5.2: Conflict Occurring Between Nurse and Patient

Nurse - Patient Relationship and Conflict

High-quality nursing is based on good nurse-patient relationships. Watson described that this relationship is dependent on the nurse’s ability to be genuine, authentic, and open [22]. Conventionally, one of the main concepts in nurse-patient relationships is empathy. The concept of “empathy” on the part of nurses replaced the previous concept of “sympathy,” which was advocated by Nightingale. For nurses to provide quality care, one researcher advocated that “the nurse must always be kind and sympathetic, but never emotional” [23]. Sympathy in the nurse-patient relationship was recognized as being helpful during the therapeutic process [24, 25]. Henderson described “getting under his/her skin” as a method for nurses to better understand patients [15]. Bissell et al. suggested that good nurse-patient relationships were maintained by building mutual understanding, and described that conflict might arise when this did not occur [26]. Robbins defined conflict as “a process which starts when an individual recognizes that an important matter to him/her was, or would be, adversely affected by another individual,” and described that the common point of the definition of conflict in various researchers was “opposition” or “disagreement.” Robbins also suggested that conflict exists in four stages. Specifically, these stages are (1) potential opposition, (2) recognition and individualization, (3) behavior, and (4) result [27]. Uno et al. examined conflict that occurred between nurses and patients and reported that recognizing subtle changes patient’s feelings might improve nursing [28]. Furthermore, Uno emphasized that what patients expected most during conflict was the concept of empathy, specifically in terms of empathy being defined as the inference of feelings [29]. It was then proposed by Uno et al. that expert nurses would be more likely to exhibit sufficient levels of empathy and revealed that these individuals avoided conflict by guarding the patient’s soul and committing to it deeply, while simultaneously keeping appropriate distance [30].

In a study focusing on the circumstances leading to conflict between nurses and patients that was performed by Uno et al., nurse perceptions of patient’s expectations under conflict were analyzed both qualitatively and inductively [31]. A total
of five categories were extracted: Inference, Empathic understanding, Listening, Individual treatment, and Reliable skills and explanations. Specifically, it was reported that Inference was abnormal in Japanese culture. Thus, it seems that such patient expectations may influence the quality of nursing perceived by patients.

Understanding of the Phenomenon Within the Clinical Setting

Interviews are one method to search for unclear issues within qualitative studies. In an interview, questions and responses exist coincidentally, and the response reflects each interviewee’s subjective feeling or thoughts at that time. Conversely, in a descriptive questionnaire survey, as compared to an interview, the response is obtained from subjects after sufficient recollection, which achieves more objective data.

It is difficult to quantify phenomena in clinical settings where nurses face patients. Patient’s informal expression of symptoms, such as onomatopoeia (i.e., “zukizuki” (describes headache), which is commonly used in clinical settings, can be understood by nurses with experience. In other words, nurses understand and address the phenomenon (patient’s complaint) as it deviates from the concept.