ABSTRACT

WHAT IS THE THEORETICAL AND PRACTICAL FRAMEWORK WHICH SHAPES THE NURSE-PATIENT RELATIONSHIP?

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Aim: The aim of this descriptive ethnographic study is to explore culture in one hospital unit in an urban area in Iceland, focussing on the constraints and circumstances experienced by nurses and especially regarding patient-oriented nursing.

The Research question: What is the theoretical and practical framework which shapes the nurse-patient relationship in a medical unit in urban area in Iceland?

Method: The approach I used toward answering this research question is ethnographic, but I did participant observation and wrote extensive field notes at the medical unit; furthermore, I intensively interviewed one female nurse, my key informant, applying a mixture of semi-structured and in-depth interviewing as a data collection method.

Data analyses: My data was analysed according to the Ethnonursing Data Analysis Model developed by Leininger (1991).

Findings: The findings and themes emerging from my research strongly suggest that there are severe and considerable constrains within hospital culture against the nurses’ ability to be ‘patient-oriented’. According to my study the central, critical issues are time and communication. At the unit where I did my research and between ca. 9:00 and 10:30 nurses had to be, as they expressed it ‘at two places at the same time’. I argue and my findings show that this overlap of time hinders the
teamwork which is fundamental part of patient-oriented nursing. In order to create
and preserve some type of coherence in the hospital culture nurses are socialised into
being an oppressed group, individually communicating with other professionals,
especially those ranked above them, as subordinates. Hospital culture should be
described as dissonant since there seems to be a striking mismatch between espoused
values and organisational goals, also because of the competitive spirit between nurses
and nursing auxiliaries and the double standard for behaviour, but no formal systems
exists for addressing conflict, just an informal one. I argue in accordance with the
findings of my research that the theoretical framework that shapes nurse-patient
interaction is fundamentally task-oriented and also oppressive in nature.