

A study on rules and attitudes of nurses towards patients

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Abstract

The participants were asked to state the behaviors which are proper or improper for a nurse in a professional relationship. Both rules and attitudes of nurses towards patients were listed. We classified these items into four categories: contextualism, individualism, rules of intimacy regulations and nurse's role behavior during task activities and morality.

Key Words and Phrases: relationship, nurse-patient, rule, contextualism, individualism, intimacy regulations, nurse's role behavior, morality

1. Introduction

In the early years, philosophers, sociologists, educators and psychologists have employed the concept of social roles in explaining human behavior (Mead, 1934; Sarbin and Allen, 1968). Chomsky, Piaget, Wittgenstein and others viewed human behavior as rule-governed (Argyle, Henderson and Furnham, 1985). Resources for relationship analysis continue to be scarce (Seeman, 1997) and this study was done for the purpose of better understanding social relationships.

The aim of this study was to understand the structural components of social relationships by studying the structure of its rules. As Argyle (1992) pointed out, "relationships too are role systems" (p.47). When we understand the rules in different social roles, we also have a better understanding of various relationships.

Role theory maintained that role is the determining factor of how people behave. Relationship between an individual and society can be understood in sociologist George Herbert Mead's statement of role theory in the 1920s and later in psychologist Sarbin's role theory (1954). For Mead, social interactions resemble plays in games from which a person develops cognitively and his identity evolves (Mead, 1934). For Sarbin, one's social behavior is governed by roles, such as teacher, student and friend, rather than the hypothetical structures inside him, such as traits, ego and superego defenses. Therefore, to understand people's behavior, one must be able to understand the roles they are playing.

We note the fact that the resemblance between the conduct of social man and the conduct of characters who pass before us on a stage. Shakespeare wrote: "All the world's a stage, And all the men and women merely players: They have their exits and entrances; And one man in his time plays many parts" (Shakespeare, 1965).

Role is so vitally important, therefore every person has to learn how to enact different roles. A role is "an organized set of behaviors that belongs to an identifiable position" (Sarbin, 1968, p. 545), or is comprised of "rights and privileges, the duties and obligations, of any occupant of a social position in relation to persons occupying other positions in the social structure" (Sarbin, 1968, p. 497). A person enacting a role can be viewed as facing a task needing to be fulfilled. People

have expectations on different roles consisting of beliefs, expectancies and subjective probabilities of behaviors (Sarbin and Allen, 1968). Therefore, it is important for mature adults to learn "role-taking" (Mead, 1934), that is, to learn the different social rules with respect to different roles.

In order to succeed in role learning, one should understand the social norms (rules) with respect to the roles. A social rule is a content known to or agreed upon by the social aggregate (Dohrenwend, 1959), or it is "behavior norms about what behavior is appropriate or inappropriate generally agreed should or should not be performed" (Argyle et al., 1985). Being a binding rule, it regulates the behavior of any given individual in the group. Thus, by knowing and behaving accordingly to social rules, both "actor" and "co-actor" should be able to interact smoothly. If they violate the rules, the smooth interaction comes to an end.

There would be rules of two general kinds : (1) rules concerned with interpersonal relations, and (2) rules related to task activities (Argyle et al., 1986). Research showed that there are many social rules in a variety of relationships (Argyle et al., 1986). However, rules of nurse-patient relationship have yet to be investigated. It is important to understand the role of nurses as well as patients. Understanding the rules for nurses and patients illuminates their relationship and provides a key to understanding the skills needed for nurses to successfully cope with patients (Sota & Mishima, 2002).

Influences from Contextualism

Hashiguchi (1985) presented a human model of the Japanese as a contextuials and made an attempt to interpret their human nexus as contexts (Aidagara).

Contextualism can be characterized by (a) mutual dependence, (b) mutual reliance, and (c) regard of interpersonal relations as means to an end in them. Individualism can be characterized by (a) ego-centeredness, (b) self-reliance, and (c) regard of interpersonal relations as means to an end. (Hashiguchi, 1985).

Contextualism values may also play a predominant role in nurse-patient relationships, which makes it different from those in the west (Kinjo, 2005). In this exploratory study, we investigate the effects of contextualism on the relationship.

II. Method

Participants

Thirty-three female nurses participated in this study. They all worked at hospitals in the Izumo area of Shimane prefecture. Staff and head nurses worked in the internal ward, the surgical ward, the psychiatric ward, and the nursing station. Nurses' ages range from 20 to 50 years of age. The participants were assured of their anonymity and did not sign their names.

Procedure

Questionnaires were distributed at various hospitals. A letter of introduction by the researcher explained the purpose of the study and requested voluntary participation. We asked the participants to state appropriate and inappropriate behavior in the nurse-patient relationship. This survey was done from September to October of 2001.

Table 1

Rules and Attitudes of the Nurse

I. Contextualism

- Should be kind and caring to patients.
- Should accept patient as s/he is.
- Should regard patient himself/herself as being intrinsically invaluable.
- Should put himself/herself in the place of patient and patient's family.
- Should ask patient to cooperate and compromise.
- Should form mutual trust between nurse and patient's family.
- Should establish mutual trust with patient.
- Should think in patient's terms for care of patient.
- Should make an effort to trust and understand one another
- Should take the form of simultaneous equal transactions
- Should respect patient's complaint.
- Should trust a patient's complaints.
- Should not judge only by her/his own way of thinking.

II. Individualism

- Should not reveal information about staff when a patient asks.
- Should feel free to ask a patient anything at anytime in order to gather information.
- Should not explain the condition of a disease using his or her own judgment if asked by a patient.
- Should be thoughtful of and respectful toward patients.
- Should respect a patient's privacy.
- Should not intrude into patient's family relationships more than necessary.
- Should not intrude on patient's privacy.

III. Intimacy regulation rules and nurse's role behavior during task activities

1. Intimacy regulation rule

- Should be friendly to patients.
- When a nurse is irritated with a patient, they should express this verbally and by their attitude.
- Should not have a personal relationship with a patient.
- Should smile.
- A nurse should show their emotions to a patient.
- Should make small talk with each other in front of patients.
- Should say "hello" to patients.
- Should call patients by their nicknames.
- Should call elderly patients " grandpa" or "grandma."
- Should use honorific language when speaking to a patient.
- Should respond to a patient's requests.
- Should criticize a patient's selfish speech and behavior.
- Should reproach a violent patient.
- Should take an attitude of authority toward a patient.
- Should attend to patients as individuals with different wants and needs.

- Should not discriminate against a patient.
- Should introduce her/himself to a patient.
- Should use honorific title for patient, not just "patient" .
- Should be aware of surroundings and voice volume when talking with patients.
- Should look patients in the eye during conversations.

2. Nurse's role behavior

- Should use easy language without using medical terms when explaining things to a patient.
- Should make an effort to help a patient relax when dealing with him/her.
- Should use as much appropriate physical contact as possible when nursing.
- Should use easy language whenever possible.
- Should be careful not to have conversations with a patient overheard by others.
- Should give treatment after receiving the patient's consent.
- Should maintain safety even when this is at the cost of a patient's privacy.
- Should accept a mediator for a patient's family when asked by a patient.
- Should get patient's informed consent.
- Should not check patients' personal effects.
- Should not steal from patients.
- Should enter a patient's room after knocking and announcing him/herself.
- Should become actively involved with a patient.
- Should wait until break time to discuss personal matters.
- Should get permission before drawing the curtain.
- Should put herself/himself in the patient's shoes.

IV. Morality

- Should keep promises made to a patient.
- Should be on equal terms with patients.
- Should receive money or presents from patients.
- Should not give a patient an ambiguous reply.

Note. As both attitude and behavior items were mixed in the responses, we combined the responses as the nurses' do and don't items. Sixty rules and attitudes were classified into four categories: 1) contextualism, 2) individualism, 3) intimacy regulations rules and nurse's role behavior during task activities, and 4) morality.

III. Results and Discussion

As both attitude and behavior items were mixed in the responses, we combined the responses as the nurses' do and don't items. The list of items obtained was reduced by avoiding duplication. This left sixty rules and attitudes. We classified items into four categories: contextualism, individualism, intimacy regulations rules and nurse's role behavior during task activities, and morality (Table 1).

Doctor-patient relationships involve more than simple diagnosis and treatment of physical illness. Even when patients visit for a purely physical complaint, the interpersonal relationship between a doctor and patient is an important issue. It has been found out that patients placed more

emphasis on the emotional content of the consultation and the doctor's behavior than on the clinical process involved when describing good and poor consultations they had experienced (Argyle & Henderson, 1985, p.272). This statement may also apply to the nurse-patient relationship. More than half of the nurse's do and don't items involve interpersonal relationships.

As mentioned in the introduction, Argyle stated that there are two general kinds of rules for nurses: (1) rules concerned with interpersonal relations, and (2) rules for task activities. Our social rules can largely be divided into two general kinds: the former can be applied to interpersonal relations and the latter applied to task activities (Table 1).

Though we found both contextualism attitudes and individualism attitudes, the number of contextualism items outnumbered individualism items. Due to stress from social proprieties in Japan another cultural characteristic appears the tendency of social relationships to take precedence over the individual. To lay stress upon human relationships is to place heavy stress upon the relations among many individuals rather than upon the individual as an independent entity (Nakamura, 1964, p.409). Watsuji(1962) also noted that it would be impossible to reach a real understanding of what distinguishes a good from a bad action, or what comprises a duty, responsibility, or virtue, unless considered as a problem of the relationship between man and man.

The approach taken in this study is self-report. As such, it is subject to the constraints of all self-report study. The main usefulness of the study presented in this article is to introduce and explore the concept of rule-governed behavior as it applies to nurse-patient relationships. We obtained support for the existence of informal rules and attitudes towards patients. Such rules and attitudes are functional for relationship by enabling common goals to be met. This study has shown there are many points for nurses to remember in the nurse-patient relationships. Our understanding of the important social rules in interpersonal relationships of Japanese culture, including nurse-patient relationship, was also enriched by deeply studying and classifying the attitudes and rules of relationships. Further research is required to study rules and attitudes of the patient's toward nurses.

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