their Relationship With the Patients? A Qualitative Analysis

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Abstract

Background: The nursing dealing with people essentially refers to issues about people, giving great importance to moral and ethical issues.
Objective: The purpose of this study was to investigate the way nurses experience their profession in relation to their patients.
Methodology: The methodology of the study was based on the collection of primary and secondary data. The secondary data were collected through books, journal articles, and through official websites relating to the writing of the theoretical part of the study that addresses the role of nurses and nursing ethics toward patients. The primary data were collected by conducting a primary research using as a basic tool the interview.
Results: The key findings of the research showed that most respondents experience their profession as a social contribution, which fills them emotionally as humans. However, the respondents reported that they also experience mental and physical exhaustion, due to difficult circumstances and the working hours. To all patients, finally, regardless of whether they are rude or not, respondents behave with politeness and formality.
Conclusions: The nursing profession should be characterized by morality and knowledge, by a sense of belonging and engagement with the profession as a lifestyle.

Key Words: Nurses, patients, profession, relationship

Introduction

The nursing dealing with people essentially refers to issues about people, giving great importance to moral and ethical issues. It is based on the Nurses themselves that are required to be educated and responsible people, to engage in the vocation wisely and therefore to treat those around them either patients or associates as unique and treasured personalities (Barret, 1961). However, the values are more basic than the attitudes they affect. They are located in the core of the human life and actions, and serve as criteria in the selection of beliefs and goals (Smith, 1983).

The question is whether there are certain personal and professional values for nurses, and if these coincide or are contradictory. Many times the personal and professional values do not coincide. The nursing conditions, from everyday experiences, such as the dramatic situations that threaten life, require decision making and therefore the values contradict each other (Smith, 1983).

Modern nursing maintains an evaluative perspective and a frame of reference, based on the following values (Binetti, 2004): compassionate care and concern for the whole hospitalized individual, awe for the gift of life, respect towards the value, dignity, autonomy and individuality of each human entity, respect and protection of the rights of the patient, responsibility for providing comprehensive, individualized and humanitarian nursing care, undivided and indiscriminate provision of service

to the individual and contribution of nurses to improve and uplift the society through the promotion of healthy living people

The nurse in the role of the caregiver

It is the greatest and most important role for a nurse. The purpose of every nurse is the proper and personalized health care for each patient individually (Myers; Gulanick, 2013) According to Mayberry et al (2006), the process of care covers everything that is done to the patient, with the patient and for the patient or the consumer of the healthcare services.

The nursing care refers to all activities and needs of the individual, the satisfaction of which is undertaken, depending on the case, by the professional nurses. (Lovallo, 2004).The nurse spends the majority of his or her time by the side of the patient.

Emotional care concerns the satisfaction of all those needs that can adversely affect the psychology of the patient (Melissa, 1998). This requires the proper record of the problems by the nurse. Then, the nurse must have the ability to listen to the patient, to record the problems and classify them according to their severity in order to know which to address first (Stone et al, 1987).

The relationship between the nurse and the patient

When assessing the extent and degree of the control exercised during the treatment process, certain variations can be observed in the relationships between nurses and patients. Depending on the type of the nursing care and the place where it unfolds, different relationships can be developed and different roles can be pursued between nurses and patients (Nancy; Asuman, 2007). Relationships and roles that are defined by: energy and passivity of the nurse or the patient (i.e. nursing care in coronary disease units or private nursing home care) (Nancy; Asuman, 2007; Kalat; 2010), consultation and cooperation (nursing care for the treatment of acute infectious diseases or chronic illness at home) (Kalat, 2010), mutual participation of nurses and patients (primary nursing care in the community for chronic diseases) (Nancy; Asuman;, 2007; Kalat, 2010).

Another important factor that affects the formation of nurse and patient relationship is the place in which the disease is sought to be addressed and the provision of the nursing care (Sheldon, 2005). This factor strongly influences the management of power and control that is being developed between nurse and patient. For example, when the patient receives nursing care in the familiar surroundings of their home (space and time self-management), then patients exert more control over the visitor-nurse relationship, while the opposite applies when they have minimum control and power when they are hospitalized as inpatients in a hospital (Kalat 2010; Mok & Chiu, 2004).

Testimonies by patients and also the experience of everyday life in the delivery of nursing care underscore the finding that the behavior and attitude of health workers is influenced by social factors like age, social status, gender and race Older patients are often ignored or neglected compared to younger patients (Nancy; Asuman, 2007). Patients of lower classes usually receive less attention, sympathy or service compared with patients belonging to a higher social class (Nancy; Asuman, 2007). And also, patients of different racial origin are often subjected to subtle racial discrimination in health care, compared with other patients of the majority or dominant racial composition of the population (Raeve, 2002).

The limited and conventional type information and the lack of communication between nurses and patients, result in tensions and contradictions that affect, in turn, negatively the provision of the nursing health care (Stone et al, 1987; Shattell, 2004).

The purpose of this study is to investigate the way nurses experience their profession in relation to their patients. And more specifically: a) discover motives and attitudes behind the practice of the profession of nurses, b) discover behaviors of nurses when treating patients

Method

Qualitative research

Qualitative research seeks to explore and explain the meaning and not the frequency of certain phenomena. The qualitative techniques are interested to explain what people think, rather than how many people as the quantitative research is interested in.

Population

The survey population consisted of nurses that were approached by the researchers. Because of

the difficulty of the subject and the content of this research, the researchers made targeted interviews with people who would give meaningful answers.

Sample selection - size of the sample

The sample which will be used to conduct the qualitative research is a non-probability sample and more specifically it is a purposive sample. Purposive sampling was used having given that the latter has selected a sample of people who accept, understand and relate to the purpose of the study. On the basis of the research purpose, and also the data that define the sampling method, exclusion of a number of people who were not related to the topic of the research was made (Lisa, 2008).

The sample size to be used in this research will be six nurses, all working at the public hospital "Gennimatas", in the age span 35-45, with at least 8 years of experience.

Qualitative Research Tool

The tool used to conduct the qualitative research is in-depth interview with the help of semi-structured questions which will follow certain lines of the discussion. The context of the interviews forms the data for the development of the discussion between the interviewer and the interviewees, and also the analysis field of the responses (Willig, 2008).

Collection and codification of data

The collection of information will take place in the workplace of the participants "Gennimatas" hospital, where the interviews have been carried out and the codification of the data conducted with the help of the data decoding process.

The degree of agreement and disagreement of the results of the analysis to be carried out, will determine the credibility of the qualitative research. There are two types of codification methods: priori and emergent. Priori method was chosen. The priori method is an open codification process without restrictions and it is implemented by following the process of attention, collection and consideration, unlike the emergent coding method which is used to more emergency procedures of encoding and particularly under pressure. In the present case, the researcher followed a meticulous and well organized, data encoding process and for this

reason the first method was chosen.

The type of the qualitative analysis

The type of the qualitative analysis to be used is content analysis. This type of analysis refers to the intact recording of the information provided by the sample surveyed (Willig, 2008).

Content analysis is a quantitative method for the study of texts. It analyzes texts in terms of the occurrence or frequency of specific terms, narrations or concepts. It can include the measurement/counting of the number of lines or the amount of space occupied by various topics. Content analysis converts secondary material of qualitative nature in the form of quantitative data (DeVellis, 2003).

IPA (Interpretative phenomenological Analysis)

This model of analysis refers to this point of the methodology, since it has guided the development of the research questions and their analysis. Specifically, this model helps to understand how the considered sample research understands the social and personal - family environment (Willig, 2008).

The IPA is used being particularly useful when someone deals with complex issues. Taking into account the above, IPA was chosen for this research since in order to evaluate the perception of nurses in relation to their profession is a complex and entirely personal issue that relates to personal, family and social variables that influence its intention and perception (Larkin & Thompson, 2003).

The research questions set according to the IPA are always open-ended, free as to their answers and cover a range of responses. They are not designed to test a hypothesis but through an open and flexible discussion to lead the researcher to safe conclusions (Smith, 1996).

Based on these data the questions were raised in the present study, which were the result of the literature review of this study. In particular, the basis of their development were the studies by Karachalios (1999), Lanaras (2006), Former (1981) and in general, the literature regarding the nursing ethics and the relationship of the nurses with their patients, even if this is the main issue of this study.

Table 1: The Questions Used for Gathering Data

What means for you to be a nurse?	Profession
How do you feel when you practise your profession?	Practicing the profession
How do you feel when you come in contact with one patient? (emotional, physical and intellectual level)	Relationship with the patients - Feelings
How do you feel when you attend one patient?	Feelings toward the patients
Does your work influence some sector of your life? If yes, how?	Personal life
How would you describe yourself as a person? (Example: Which type of person you are? Characteristically: cheerful, nervous etc).	Who am I
As a nurse, you have seen changes in how you conceive yourself? If yes what?	Behaviour
How do the others see you now that you are a nurse?	Opinion of the others
What means to you a good or a bad patient? How do you define it?	Assessment of the patients
How do you manage one good or bad patient? (Sentimental and behavioural level).	Treatment of the patients
How do you experience your own illness and how do you deal with it (e.g. stress)	Me not me
Would you want to change something in your relation with the patients?	Changes

In order for the IPA tool to yield better results it employs small samples of up to 10 individuals. In this study 6 individuals were selected. The key to achieve the objectives of the IPA model is for the selected sample to be focused, on the objective of the research. This study examines six nurses who have 8 or more years of experience, working in the same public hospital, with great load of nursing work, so as to have a complete picture of all aspects of their profession (Herring, 2012).

In their responses there is no right or wrong answer, and everyone answered what they thought it would be relevant to the question and the subject in general. The basis of the development were the semi-structured interviews which focused on specific questions in order to understand the views and perceptions of the respondents in relation to the research topic (Smith, Flowers, and Osborn, 1997). In this study the questions were focused on the issue and were based on the theory, were few and open-ended and thus never tired the respondents and also easy to answer. Each interview lasted 30-40 minutes in order not to wear out the respondent and to cover the topic.

During consultation with the respondents, the answers were recorded and then kept in a

manuscript form after transcripted from the tape recorder. Based on this model the analysis was carried out through the process as described below.

Specifically a table was designed per respondent. One column included the encoding of each question as shown below, and the other column comments on whether the answers cover the goals of the study, and where this appears within the study by indicating the section. At the end, there is a reference per respondent in relation to the above analysis procedure according to this model. Below are the questions with the key variables which were later investigated within the theoretical framework in order to identify where they appear in the text and if the answers of respondents coincide with the theory or if they set new data.

Results

The questionnaire is divided into three thematic sections. The first section refers to the nurse-patient relationship, the second to the identity of the nurse, and the third section focuses on the process of the management of patients by nurses.

The first section starts with a question in relation to what the nursing profession means to the respondents. The responses of the nurses are not similar, one can separate them in two groups of answers for three of them indicating that it means love, tender to the community, and also humane treatment for people suffering from various diseases, for the others is also loyalty to the patients but the seems to be confused and tired about the working conditions, their personal life.

This question helps understand how the nurses feel for their profession. They essentially consider nursing as a social function, as a means to offer and not as an obligation. Apart from the above, it is observed that nurses experience fatigue due to the working hours, the poor working conditions, the failure to support the requirements of patients, and also in some cases due to the bad relationships with their patients.

The profession *"love, offer to social total, humanism and treatment of illness"*

The second question of the first category focuses on how the nurses feel when performing their profession. The nurses said they feel moral satisfaction, fullness, content, satisfaction and selflessness. The second question is combined with the first, and it also shows that the nurses

feel a sense of fullness, and social contribution through their profession to society. On the other hand also the second category feel good about their profession, but there is problem with the stress because of the obligations of the profession, which sometimes affect them in a level to some of them think in time of weakness to stop doing it.

"plenitude, pleasure, satisfaction and unselfish offer" "feel completed and proud".

Their feelings for some of them, when they come into contact with the patients, according to the third question is completeness, strain due to their tiresome profession and finally mental fatigue due to the difficult diseases they have to face in their daily lives. Beyond these, the nurses feel content because of the work they provide to society and in general the support they give to patients. For some of them the situation is not so simple because they want to support the patients but they are so tired in a level that they can attribute as they want to.

"feeling pleasure for helping them"

The first section of questions closes with the question on how their work affects their personal lives. The answer is that the schedule of their shifts greatly complicates their personal lives. Some of them are annoyed by this situation, do not have a personal life and this may damage them. One of them said he cannot enjoy his family and this reduces their performance.

"influences my life as the schedule and the program of work in shifts hinder my interpersonal relations"

The second set of questions focuses on the identity of the nurses. Specifically, based on the first question, the nurses answered that they consider themselves as social, sensitive and with humor, showing thereby that in order for the nurses to withstand the harsh conditions of their profession, they must be positive, open to new things and situations, and also ready to face any difficulties. Of course, there are negative responses related to the character of each nurse, where everyone believes that they have changed, have become more nervous, more negative and consider that this is the result of the many working hours and that the nursing profession is very difficult and demanding.

"social, sensitive and I have humour. cheerful"
" formal in the daily work"

"open to new interests and hobbies"

"becoming more nervous in my behaviour towards to my people and harder in the difficulties"

The responses in relation to the way they see the people around them, are different with respect to where they focus. The first nurse answered that people always rush around to ask about various topics of medical and nursing content while the second replied that nothing has changed and he remains himself. The other three said that there have been changes in their character associated with their job leading them to dead ends, a fact that was detected in the theoretical part too and presents many negative levels of stress, emotional stress. All these affect some of the patients' character too. The last respondent seems to love her profession very much, which helps her to overcome its negative effects.

The third section of questions refers to how the nurse treats the patient. According to the nurses there are good and bad patients and this is associated with their behavior, which is whether they are gentle or rude, positive or negative in relation to what is happening to them. They all have good relationships and demonstrate a good behavior towards their patients, some just do it with pleasure, others by obligation due to the nature of their profession.

"trying to manage patients with politeness, formality and respect"

The nurses, irrespective of the nature of the patients, they provide the best possible services, and it is just that with the gentle patients there is a better understanding. When they meet such patients, due to their experience they face each case with vigor and logic. Finally, they consider that they have to change something about their image and their relationship with their patients. Some of the respondents would change several things in connection with the operation of the hospital system. The last interviewee responded with skepticism, considering that nurses should be improved to become more effective, and so he said that he attends seminars and lessons on the job.

"no need to change, politeness is enough in order to maintain a good relationship"

"there should be training provided to keep knowledge up-to-date"

Discussion

Based on the above, this study found that the nursing profession should be characterized by morality and knowledge, by a sense of belonging and engagement with the profession as a lifestyle. Conclusively, according to the respondents and as seen in relation to their work and in addition concerning the theory one can be guided to the following conclusions.

In relation to their work and patients, it was found that some of the nurses love their jobs, and they feel that they perform a social contribution and not just a profession. Since nursing is quite demanding, it can be seen, they could never perform this profession if they didn't love nor feel a need to provide to society, to support the weak and those who have real problems (Johnstone & Kanitsaki, 2006).

Those who are negative towards their profession, their reasons seem serious and associated with the hospital infrastructure, the behaviour of others, the relationship with patients and doctors, and the difficult schedules.

Smith (1983) confirmed the above about the nursing profession which is framed by positive and negative elements, closely associated with the external environment of the nurse. The nurse, depending on his or her loyalty, responds more or less positively to the problems of their work, which is also illustrated through the responses to the questionnaire.

Regarding how the nurses perceive themselves through their work and based on Lanara (2006), it is observed that that the nurse in general is a positive character, likable, focused on social work, sensitive, and in general because their profession involves a constant stress, they may also be edgy and show these feelings to the people of their personal lives, since when they are at work they have to always be positive with their patients. The problem is that many of the respondents exhibit intense anger and nervousness due to the difficulties of their profession, the adversities and, lack of privacy. In general, some performance problems are observed due to low self-esteem and general negativity that exists in their environment (Liaschenko & Peter, 2004).

In the third category the main conclusion refers to the relationship with the patient, where it can be seen that regardless of their character, nurses must find ways to communicate with them, be

next to them in everything that happens, and to support them by understanding their problem.

As mentioned by Karachalios (1999), some nurses exhibit disregard for their profession, refusal to improve performance and abilities, considering that they have to offer something else. Fortunately this is not true for everyone, since some people still have an eagerness to work and improve their knowledge.

According to the present study, the attitude that prevails among the nursing profession is the result of many factors. The reality shock, the lack of nursing staff and the experience of negative bias seems to affect the perceptions of nurses about their profession. Nurses, not always in their entirety, and based on the conducted research, consider nursing as a profession that requires critical thinking, lots and complex knowledge and skills in order to meet the modern needs, but also patience and constant effort.

It is important that, regardless of the conditions, the nurses should gain the prestige and respect by the society. Nurses should be trained more and more and trained constantly, so they will be able to offer high quality care to their patients, and also to be able to stand equally beside the other health professionals in their workplace.

The nursing profession is difficult, and for this reason anybody who deals with it, should love and support it and in general, nurses should always seek the best for themselves and their patients. It is essential to receive support at all levels, their family and also their superiors, in order for the nurses to be able to cope with the highly demanding profession they have chosen.

This study however is subjected to some limitations that need further examination. First of all, the interviewees tried to promote a good image about themselves as professionals while an effort was made to confirm that their job is not having any consequences to their personal lives; or at least severe consequences. This point was very interesting and gave us the possibility for further analysis in the future

It is clear that in a qualitative method, the interviewees may not always feel at ease or willing to admit personal views, by fear of harming their own image. In the particular subject the image had to do with their professional image and situation. Moreover, on the particular tool, some questions are referring to the emotional part of the individual's/interviewee's life which is difficult to reveal or describe to a third party.

Moreover, this type of method-qualitative- is helpful when discovering reasons and behaviours behind individuals but it is more difficult to generalize the findings to the general population (Joseph, 2013).

Research regarding the same topic should be conducted in order to try and analyse further the variables of the study and a quantitative research will aid in enriching and coming to more concrete conclusions on the matter.

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