

Evaluating the Impact of The Nurse-Patient Relationship: An Integrative Review

Submitted to the

Faculty of Liberty University

In partial fulfillment of

The requirements for the degree

Of Doctor of Nursing Practice

By

Kathryn Hicks Creasey

Liberty University

Dr. Tonia Kennedy

August 2024

Evaluating the Impact of The Nurse-Patient Relationship: An Integrative Review

Submitted to the

Faculty of Liberty University

In partial fulfillment of

The requirements for the degree

Of Doctor of Nursing Practice

By

Kathryn Hicks Creasey

Liberty University

Lynchburg, VA

August 2024

Scholarly Project Chair Approval:

Tonia R. Kennedy, EdD, MSN, RN, NI-BC

ABSTRACT

Home care agencies are rated by patients anonymously through surveys after patients' care episodes. The star ratings on the surveys have a direct impact on the home care agency and all of the staff working there. The star rating affects insurance companies' reimbursement, which ultimately impacts business revenue, while the goal is to provide quality patient care. In the home care setting, nurses and patients desire continuity of care and the building of trust for competent, safe, and quality care. The literature review explored the importance of fostering the nurse-patient relationship and its impact on patient satisfaction and quality. Utilizing the PRISMA model and Melnyk's level of evidence, 25 articles were chosen for the literature review. The literature produced several themes in the desired nurse-patient relationship including trust, communication, empathy, sense of belonging, and respect. Educating nurses on the importance of these qualities of the nurse-patient relationship, and supporting them to produce the desired nurse-patient relationship, could produce more satisfied patients and better survey results.

Keywords: nurse-patient relationship, patient outcomes, patient satisfaction, quality of care.

TABLE OF CONTENTS

ABSTRACT..... 3

SECTION ONE: FORMULATING THE REVIEW QUESTION 5

Background 5

Defining Concepts and Variables.....8

Rationale for Conducting the Review.....9

Purpose and/or Review Question 10

Inclusion/Exclusion Criteria.....11

Conceptual Framework..... 11

SECTION TWO: COMPREHENSIVE AND SYSTEMATIC SEARCH..... 11

Terminology..... 12

SECTION THREE: MANAGING THE COLLECTED DATA 12

Data Collection 12

Information Sources 13

Eligibility Criteria14

SECTION FOUR: QUALITY APPRAISAL 14

Sources of Bias..... 14

Internal Validity..... 15

Appraisal Tools.....16

Reporting Guidelines 15

SECTION FIVE: DATA ANALYSIS AND SYNTHESIS..... 16

Analysis 16

Descriptive Results..... 16

Synthesis..... 17

Trust.....19

Communication 20

Sense of Belonging..... 22

Empathy..... 24

Respect 23

Ethical Considerations 23

SECTION SIX: DISCUSSION 24

Implications for Practice 24

Dissemination 24

Limitations..... 25

APPENDIX A: MELNY'S LEVEL OF EVIDENCE 31

APPENDIX B: CITI TRAINING..... 49

APPENDIX C: PRISMA DIAGRAM..... 50

APPENDIX D: IRB APPROVAL 51

SECTION ONE: FORMULATING THE REVIEW QUESTION

Background

Customer service has become an integral part of the patient experience. The customer service score, which directly impacts the star rating of the facility or agency, is determined once the patient fills out a survey after their discharge from the facility or agency. However, the questions on the survey are not equally weighted. The single question with the most impact is “Do you definitely recommend this agency?” The number of surveys with that question answered “yes” divided by the total number of completed surveys determines the customer service score. The agency had 57 surveys filled out and returned the month of February, 2024. Seventy-seven percent of those answered “definitely yes” with the agency goal of 83% monthly. Some of those surveys with a “probably yes” score have handwritten notes about how much they appreciated everyone, but that sentiment does not increase the overall score. The other questions on the survey matter, but they do not carry the same weight. One of those questions is, ‘When you started getting home health care from this agency, did someone from the agency ask to see all of your prescription and over the counter medicines you were taking?’ There are 59 returned surveys, from the month of January, and 70 percent said “yes.” The clinicians are supposed to ask about the medications at every visit. It was decided a few years ago that nurses are devoting this time to discuss medications and answer any medication questions. We discovered that when the nurse discusses medications during wound care, the patient may not even remember what was said. The patients are so focused on wound care verbal instruction on medication does not have any impact at all. We need to reinforce the importance of going over medications with every visit.

Post-COVID-19 home care is quite different from pre-COVID-19 home care. Many nurses resigned from home care during COVID-19 due to obstacles such as a lack of clean areas in the

home, making it difficult to care for the patient properly. Nurses in a facility have COVID-19 patients in a room with the door shut, and they wear personal protective equipment (PPE) when caring for the patient. Nurses going into a COVID-19 home may not have a clean or sterile sink or area that is not affected by COVID-19. They had to wear the PPE and often stayed in the home for hours doing Zoom visits with doctors. When they leave the home, they remove the PPE and put it in the “dirty area” of their car. Many of the nurses felt like they were contaminating their cars and did not feel safe. The dirty area of the car is usually a tote container with a lid. It is used for any items we remove from a patient’s home. Before COVID-19, each team of nurses consisted of one RN, an LPN, and a CNA. They followed the patient from admission until discharge. The RN supervised the LPN, and the CNA case-managed the patients. The RN was responsible for the care plan, which included very detailed in-home care. The LPN and CNA cannot do anything that is not in the care plan. After COVID-19, this was not a possibility, as staffing shortages led to large patient caseloads resulting in patients seeing different nurses every visit. This became an issue as patients complained about having a different clinician each visit (Barken et al., 2019). The lack of continuity in care impacts patient healing and communication (Jones, 2022; King et al., 2019; Hrenczuk, 2021). For example, wound care patients certainly benefit from having the same nurse on each visit as they may notice when a wound is looking worse right away. Different nurses each visit may not pick up on subtle negative changes. Another positive thing about having the same nurse each visit is the relationship that forms between the patient and their nurse (Hoglander et al., 2023). Trust needs time to grow (Posadas-Collado et al., 2022). Nurses also crave that therapeutic relationship. Patients did better with the seamless care of one nurse or one team of nurses (Hartley et al., 2020). According to M^cCreary (2020), a large study of over 2,000 nurses stated that home care nurses especially enjoyed that sense of connectedness, gratification, and accomplishment

from working in someone's home. This type of one-on-one care is very satisfying and relationship-focused. (M^cCreary, 2020; Tang et al., 2019; Tian et al., 2022).

The star rating is important because it has a large impact on reimbursement and selection. According to the U.S. Centers for Medicare and Medicaid Services [CMS] (2024), there are two types of home health star ratings. These ratings include quality of patient care star ratings and patient survey star ratings (Weber, 2023). According to Schwartz et al. (2022), insurance companies review star ratings and will not reimburse for low star ratings. Therefore, the integrative review is being conducted to explore the nurse-patient relationship with further investigation into whether this relationship has any bearing on patient satisfaction and outcomes reflected on patient surveys.

Defining Concepts and Variables

The central concept as it relates to this integrative review is the relationship between the nurse and patient and how that impacts patient satisfaction (Allande-Cusso et al., 2022). From the moment the nurse is assigned the patient, the relationship begins to form. This integrative review is in search of the importance of the relationship between patient and nurse and how that impacts outcomes and satisfaction. Singh et al. (2021) and Strandas et al. (2019) wrote that when home care nurses were surveyed, the nurses said that the work they do makes a difference and that the relationship between nurse and patient was rewarding. They felt they had helped patients improve their quality of life.

Nationwide there are more than five million nurses, the largest percentage of healthcare workers (Smiley et al., 2023). Nursing visits make up the bulk of the agency visits with approximately 900 nursing visits a month. Trust is a defining characteristic of the nurse-patient relationship (Xu & Fan, 2023). The nurses form relationships with family in the home, and

depending on how long the case lasts, they may be in and out of the home for many months. This is a privilege that should be met with high regard. What if nurses do things to help build patient relationships and trust? What if leaders develop nurses to be the carers they are trying to be? Does this relationship drive quality measures of the patient care episode? The rationale behind this thought is that the nurse-patient relationship ultimately helps improve patient satisfaction when that relationship is allowed to flourish, develop, and grow (Allande-Cusso et al, 2022; Rajcan et al., 2020). The agency has nearly 500 patients and 35 nurses. There is a good chance for the nurses to have a positive impact and influence on every one of those patients. According to Molina-Mula & Gallo-Estrada (2020) the relationship between the nurse and patient suggests that there are cost savings as well due to compliance with medical suggestions.

Rationale for Conducting the Review

Patient experience or patient satisfaction has become such an important issue. Upper management wants the patient satisfaction scores and star ratings improved right away. Nursing staff can impact the patient experience, scores, and ratings by being intentional through communication, scheduling, and continuity of care. Nursing staff has found that, with some patients, you have to say, 'Now I am going to ask you about your medications', or the patients may not realize that you asked about the medications. Some nurses may chat about different things while providing care, but the patient may not be focused enough to realize what is being said.

Sending the same team of nurses or the same nurse for each patient visit improves the nurse-patient relationship and provides continuity of care. The expectation for the nursing team for years included a call to the patient before the visit, and medications were to be discussed at every visit. However, providing the same care team and calls to patients became challenging due to staffing issues during COVID-19 and remains a challenge. The patient certainly did not get a

call the night before as there was not a nurse scheduled the night before. Sometimes visits were moved to the next day without so much as a phone call to notify patients. Wound care supplies cannot be ordered in a timely fashion when this type of care is given, and the patient is the one who suffers. The nurse who ends up with the visit had better have enough supplies to make up for the lack of supplies the patient may not have. The primary nurse or case manager is supposed to follow up with supplies and set visits up. When there is no primary nurse, but rather a hodge podge of nurses from other cities, many expectations are not met. As a result, patients became dissatisfied due to no calls before the visit and a lack of continuity in the care team. Nursing staff and schedulers were not happy with one another due to the lack of communication resulting in an unsettling environment. Therefore, the policy has changed such that the schedules are set by 4 pm daily, allowing the nursing staff to make necessary patient calls in order to leave daily by 5 pm.

There are so many reasons to foster the nurse-patient relationship. The relationship allows the nurse to do a better job and allows the patient to receive the care they deserve and expect. The argument from agency leadership is that any nurse should be able to do the same job. Any nurse can read the care plan and do the wound care, catheter care, IV antibiotics, pleurex drain care, and diabetes teaching. We know this is true to an extent; however, Pratt, & Middleton (2021) suggest that patients appreciate being treated with respect and that helps build important trust.

When different nurses show up to the patient's home each visit, they may not park in the right spot, or perhaps they did not call the night before because they just found out about the visit. They arrive at the patient's home unprepared. Supplies were not ordered. The patient has to start from the beginning by telling their story. All trust is lost. Communication has broken down. Some of the information may be sensitive, and they just don't want to repeat it over and over again (Allande-Cusso et al., 2022). There may be a dignity issue, the wound may be in a sensitive,

highly-personal area. The nurse is going to feel embarrassed and self-conscious, and the patient will more than likely be defensive. This is a total breakdown in communication, trust, dignity, and continuity of care (Luchsinger et al., 2019).

Even with telehealth, patients would like the respect of a familiar face. After all, whether a visit is in person or over a video call the clinician is in the patient's home. That means different things to different people however ordering supplies, calling before arriving, and going over medications and other important appointments allow for open and honest communication (Forde-Johnson et al., 2023). It does seem like any nurse could perform these tasks, but it is not seamless and lacks continuity when a different nurse with a different personal style has to ask the beginning questions again every time rather than having the same nurse who remembers where things were left off (Lie et al., 2019). Patients don't like starting over from scratch every single visit and like certain things to be remembered. The patient wants to be treated with dignity and respect while trusting the nurse to provide a therapeutic relationship that will lead to positive outcomes. (Shillington et al., 2021).

Purpose and/or Review Question

The focus of the integrative review is on the impact of the nurse-patient relationship on patient satisfaction. The literature review will explore the importance of fostering this relationship to solve customer service issues. Therefore, the literature review will aim to find the impact the nurse-patient relationship has on patient satisfaction or quality.

Formulate Inclusion and Exclusion Criteria

This integrative review includes studies of adult patient populations 18 and up with a focus on the nurse-patient relationship. Studies included focused on patient satisfaction, patient outcomes, and continuity of care. Though study designs were not ruled out, the highest level of

evidence was prioritized over the lower levels. Excluded articles were those that did not consider the nurse-patient relationship in the outcomes of the episode.

Conceptual Framework

The integrative review framework can be divided into five stages starting with problem identification (Whittemore & Knafl, 2005). For this integrated review, the problem is patient outcomes around the nurse-patient relationship. Once the problem is identified, the next steps involve beginning a literature search and review, data evaluation, data analysis, conclusion, and presentation of the review.

The integrative review method combines diverse methodologies such as experimental and non-experimental research. The integrated review allows diverse research methods to become a huge part of evidence-based practice initiatives and practice change (Whittemore & Knafl, 2005). The goal of this integrative review is to search the literature to support the nurse-patient relationship and its impact on patient satisfaction and customer service.

SECTION TWO: COMPREHENSIVE AND SYSTEMATIC SEARCH

Search Organization and Reporting Strategies

A systematic search of the literature was done using a variety of databases. Specifically, the Jerry Falwell Library database and PubMed, including CINAHL, EBSCO, Proquest, and Cochrane. The review covered articles dated between 2019 and 2024. When the database revealed a large amount of data, results were narrowed by publication dates and the titles of the articles about the topic. The searches were refined by narrowing the dates and selecting the articles that were peer-reviewed, full-text, and scholarly. Newspaper articles were excluded, and the search was further narrowed by selected medical science databases.

The Preferred Reporting Item for Systematic Reviews and Meta-Analyses (PRISMA) was used for the integrative review. Additional information and guidance were provided by Toronto and Remington (2020) with their textbook titled “*A Step By Step Guide to Conducting and Integrative Review.*” The literature review used the PRISMA checklist and PRISMA flow diagram (Appendix C). The search revealed 257 articles which were further refined by relevance to the topic, their abstracts, and full text. The articles were reviewed, and 25 articles were selected.

Terminology

The databases used for the literature search were Pub Med from the Liberty University Jerry Falwell Library database, using mostly EBSCO, CINAHL, ProQuest, and Cochrane. The parameters set for the search started with setting the date range from 2019 to 2024. The articles had to be peer-reviewed, full text, journal articles, and written in English. The exclusion was newspaper articles. The search was narrowed even further by selecting nursing and medical science. The terminology and Boolean phrases that were used in the search were as follows: “impact of nurse-patient relationship on patient outcomes,” “nurse-patient relationship and outcomes,” “nurse-patient relationship and patient satisfaction,” and “impact of nurse-patient relationship on quality of care.”

SECTION THREE: MANAGING THE COLLECTED DATA

Data Collection

The various studies were included in the literature review to maintain a large number of articles with different viewpoints. This ensures that a diverse literature sample was utilized (Toronto & Remington, 2020). A diverse pool of articles with different levels of evidence and differing methods of research aid in solidifying the evidence. Melnyk’s level of evidence was used in reviewing the research literature (Appendix A). Studies were analyzed by their methods, level

of evidence, sample size, and findings. The literature matrix includes 10 level one articles (Forde-Johnston et al., 2023; Hartley et al., 2020; Luchsinger et al. 2019; M^cCreary, 2020; Molina-Mula & Gallo-Estrada, 2020; Posadas et al., 2022; Pratt & Middleton, 2021; Schwartz et al., 2022; Shillington et al., 2021; and Xu & Fan, 2023), six level two articles (Allande-Cusso, 2022; Hoglander et al., 2023; Rajcan et al., 2020; Smiley et al., 2023; Singh et al., 2021; and Tian et al., 2022), two level three articles (Barken et al., 2019 and Tang et al., 2019), six level four articles (Gimenez et al., 2020; Hrenczuk, 2021; Jones, 2022; King et al., 2019; Lie et al., 2019 and Strandas et al., 2019) and one level six article (Ciluffo et al., 2023).

Information Sources

The Liberty University librarian was a resource for this literature review search. Both qualitative and quantitative reviews were used, as were random control trials. A variety of methodologies were used to incorporate both empirical and theoretical resources. A large variety of databases from the Liberty University Jerry Falwell Library were used including CINAHL, PubMed, ProQuest, Cochrane, and EBSCO.

Eligibility Criteria

Early in the screening process of the literature for eligibility, any studies that did not apply to the impact of the nurse-patient relationship on outcomes, or patient satisfaction were eliminated. Excluded in the studies were the articles that did not mention the nurse-patient relationship at all. Studies that were published from 2019 to 2024 were included in the search. They also had to be peer-reviewed, scholarly articles, journal articles (newspaper articles were excluded), or written in the English language. Abstracts were reviewed to ensure relevance while a quick scan of the article was completed. A few articles were eliminated because they were so small.

SECTION FOUR: QUALITY APPRAISAL

Sources of Bias

The strength of the validity of the integrative review lies in the analysis and quality of the selected literature (Toronto & Remington, 2020). The quality appraisal tool used for this integrative review was Melnyk's Levels of Evidence (Melnyk & Fineout-Overholt, 2015). The qualitative studies had more chance for bias than did the random control or quantitative studies. Qualitative studies are circumstantial. This type of research occurs between two or more people in a specific time and place. The researcher has the responsibility of intersecting the important points and significant information regarding the participants. This increases the reliability of the study and deepens the comprehension of the work. The reader is then able to assess the research (Dodgson, 2019). Bias can compromise the validity of a study. This is of course not the intention of the integrative review. Finding the research with the least chance for bias and the highest level of evidence is the goal.

Internal Validity

The internal validity of a study evaluates the risk of bias. Bias will skew the results of the research and misrepresent the findings. Appraisal of the evidence should focus on internal validity because of the applicability of the results. Bias can compromise the validity of research results and lead to an influenced or biased review. This can potentially result in prejudicing or predisposing the effect of a given variable or occurrence. The studies selected must be carefully and thoughtfully appraised (Toronto & Remington, 2020). Melnyk's table of evidence was used to make sure the appraisal was thorough and unbiased. The potential risk for bias because one researcher conducted this review was mitigated by using studies that addressed the research question. The author integrated literature from an array of peer-reviewed resources. Both qualitative and quantitative

research studies were utilized to adhere to the rigor of the review. Whitmore and Knafl (2005) suggested using a variety of methodologies including empirical and theoretical resources to advance rigor.

Appraisal Tools

The literature was critically appraised using the literature matrix tool. The use of different tools may lead to different results when looking for consensus on the same study. The tools vary on open-ended questions or closed questions. Closed questions are easier to score but of course, open-ended questions give more detail and nuance (Toronto & Remington, 2020). There is no gold standard in research tools (Toronto & Remington, 2020). Various levels of research were retrieved during the search. There were 10 level one articles, six level two articles, two level three articles, six level four articles, one level six article (Melnik & Fineout-Overholt, 2015). The PRISMA diagram can be found in Appendix C.

Gray literature refers to any literature that has not been published in academic journals or commercial journals. These may include dissertations, government, business, and academic documents (Toronto & Remington, 2020). Gray literature has not been used in this integrative review. The author integrated literature from an array of resources including qualitative and quantitative research.

Reporting Guidelines

The Preferred Reporting Item for Systematic Reviews and Meta-Analyses (PRISMA) was used to report on this integrative review. The findings improve the review's transparency and quality (Toronto & Remington, 2020). Various levels of evidence were used for the review: ten level one articles, six level two articles, two level three articles, six level four articles and one level six article. (Melnik & Fineout-Overholt, 2015).

SECTION FIVE: DATA ANALYSIS AND SYNTHESIS

Analysis

Each year, 3.4 million Medicare patients utilize home health services and select a home health agency (Schwartz et al., 2022). The annual cost of home health care for these patients has more than doubled since the year 2000 (Schwartz, et al., 2022). Increased spending will likely continue in the coming years as an alternative to institutional care (Schwartz, et al., 2022). Alternative payment models give incentives to use home health instead of institutions. An alternative payment model (APM) is a payment type that gives an added incentive payment to agencies with high star ratings. This signifies high-quality cost-efficient care. These incentive methods may involve a specific diagnosis, a care episode, or a certain population. COVID-19 has influenced this trend due to the heightened concerns regarding institutional care. These concerns are expected to increase in the future (Schwartz et al., 2022). Home health populations are medically complex and vulnerable individuals. CMS introduced two sets of star ratings on the HHC website: the quality of care star rating and the patient experience summary star rating (Schwartz et al., 2022). Selecting a low quality home care with a low star rating could result in low satisfaction with the care provided and increased risk for adverse costly outcomes such as rehospitalization, medication errors, falls, and functional decline. To help combat these adverse reactions and reduce costs, the Centers for Medicare and Medicaid started posting star ratings (Schwartz et al., 2022). Home care nurses were found to be mostly satisfied with their work; stressors included relationship with the agency, autonomy and control, and salary and benefits (Singh et al., 2021; M^cCreary, 2020; Smiley et al., 2023).

Descriptive Results

The research suggests that nurses should have a positive mood and communicate in a friendly way (Gimenez-Diez et al., 2020; Hoglander et al., 2023; Jones, 2022; Lie et al., 2019; Molina-Mula & Gallo-Estrada, 2020; Pratt & Middleton, 2021; Rajcan et al., 2020; Tang et al., 2019). The nurse-patient relationship is considered a therapeutic relationship and is based on trust, empathy, respect, and a sense of belonging, leading to the validation of feelings (Hartley et al., 2020; Hrenczuk, 2021; Jones, 2022; King et al., 2019; Strandas et al., 2019; Allande-Cusso et al., 2022; Shillington et al., 2021; Luchsinger et al., 2019; Forde-Johnston et al., 2023; Cilluffo et al., 2023). Quality nursing care is underpinned by nurse-patient interactions that involve a compassionate nurse presence and shared decision-making with a person-centered approach to care (Barken et al., 2019; Tian et al., 2022; Xu & Fan, 2023). The nurse-patient relationship forms a bond between the patient and the nurse and is essential for supporting improvement and adherence to treatment guidelines especially in chronically ill populations (Allande-Cusso et al., 2022; Posadas-Collado et al., 2022; Schwartz et al., 2022). Lastly, nurses need support from their organizational leadership to build important patient relationships and not carry the burden of staffing shortages, inadequate resources, lack of pay, and other external factors that could contribute to job dissatisfaction (M^cCreary, 2020; Singh et al., 2021; Smiley et al., 2023).

Synthesis

According to the literature, there is a consensus suggesting that the nurse-patient relationship is crucial to customer service and improved patient outcomes. Several themes have been evident in the research including trust, communication, empathy, sense of belonging, and respect. The nurse-patient relationship is crucial to the therapeutic alliance, and nurses are the core of the caring professions. Central to their role is developing effective relationships with the patients they care for (Hartley et al., 2020). Nurses are able to engage with patients in a more personalized

way because nursing is not only task-based but also emotionally-based work (Xu & Fan, 2023). Programs based on continuity of care led by nursing professionals showed positive effects for patients with chronic disease, improving monitoring, controlling disease, and most importantly quality of life (Posadas-Collado et al., 2022).

Trust

Patients indicate that trust is important to the nurse-patient relationship. Trust, equality, reciprocity, and mutual respect are what many patients say the nurse-patient relationship is made of (Cilluffo et al., 2023). Allowing patients to express their feelings is something nurses often do to develop trust (Lie et al., 2019). Communication is multifaceted, has different meanings, and is important to building trust and facilitating patient-centered care (Hoglander et al., 2023). The goal of trust is achieved when a patient can rely on a nurse for treatment, teaching, and skills at their most vulnerable (Jones, 2022). The nurse-patient relationship is important to long-term care patients. Patients indicate that long-standing and frequent encounters enable intimate nurse-patient relationships, which are important to the patients being able to handle challenges and heal. Patients express a lack of trust when the connection between nurse and patient is lacking (Strandas et al., 2019). Patient trust, especially in critically ill patients is very valuable to promote a sense of well-being and contributes to healing (Pratt & Middleton, 2021). Conversely, when a patient perceives that a nurse lacks knowledge and skill regarding their health condition, they distrust the nurse. Another critical attribute in nurses that facilitates patient trust is a positive cheerful attitude. A study with prostate cancer patients said that patients were influenced by the positive attitude of the nurse and it gave them hope (Rajcan et al., 2020). Patients who trust their nurses give them a sense of safety and empowerment. Forty-nine breast cancer patients indicated the trust and communication they had in their nurses made them feel safe to get their chemotherapy (Rajcan et

al., 2020). Nurses were found to be able to relate to one another in an attentive, compassionate, and non-judgmental way to provide an opportunity to develop an understanding of what is important for the person requiring care. Patients prefer trusted and caring nurses who deliver individualized care in collaboration with them rather than being treated like a task on a list (Pratt & Middleton, 2021). Research has shown that patient compliance and health increase when the patient trusts the nurse and is treated with a positive attitude (Tian et al., 2022). The trend for e-health can also help build trust and respect among nurses and patients. Written communication or video visits can maintain a supportive patient-nurse relationship and help patients better understand chronic disease (Lie et al., 2019).

Cultural competence has been shown to be a significant area of influence leading to increased satisfaction and well-being of patients from diverse cultural backgrounds. Cultural competence has proven to be important for relations between staff and patients. A crisis in patient trust resulting from a lack of cultural competence has a negative effect on patient outcomes. The trust crisis also hinders the establishment of a favorable and therapeutic relationship between patient and nurse. Trust is a determining factor of patient satisfaction and can ease the tension patients feel regarding medical staff. Research shows that attention should be directed to understanding the relationship between cultural competence, patient trust, and patient satisfaction and outcomes (Allande-Cusso, et al., 2022; Cilluffo, et al., 2023; Hoglander, et al., 2023; Hrenczuk, et al., 2021; Jones, 2022; Lie, et al., 2019; Pratt & Middleton, 2021; Rajcan, et al., 2020; Strandas, et al., 2019; Tian, et al., 2022). Tian et al., (2022) further analyzed the impact of building trust on compliance and the satisfaction of patients with chronic disease. The outcomes showed that the satisfaction rate and compliance rate in the intervention group were much better than in the control group. This indicates that building trust can enhance compliance and satisfaction of

patients, which is positively related to clinical outcomes (Tian et al., 2022). Gimenez-Diez et al., (2020) mentioned that patients reported that the nursing care they received made them feel accompanied, seen, heard, supported, and relieved. They perceived the nursing care to be very conscientious. They felt understood and that they were treated professionally (Gimenez-Diez et al., 2020).

Communication

Perceptions of nurse caring are increased with thoughtful communication. Nurses who introduce themselves, convey compassion, and communicate honestly and frequently contribute to a sense of well-being in their patients (King et al., 2019). Nurses who communicate often, build trust, and create safety with shared decision making are strongly correlated with patient satisfaction (Tang et al., 2019). Nurses who communicate with empathy, understanding, and an emotional approach improve patient compliance and satisfaction (Molina-Mula & Gallo-Estrada, 2020). Many patients have trouble understanding the complexity of the healthcare system. Therefore, nurses who go above and beyond, providing meaningful communication, and navigating these complex issues increase patient satisfaction and their wellness journey (Luchsinger et al., 2019). Being able to authentically engage and relate to another in an attentive, compassionate, and non-judgmental way provides an opportunity to develop an understanding of what is important for the patient requiring care (Pratt & Middleton, 2021).

The nurse-patient relationship is a helping relationship established with the patient or family and based on interaction, trust, and communication (Allande-Cusso et al., 2022). Several articles noted that the positive mood of the nurse affects patient communication (Forde-Johnston, et al., 2023; Gimenez-Diez, et al., 2020; Hoglander, et al., 2023; Jones, 2022; King, et al., 2019; Lie, et al., 2019; Luchsinger et al., 2019; Molina-Mula & Gallo-Estrada, 2020; Pratt & Middleton,

2021; Rajcan, et al., 2020; Tang, et al., 2019). The agenda for communication is set primarily by the nurse. The patient is affected by how the nurse communicates. Positive, empathetic, and prosocial nurses yield much more satisfied patients. They are able to address their concerns and feel comfortable asking questions. Communication is closely linked to relationship building and socializing and must focus on more than instrumental nursing tasks (Hoglander et al., 2023). Patients ranked staff friendliness, involvement with patient care, and staff attentiveness as the most important parts of the hospital stay. The ability of the nurse to calm the complexity that occurs in health care forms the basis for the relationship between the patient and nurse. The process includes having an awareness of the challenges of the transitions that occur and nurses who go above and beyond providing communication and navigating the system. The outcomes we measure are the result of the nurse-patient relationship and managing the illness journey (Luchsinger et al., 2019).

Empathy

Respect for ethical values and acceptance of differences is important to the therapeutic interpersonal process that forms the healing relationship (Hartley et al., 2020). The level of empathy delivered by the nurse is directly related to the patient's stress levels (Allande-Cusso et al., 2022). Answering questions, caring for psychosocial needs, and providing empathy helps a patient to feel better (Strandas et al., 2019). Patients whose pain was validated and empathized with did not require as much pain medication (Shillington et al., 2021). In many cases, patients believe that the current relationship between patient and nurse influences their sense of security, helps them cope with difficult times, and improves the quality of medical care (Hrenczuk, 2021).

A chronic disease is one of the most stressful things many patients will endure. It is difficult, expensive, and complex. Navigating the health system can also be very intimidating. Many patients say that the nurse-patient relationship influences their sense of security as they

navigate the system and deal with chronic disease. The nurses showed empathy, trust, and respect (Hrenczuk, 2021). Jones (2022) acknowledged that patients will see the nurses a hundred times more than they see the doctor. They feel better about the therapeutic relationship when the nurse is competent and the patient trusts the nurse to know what to do. The patients say if the nurse is positive and has a nice disposition it is a major factor in building trust. If the nurse has a negative task-driven demeanor, the trust does not develop. Motivating and reassurance are also important features of this therapeutic relationship (Jones, 2022). Also, providing more interaction during nursing care, additional information, and education throughout the care process is associated with decreased anxiety levels and more feeling of control over the situation. Increased sense of wellbeing also increases confidence and self esteem. Allande-Cusso et al. (2022) indicate the nurse-patient relationship is an intervention of its own. The characteristic components of the nurse-patient relationship include communication, mutual respect, active listening, acceptance, presence, trust, and ethical respect (Allande-Cusso et al., 2022).

Sense of Belonging

A sense of belonging can be defined as the experience of personal involvement in a system or environment (Barken et al., 2019). Patients express that a sense of belonging is important to them. The research shows that the two fundamental conditions must be present for a sense of belonging to occur including presence and transparency (Barken et al., 2019). Presence is defined as a reciprocal and healing relationship between the nurse and the patient through the compassionate exchange of human experiences (Barken et al., 2019). Presence incorporates emotional and social support to these patients (Barken et al., 2019). Patients stated that empathy, validation of pain or feelings, and trust were central to their feelings of wellbeing (Rajcan et al., 2020). Patients typically spend more time with nurses than other healthcare professionals. Nurses

play a crucial role in patient outcomes. It is vital for nurses who form the largest group in most healthcare systems to promote patient satisfaction and reduce poor patient outcomes.

Respect

The home health population is made up of medically complex and vulnerable individuals. According to Schwartz et al. (2022), half are 75 or older, with 31% having a diagnosis of Alzheimer's, and are homebound resulting in the need for home health services. Nurses desire respect from their organizational leadership so that the burdens of heavy workloads, burnout, and reduced nursing workforce related to the COVID-19 pandemic do not impact the therapeutic relationship (Smiley et al., 2023). The establishment of a therapeutic relationship with the patient should be the basic course of action of every nurse (Hrenczuk, 2021). According to Hrenczuk (2021), the main element of therapeutic respect (60%) was found to be important for the nurse-patient relationship. Relationships with patients, a sense of connectedness, gratification, and accomplishment were the components of job satisfaction nurses describe with homecare (M^cCreary, 2020). The areas where nurses were not happy with home care nursing were autonomy and control, salary and benefits, and relationship with the organization (Singh et al., 2021).

Ethical Considerations

This integrative review was conducted in a nonbiased, objective manner. One researcher gathered information. There were no conflicts of interest to compromise the integrity of the review process. The author completed CITI training (Appendix B) and received IRB approval from Liberty University (Appendix D).

SECTION SIX: DISCUSSION

Implications for Practice

Quality of care star ratings as well as patient experience star ratings directly affect reimbursement payments from Medicare/Medicaid to the home care agency. Keeping a high star rating is important so that the agency is selected above others as well as to keep reimbursement (Schwartz et al., 2022). These ratings are dependent on customer surveys, with one question having the most importance. Nursing has the largest impact on patient care and patient experience. The research shows that the most important themes of patient care as described by patients in the research are trust, communication, empathy, respect, and a sense of belonging. Perhaps educating nurses on the importance of these themes and giving them the ability to produce the desired nurse-patient relationship would increase patient satisfaction scores.

Each year over three million Medicare beneficiaries utilize home care services and select the agency using the star ratings. This trend is likely to continue (Schwartz et al., 2022). Nurses with the skill of relationship building are needed to meet the practical and ethical demands of the profession (Allande-Cusso et al., 2022). Research also shows that there are fewer nurses available in the workforce since COVID-19 (Smiley et al., 2023). Perceived risks associated with home health also create a higher stress level for those nurses including wear and tear on vehicles, not having help with patients, and demanding patients (Singh et al., 2021). Despite the challenges of home health nursing, research shows that home health nurses are highly satisfied with their relationships with patients, peers, autonomy, and control at their jobs (McCreary, 2020).

Dissemination

This writer is passionate about quality patient care and knows that the star ratings should reflect the care that is actually given. Allowing nurses to do what they do best would go a long

way to improving the patient experience. Supporting nurses and making sure that they have everything they need to develop a therapeutic relationship with the patient would produce results. The patients who have continuity of care, trust, communication, and empathy most likely will fill out that survey in a desirable way helping keep the star ratings high.

Given that the star ratings will continue to affect reimbursement and nurses are the main discipline providing care in the homes, there needs to be more education and expectation that the nurses will realize how important their role is to those customer service scores (Schwartz et al., 2022). Patients want to trust their nurse to arrive on time, have the needed supplies, and call when they may be running late (Strandas et al., 2019). Patients would like to see the same faces on most visits if possible. Patients want honest communication about what to expect and who is coming and when. They want to be treated with respect (Giminez-Diez et al., 2020). This researcher would suggest education and training on building trust, communication skills, respect, and empathy. The research does indicate that the care the patient receives during nursing care has a lasting impression on the patient. Nursing care and the nurse-patient relationship do seem to have an effect on patient satisfaction (Jones, 2022).

Limitations

One researcher and writer conducted this integrative review, which has the potential to introduce some bias. Though the writer kept an open mind to the literature, the review was guided by a specific review question, which could inadvertently incite confirmation bias. The PRISMA flowchart and Melnyk's Level of evidence were utilized for the selected studies to mitigate single researcher bias. The quality and methodology of some of the studies and the small sample size also create limitations and possible flaws.

Summary

This integrative review sought to find out if the nurse-patient relationship had an effect on customer satisfaction scores. The literature produced evidence that customer service scores are important for reimbursement as well as the selection of the agency by the patient. The literature also demonstrated that nurses and the nurse-patient relationship do have an effect on the customer satisfaction score. Nurses are the most prevalent discipline that spends quite a bit of time with patients. That time needs to be beneficial to the patient and to the agency. Nurses need to be aware of what the patient deems important to creating the nurse-patient relationship.

References

- Allande-Cusso, R., Fernandez-Garcia, E., & Porcel-Galvez, A.M. (2022). Defining and characterizing the nurse patient relationship: A concept analysis. *Nursing Ethics*, 29(2), 462-484.
- Barken, T.L., Soderhamn, U., & Thygesen, E. (2019). A sense of belonging: A meta-ethnography of the experience of patients with chronic obstructive pulmonary disease receiving care through telemedicine. *Journal of Advanced Nursing*, 75(12), 3219-3230.
- Cilluffo, S., Bassola, B., Iovino, P., & Lusignani, M. (2023). Development and validation of two versions of the nurse-patient mutuality in chronic illness scale. *Journal of Advanced Nursing*, 79(8), 3170-3182.
- Dodgson, J. E. (2019). Reflexivity in qualitative research. *Journal of Human Lactation: Official Journal of International Lactation Consultant Association*, 35(2), 220-222.
- Forde-Johnston, C., Butcher, D., & Aveyard, H. (2023). An integrative review exploring the Impact of electronic health record (EHR) on the quality of the nurse-patient interactions and communication. *Journal of Advanced Nursing*, 79(1), 48-67.
- Gimenez-Diez, D., Maldonado, R., Rodriguez, Jimenez, S., Granel, N., Torrent Sola, L., & bemabeu-Tamayo, M.D. (2020). Treating mental health crisis at home: Patient satisfaction with home nursing care. *Journal of Psychiatric Mental Health Nursing*, 27(3), 246-257.
- Hartley, S., Raphael, J., Lovell, K., & Berry, K. (2020). Effective nurse-patient relationships in mental health care: A systematic review of interventions to improve therapeutic alliance. *International Journal of Nursing Studies*, 102, 103490.

- Hoglander, J., Holmstrom, I.K., Lovenmark, A., Van Dulmen, S., Elde, H., & Sundler, A.J. (2023). Registered nurse-patient communication research: An integrative review for future directions in nursing research. *Journal of Advanced Nursing*, 79(2), 539-562.
- Hrenczuk, M. (2021). Therapeutic relationship nurse-patient in hemodialysis therapy. *Nursing Forum*, 56(3), 579-586.
- Jones, S. M. (2022). Taking the time: Developing trust with the hospitalized patient. *Research and Theory for Nursing Practice*, 36(2), 139-155.
- King, B. M., Linette, D., Donohue-Smith, M., & Wolf, Z. R. (2019). Relationship between perceived nurse caring and patient satisfaction in patients in a psychiatric acute care setting. *Journal of Psychosocial Nursing and Mental Health Services*, 57(7), 29-38.
- Lie, S. S., Karlsen, B., Graue, M., & Offedal, B. (2019). The influence of an ehealth intervention for adults with type 2 diabetes on the patient-nurse relationship: A qualitative study. *Scandinavian Journal of Caring Sciences*, 33(3), 741-749. 5, 6
- Luchsinger, J. S., Jones, J., McFarland, A. K., & Kissler, K. (2019). Examining nurse/patient relationship in care coordination: A qualitative meta synthesis. *Applied Nursing Research: ANR*, 49 41-49.
- McCreary, D. D. J. (2020). Home health nursing job satisfaction and retention: Meeting the growing need for home health nurses. *The Nursing Clinics of North America*, 55 (1), 121-132.
- Melnyk, B. M., & Fineout-Overholt, E. (2015). *Evidence-based Practice in Nursing and Health Care: A Guide to Best Practice*. (3rd ed). Wolters Kluwer.
- Molina-Mula, J., & Gallo-Estrada, J. (2020). Impact of the nurse patient relationship on quality

- of care and patient autonomy in decision making. *International Journal of Environmental Research and Public Health*, 17(3).
- Posadas-Collado, G., Membrive-Jimenez, M. J., Romero-Bejar, J. L., Gomez-Urquiza, J. L., Albendin-Garcia, L., Suleiman, N., & Canadas-De, G. A. (2022). Continuity of nursing care in patients with coronary artery disease: A systematic review. *International Journal of Environmental Research and Public Health*, 95(5).
- Pratt, H., & Middleton, R. (2021). The influence of engaging authentically on nurse-patient relationships: A scoping review. *Nurse Inquiry*, 28(2). e12388.
- Rajcan, L., Lockhart, J. S., & Goodfellow, L. M. (2020). Generating oncology patient trust in the Nurse: An integrative review. *Western Journal of Nursing Research*, 43(1), 85-98.
- Schwartz, M. L., Rahman, M., Thomas, K. S., Konitz, R. T., & Mor, V. (2022). Consumer selection and home health agency quality and patient experience stars. *Health Services Research*, 57(1), 113-124.
- Shillington, K., Thompson, C., Saraga, S., Soch, L., Asomaning, N., Borgundvaag, B., & Mcleod, S. L. (2021). The effect of nurse initiated therapeutic conversation compared to standard care for pateints with acute pain in the ED: A randomized controlled trial. *Advanced Emergency Nursing Journal*, 43(3), 217-224.
- Smiley, R. A., Allgeyer, R. L., Shobo, Y., Lyons, K. C., Letourneau, R., Zhong, E., Kaminski, N., & Alexander, M. (2023). The 2022 national nursing workforce survey. *Journal of Nursing Regulation*, 14(1).
- Singh, A., Jha, A., & Purbey, S. (2021). Identification of measures affecting job satisfaction and levels of perceived stress and burnout among home health nurses of a developing Asian country. *Hospital Topics*, 99(2), 64-74.

- Strandas, M., Wackerhausen, S., & Bondas, T. (2019). The nurse-patient relationship in the new public management era, in public home care: A focused ethnography. *Journal of Advanced Nursing*, 75(2), 400-411.
- Tang, C., Tian, B., Zhang, X., Zhang, K., Xiao, X., Simoni, J. M., & Wang, H. (2019). The influence of cultural competence of nurses on patient satisfaction and the mediating effect of patient trust. *Journal of Advanced Nursing*, 75(4), 749-759.
- Tian, L., Yu, W., & Dai, Q. (2022). Building patient trust in nurses can improve respiratory function, quality of life and self-management ability in patients with bronchopneumonia. *Alternative Therapies in Health and Medicine*, 28(4), 60-64.
- Toronto, C. E., & Remington, R. (2020). *A Step-By-Step Guide to Conducting an Integrative Review*. Springer Nature Switzerland AG
- Xu, Y., & Fan, L. (2023). Emotional labor and job satisfaction among nurses: The mediating effect of nurse-patient relationship. *Frontiers in Psychology*, 14, 1094358.
- Weber, S. (2023). CMS inpatient payment rule for 2024: Key takeaways. *Family Practice News*, 1-2.
- Whittemore, R., & Knafl, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing*, 52(5) 546-553.

APPENDIX A
Melnyk’s Level of Evidence

Author (year)	Study Purpose/ Objective(s)	Design, Sampling Method, & Subjects	LOE*	Intervention & Outcomes	Results	Study Strengths & Limitations
<p>Allande-Cusso, et al., 2022.</p> <p>Defining and characterizing the nurse patient relationship: /a concept analysis, 2022.</p>	<p>To define the characteristics of the nurse patient relationship</p>	<p>36 articles included in the review</p>	<p>2</p>	<p>They found several characteristic such as communication, trust etc that make up the nurse patient relationship</p>	<p>Could use more research was a small informational study</p>	<p>I do think it is interesting to find out what characteristic develop this relationship</p> <p>Empathy</p> <p>Presence</p> <p>Contact</p> <p>Authenticity</p> <p>Trust</p> <p>Reciprocity</p> <p>Key components:</p> <p>Active listening</p> <p>Communication</p>

						respect
<p>#2</p> <p>Barken, et al., 2019</p> <p>A sense of belonging.</p> <p>A meta ethnography of the experience of patients with chronic obstructive pulmonary disease receiving care through telemedicine,</p>	<p>To determine if telemedicine is satisfactory to the patient</p>	<p>12 studies were reviewed</p>	<p>3</p>	<p>Patients with high level of care due to disease need more in person interaction even if the telemedicine is managing the disease</p>	<p>Small study only 12 studies were reviewed.</p>	<p>Imbalance of power</p> <p>Good will</p> <p>Risk</p> <p>Vulnerability</p> <p>See me as a person not a checklist</p>
<p>#3</p> <p>Cilluffo, et al., 2023</p> <p>Development and validation of two versions of the nurse-</p>	<p>To find out if the relationship only goes one way or goes both ways</p>	<p>Large hospital in Italy patients and nurses were given a test</p>	<p>6</p>	<p>Data collected from sept to dec from nurses and patients. The study concluded that the relationship is important to both nurses and patients</p>	<p>The limitation would be that it was only one hospital in Italy</p>	<p>This articles also mentions the words trust and equality yes it is good information</p>

<p>patient mutuality in chronic illness scale, 2023</p>						
<p>#4 Forde-Johnston, et al., 2023. An integrative review exploring the impact of EHR on the quality of nurse-patient relationship interactions and communication,</p>	<p>Study of the EHR and how it affects relationship</p>	<p>1920 charts studied</p>	<p>1</p>	<p>EHR does seem to interfere with nurse patient relationship but some nurses</p>	<p>1920 charts studied</p>	<p>Yes this is interesting and something most of us thought might be true. Further research is needed to find ways to mitigate the negative impact</p>
<p>#5 Giminez-Diez, et al., 2020. Treating mental health crisis at home:</p>	<p>The article determines that patients in mental health crisis can be treated successfully at home by nurses</p>	<p>Cross sectional review of literature along with 20 interviews. Of mental health patients in crisis</p>	<p>4</p>	<p>20 interviews of patients and families and a review of literature</p>	<p>The literature shows that the patients were satisfied with the care as were the families</p>	<p>The word trust keeps coming up as something very important to patients and nurse</p>

<p>Patient satisfaction with home nursing care</p>						<p>relationships</p>
<p>#6 Hartley et al., 2020. Effective nurse patient relationships in mental health care- a systematic review of therapeutic alliance</p>	<p>This was a systematic review</p>	<p>Study of charts only 8 met criteria. Peer reviewed articles from PUB Med, CINHAL and Medline</p>	<p>1</p>		<p>There needs to be more research on how to measure nurse patient relationship</p>	<p>Interesting article on the relationship there is basis to support the nursing relationship. This relationship is a major contributor to positive outcomes. Yes it also uses the words trust equality</p>
<p>#7 Hoglander et al., 2023 Registered nurse patient</p>	<p>The research was a study on real time nurse communication with patients.</p>	<p>52 articles were studied. 1369 articles were found and 52 were kept.</p>	<p>2</p>	<p>Patient centered care helps foster relationship buildin</p>		<p>Very interesting article on how nurses are perceiv</p>

<p>communication research. An integrative review for future directions in nursing research</p>				<p>g rather than checking off boxes</p>		<p>ed by patients</p>
<p>#8 Hrenczuk, 2021. Therapeutic relationship-nurse-patient in hemodialysis therapy</p>	<p>To determine if the nurse patient relationship is important to outcomes</p>	<p>77 patients with end stage kidney disease</p>	<p>4</p>	<p>Diagnostic survey</p>	<p>Nurses and patients are looking for the satisfaction of the relationship</p>	<p>A sense of belonging is what is missing with telehealth even though the actual disease is being managed.</p>
<p>#9 Jones, S. M., 2022. Taking the time: Developing trust with the hospitalized patient</p>	<p>This research was to determine how to build trust with a patient</p>	<p>20 adult patients were interviewed</p>	<p>4 Grounded theory</p>	<p>20 adult hospitalized patients were surveyed/interviewed and the data was analyzed.</p>	<p>Patient nurse trust means there is not an imbalance of power and the nurse sees the patient as a person.</p>	<p>Don't talk down to me or dominate the conversation</p>

<p>#10 King et al., 2019 Relationship between perceived nurse caring and patient satisfaction in patients in a psychiatric acute care setting</p>	<p>To determine if the nurse patient relationship matters to the outcomes of patients</p>		<p>169 patients questioned</p>	<p>4</p>	<p>Survey/questionnaire</p>	<p>The relationship is important</p>	<p>Yes the words in this article were trust</p>
<p>#11 Lie et al., 2019. The influence of an ehealth intervention for adults with type 2 diabetes on the patient-nurse relationship. A</p>	<p>They wanted to find out if the nurse patient relationship mattered when doing e health.</p>	<p>10 patients and four nurses were interviewed.</p>		<p>4</p>	<p>The relationship between nurse and patient is still important even in ehealth</p>	<p>I think it would have been better if there were more patients interviewed. Yes this is interesting to me. What builds the relationship. Trust equality etc nurses and patients both benefit from this relationship</p>	

qualitative study						
#12 Luchsinger et al., 2019 Examining nurse patient relationships in care coordination: A qualitative meta synthesis	To discover the importance of the nurse patient relationship	159 research articles reviewed	1	The nurse patient relationship and building that relationship is key. A four-step process to review the articles.	A good read	Nurses are a major contributor to positive outcomes.
#13 McCreary, D. D. J. (2020) Home health nursing job satisfaction and retention: Meeting the Growing need for home health nurses. The	340 nurses over 10 agencies surveyed		1	Good information	<ul style="list-style-type: none"> • Adopt lean management strategies to identify and remove waste and inefficiencies from RN processes. • 2. Evaluate current productivity expectations to determine whether 	Good information in the study

<p>nursing clinics of north America</p>					<p>the expectations are reasonable, whether all patient care related activities are accounted for, and whether the agency is aligned with the market.</p> <ul style="list-style-type: none"> 3. Implement incentives to increase availability of as-needed nurses in order to decrease overload of full-time nurses. 	
<p>#14 Molina-Mula, J., & Gallo-Estrada, J. (2020). Impact of the nurse-patient</p>	<p>Quality of the nurse patient relationship reduces costs by reducing hospital stay</p>	<p>Interview 13 nurses/ study 61,484 charts over two years. Analyzing charts and interviewing</p>	<p>1</p>	<p>Costs were reduced by the nurse/patient relationship. 61,484 charts reviewed</p>		<p>This is an interesting article with results suggesting nurse patient relationship is a cost</p>

<p>relationships on quality of care and patient autonomy in decision making</p>						<p>saving thing.</p>
<p>#15 Posadas-Collado, G., Membrive-Jimenez, M. J., Romero-Bejar, J. L., Gomez-Urquiza, J. L., Al-bendin-Garcia, L., Suleiman,</p>	<p>RCT Systematic review</p>	<p>PRISMA guidelines</p>	<p>1</p>	<p>16 articles 2950 patients</p>	<p>Relatively small amount of research</p>	<p>Nurse led continuity of care programs improved the monitoring of disease positive effects quality of life mental health and self efficacy</p>

N., &
Canadas-
De, G. A.
(2022).
Continuit
y of
nursing
car
e in
patients
with
coronary
artery
disease: A
systematic
review.
*Internatio
nal
Journal
of
Environm
ental
Research*

--	--	--	--	--	--	--

<p><i>and Public Health, 95(5).</i></p>							
<p>#16 Pratt, et al., 2021 The influence of engaging authentically on nurse-patient relationships. A scoping review</p>	<p>21 research articles met the inclusion criteria</p>		<p>Systematic review</p>	<p>1</p>	<p>The relationship takes time to build and is important</p>		<p>The same words are coming up trust equality dignity mutual respect</p>
<p>#17 Rajcan, et al., 2020 Generating oncology patient trust in the nurse: An integrative review</p>	<p>20 met inclusion criteria</p>	<p>Integrative review 20 met inclusion criteria</p>	<p>2</p>			<p>The researcher wanted more research</p>	

<p>#18 Schwartz, et al., 2022. Consumer selection and home health agency and patient experience stars.</p>	<p>Oasis assessments utilized for the research</p>	<p>186,498 admissions</p>	<p>1</p>		<p>.81% point increase in probability of selecting a top agency</p>	<p>Black dual medicare and Medicaid select high rated agency. White medicare select lower rated agency</p>
<p>#19 Shillington, et al., 2021. The effect of nurse initiated therapeutic conversation compared to standard care for patients with acute pain in the ED. A randomized controlled trial</p>	<p>This study was to determine if oncology patients trust nurses</p>	<p>166 patients questioned surveyed</p>	<p>2</p>	<p>Yes the nurses did make a difference</p>		<p>Trust was the concept with this article.</p>

<p>#20 Smiley, R. A., Allgeyer, R. L., Shobo, Y., Lyons, K. C., Letourneau, R., Zhong, E., Kaminski, N., & Alexander, M. (2023). The 2022 national nursing workforce</p>	<p>973,788 nurses 46 year old RN and 47 year old LPN</p>	<p>Mixed mode sample national randomized sample of RNS and LPNs</p>	<p>2</p>			<p>Provide data planning for nurses 29,472 RN 24,061 Lpn 45 states Increased workload since COVID-19.</p>

<p>survey. <i>Journal of Nursing Regulation, 14(1).</i></p>					
<p>#21 Singh, A., Jha, A., & Purbey, S. (2021). Identificat ion of measures affecting job satisfactio n and Le vels of perceived stress and</p>	<p>SPSS 2.0</p>	<p>200 respondents questionnaire 85% response rate</p>	<p>2</p>		<p>Agencies should improve relationshi p with organizati on autonomy and control salary and benefits</p>

<p>burnout among home health nurses of a developing Asian Country. <i>Hospital Topics</i>, 99(2), 64-74.</p>					
<p>#22 Strandas, M., Wackerhausen, S., & Bondas, T., (2019). The nurse-patient relationship in the new Public</p>	<p>Roper and Shapiras framework</p>	<p>10 nurses and 8 patients structured interviews over six different home care agencies</p>	<p>4</p>		<p>Nurse patient relationships play a significant role in patient outcomes. Things that affect the relationships are patient equity and nurse</p>

<p>managem ent era, in public home care: A focused ethnograp hy. <i>Journal of Advanced Nursing, 75(2), 400-411.</i> Ro</p>						<p>disharmon y</p>			
<p>#23 Tang, et al., 2019. The influence of cultural competen ce of nurses on patient satisfactio n and the mediating effect of patient trust,</p>	<table border="1"> <tr> <td data-bbox="198 1052 344 1121"></td> </tr> <tr> <td data-bbox="198 1121 344 1276">583 patients studied</td> </tr> </table>		583 patients studied		<p>583 patients from six different hospitals filled out a survey in person</p>	<p>3</p>	<p>Cultural competence and equality =trust</p>	<p>No limitations</p>	<p>Patients positively evaluated the nurse patient relationshi p indicating that it influences the sense of security , coping and increases quality of medical care.</p>
583 patients studied									

<p>#24</p> <p>Tian, et al., 2022</p> <p>Building patient trust in nurses can improve respiratory function quality of life and self management ability in patients with bronchopneumonia, 2022</p>	<p>This was a study of 92 patients</p>	<p>RCT hospitalized patients</p>	<p>2</p>	<p>Nursing relationship improves patients ability to be independent</p>		<p>The same words are coming up trust equality dignity mutual respect</p>
<p>#25</p> <p>Xu, Y., & Fan, L. (2023)</p> <p>Emotional labor and job satisfaction among nurses. The mediating effect of the nurse patient</p>	<p>496 nurses</p>	<p>SPSS 26.0 AMOS 23.0 software</p>	<p>1</p>	<p>Parallel mediation of nurses patient trust and patient centered nursing and relationship</p>		<p>The importance of mediating nurse patient trust and positive effects of emotional labor</p>

relationships. p.				to emotional labor		
----------------------	--	--	--	-----------------------	--	--

APPENDIX B



Completion Date 03-Dec-2023
Expiration Date 03-Dec-2026
Record ID 59912826

This is to certify that:

Kathryn Creasey

Has completed the following CITI Program course:

Biomedical Research - Basic/Refresher
(Curriculum Group)
Biomedical & Health Science Researchers
(Course Learner Group)
1 - Basic Course
(Stage)

Not valid for renewal of certification through CME.

Under requirements set by:

Liberty University

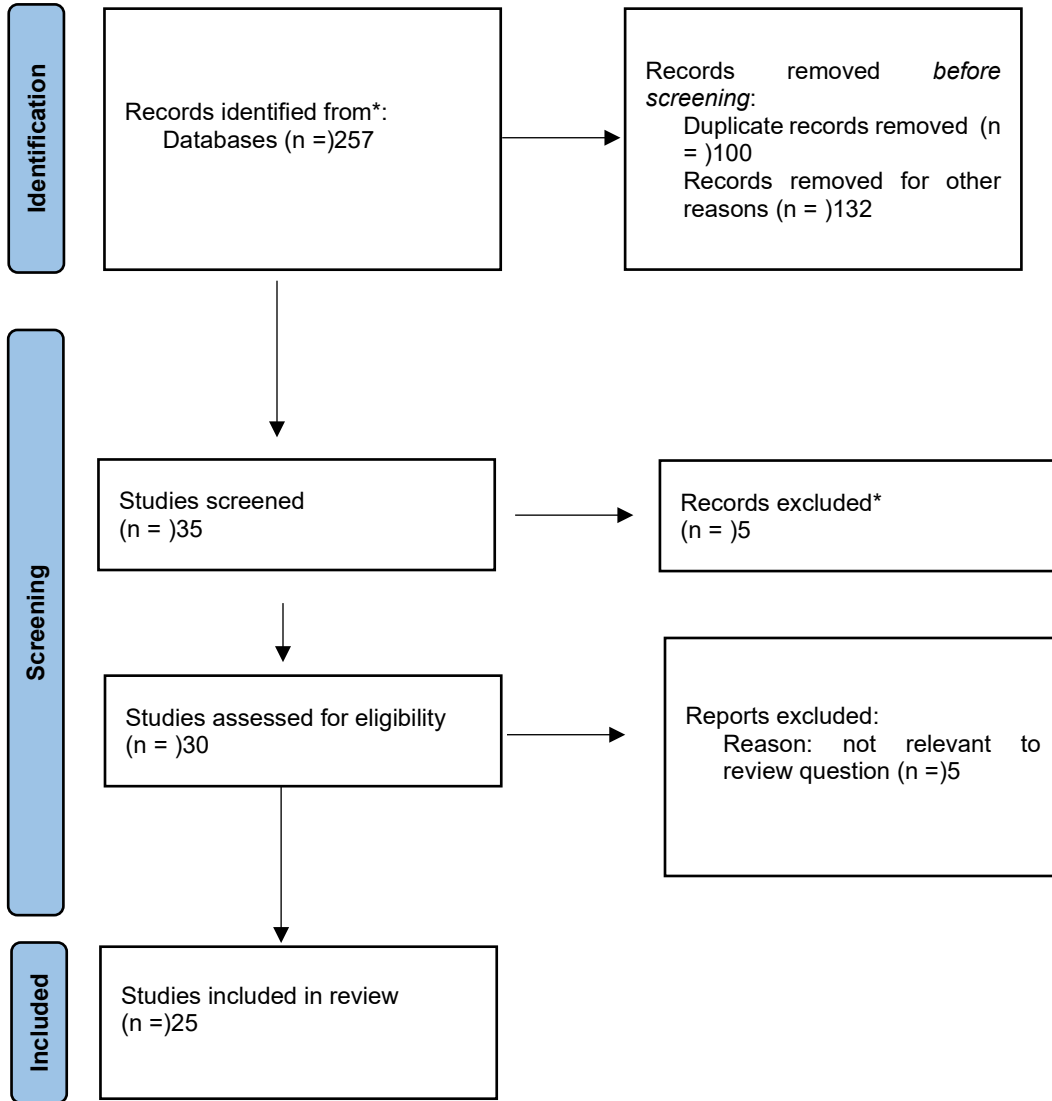


101 NE 3rd Avenue, Suite 320
Fort Lauderdale, FL 33301 US
www.citiprogram.org

Verify at 

Appendix C

PRISMA Diagram



APPENDIX D
IRB Approval

LIBERTY UNIVERSITY
INSTITUTIONAL REVIEW BOARD

June 19, 2024

Re: IRB Application - IRB-FY23-24-2170 Evaluating The Impact of The Nurse Patient
Relationship an Integrative Review

Dear Kathryn Creasey and Tonia Kennedy,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds that your study does not meet the definition of human subjects research. This means you may begin your project with the data safeguarding methods mentioned in your IRB application.


Decision: No Human Subjects Research

Explanation: Your study/project is not considered human subjects research because evidence-based practice projects are considered quality improvement activities, which are not “designed to develop or contribute to generalizable knowledge” according to 45 CFR 46.102(1).

Please note that this decision only applies to your current application. Any modifications to your protocol must be reported to the Liberty University IRB for verification of continued non-human subjects research status. You may report these changes by completing a modification submission through your Cayuse IRB account.

For a PDF of your IRB letter, click on your study number in the My Studies card on your Cayuse dashboard. Next, click the Submissions bar beside the Study Details bar on the Study Details page. Finally, click Initial under Submission Type and choose the Letters tab toward the bottom of the Submission Details page.

Also, although you are welcome to use our recruitment and consent templates, you are not required to do so. **If you choose to use our documents, please replace the word *research* with the word *project* throughout both documents.**

If you have any questions about this determination or need assistance in determining whether possible modifications to your protocol would change your application's status, please email us at 

Sincerely,

G. Michele Baker, PhD, CIP

Administrative Chair

Research Ethics Office