

MS MARIA STRANDÅS (Orcid ID : 0000-0002-0075-6698)

PROFESSOR TERESE ELISABET BONDAS (Orcid ID : 0000-0002-1023-6223)

Article type : Review

## TITLE PAGE

Full title:

The nurse-patient relationship as a story of health enhancement in community care: a meta-ethnography

Running title:

The patient's story of health

Author details

STRANDÅS, Maria, PhD Student, Nord University, RN, MSc

BONDAS, Terese, Professor, Nord University, RN, PhD

Contact details for corresponding author:

Name: Maria Strandås

E-mail: maria.strandas@nord.no

Twitter: MStrandas

Conflict of Interest statement

The authors have declared no conflict of interest.

Funding Statement

This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1111/jan.13389

This article is protected by copyright. All rights reserved.

## Abstract

**Aim:** To explore and improve our understanding of how nurse-patient relationships can enhance patients' health by synthesizing knowledge from published qualitative studies from both patients' and nurses' perspectives in community care.

**Background:** While primary research showing the health benefits of the nurse-patient relationship has been reported, this knowledge has not previously been synthesized.

**Design:** Meta-ethnography

**Data sources:** A comprehensive search of five relevant databases, without year limitation, was completed. Inclusion criteria were; peer-reviewed studies exploring patient and/or nurse perspectives in community care settings, using a qualitative approach and published in English in any country.

**Review method:** Noblit and Hare's meta-ethnographic approach

**Results:** Ten primary studies published, between 1997 and 2014, met the research objective and inclusion criteria and were appraised as high quality using CASP. Included studies reported similar findings and reciprocal translational analysis was possible. Six core themes were identified: entering the patient's world; trusting and telling; identifying different needs and uncovering change; patients becoming masters of their own health; patients experiencing health in illness; and nurses going the distance. The core themes were synthesized into a metaphor of 'the nurse-patient relationship as a story of health enhancement', which illustrates the meaning of the "common story" they create together.

**Conclusion:** The findings help us better understand how the nurse-patient relationship may enhance the patient's health, not only in regard to illness, physical condition and treatment, but also physical, emotional, mental and social well-being. The nurse-patient relationship also has the potential to strengthen the patient's own resources towards maintaining health.

This article is protected by copyright. All rights reserved.

Keywords: nursing, nurse-patient relationship, nurse-patient interaction, community care, home health care, meta-synthesis, meta-ethnography, qualitative, health enhancement, patient outcome

## Summary Statement

Why is this research or review needed?

- This is the first internationally relevant synthesis of qualitative research specifically exploring patients' health benefits of the nurse-patient relationship in community care settings.
- Qualitative research may increase our understanding of the positive effects and importance of the nurse-patient relationship and thus may lead to improvements in patient care.
- Contemporary community care organizations seem to devalue nursing activities that are not physical or measurable tasks. Demonstrating the health-enhancing value of the NPR in community care might contribute to shifting the focus from largely technical tasks to include the development of NPRs.

What are the key findings?

- The nurse-patient relationship is a “story of health enhancement” that requires active participation and commitment from both nurses and patients. The findings represents a new way of understanding the relationship as an evolving health-enhancing “common story,” important in every encounter in community health care.
- The nurse-patient relationship strengthens not only health but also the patient's own resources for health and well-being.

- This meta-ethnography fills an important void in nursing research and shows that the health-enhancing benefits of the nurse-patient relationship needs to be better articulated.

How should the findings be used to influence policy/practice/research/education?

- As the nurse-patient relationship is a fundamental part of nursing practice, this meta-ethnography points to several important contributions of nursing practice that cannot be measured easily.
- Healthcare organizations need to establish cultures that visibly value and support nurse-patient relationships and healthcare delivery that reflect all dimensions of the patient's health.
- Demonstrating the health-effects of the nurse-patient relationships underlines the importance of creating a nursing practice where the development of relationships is possible.

## INTRODUCTION

This article reports the findings of a meta-ethnography of published qualitative research on the potential health benefits of the nurse-patient relationship (NPR) in community care settings. High-quality nursing depends on NPRs and these relationships are the very foundation of nursing (Alvsvåg, 2014; Dinç & Gastmans, 2013; Peplau, 2004). The NPR is an interpersonal process, that develops over time. The relationship is professional and its structure asserts that the patient needs help and the nurse has the knowledge to provide such help (Peplau, 2004). The goal is to help patients until their own strength, will or knowledge is regained (Henderson, 2006).

The NPR has been the focus of many studies and the large volume of literature devoted to this relationship highlights its importance (Holopainen, Kasén, & Nyström, 2014; Kasén, 1996; Morse, 1991; Peplau, 2004). The essence of the NPR seems difficult to conceptualize. The majority of literature deals with different elements of the relationship, such as; trust (Dinç & Gastmans, 2013), respect (Glavin & Erdal, 2000), caring (Halldorsdottir & Hamrin, 1997; Papastavrou, Efstathiou, & Charalambous, 2011), presence, (Fingfeld- Connett, 2006; Gardner, 1992; Parse, 1998), intimacy (Williams, 2001), interpersonal interactions (Peplau, 2004) and connectedness (Miner-Williams, 2007). Others aim to describe the relationship holistically (Kasén, 1996), along with its phases (Peplau, 2004) or to examine different types of relationships (Morse, 1991). In this meta-ethnography the term “nurse-patient relationship” refers to relationships characterized by elements including caring, trust, compassion, respect etc., i.e. relationships perceived as inherently beneficial and good. Researchers have pointed out that not all relationships are perceived as good by patients. These are referred to as “uncaring relationships” and involve patients being objects to be cared for and nurses performing that task (Halldorsdottir & Hamrin, 1997; Kasén, 2002), even causing unnecessary suffering related to care (Eriksson, 2010). Most studies found were conducted in hospital settings and NPRs are typically studied from either nurses’ or patients’ perspectives, but rarely from both perspectives. The context of relationships in community care differs from hospitals. Community care involves healthcare provided in a community and in this meta-ethnography, it comprises mostly home-based nursing-care. These NPRs are often formed in patients’ homes and involve their families. The patients are for the most part not acutely ill; rather they suffer from chronic diseases and/or frailty of old age. Interactions between nurses and patients are regular, frequent and may last several years.

## Background

According to Parse (1998), all humans have unique and personal perspectives about life, meaning and health. The goal of nursing is improved quality of life from the perspective of the individual, family or society. Parse argues the importance of “true presence,” which involves the nurse being present, with no intent to intervene or change the patient’s experience, but rather to witness it (Parse, 1994, 1998). Parse’s theory is guided by philosophical assumptions that include the belief that humans are indivisible, unpredictable and always changing (Parse, 2007).

The quality of the NPR affects patient’s experiences of and benefits from, treatment and care.

Research has pointed out that NPRs are one of the most important aspects for successful treatments (Molin, Graneheim, & Lindgren, 2016; Peplau, 2004). Contemporary nursing is under increasing pressure from management and control-systems having a sharp focus on efficiency and economy. Patients being released from hospitals earlier and living at home longer have increased the pressure on home-care in terms of time-constraints and increased responsibility (Sæterstrand, Holm, & Brinchmann, 2015). Nurses have reported; increased patient-nurse ratios, stress, reduced job-satisfaction and less time for conversation and guidance (Debesay, Harslof, Rechel, & Vike, 2014; Selberg, 2013). Castledine (2004) claimed that NPRs are ignored in the race to push patients through the system. The importance of developing relationships to balance increasing emphasis on technical skills has been highlighted (McQueen, 2000). Despite dramatic changes in health care economics, organizational culture and patient needs, Duffy and Hoskins (2003) claimed that NPRs are still perceived as central to patient well-being, health and recovery.

## THE STUDY

### Aims

Our aim was to explore and improve our understanding of the positive effects of NPRs on patient health, from both nurses' and patients' perspectives. Specific objectives were to identify qualitative studies relating to the NPR for synthesis; with intent to describe if and how the relationship can enhance patients' health and well-being.

### Design

The methods involved three stages: systematic literature search, quality appraisal and synthesis using the meta-ethnography described by Noblit and Hare (1988). Britten et al. (2002) adapted this inductive method to health-care research and it has been used successfully to synthesize healthcare-studies (Bondas & Hall, 2007b; Bridges et al., 2013; Campbell et al., 2003). Meta-ethnography aims to ensure that relevant study-findings are systematically compared rather than aggregated (Sandelowski & Barroso, 2007). Meta-ethnography is an interpretive form of knowledge-synthesis and aims to enrich human discourse by translating individual qualitative studies into one another through re-interpretation and transformation of their analytic and theoretical concepts (Noblit & Hare, 1988).

### Search methods

Five databases of peer reviewed literature were considered relevant for nursing research and searched; CINAHL, Scopus, PubMed, Google Scholar and Wiley Online Library. The search was performed with no limitations regarding year of publication and ended in July 2016.

Search terms are shown in Box 1. To maximize coverage and enhance trustworthiness, back-and-forward tracking was conducted.

Research considered relevant was included, rather than selecting articles that accommodated a certain methodology. Titles, abstracts and full texts of the studies were examined and those

considered suitable according to the research objective were included. Inclusion criteria were: studies written in English, qualitative design, peer-reviewed empirical studies, adult informants, nurse and/or patient-perspective/experience and community settings. Exclusion criteria were: hospital/mental-health/pediatric/acute/critical-care settings, quantitative design and review/discussion articles. For the purpose of the meta-ethnography, included studies involved patients in or transitioning to community care.

#### Search outcome

Unlike meta-synthesis the search was not all-inclusive, but purposive, enabling “interpretive explanation” rather than prediction (Doyle, 2003). The thorough search intended to ensure a final sample of studies that could make an important contribution; the aim was not to do a review (Noblit & Hare, 1988). See Figure S1 for details (online-only file).

Inclusion/exclusion criteria were developed before and during the search (applied retrospectively). Ten articles (one stemming from back-and-forward tracking) were included after evaluating the full texts and performing a quality appraisal. All were nursing studies, four of which included patients’ perspectives, five focused on nurses’ perspectives and one included both perspectives. See Table 1a/b/c for description of studies.

#### Quality appraisal

In the meta-ethnographic field, the benefit of using appraisal tools for assessing qualitative studies has been discussed and there is no consensus. Sandelowski et al. (1997) advised against excluding studies for reasons of quality on the basis of wide variations in conceptions of good and in quality criteria. Nonetheless, CASP has been successfully adopted in various meta-ethnographic studies (Bridges et al., 2013; Campbell et al., 2003; Vaismoradi, Skär, Söderberg, & Bondas, 2016). Committed to the concept that research can and should be assessed for quality, eleven primary studies were appraised using the Critical Appraisal Skills

Programme (CASP) criteria for evaluating qualitative research (CASP, 2013). One study was rejected for further analysis after an overall assessment of relevance for the research objective combined with quality assessment. The excluded study reported nurses' definitions of intimacy rather than exploring how nursing intimacy affects patients. The study also lacked descriptions of recruitment strategy and data analysis processes, which did not allow a full assessment of potential risk of bias. Detailed assessment of each CASP domain for all included studies is reported in Table S1 (Supporting information file).

#### Data abstraction

Initial data abstraction involved describing each study's aim, sample, setting, method, etc. to provide context. Included studies were read and reread closely. Because of different designs and varying focuses, no paper was identified as seminal; thus, there was no particular order in which the studies were read. Atkins et al. (2008) addressed the difficulty of deciding which paper is seminal.

Meta-ethnography focuses on synthesizing findings to add one more level of interpretation (Noblit & Hare, 1988). The aim is conceptual insight rather than summarizing and aggregating the entire body of knowledge (Sandelowski & Barroso, 2007). Interpretations made by synthesis-researchers are referred to as "third-order constructs" by Britten (2002) and build on the original researchers' interpretations of primary data ("second-order constructs") and participants' interpretations of their own experiences ("first-order constructs") (ibid). As original researchers selected the participants' quotes in the studies, they do not represent the totality of participant experiences but were nonetheless viewed as valuable data.

## Synthesis

Noblit and Hare's (1988) process was used as analysis-framework along with recent adaptations and operationalizations of the method (Atkins et al., 2008; Britten et al., 2002; Lee, Hart, Watson, & Rapley, 2015). A list of identified key themes from each study was created. All studies were examined to find common and recurring themes (Britten et al., 2002). According to Noblit and Hare (1988) relationships that emerge in the analysis might be either reciprocal (similar), refutational (in opposition), or in line of argument (cumulative). We found that the studies were similar and therefore could be analyzed as reciprocal translations of each study into the others. We did not find any alternative explanations or refutations (ibid).

We adopted a critical approach challenging our preunderstandings. The themes were interpreted and compared across studies to identify similarities and differences and develop new or deeper interpretation of the findings. Themes were sorted and grouped together with similar themes from other studies (Sandelowski & Barroso, 2007). Noblit and Hare (1988) referred to this phase as "translating the studies" into one another. This involves comparing themes in one study to those of another while leaving the central theme intact. Idiomatic translations preserved the meaning of the original text, allowing comparison between studies (Britten et al., 2002). To develop "third-order constructs" that could apply across studies, the translations were synthesized. The shift from second order to third order constructs is complex. The synthesis emerged in interpretive analysis using translations, checking translations in iterative cyclical processes where we moved back-and-forth between the findings of primary studies and in relation to the emerging synthesis. We had several reflective and critical discussions, uncovering our preunderstandings and identifying new understanding and different perspectives (Major & Savin-Baden, 2010; Noblit & Hare, 1988). The synthesis is a new understanding, based on the translation and interpretation of the

meaning of findings in primary studies. Through each study, new understandings were added to the reciprocal synthesis, building on the themes and metaphor. Six core themes were developed with respect to preserving the studies' key contents. The authors agreed on an overarching metaphor. Because the included studies reflect either nurse or patient perspectives, each study was reviewed again for the absence/presence of core themes to identify the contributions of different perspectives to the findings. Table 2a/b shows experiences of the NPR from nurse and patient perspectives, as found in the studies.

The synthesis is an integrated interpretation of the original findings that can provide a greater understanding of the depth and breadth than results from individual studies (Bondas & Hall, 2007a; Thorne, 2017). It is not a summary of studies.

### Findings

A reciprocal synthesis using six core themes gave interpretive explanations of how the NPR may enhance patient health. The themes were synthesized into the metaphor of 'the nurse-patient relationship as a story of health enhancement' (Table 3), which illustrates the meaning of the "common story" that the patient and the nurse build together. The important contribution of both nurses and patients in NPRs prove essential to its health-enhancing potential.

The included studies use different terms to describe the NPR, such as "best-fit relationship" (Tyrrell et al., 2012), "caring relationship" (Wälivaara, Sävenstedt, & Axelsson, 2013), "trusting relationship" (Bindels, Cox, Widdershoven, Schayck, & Abma, 2014; Mok & Chiu, 2004; Van Hecke, Grypdonck, Beele, Vanderwee, & Defloor, 2011) etc. In this meta-ethnography, we use the term 'nurse-patient relationship' (NPR). Findings are presented below with reference to the core themes. As one theme affects the other, they are not mutually exclusive and must be viewed in connection to each other.

Entering the patient's world

Getting to know one another is stressed as important in all included studies from both nurses' and patients' perspectives. This knowledge is seen as a condition for creating NPRs and essential to providing quality care (Karlsson, Ek, Bergh, & Ernsth Bravell, 2014; Luker, Austin, Caress, & Hallett, 2000; Mok & Chiu, 2004; Wälivaara et al., 2013). Findings suggest that nurses invest conscious effort in getting to know patients and building relationships (Mok & Chiu, 2004; Wälivaara et al., 2013). As patients in community care often have the same nurse attending to them over time, the NPR develops and patients seem to share more personal experiences. In these relationships, patients also seek personal information about the nurse, leading to their feeling a connection on a deeper level (Turpin, McWilliam, & Ward-Griffin, 2012; Tyrrell et al., 2012; Van Hecke et al., 2011; Wilkes, Cioffi, Warne, Harrison, & Vonu- boriceanu, 2008).

Findings indicate that when patients have an opportunity to tell their stories, nurses can appreciate the patients' unique experiences and understand how best to work with them (Bindels et al., 2014; Tyrrell et al., 2012; Van Hecke et al., 2011). Entering the patient's world includes nurses becoming better equipped to understand the patient's perspective, which is highly valued by patients and ensures that they are treated as individuals (Luker et al., 2000; Paavilainen & Åstedt-Kurki, 1997). Nurses listening to concerns, taking problems seriously and acknowledging patients' skills is seen by patients as pivotal in making them feel like a person and not just a patient (Turpin et al., 2012; Tyrrell et al., 2012; Van Hecke et al., 2011; Wilkes et al., 2008). It becomes evident that even if the nurse works to enter the patient's world and acquire intimate knowledge, the patient must also be willing to let the nurse enter. The health enhancing potential of the NPR seems to be based on in-depth knowledge gained through the NPR. By "entering the patients world," nurses become able to

know when patients are ready to receive information and do things on their own, thereby fostering their independence (Tyrrell et al., 2012).

Patients becoming masters of their own health

Nurses use strategies such as teaching, active motivation, encouragement and showing confidence to promote self-management and independent coping skills. These strategies seem to have a deeper impact on patient behavior in NPRs. Nurses may even consciously develop the NPR as a strategy to encourage patients to participate in self-care (Bindels et al., 2014; Tyrrell et al., 2012; Van Hecke et al., 2011; Wilkes et al., 2008). Even patients suffering from severe cognitive impairments may be actively involved in their own care (Karlsson et al., 2014).

Providing information and advice helps patients recognize different solutions and become more competent to make decisions regarding their own care (Paavilainen & Åstedt-Kurki, 1997). The findings reveal that some aspects of the health-enhancing potential of the NPR exist in strengthening patients' resources regarding their own health and decision-making.

Nurses may facilitate and provide opportunities for patients to become masters of their own health, but patients have to make decisions and put efforts into self-care.

Findings indicate that the quality of the NPR positively affects patients' motivation and abilities to adhere to recommended treatment advice. Patients regard inputs from nurses in NPRs as more worthwhile and therefore they are more likely to adhere to their advice (Tyrrell et al., 2012; Van Hecke et al., 2011). The trust, connectedness, warmth and acceptance that exists in NPRs is seen by patients as restoring their faith in themselves, making it possible to reach their goals and initiating compliance, which proves central to treatment-adherence. Patients in NPRs attempt to achieve more to please nurses, wanting to reward them for their involvement (Mok & Chiu, 2004; Tyrrell et al., 2012; Van Hecke et al.,

2011). Both nurses and patients claim that increased capacity and self-management can support the meaningfulness of life, promote well-being and help ease patients' adjustments to illnesses (Mok & Chiu, 2004; Paavilainen & Åstedt-Kurki, 1997; Wilkes et al., 2008).

#### Identifying different needs and uncovering changes

The NPR seems to facilitate nurses' assessments of patients' conditions and nurses' ability to anticipate, interpret, understand and respond properly to voiced and unvoiced needs and concerns. This enables nurses to obtain a more objective view of the patient's total needs, thereby ensuring holistic nursing care (Karlsson et al., 2014; Luker et al., 2000; Mok & Chiu, 2004; Van Hecke et al., 2011; Wälivaara et al., 2013). Nurses' paying attention to and having time for more than physical needs, such as existential pain or loneliness, are essential for high quality care (Bindels et al., 2014; Luker et al., 2000; Van Hecke et al., 2011). In superficial or "uncaring relationships" (Halldorsdottir & Hamrin, 1997), patients' needs are sometimes not met and a risk of harm occurs (Wälivaara et al., 2013).

Building an NPR to a level where confiding occurs takes time. Patients must be able and willing to trust the nurse and to confide and share their problems. Nurses highlight how patients' confiding in them enables them to detect needs or problems and simultaneously provide support in their patients' efforts to cope independently. A confidential relationship seems particularly important for patients who avoid care or are not yet aware of their healthcare needs (Bindels et al., 2014; Paavilainen & Åstedt-Kurki, 1997; Wälivaara et al., 2013). Nurse continuity and knowing the patient's life story and normal behavior and appearance enable the nurse to identify unvoiced needs, subtle changes or signs of illness that may otherwise go unnoticed, thus allowing measures to prevent deteriorating health. These also helps nurses "read between the lines" as some patients are unable or unwilling to communicate their ailments. This is especially important in the assessment of patients with

dementia, as they cannot express their needs clearly (Bindels et al., 2014; Karlsson et al., 2014; Luker et al., 2000; Wälivaara et al., 2013). It should also be noted that competent nurses have the potential to be more attuned to their patients' unique needs (Tyrrell et al., 2012).

### Trusting and telling

Trust emerges as a core-characteristic of the NPR and findings show that trust is closely linked to open communication, personal sharing and intimacy. Trusting NPRs seems to both foster and be fostered by nurse and patient spending meaningful time together; becoming acquainted; personal conversations; laughter; reciprocity; the nurse's competence, personality and attitude; and patients' feeling taken seriously and at ease. Many NPRs evolve into "professional friendships," but in addition to patients being able to speak freely, they can also expect to get help as needed. The NPR helps nurses understand how to motivate patients in self-care and patients indicate that they are more receptive to teaching and likely to follow the advice of nurses they find trustworthy (Mok & Chiu, 2004; Paavilainen & Åstedt-Kurki, 1997; Tyrrell et al., 2012; Van Hecke et al., 2011; Wilkes et al., 2008; Wälivaara et al., 2013).

Patients trusting nurses enough to open up about problems or concerns is vital to provide quality nursing care (Bindels et al., 2014; Wälivaara et al., 2013). Patients find it easier to share concerns or problems when nurses show a genuine interest by listening, asking questions and touching. This seems to be enhanced by the reciprocity of the relationship, where both parties contribute and respect one another's ideas and opinions. Patients emphasize the significance of having someone on whom to rely and to whom they can open up and express deeper feelings and pain (Luker et al., 2000; Mok & Chiu, 2004; Turpin et al., 2012; Tyrrell et al., 2012; Wilkes et al., 2008; Wälivaara et al., 2013). Findings show that the

NPR is more than a medical relationship; it is a human relationship. This emerges as particularly important for the well-being of lonely patients with limited social network (Mok & Chiu, 2004; Paavilainen & Åstedt-Kurki, 1997; Turpin et al., 2012).

#### Experiencing health in illness

The studies reflect that the NPR contributes to patients' experiencing well-being and improved quality of life, even when suffering from serious illness. Patients describe that they feel seen, validated and experience themselves as people who matter in the NPR (Mok & Chiu, 2004; Wälivaara et al., 2013). The caring nature of the relationship seems to help patients feel more at ease and comfortable (Mok & Chiu, 2004; Turpin et al., 2012; Van Hecke et al., 2011). Turpin et al. (2012) advocated that having comfort and a connected with the nurse is health promoting. Patients perceive their relationship with the nurse as one of the main reasons they are able to stay out of the hospital, which reduces the burden of their illness (Wilkes et al., 2008).

Knowing that a familiar nurse will come if needed increases patients' sense of security.

Overall, patients seem to feel less stressed and worried (Mok & Chiu, 2004; Paavilainen & Åstedt-Kurki, 1997; Turpin et al., 2012; Wälivaara et al., 2013). They look forward to the nurse's visit and may even be disappointed if the nurse is absent, indicating they can't talk to a stranger in the same way and find it harder to relax (Turpin et al., 2012). Patients describe how the relationship with the nurse gives them energy to keep going and improves their physical and emotional state. It can facilitate patients' adjustments to illness, ease their suffering and enable them to find meaning in life or peace in the face of impending death (Mok & Chiu, 2004).

Going the distance

According to our findings, NPRs appear to foster more engaged and dedicated nurses who feel more responsible and seem to prioritize “their” patient. Nurses reflect more extensively about the patient and his/her situation and invest additional effort into tailoring nursing care to the specific individual (Karlsson et al., 2014; Mok & Chiu, 2004; Wälivaara et al., 2013).

Paying attention to other problems and going beyond what can be expected strengthens the degree of confidence and trust the patient has in the nurse (Van Hecke et al., 2011). When attending unfamiliar patients, nurses seem to work at a shallower level, knowing that they will not be able to continue the relationship. Nurses view this as a way of respecting patient integrity (Wälivaara et al., 2013).

Nurses perceive the in-depth knowledge and understanding of the patient’s physical, cognitive and psychosocial condition as aids in choosing the right approach and tailoring nursing care (Karlsson et al., 2014; Luker et al., 2000; Paavilainen & Åstedt-Kurki, 1997). By understanding the desires and choices of their patients, nurses are able to assume a strong advocacy role for patients. Findings imply that nurses in NPRs are more likely to advocate on their patients’ behalf. Nurses may intercede on their patients’ behalf with family or other healthcare professionals and also act as connectors between them (Bindels et al., 2014; Mok & Chiu, 2004)

## DISCUSSION

The metaphor of “the NPR as a story of health enhancement” refers to the importance of the “common story” that nurse and patient develop together. The metaphor intends to say something in a different way and thereby open up for new understanding (Ricoeur, 1986). We suggest that there is a potential to change nursing practice when understanding the meaning of the NPR as a health-enhancing story. Findings reflect how health enhancement is a joint

Accepted Article

effort, demanding committed participation from both nurse and patient. Nurses aspire to caring, intimate and connected relationships with patients, encouraging them to tell their life story. Nurses seek to understand the patient's perspective and unique needs, providing support and information and they attempt to involve and encourage patients in their own care. Nurses act as facilitators so patients can participate in their own health enhancement, but patients are not just objects of nursing-actions. Without a patient's commitment, a nurse's efforts might be futile. Included studies reflect how patients are active participants, willing to invite nurses into their life, trust them and engage in personal sharing. It is through patients' active participation that NPRs can develop.

The NPR emerges as the facilitator for open communication and personal sharing, which, in turn, enhances feelings of well-being and gives nurses access to vital information. As elderly in home-care often express their needs vaguely (Sundler, Högländer, Eklund, Eide, & Holmström, 2016), their needs may be difficult to detect and this puts demands on nurses' attentiveness. The NPR permits holistic nursing care, as it strengthens nurses' ability to recognize and respond properly to a variety of unvoiced patient needs. The relationship helps nurses understand how to strengthen patients' own health resources and adhere to advice. The story of health enhancement represents an entirety of all the components needed for patients to experience themselves as valuable human beings and to strengthen their abilities to use their own resources to maintain self-care, health and well-being.

Patients perceive that having a human relationship with the nurse improves their physical and emotional state. Without the NPR, nursing might be superficial and revolving around simply practical tasks, leading to patients feeling neglected. Our findings support the claim that relationships are a category of humanity, as humans become complete in relationships (Kasén, 1996). Dahlberg et al. (2009) emphasized the complexity of personhood, health and

illness. They maintain that, to provide health focused care, nurses must have an existential view of the patient and well-being and they need knowledge about the unique patient's journey (ibid). The deep and intimate nature of the NPR enables the nurse to understand the unique patient's perspective and help the patient cope with challenges, find meaning in their situation and reduce the burden of illness. The quality of life as perceived by the patient is, therefore, increased, which is the goal of nursing according to Parse (1998).

The quality of the NPR will depend on duration of contact, chemistry, patient needs, willingness to connect and nurse commitment (Morse, 1991). Not all patients and nurses establish NPRs. Eriksson (2010) described how suffering is related not only to life or illness but also to care. Suffering related to care happens when a patient experiences feelings of not being believed or taken seriously (ibid,) and not being seen as a unique human being and when relationships with caregivers fail to materialize; patients, as a result experience neglect and uncaring (Arman, Rehnsfeldt, Lindholm, Hamrin, & Eriksson, 2004).

It is assumed that time is required to develop the NPR and achieve optimal health-care outcomes. Prioritizing time to build and maintain the relationship is hindered by nurses' high workloads (Wälivaara et al., 2013). Yet research has shown that it is possible to connect and establish trust even in the first encounter (Van Hecke et al., 2011), which challenges the notion of time as essential for the NPR. However, it can be unethical to encourage patients to share difficult feelings and then fail to follow up. The NPRs that are most valued involve nurses being available for the patient. This does not mean simply staying with a patient longer but rather providing opportunities to connect and interact (Tyrrell et al., 2012). This is interpreted as a way of being in true presence with the patient. Nurses guide patients through this presence, but patients ultimately make decisions about their health (Parse, 1998).

The “common story” nurse and patient share helps nurses to work effectively with patients.

This is an argument for primary nursing in community care. The “story of health enhancement” is not a linear process in the sense of one action leading to another. The process constantly exists in each of the six core themes as the story evolves. Relationships in community settings differ from those in hospitals. Nurses in community care cannot rely on technical equipment to help assess patients’ conditions to the same extent as in hospitals. Community nurses must rely on their own clinical judgment based on their knowledge of and relationship with the patient. This includes the ability to identify needs, assess condition, connect and judge when to help and when to encourage self-care (Henderson, 2006). Therefore, the quality of NPRs in community care might be even more important in ensuring health and well-being. Health effects that have become apparent in this synthesis seems to occur as a result of the repeated contact, commitment, patient knowledge, trust, respect, intimacy and connectedness that exist in the NPR. Thus, the nurse-patient relationship is a story of health enhancement.

#### Strengths and limitations

This meta-ethnography has strengths in its comprehensive literature search, inclusion/exclusion criteria, quality appraisal and the inclusion of both patient and nurse perspectives. The flow diagram in Figure S1 and summary in Table 1 provide readers with a basis to judge the search process, quality and applicability of findings. Contribution of different perspectives (Table 2a/b) and detailed descriptions of the analysis process (Table 3) provide an audit trail for readers. Variations in origin, methodologies and perspectives of included studies might make the results more transferable but also harder to synthesize. Determining the extent to which the original researchers’ interpretations were influenced by their own background or theoretical standpoint is difficult (Atkins et al., 2008).

The aim of meta-ethnography is conceptual insight, not summarizing and aggregating the entire body of knowledge. As in all syntheses, it is difficult to know if some content relevant to this meta-ethnography was lost because it was not the primary focus of the original study.

We are aware of the criticism regarding metasynthesis, accomplishing technically well-implemented but naïve and superfluous description (Thorne, 2017). Sandelowski and Borroso (2007) argued that meta-synthesis can be criticized for removing the original findings too far from the unique experience and stripping them of their context. Validity, therefore, rests on the interpretive logic of the meta-synthesis, where studies' findings are reframed and revealed in the final product (ibid). Despite these limitations, this study has a unique focus. The core themes and metaphor offer a higher level of understanding of health effects of the NPR.

#### Future research

The comprehensive literature search did not identify any study specifically targeting the NPR's meaning and effect on patient outcomes in community care settings. Nurse researchers must further investigate NPRs that contribute to enhanced health from patient/family perspectives, as well as nurse/healthcare-team perspectives to provide evidence of the effects of nursing-care contributions to patient health. It is important to understand how the health-enhancing common story evolves in NPRs in community care. Foremost, we need knowledge that benefits the patients and their families.

#### CONCLUSION

By demonstrating experiences and perspectives of patients and nurses, the various meanings of nurse-patient relationships in relation to the patient's story of health emerge. The strength of this meta-ethnography lies in the inclusion of both nurses' and patients' perspectives and findings represent a new way of understanding the NPR as an evolving health-enhancing common story, important in every encounter in community care. This study affords insight into the meaning and dynamics of the NPR, which enables the development of the

relationship. Findings help us better understand how NPRs enhance patient health, not only in regard to illness, physical condition and treatment, but also physical, mental and social well-being. The NPR may also strengthen the patient's own resources towards health. In community care settings with their scarce time and economic resources, the human value of the NPR might be underestimated. Allocating time to safeguard the NPR may actually help save money in a pressured healthcare system. This meta-ethnography can help community care nurses update their knowledge, gain new understanding and may contribute to the development of knowledge-based caring.

**Author Contributions:**

All authors have agreed on the final version and meet at least one of the following criteria (recommended by the ICMJE\*):

- 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;
- 2) drafting the article or revising it critically for important intellectual content.

\* <http://www.icmje.org/recommendations/>

## REFERENCES

- Alvsvåg, H. (2014). Kari Martinsen. Philosophy of caring. In M. R. Alligood (Ed.), *Nursing theorists and their work*. (pp. 147-170). St. Louis: Elsevier.
- Arman, M., Rehnsfeldt, A., Lindholm, L., Hamrin, E., & Eriksson, K. (2004). Suffering related to health care: a study of breast cancer patients' experiences. *International Journal Of Nursing Practice*, 10(6), 248-256. doi:10.1111/j.1440-172x.2004.00491.x
- Atkins, S., Lewin, S., Smith, H., Engel, M., Fretheim, A., & Volmink, J. (2008). Conducting a meta-ethnography of qualitative literature: lessons learnt. *BMC Med Res Methodol.*, 8(21). doi:10.1186/1471-2288-8-21
- Bindels, J., Cox, K., Widdershoven, G., Schayck, O. C., & Abma, T. A. (2014). Care for community- dwelling frail older people: a practice nurse perspective. *Journal of Clinical Nursing*, 23(15-16), 2313-2322. doi:10.1111/jocn.12513
- Bondas, T., & Hall, E. O. C. (2007a). Challenges in Approaching Metasynthesis Research. *Qualitative Health Research*, 17(1), 113-121. doi:10.1177/1049732306295879
- Bondas, T., & Hall, E. O. C. (2007b). A decade of metasynthesis research in health sciences: A meta-method study. *International Journal of Qualitative Studies on Health and Well-Being*, 2007, Vol.2(2), p.101-113, 2(2), 101-113. doi:10.1080/17482620701251684
- Bridges, J., Nicholson, C., Maben, J., Pope, C., Flatley, M., Wilkinson, C., . . . Tziggili, M. (2013). Capacity for care: meta- ethnography of acute care nurses' experiences of the nurse- patient relationship. *Journal of Advanced Nursing*, 69(4), 760-772. doi:10.1111/jan.12050

- Britten, N., Campbell, R., Pope, C., Donovan, J., Morgan, M., & Pill, R. (2002). Using meta ethnography to synthesise qualitative research: a worked example. *Journal of health services research & policy*, 7(4), 209-215. doi:10.1258/135581902320432732
- Campbell, R., Pound, P., Pope, C., Britten, N., Pill, R., Morgan, M., & Donovan, J. (2003). Evaluating meta-ethnography: a synthesis of qualitative research on lay experiences of diabetes and diabetes care. *Social Science & Medicine*, 56(4), 671-684. doi:10.1016/S0277-9536(02)00064-3
- CASP. (2013). Critical Appraisal Skills Programme (CASP) Qualitative Checklist. Retrieved from [http://media.wix.com/ugd/dded87\\_29c5b002d99342f788c6ac670e49f274.pdf](http://media.wix.com/ugd/dded87_29c5b002d99342f788c6ac670e49f274.pdf)
- Castledine, G. (2004). The importance of the nurse-patient relationship. *British Journal of Nursing*, 13(4), 231. doi:10.12968/bjon.2004.13.4.12132
- Dahlberg, K., Todres, L., & Galvin, K. (2009). Lifeworld-led healthcare is more than patient-led care: an existential view of well-being. *Med. Health Care Philos.*, 12(3), 265-271. doi:10.1007/s11019-008-9174-7
- Debesay, J., Harslof, I., Rechel, B., & Vike, H. (2014). Dispensing emotions: Norwegian community nurses' handling of diversity in a changing organizational context. *Social Science & Medicine*, 119, 74. doi:10.1016/j.socscimed.2014.08.025
- Dinç, L., & Gastmans, C. (2013). Trust in nurse-patient relationships. *Nursing Ethics*, 20(5), 501-516. doi:10.1177/0969733012468463
- Doyle, L. H. (2003). Synthesis through meta-ethnography: paradoxes, enhancements and possibilities. *Qualitative Research*, 3(3), 321-344. doi:10.1177/1468794103033003
- Duffy, R. J., & Hoskins, M. L. (2003). The Quality-Caring Model©: Blending Dual Paradigms. *Advances in Nursing Science*, 26(1), 77-88.

Eriksson, K. (2010). *Det lidende menneske [The suffering human being]* (2. udg. ed.).

København: Munksgaard.

Fingfeld- Connett, D. (2006). Meta- synthesis of presence in nursing. *Journal of Advanced Nursing*, 55(6), 708-714. doi:10.1111/j.1365-2648.2006.03961.x

Gardner, D. (1992). Presence. In G. Bulechek & J. McCloskey (Eds.), *Nursing interventions: Essential nursing treatments* (2 ed., pp. 191-200). Philadelphia: W. B. Saunders.

Glavin, K., & Erdal, B. (2000). *Tverrfaglig samarbeid i praksis : til beste for barn og unge i kommune-Norge [Interdisciplinary cooperation in practice: the best interests of children and youth in Norway's municipalities]*. Oslo: Kommuneforl.

Halldorsdottir, S., & Hamrin, E. (1997). Caring and uncaring encounters within nursing and health care from the cancer patient's perspective. *Cancer Nurs*, 20(2), 120-128.

Henderson, V. (2006). The concept of nursing\*. *Journal of Advanced Nursing*, 53(1), 21-31. doi:10.1111/j.1365-2648.2006.03660.x

Holopainen, G., Kasén, A., & Nyström, L. (2014). The space of togetherness – a caring encounter. *Scandinavian Journal of Caring Sciences*, 28(1), 186-192. doi:10.1111/j.1471-6712.2012.01090.x

Karlsson, C. E., Ek, K., Bergh, I., & Ernst Bravell, M. (2014). Home healthcare teams' assessments of pain in care recipients living with dementia: A Swedish exploratory study. *International Journal of Older People Nursing*, 10(3), 190-200. doi:10.1111/opn.12072

Kasén, A. (1996). Vardrelationen som berättelse och förbindelse - en begreppsanalytisk upptäckt [The caring relationship as a story and connection - a conceptual analytic discovery]. *Hoitotiede*, 8(4), 175-183.

Kasén, A. (2002). *Den vårdande relationen. [The caring relationship]*. Åbo: Åbo Akademi University Press.

Lee, R. P., Hart, R. I., Watson, R. M., & Rapley, T. (2015). Qualitative synthesis in practice: some pragmatics of meta-ethnography. *Qualitative Research, 15*(3), 334-350.

doi:10.1177/1468794114524221

Luker, K. A., Austin, L., Caress, A., & Hallett, C. E. (2000). The importance of 'knowing the patient': Community nurses' constructions of quality in providing palliative care.

*Journal of Advanced Nursing, 31*(4), 775-782.

Major, C. H., & Savin-Baden, M. (2010). *An Introduction to Qualitative Research Synthesis: Managing the information explosion in social science research*. New York:

Routledge.

McQueen, A. (2000). Nurse-patient relationships and partnership in hospital care. *Journal of Clinical Nursing, 9*(5), 723-731. doi:10.1046/j.1365-2702.2000.00424.x

Miner-Williams, D. (2007). Connectedness in the nurse-patient relationship: A Grounded Theory study. *Issues in Mental Health Nursing, 28*(11), 1215-1234.

doi:10.1080/01612840701651462

Mok, E., & Chiu, P. (2004). Nurse-patient relationships in palliative care. *Journal of Advanced Nursing, 48*(5), 475-483. doi:10.1111/j.1365-2648.2004.03230.x

Molin, J., Graneheim, U. H., & Lindgren, B. M. (2016). Quality of interactions influences everyday life in psychiatric inpatient care; patients' perspectives. *International Journal of Qualitative Studies on Health and Well-being, 11*.

doi:10.3402/qhw.v11.29897

doi:10.3402/qhw.v11.29897

Morse, J. M. (1991). Negotiating commitment and involvement in the nurse- patient relationship. *Journal of Advanced Nursing, 16*(4), 455-468. doi:10.1111/j.1365-

2648.1991.tb03436.x

Noblit, G. W., & Hare, R. D. (1988). *Meta-ethnography : synthesizing qualitative studies*

(Vol. vol. 11). Newbury Park, Calif: Sage Publications.

- Paavilainen, E., & Åstedt-Kurki, P. (1997). The Client-Nurse Relationship as Experienced by Public Health Nurses: Toward Better Collaboration. *Public Health Nursing, 14*(3), 137-142.
- Papastavrou, E., Efstathiou, G., & Charalambous, A. (2011). Nurses' and patients' perceptions of caring behaviours: quantitative systematic review of comparative studies. *Journal of Advanced Nursing, 67*(6), 1191-1205. doi:10.1111/j.1365-2648.2010.05580.x
- Parse, R. R. (1994). Quality of life: Sciencing and living the art of human becoming. *Nursing Science Quarterly, 7*(1), 32-38.
- Parse, R. R. (1998). *The Human Becoming School of Thought*. Thousand Oaks: SAGE Publications Inc.
- Parse, R. R. (2007). The Humanbecoming School of Thought in 2050. *Nursing Science Quarterly, 20*(4), 308-311. doi:10.1177/0894318407307160
- Peplau, H. E. (2004). *Interpersonal Relations in Nursing : A Conceptual Frame of Reference for Psychodynamic Nursing*. New York: Springer Publishing Company.
- Ricœur, P. (1986). *The rule of metaphor : multi-disciplinary studies of the creation of meaning in language* ([Paperback ed.]. ed.). London: Routledge & Kegan Paul.
- Sandelowski, M., & Barroso, J. (2007). *Handbook for synthesizing qualitative research*. New York: Springer.
- Sandelowski, M., Docherty, S., & Emden, C. (1997). Qualitative Metasynthesis: Issues and Techniques. *Research in Nursing & Health, 20*, 365-371.
- Selberg, R. (2013). Nursing in Times of Neoliberal Change: An Ethnographic Study of Nurses' Experiences of Work Intensification. *Nordic Journal Of Working Life Studies, 3*(2), 9-35.

- Sundler, A. J., Högländer, J., Eklund, J. H., Eide, H., & Holmström, I. K. (2016). Older persons' expressions of emotional cues and concerns during home care visits. Application of the Verona coding definitions of emotional sequences (VR-CoDES) in home care. *Patient Education and Counseling*. doi:10.1016/j.pec.2016.09.009
- Sæterstrand, T. M., Holm, S. G., & Brinchmann, B. S. (2015). Hjemmesykepleiepraksis. Hvordan ny organisering av helsetjenesten påvirker sykepleiepraksis [Community nursing practice. How the new organization of the health affects nursing practice.]. *Klinisk Sygepleje*, 29(1), 4-16.
- Thorne, S. (2017). Metasynthetic Madness: What kind of Monster have we created? *Qual. Health Res.*, 27(1), 3-12. doi:10.1177/1049732316679370
- Turpin, L. J., McWilliam, C. L., & Ward-Griffin, C. (2012). The Meaning of a Positive Client-Nurse Relationship for Senior Home Care Clients with Chronic Disease. *Canadian Journal on Aging / La Revue canadienne du vieillissement*, 31(4), 457-469. doi:10.1017/S0714980812000311
- Tyrrell, E. F., Levack, W. M., Ritchie, L. H., & Keeling, S. M. (2012). Nursing contribution to the rehabilitation of older patients: patient and family perspectives. *Journal of Advanced Nursing*, 68(11), 2466-2476. doi:10.1111/j.1365-2648.2012.05944.x
- Vaismoradi, M., Skär, L., Söderberg, S., & Bondas, T. (2016). Normalizing suffering : A meta-synthesis of experiences of and perspectives on pain and pain management in nursing homes. *International Journal of Qualitative Studies on Health and Well-being*. doi:10.3402/qhw.v11.31203
- Van Hecke, A., Grypdonck, M., Beele, H., Vanderwee, K., & Defloor, T. (2011). Adherence to leg ulcer lifestyle advice: qualitative and quantitative outcomes associated with a nurse-led intervention. *Journal of Clinical Nursing*, 20(3-4), 429. doi:10.1111/j.1365-2702.2010.03546.x

Wilkes, L., Cioffi, J., Warne, B., Harrison, K., & Vonu- boriceanu, O. (2008). Clients with chronic and complex conditions: their experiences of community nursing services.

*Journal of Clinical Nursing*, 17(7b), 160-168. doi:10.1111/j.1365-2702.2008.02454.x

Williams, A. (2001). A study of practising nurses' perceptions and experiences of intimacy within the nurse-patient relationship. *Journal of Advanced Nursing*, 35(2), 188-196.

doi:10.1046/j.1365-2648.2001.01836.x

Wälivaara, B. M., Sävenstedt, S., & Axelsson, K. (2013). Caring Relationships in Home-Based Nursing Care - Registered Nurses' Experiences. *The Open Nursing Journal*, 7,

89-95. doi:10.2174/1874434620130516003

#1 (nurse-patient relations or nurse-patient relationships or client-nurse relationships)

#2 (community care or home health care or primary care)

#3 (patient perspective or nurse perspective)

#4 (patient outcome or relational health promotion)

#5 A combination of #1 and #2 and #3 and #4.

| <b>Author (year) country</b>         | <b>Purpose</b>   | <b>Design and Methods</b>   | <b>Setting and sample</b>   |
|--------------------------------------|--|---|---|
| Wilkes et al., (2007)<br>Australia   | To explore and describe clients' experiences of receiving care from community nurses   | Qualitative descriptive study<br>Interviews with open-ended questions.                            | One area home health care service.<br>13 patients with chronic and complex conditions |
| Van Hecke et al. (2011)<br>Belgium   | To explore the processes underlying adherent behavior in patient with leg ulcers who received an intervention to enhance adherence to leg ulcer lifestyle advice | Qualitative field study with semi-structured interviews.<br>Participant observation. Field notes. | Home care setting.<br>26 patients.  |
| Tyrrel et al., (2012)<br>New Zealand | To examine the perspectives of patients aged over 65 years and their family members on the contribution of nurses to their inpatient rehabilitation.             | Grounded theory study using a constructivist epistemology.<br>Semi-structured interviews.         | One inpatient rehabilitation unit.<br>7 patients and 6 of their family members.       |
| Turpin et al. (2012)<br>Canada       | To explore the meaning of positive client-nurse relationships for senior home care clients with chronic disease  | Interpretive phenomenological study. In-depth semi structured interviews                          | Home care<br>8 patients.  |

| <b>Author (year) country</b> | <b>Purpose</b>  | <b>Design and Methods</b>   | <b>Setting and sample</b>  |
|------------------------------|---|---|--|
| Mok and Chiu (2004)<br>China | To explore aspects of nurse-patient relationships in the context of palliative care | Qualitative, phenomenological-hermeneutical. Open ended unstructured interviews | One hospice palliative unit and home health care<br>10 nurses and 10 patients receiving palliative care. |

| <b>Author (year) country</b>                   | <b>Purpose</b>  | <b>Design and Methods</b>  | <b>Setting and sample</b>  |
|--|---|--|--|
| Paavilainen and Åstedt-Kurki (1997)<br>Finland | To look at the ways the client and the public nurse cooperate and see what makes for efficient collaboration.   | Phenomenological-hermeneutical approach. Open ended essays and focused interviews  | Public health<br>11 nurses   |
| Luker et al. (2000)<br>England                 | To determine factors which contributed or detracted from high quality care for a number of key areas including palliative care.   | Critical incidence approach. Conversation style interviews   | One community trust<br>62 nurses.  |
| Wälivaara et al., (2013)<br>Sweden             | To explore registered nurses' experiences of their relationships with persons in need of home-based nursing care.   | Qualitative approach with individual interviews and thematic content analysis  | Home based nursing care.<br>13 registered nurses and 11 district nurses.                               |
| Bindels et al. (2014)<br>Netherlands           | To evaluate care programs for community-dwelling frail older people from a practice nurse perspective and gain a deeper understanding of their role within the programs | A constructivist grounded theory approach. Semi-structured in-depth interviews and focus group. Observation of home visits prior to data collection. | Primary care<br>23 nurses, of which 12 participated in interviews and 14 attended focus group meetings |
| Karlsson et al. (2014)<br>Sweden               | To explore home healthcare teams' experiences of pain assessment among care recipients with dementia.   | Exploratory qualitative design. Open-ended individual interviews. Philosophical hermeneutic analysis.  | Home healthcare<br>13 nurses and 10 nursing assistants   |

| Patient experiences of the NPR in community care                       | Studies  |
|--|--|
| Feeling invited to tell their story of health, illness and life        | Mok and Chiu 2004, Wilkes et al. 2007 & Van Hecke et al. 2011  |
| Knowing the nurse on a personal level                                  | Van Hecke et al. 2011, Tyrrell et al. 2012 & Turpin et al. 2012  |
| Feeling safe enough to share their innermost thoughts and concerns     | Mok and Chiu 2004, Wilkes et al. 2007, Van Hecke et al. 2011 & Turpin et al. 2012                        |
| Feeling understood, taken seriously and being acknowledged             | Mok and Chiu 2004, Wilkes et al. 2007, Van Hecke et al. 2011, Tyrrell et al. 2012 & Turpin et al. 2012   |
| Feeling like a unique person who matters                               | Mok and Chiu 2004, Wilkes et al. 2007, Van Hecke et al. 2011, Tyrrell et al. 2012 & Turpin et al. 2012   |
| Developing trust and confidence in nursing care                        | Mok and Chiu, 2004, Wilkes et al. 2007, Van Hecke et al. 2011, Tyrrell et al. 2012 & Turpin et al. 2012, |
| Becoming motivated and adhering to treatment advice                    | Mok and Chiu 2004, Van Hecke et al. 2011 & Tyrrell et al. 2012,  |
| Recognizing different alternatives and making decisions about own care | Wilkes et al. 2007 & Tyrrell et al. 2012   |
| Maintaining independence and feeling empowered                         | Mok and Chiu 2004, Wilkes et al. 2007 & Tyrrell et al. 2012  |
| Adjusting to the illness, finding meaning and strength to continue     | Mok and Chiu 2004 & Turpin et al. 2012   |
| Experiencing comfort   | Mok and Chiu 2004, Wilkes et al. 2007, Tyrrell et al. 2012 & Turpin et al. 2012                          |
| Connecting with someone on a deeper level                              | Mok and Chiu, 2004, Tyrrell et al. 2012 & Turpin et al. 2012   |

| Nurses experiences of the NPR in community care   | Studies   |
|---|---|
| Allowing the patient to tell their story of life, health and illness                    | Mok and Chiu 2004, Luker et al. 2000, Wälivaara et al. 2013, Bindels et al. 2014 & Karlsson et al. 2014                 |
| Seeing and acknowledging the patient's own health resources and interpretation of needs | Paavilainen and Åstedt-Kurki 1997, Mok and Chiu 2004, Wälivaara et al. 2013 & Karlsson et al. 2014,                     |
| Trying to understand the patients' perspective  | Paavilainen and Åstedt-Kurki 1997 & Mok and Chiu 2004,  |
| Involving and encouraging the patient to participate in their own care                  | Paavilainen and Åstedt-Kurki 1997, Bindels et al. 2014 & Karlsson et al. 2014,  |
| Meeting the patient as a whole human being  | Luker et al. 2000, Mok and Chiu 2004 & Bindels et al. 2014  |
| Facilitating and maintaining continuity of the relationship                             | Paavilainen and Åstedt-Kurki 1997, Luker et al. 2000, Wälivaara et al. 2013, Bindels et al. 2014 & Karlsson et al. 2014 |
| Identifying and responding to expressed and unvoiced needs                              | Paavilainen and Åstedt-Kurki 1997, Luker et al. 2000, Wälivaara et al. 2013 & Karlsson et al. 2014                      |
| Teaching and coaching the patient   | Paavilainen and Åstedt-Kurki 1997   |
| Working to gain trust   | Paavilainen and Åstedt-Kurki 1997, Mok and Chiu 2004, Wälivaara et al. 2013 & Bindels et al. 2014,                      |
| Noticing and assessing changes in patients condition                                    | Luker et al. 2000, Wälivaara et al. 2013, Bindels et al. 2014 & Karlsson et al. 2014                                    |
| Being a professional friend   | Paavilainen and Åstedt-Kurki 1997, Luker et al. 2000, Mok and Chiu 2004 & Wälivaara et al. 2013                         |
| Feelings of personal growth and job satisfaction  | Paavilainen and Åstedt-Kurki 1997, Luker et al. 2000, Mok and Chiu 2004 & Wälivaara et al. 2013                         |
| Providing individualized nursing care   | Paavilainen and Åstedt-Kurki 1997, Luker et al. 2000, Mok and Chiu 2004, Bindels et al. 2014 & Karlsson et al. 2014     |
| Being engaged and assuming an advocacy role   | Mok and Chiu 2004, Wälivaara et al. 2013 & Bindels et al. 2014  |

*Themes, second iteration*

*Core themes*

*Synthesis metaphor*

| <i>Themes, second iteration</i>                        | <i>Core themes</i>  | <i>Synthesis metaphor</i>  |
|--|---|--|
| Getting to know one another                            | <b>Entering the patients world</b>                        | <i>The nurse-patient relationship as a story of health-enhancement</i> |
| Understanding the patients' perspective                |   |  |
| Not just a patient, also a person                      | <b>Patients becoming the masters of their health</b>      |  |
| Enhanced patient motivation and adherence              |   |  |
| Activating the patient                                 |   |  |
| Patient empowerment                                    |   |  |
| Holistic nursing care                                  | <b>Identifying different needs and uncovering changes</b> |  |
| Continuity in nursing care                             |   |  |
| Identifying and responding to the patients' needs.     |   |  |
| Being attentive to changes in the patients' condition  | <b>Trusting and telling</b>                               |  |
| A professional friend                                  |   |  |
| A mutual and reciprocal relationship                   |   |  |
| Therapeutic conversations                              |   |  |
| The essence of trust in the nurse-patient relationship |   |  |
| Qualities within the nurse                             | <b>Experiencing health within illness</b>                 |  |
| Well-being   |   |  |
| Improved quality of life                               | <b>Going the distance</b>                                 |  |
| Advocating on the patients behalf                      |   |  |
| Going the extra mile                                   |   |  |
| Tailoring nursing care for the individual patient      |   |  |