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CONNECTEDNESS IN THE NURSE-PATIENT RELATIONSHIP: A GROUNDED THEORY STUDY

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What is that "special," meaningful relationship that nurse and patient sometimes share? A grounded theory study was undertaken to answer this question. Findings highlighted that the nurse-patient relationship (NPR) exists for the nurse to meet health needs of the patient. Ordinarily, these are biopsychosocial needs. However, at times patients present with needs emanating from deep within the person, which are deemed needs of the spirit. Under certain conditions with a nurse who is competent and willing, a process evolves, marked by meaningfulness, which not only meets these needs of the spirit but strongly impacts the nurse, the patient, or both, and promotes healing, growth, and comfort. This is connectedness in the NPR.

The nurse-patient relationship (NPR) is central to the discipline of nursing. It has even been said that "nursing exists in the details of relationships" (Curley, 1997, p. 208). The volumes of literature devoted to the NPR highlight its importance. Duffy and Hoskins (2003, p. 78) have stated that preliminary evidence indicates that it may be "the caring, relationship-centered nature of nursing" that is responsible for the association of positive health outcomes with professional nursing.

With all that is written, taught, and discussed about the NPR, it could be expected that nurses would be both well-versed and proficient in its "details." Yet there exist both a need to build upon the current knowledge and a need to improve in the clinical process or application of the NPR.

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A need in such an intangible area as relationship is difficult to establish. It takes some discernment in understanding the nursing environment and careful listening to both nurses and patients.

An example of need for improvement in the area of "competency" in the NPR is reflected in a family member's comment after interacting with nurses on an oncology unit: "They were all very kind and friendly, but you could tell there was a wall there. They really didn't get to know my father or us." The need for a better knowledge base is found in the frustrations of a senior nurse voicing a yearning to understand how nurses can make meaningful—and healing—connections with patients in the brief encounters within today's health care context. Both of these reflections address the lack—and desire—of a relationship between patient and nurse in which a personal connection is experienced.

Research was undertaken to explore and describe a certain "detailed" aspect of the NPR: the type of relationship in which the nurse and patient "click": that nurse-patient relationship that is "special." It was identified in this study as the nurse-patient relationship in which connectedness is experienced (NPR-C). Initially, I understood connectedness to be the extent to which one shares an intentional and caring personal relationship, transcendent of one's ego, with one's inner self, others or nature, or a deity, which gives purpose or meaning in life. The understanding of connectedness in the nursing context was a caring, meaningful nurse-patient relationship in which exists an offering of self and acceptance of other. Although an intent of qualitative research is to allow the data to explain the concept, articulating an initial understanding was imperative in order to ascertain what is already known and explored in the area.

The purpose of the study was to explore and describe NPR-C from the perspectives of nurses and patients. The results of the study provide a grounded theory that gives a fuller, richer, and data-based understanding of this special type of NPR, which is NPR-C.

LITERATURE REVIEW

Inherent difficulties with the phenomenon of NPR-C is that it does not have an agreed upon name and is a nebulous phenomenon, making reviewing the literature a challenge. Although the literature concerning relationship is vast, this phenomenon of connectedness is a specific type of relationship and must be teased out of the broader concept. With the understanding of connectedness as being a "special, meaningful relationship," I found the phenomenon to be addressed by such different terms

within the literature as mutuality (Curly, 1997), biogenic NPR (Halldorsdottir, 1991), and "presence" (Gardner, 1999). Finfgeld-Connett (2006, p. 712), in a meta-synthesis of presence, makes a brief, enigmatic reference to the possibility of "other, special connections such as compassion or nurturance" developing when presence is not possible. Authors have identified this phenomenon as a type of nursing presence (McGivergin & Daubenmire, 1994; Osterman & Schwartz-Barcott, 1996) and a type of relationship (Morse, Bottorff, Neander, & Solberg, 1991). In these works, however, the aim was to differentiate ways or levels of presence and types of relationship with the result that there was not a great deal of depth devoted specifically to the connectedness concept. Fredricksson (1999), in a qualitative research synthesis of both conceptual articles and research, contributed to understanding the phenomenon by proposing a useful model of relating connection with nurses' characteristics/behaviors and patients' expectations.

Within the literature of caring (e.g., Benner & Wrubel, 1989; Halldorsdottir & Hamrin, 1997) it becomes clear that connectedness is a specific type or subset of caring. Watson (1999) addressed the "transpersonal caring moment or transpersonal caring relationship." In her meta-synthesis of 16 qualitative analyses of caring, Sherwood (1997) found caring patterns that described ways of making caring connections. That meaningfulness was not a characteristic of her model is notable in verifying a distinction between a caring relationship and a caring relationship in which connectedness is experienced. Identification of key components of connectedness between patient and nurse is found in the literature on spirituality in nursing (Chiu, 2000; Conco, 1995; Halldorsdottir, 1999; Raholm, 2002).

Doane and Varcoe (2006) produced a conceptual work in an effort to expound upon new understandings in family nursing. Their discussion about family, based upon clinical practice and reflection, resulted in its definition being the relational process of connecting across difference. This confluence of the concepts of family, relationship, and connecting add perspective to this phenomenon.

In summary, the literature addressing the phenomenon of connectedness has several major gaps. First, much of it is conceptual, lacking a research basis. The little research that is present is mostly from the phenomenological perspective, which describes the lived experience of connectedness without including the process of the social interaction between nurse and patient. Also, the extant literature provides understanding from either the nurse or the patient viewpoints, but not both. This study sought to address these gaps with a grounded theory approach providing detailed understanding of the process of

the connected relationship from a melding of the nurse and patient perspectives.

CONCEPTUAL CONTEXT

Several assumptions provided the conceptual context for this study. The first is that connectedness is a universally experienced phenomenon. As a type of human relationship, anyone in any clinical nursing setting has the potential of experiencing it, although the ability to do so may not be uniform (Stockdale & Warelow, 2000). The second assumption is that spirituality serves as the lens through which connectedness, as a meaningful relationship, is viewed. Connectedness is a manifestation of spirituality. This requires some explanation of spirituality, which gives the underpinnings for this study.

Although spirituality involves a vast array of literature in many disciplines there is no agreed upon definition (Dyson, Cobb, & Forman, 1997; Greasley, Chiu, & Gartland, 2001; McSherry & Draper, 1998). There are, however, many related concepts that are common across disciplines, such as relationship, meaning, purpose in life, energy, and emotions such as forgiveness and hope. Connectedness is one of the most consistently identified concepts of spirituality (Burkhardt & Nagai-Jacobson, 2002; Chiu, 2000; Reed, 1992; Sherwood, 2000). It is usually understood as connectedness within oneself, with others, with nature, or with a deity (Bellingham, Cohen, Jones, & Spaniol, 1989; Reed, 1992; Schubert & Lionberger, 1995).

The assumptive base of spirituality in this study is that spirituality is the core of a person's being, the essence of being human, the channeling of the fire that burns within us, and is therefore present in every human being. In a generic sense, spirituality is defined as the transcendent journey for meaning involving an integrative energy. Filtered through one's values, spirituality is expressed uniquely for each person. The expression of spirituality is manifested in two ways: through behavior or through relationship. Behavioral manifestation of spirituality can be one's interactions with others and/or involvement with religion. The relational expression of spirituality comes about through connectedness within oneself, with other (the world around us: people, nature, animals), or with a deity. A model representing this understanding of spirituality (Miner-Williams, 2006) is found in Figure 1. In the context of nursing, this transcendent journey for meaning involving integrative energy expressed in connectedness with other people would be a meaningful nurse-patient relationship that is a positive experience.

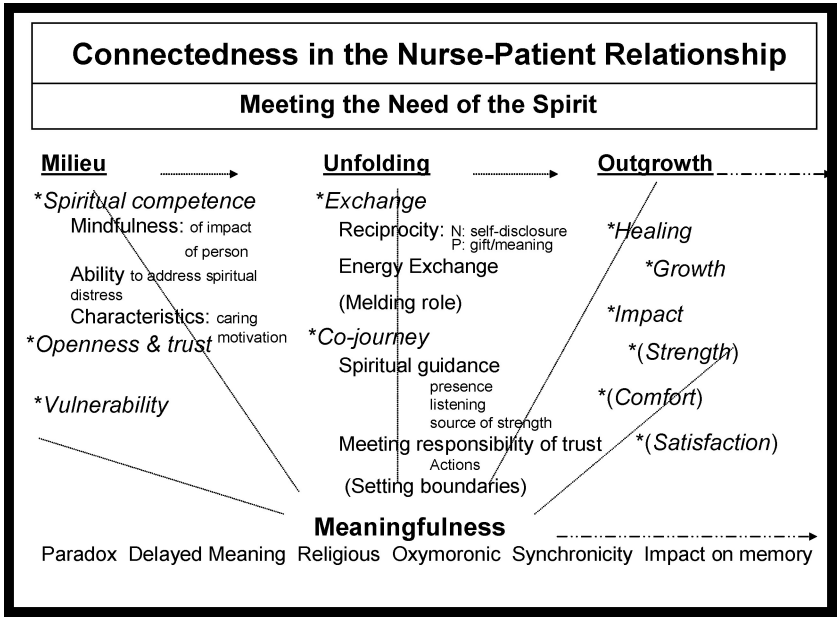

FIGURE 1. The theoretical framework of spirituality.

METHODOLOGY

Sampling and Data Collection

Since this was an investigation of a social interaction process, the qualitative tradition of grounded theory was the method used. After obtaining Institutional Review Board approval, participants were recruited from the community from patient groups, a nursing organization, a church organization, and as individuals at large. In addition, flyers were distributed and an announcement regarding recruitment for the study was posted on the university's research website. People were asked if they had experienced a meaningful nurse-patient relationship and were willing to share their stories in semi-structured, audiotaped interviews. Fifteen people were interviewed, sharing 25 different stories of meaningful experiences from nurse, patient, and family member perspectives. Family member stories evidenced no difference from patient stories and were therefore considered as patient stories, resulting in 15 stories from the nurse perspective, and 10 from the patient perspective. Some nurses also offered reflections from their clinical experience in general, in addition to the meaningful encounter or encounters they described. A synopsis of

the most pertinent points of each of the interviews and stories is found in Table 1. The tapes of the interviews were transcribed and the software program N-6 was used for organization of data for analysis.

To ensure that the study addressed the real phenomenon of the type of relationship in which connectedness is experienced, multiple measures were employed in data collection. These included the following:

1. Participants were initially given information (both orally and in a handout) about the purpose of the interview. This preliminary explanation was developed in response to participants voicing concern that they might not have the "right" information for me. Giving them an explanation put individuals at a visibly greater level of ease and readiness to tell their stories, as well as a chance to think about the topic and what and how they would like to share.
2. Interviews were conducted in such a manner as to allow the participants privacy and as much time as they need to fully transmit their stories.
3. Follow-up questions and probes were used to ensure that participants provided exhaustive descriptions of the encounters.
4. Post-interview telephone calls and e-mails were used for member checking and as an opportunity to validate with the participants information and analysis, as well as to allow the participants to add any information.
5. After each interview, an assessment of the process included evaluating the adequacy of the interview questions as to whether they were eliciting the type of information being sought in preparation for the next interviews.

Analysis

Constant comparative analysis was used in which all data were compared with each other, and evolving categories were compared constantly with each other and new data through out the study. Theoretical sampling was used to determine which participants needed to be asked to address theoretical considerations arising from the previously data collected. For instance, some data indicated that NPR-C could not take place in short-term relationships, or with nurses who had little clinical experience. Therefore, newly graduated nurses were sought, as well as an emergency department nurse (who would by the nature of the work engage in only short-term relationships). Data were collected until saturation was obtained, which is when no further new concepts are presented. This rich database provided for the development of relevant conceptual

TABLE 1. Synopses of stories

Participant	Setting of story	Synopsis
Anna N*	Obstetric unit; patient had come in for serial ultrasound monitoring. Returned to Anna years later to tell her she had become a nurse.	"Your actions have such an impact on your patients and you don't realize it." #Meaning intensified for nurse when patient returned to tell of her own meaningfulness and impact on life.
Barb NN	1. Parish nurse: Single meeting where patient presented with a unique situation that Barb had just experienced in her own life. 2. Barb's experience as a student nurse 40 yrs earlier with dying patient.	1. "We just connected. I don't know how else to say it." Patient returned to tell Barb their meeting was the best thing that had happened to her. 2. Minimal details of experience, but relates resulting growth and imprinting on memory. "So I think, has that connectedness ever happened before? And I guess so. Because I still recall that particular one - many, many years ago."
Callie PN	1. Woman on obstetric unit, losing her baby on Mother's Day. 2. Relating that experience to present-day care of patients when they lose their babies.	1. Patient stressed need for nurse to be with her in her pain of loss, the comfort from her presence and her touch during physical care, and the impact it made on her. 2. As nurse, described in great detail her approach with presence and touch to a woman losing her baby and the woman's response.
Daisy FF	1. 16 year old girl whose mother was dying of cancer (30 years ago). 2. Woman faced with end-of-life decisions for her grandmother.	1. Articulate, detailed story of 2 nurses who provided the milieu that allowed a quiet girl to approach them with difficult questions of life and the "healing" consequences. 2. Detailed description of a nurse who showed strong compassion, advocated for patient and Daisy in dealing with MD, and provided support by listening, sharing own experience, and presence during patient's dying.

(Continued on next page)

TABLE 1. Synopses of stories *(Continued)*

Participant	Setting of story	Synopsis
Ellen FNN	1. Mother of teenager who had been in transplant unit for 1 year. 2. Head nurse on orthopedic ward with patient who was dying of cancer. 3. Military nurse with soldier wounded in combat.	1. Described the technical competence of a nurse who saved her daughter's life, but was unable to speak of a relationship. Appears to be meaningful experience, not relationship. 2. Detailed how she advocated for patient, how the patient affected her personally and professionally. 3. Short, intense story of soldier admitted with severe limb injuries turning to nurse to help decide whether he should have the amputation immediately or wait to be evacuated state-side.
Francesca	Twenty years ago as woman who had to have an emergency C-section prior to having repair of brain aneurysm: 1. An ICU nurse 2. A nurse on the post-op surgical unit.	Very moving stories of how "those two nurses got [her] through" a life- threatening experience. 1. Detailed how nurse focused on patient as a person and encouraged patient to engage in life when it was so difficult. 2. Referred to nurse as "my morning nurse" whose kind actions, thoughtfulness, and humor provided the sustenance the patient needed.
Gail P	An elderly woman as inpatient for emergency surgery for perforated bowel and her experience with the nurse who prepped her.	A "relationship" taking place within an hour with a patient (undergoing extreme stress as her abdomen exploded open) and the nurse who quietly, gently, and competently prepared her for emergent surgery, completing the care with a kiss to the patient's forehead before being wheeled out. A strongly religious interpretation involving synchronicity.

Helen N	Fifteen years ago as a young nurse caring for a "difficult" patient on a neurology inpatient unit.	Thoughtful story of nurse responding to challenge of taking up a patient whom nobody liked, meeting needs with "simple" but consistent and methodical care, advocating in a non-responsive system, and the impact it had on this nurse's practice. Focused on what exactly made it "meaningful."
Inga PN	1. A woman's listing of all the kind deeds of nurses in her rehabilitation from a stroke. 2. Care of a patient who died from cancer.	1. As patient, unable to describe a relationship with a nurse but was intent on detailing many things nurses had done for her that were meaningful. 2. Described a relationship with a patient in which she, the nurse, felt as cared for by the patient as she was caring for the patient.
Jolene P	Rehabilitation from a stroke.	Unusual story of the impact a nurse-friend had on her by providing encouragement and faith to her throughout her rehabilitation from a stroke.
Keaton N	A nurse in his orientation on a pediatric oncology unit.	Provocative story of how caring for this one patient 5 years previously still affects daily care of present patients. Described setting milieu as offering trust to each patient, and the NPR-C as "family."
Leah N	A recently graduated nurse on a pediatric unit and a boy hospitalized after being mauled by a dog.	Story entailed long-term care of boy with unusual nsg care (such as curling up with boy in his bed) that was sanctioned by organization. Relationship with boy mostly addressed as being with all of nursing staff, leaving questions as to personal involvement in relationship. "He won over a lot of our hearts, and maybe mine. . . "

(Continued on next page)

TABLE 1. Synopses of stories *(Continued)*

Participant	Setting of story	Synopsis
Morrie NNN	Middle-aged nurse executive recalling clinical experiences. The details of the relationships were sparse, but he focused on their collective impact on his life as person and nurse. 1. Young nurse's long-term experience with a teenager who died from cancer. 2. Being in the nurse role for fiancée's mother who died of cancer. 3. A former nurse colleague who died of cancer.	1. This NPR-C took place 23 years earlier and was life-changing, redefining for Morrie the reason for nursing, and so intense that he named his daughter after the patient 9 years later. He stated he vividly recalled the relationship but did not give details of it. 2. Acted in role of nurse to future mother-in-law such that he considered her a patient, intervening by explaining clinical care to family and dealing with their emotions of her impending death. 3. Minimal details of long-term and long-distance relationship that was "more of a friend at the beginning" in which "we went through [his battle with cancer] together." Named his child after him.
Nadine P	Teenager who had major surgery in a pediatric hospital.	A short but intense story of a nurse "who played the biggest role in my healing process" with her caring, presence, and compassion, which resulted in patient changing career plans to nursing.
Orrin NN	ER nurse. 1. Young woman with multiple visits for problem MDs couldn't diagnose. 2. Working with a family trying to decide on end-of-life decisions for wife/mother.	Very thoughtful interview of how nurse develops relationship with patients in short ER visits; details actions (using honesty, providing comfort, giving of self, talking patients through procedures), motivation of wanting to be there, and outgrowth of giving strength to remain in high-stress environment. Recognized synchronicity as important in nursing care, describing it as, "It's like sucking on a mint and getting that menthol feeling." Stories are short with few but intense details.

*Letters after pseudonyms indicate perspective of story: P = patient, F = family member, N = nurse.
#Quotations are from the transcripts of the interviews.

categories and saturation of (or filling, supporting, and finding repeated evidence for) those categories. Coding strategies of open coding, axial coding, and selective coding were used to analyze the data according to the methods of Strauss and Corbin (1998). Throughout, field notes, memos, and evolving diagrams assisted in data analysis. Field notes addressed the interpretations of events and the interplay that took place between the researcher and participants.

FINDINGS

The research findings highlighted the fact that the nurse-patient relationship exists for the purpose of the nurse meeting the health care needs of the patient. In every encounter there is the ostensible need for nursing care for any one or combination of types of need, such as relief of the symptoms or monitoring of a physical ailment, education, or psychological support. However, this research identified that these apparent needs (i.e., the biopsychosocial) requiring nursing care are not necessarily the only ones. At times patients present with needs emanating from deep within the essence of the person, which are the needs of the spirit. Sometimes, these needs of the spirit go unmet. But under certain conditions, with a nurse who is competent and willing to address them, a process evolves that is marked by meaningfulness, a process that on occasion also allows needs of the nurse's spirit to surface. This process not only meets these needs of the spirit but strongly impacts the nurse, the patient, or both, and promotes healing, growth, or comfort for the patient and sometimes also the nurse. This process is connectedness in the nurse-patient relationship (NPR-C) and is synthesized into a framework (Figure 2).

Core Categories

With analysis of the data and development of the grounded theory of NPR-C, two core categories evolved from the findings. These were "meeting the need" and "interpreting meaningfulness."

Core Category: Meeting the Need

The first core category of NPR-C is meeting the need. This encompasses the arena described above of the patient's need for nursing care and the NPR existing for the purpose of the nurse meeting the health care needs of the patient. It also identifies the differentiation of the ostensible need for nursing care for any one or combination of types of need, such as relief of the symptoms or monitoring of a physical ailment, education,

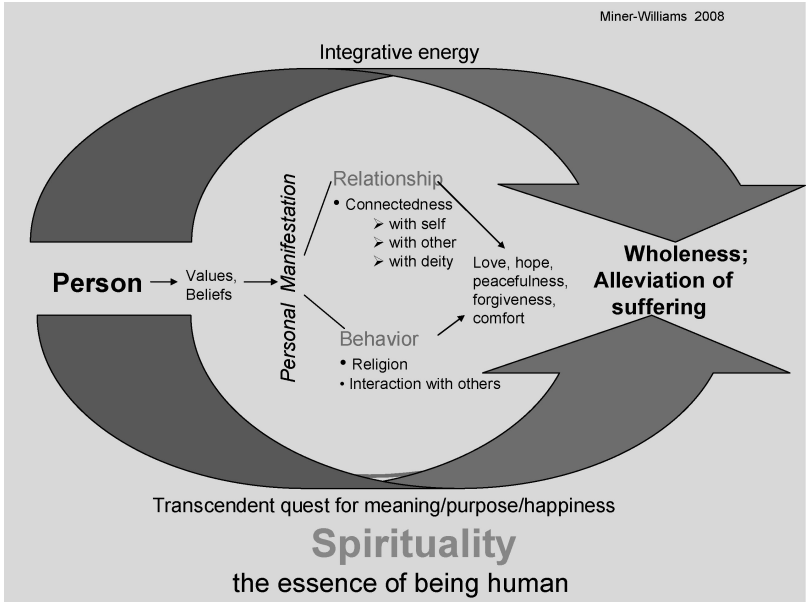

FIGURE 2. The Grounded theory of NPR-C showing its process and core variables.

psychological support, and the need of the spirit, which relates to the essence of one's being as a person. Connectedness in the nurse-patient relationship is the nurse meeting the patient's need of the spirit. This core category also recognized that nurse and patient can both have their needs met in a NPR-C.

A patient's need of the spirit (i.e., a need of the essence of the person), can sometimes be easily recognized, as in the difficult questions that nearly everyone asks at some point in life and most frequently in times of crisis. "Daisy" (a pseudonym) was a 16-year-old girl whose mother was hospitalized for cervical cancer; nobody would acknowledge that her mother was dying. Daisy garnered up the nerve to approach a nurse:

> I went in and I asked her, "How do you deal with this all day, how do you deal with this on a daily basis?" because at that point I was really struggling with it. I didn't know she was dying, I knew she was very sick . . . and this young nurse spent a few minutes talking to me about it and she opened up the idea that your faith carries you through the process. . . . no one had ever said to me, not my father or anyone else, that she was dying . . . This one nurse was able to bring me to the point where I realized that she was dying and it's okay to let her go and not be angry with her because she's not struggling.

Sometimes the need is implicit, and therefore not as easily recognized. One need that nearly everyone has is the need to be recognized as an individual person, as one who is valued, which is, in the framework of spirituality, an aspect of connectedness with oneself. "Francesca" demonstrated this with her remarks about the ICU nurse who cared for her after having an emergency Caesarean section in order to have emergent surgery for a cerebral aneurysm.

> She treated me like a person . . . Some of the other nurses, it was like they were afraid, because, I just had brain surgery . . . I was trying to cope with it all . . . It was like some people were afraid to talk because they were afraid they were going to say the wrong thing. And she just, didn't [pause] she went on and treated me like a normal person [laugh]. Does that make sense? . . . She was just truly different . . . She just treated me normal and I guess at that time that was what I wanted.

Core Category: Interpreting Meaningfulness

Interpreting meaningfulness is the other core category of NPR-C. It marks the theory of NPR-C permeating each of the "steps" of the process, although most strongly in the outgrowth. Put another way, connectedness within the relationship exists through the interpretation of the meaningfulness of the experience. This is very ethereal and variable in its manifestation, but undeniably present nonetheless, permeating the entire process. It is highlighted by the tension of paradox: a need to tell of the experience but yet difficulty in doing so. Sometimes the paradox involved describing a very difficult time as being "positive" or "a neat experience." When the inclination to use such paradoxical description is present, often the religious interpretation of the event is very strong. Sometimes the meaning of the connection does not become apparent to the nurse until the patient offers back to her the meaningfulness as the patient experienced it, and at other times it does not take on meaning until many years after the event.

An exemplar of interpreting the meaningfulness of the experience came from a participant who evidenced having reflected a great deal upon her experience of 20 years prior, and yet who had a great deal of difficulty describing her experience. When asked in her follow-up contact about this apparent difficulty with telling her story, she e-mailed this response:

> Yes, I have talked about that experience a lot but not about the care I got from the nurses. I have shared that with maybe two or three other people. It is a very personal part of my experience and I don't find it easy to share. It is easy to talk about the doctors finding and fixing my aneurysm

> but not about what happened after that. The nurses saw me at my worst and started me on my healing process. They are the ones who watched me cry, saw my frustration when I could not see and did not know if I would get my sight back, they helped clean me up when I could not make it to the bathroom and encouraged me when I wanted to quit. They made me laugh and cheered for me as I made the tiny steps that would let me leave the hospital. The doctors might have saved my life, but it was the nurses who gave it back to me and I keep that very close to my heart. It is very hard for me to explain that and hard for me to talk about even after all these years. I guess maybe I don't want it to seem trivial and to most people that is what it would be and it is too personal for me to have people think that. Most people don't want to know the behind the scenes details anyway and would not pay that close or attention when you talk about them. So I only share with those I know want to hear and understand. Plus as you saw it is hard for me to talk about so you have to be pretty patient to hear me out.

Although there is a process identified with NPR-C, it is one in which the phases flow into each other as opposed to being distinct and separate. The concept of interpreting meaningfulness highlights this fluidity of NPR-C, as it manifested throughout the process of the relationship or encounter itself, extending for some many years beyond the experience.

The Process of NPR-C

With this understanding of the fluidity of the process of NPR-C, there are conceptual elements that can be teased out. That is, these conceptual elements are not distinct, separate, and stand-alone, but blend into each other. In this sense, then, the process of NPR-C (Figure 2) has three phases: setting the milieu, unfolding, and outgrowth.

Setting the Milieu

The first phase is in the setting of the milieu. The milieu, which not only allows but also invites the emergence of needs of the spirit, comes about because of a nurse who has spiritual competence, which is distinct from clinical competence. While clinical competence refers to possession of the knowledge and skills necessary to meet the biopsychosocial needs of the patient, spiritual competence addresses the person within the patient and meets the unique, deeply felt—but usually not directly expressed—needs of the patient's personhood. The spiritually competent nurse encourages trust and openness in the relationship, and was clearly distinguished by study participants from other nurses who were "friendly" and "did their jobs well." In this milieu, set by the spiritually

competent nurse, vulnerability of both the nurse and patient is present and respected.

The spiritual competence of the nurse involves multi-faceted characteristics and skills that include mindfulness (e.g., of one's impact upon another person), interpersonal-type personal characteristics such as caring and thoughtfulness, and a motivation to be fully engaged in the nursing care the nurse is giving. Not the least of these skills of spiritual competence are the abilities to first recognize and then address spiritual distress within a patient. "Callie," who is a nurse, described her experience as a patient whose nurses were unable to either recognize or respond to her spiritual distress of the impending loss of her unborn child: "The sad part of it is the nurses didn't have to talk about my baby. They just had to talk to me, and ask how I was doing, and some of them didn't even ask that." The nurse who did meet her deep-seated and tearfully described need, however, did so with the way she touched Callie both physically and in her manner of carrying out nursing tasks. She did it in such a way that brought Callie to tears as she was describing it years later: "She'd say, hi, how was I doing [sic]. But it was mostly the touch. When she would come and do the vital signs it was very personal." This nurse was able to recognize and then minister to the hurting person within the patient for whom she was giving nursing care.

Unfolding

Unfolding is the complex phase in which the needs of the spirit are recognized and met. There is exchange between the patient and nurse that involves reciprocity and sometimes the melding of roles or an energy exchange. The professional responsibilities of the nurse manifest as a co-journey, where the nurse does not direct the patient but guides him or her while journeying with the patient as his or her needs are met. As the professional, the nurse also sets the boundaries of the relationship when needed, such as when a patient invited her nurse to a family social event and the nurse declined, "because I didn't want to go there [in the relationship]."

A particularly strong concept, one that emerged consistently from multiple perspectives and from all participants, is that of exchange. The nurse in an NPR-C does not simply provide care, but exchanges with the patient both self and energy. The exchange of self may be in actions, such as a kiss planted on the forehead of a patient, Gail, for whom the nurse had only cared for during the time it took to prep her for emergency surgery. The exchange also was found in the "self-disclosure" of personal information that was offered by the nurse with the focus on the patient and the intent of bringing the patient to ease. This offering of herself

by the nurse engendered a strong need from the patient to give back, mostly in the form of sharing the meaningfulness of the nurse's actions or words. Gail expressed the strong desire to do this by bringing up the subject three times, and the distress of not being able to find the nurse to tell her:

> And I never forgot it [the nurse's kiss]. And I tried to go back to see her, to find her. I couldn't. I didn't know her name . . . I wanted to go back and talk to her and tell her what that meant to me. And how beautiful that was. But I never did get a chance to do that. And that was a sad thing. For me that's a sad thing.

She later described it as "hard" for her that the nurse did not know, and again at another point in the interview, "a shame."

Outgrowth

Outgrowth emanates from the unfolding. The term outgrowth, defined as a natural consequence of the nurse-patient interaction, is used instead of consequences because it connotes a potential for continuation instead of an event that is one-time in nature. There is outgrowth specific to patients, such as comfort; specific to nurses, such as professional growth; and that which is experienced by both, such as healing and personal growth. Keaton, a nurse, stated that his experience made him a "better person" and a "better nurse" and that the memory of it influenced his present nursing care and encouraged him to remain in a nursing specialty known for its high burnout and staff turnover. This last element of professional endurance was reiterated with other nurse participants. Nadine described the outgrowth of healing:

> I know what it's like to be terrified. . . and to have a nurse just really be there for you. I know what it's like to be a patient, and what it's like to have a good nurse and I know the difference it can make in the recovery. . . she was extremely dedicated. . . She just really helped me in my recovery process more than anything.

DISCUSSION

The results of this study suggest that the "special" type (the descriptor most commonly found in the data) of NPR in which the nurse and patient feel a particular closeness is a process of the meeting of the needs of the spirit, which is called connectedness in the nurse-patient relationship. This type of relationship can occur in any clinical setting and within different time spans of encounter (i.e., minutes to months). According to understanding gleaned from the theoretical framework that every person

"has" spirituality, each nurse and each patient has the potential to engage in this type of NPR addressing needs of the spirit. The findings clearly describe the spiritual competence the nurse must have to engage in NPR-C. This study also suggests that this competence can be learned, and therefore can be taught.

Part of the importance of this study is based on the outgrowth of NPR-C, which was profound and registered strongly in a positive manner upon both the nurses' and patients' memories. Patients' insistence that it is an important element of healing as well as the impact that it can have on the course of a person's life should not be ignored. Further research is needed to clarify outgrowth in measurable terms. This may make an impact on the understanding of the "usefulness" of NPR-C in today's healthcare context of economy of resources, which influence the number and roles of professional nurses.

This study provides an example of the importance of the conceptual context of the phenomenon being studied, which was spirituality. It was pointed out earlier that the description of this phenomenon of relationship was found within such conceptual viewpoints as presence and caring. The viewing of connectedness from different perspectives is not a matter of correctness or accuracy, but rather of preference or perhaps theoretical underpinnings. Although the differences make synthesizing all the material more difficult, they also highlight the complexity of the phenomenon. The purpose of this study was not to support placing connectedness in a particular perspective, in this case spirituality, but to describe and explain the phenomenon itself in more detail.

There are important implications of the findings of this study. The area that may elicit debate is the call for an incorporation of spiritual competence in nursing. This research identifies connectedness in the nurse-patient relationship as meeting the need of the spirit. If it is agreed that the purpose of nursing is to meet the health needs of the patient, with health referring to the wholeness of the person (Rew, 2000), and if it is accepted that nursing should be meeting the holistic (bio-psycho-socio-spiritual) needs of the patient, then the standard of competent nursing care should include both clinical and spiritual competence. This has important implications for the academic nursing community in terms of incorporation of spiritual care as a standard part of nursing curriculum. The caveat must be made that perhaps not all patients will express or desire to have deep needs of the spirit addressed, just as some do not express the desire for psychological support or in-depth education. However, an understanding of holistic nursing demands that nurses provide the opportunity for patients to be able to express all their healthcare needs, which include needs of the spirit.

Nurses in administration should take heed that study findings suggest that this type of NPR provides some nurses the professional sustenance and endurance to remain in high turnover clinical areas. This is of particular interest in regards to retention of staff. Certainly, awareness of this relationship and promotion of caring and mindful nursing care would be helpful. Further research is needed to establish an association between the organizational environment, the prevalence of NPR-C, and the effect on retention.

The most important implications are for the individual clinical nurse. For the nurse who truly desires to meet the needs of the patients and who concomitantly desires job satisfaction, knowledge of NPR-C is a cause for reflection and examination of one's approach towards patients. There are certain skills that can be attained to achieve a level of spiritual competence, but the primary basis is a concerned, caring approach that recognizes the impact one's actions, positive and negative, can have on patients and which values the person within the patient. Being "kind and friendly," as one patient participant described it, is a start but not enough.

The concern may be presented that burnout can occur from being "too involved" with patients. But NPR-C involves knowing and setting appropriate boundaries, and part of spiritual competence involves the ability to address spiritual distress, which is to "be with" the patient without expecting to have all the answers or provide all the cures.

Perhaps the biggest objection of the overworked staff nurse would be the very valid concern about NPR-C requiring more time in an already over-booked shift. The findings specifically address this concern with the understanding that it is not always the time spent sitting at the bedside talking with the patients as much as it is the mindful manner in which care is provided and the concern and thoughtfulness communicated. In this manner, it can indeed be incorporated into an already very busy shift.

SUMMARY

This study addressed some of the gaps in the extant understanding of the nurse-patient relationship by producing the grounded theory of NPR-C. Connectedness in the nurse-patient relationship is the process of recognizing and meeting the needs of the spirit, which includes the ensuing positive outgrowth. In order for NPR-C to occur, a facilitating milieu must be present that incorporates the spiritual competence of the nurse. Meeting of the needs of the spirit takes place in the unfolding with exchange between the nurse and patient as the

nurse meets the responsibility of trust placed upon her and provides spiritual guidance. The outgrowth, which includes growth and healing, emanates from the unfolding and continues for extended periods beyond the actual encounter. More research is needed to further illuminate the theory of NPR-C, but the findings of this study already have implications for nursing within the clinical, academic, and administrative arenas.

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