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Core elements of the interpersonal care relationship between nurses and older patients without cognitive impairment during their stay at the hospital: A mixed-methods systematic review

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ABSTRACT

Background: The fundamental importance of establishing an interpersonal care relationship for quality nursing care has been highlighted. However specific elements of the interpersonal care relationship of importance to older patients in the hospital have not been identified.
Objectives: The aim of this review was to explore and synthesise research findings regarding the elements of the interpersonal care relationship concept from the perspectives of older patients.
Design: A systematic mixed-methods review.
Data sources: An extensive search was conducted up until October 2018 for articles without any publication date time limit in PubMed, Web of Science, Cochrane Database of Systematic Reviews and CINAHL.
Review methods: Primary studies were included if they concerned patients aged 65 years or older and their perspectives on the elements of the interpersonal care relationship with nurses. Inclusion was limited to patients without cognitive impairment who were admitted to an acute hospital setting. The methodological quality of each study was assessed using the Critical Appraisal Skills Programme for qualitative studies, the Quality Assessment Tool for Quantitative Studies and the Mixed-Methods Appraisal Tool. Thematic analysis was used to structure the results of the included studies.
Results: Of the 7596 studies found, 24 were included in this review. Twenty articles had a qualitative, three a quantitative and one a mixed methods design. Older patients consider dignity and respect as core values that need to be met in the interpersonal care relationship. Five core elements of the interpersonal care relationship were identified to meet these core values: elements related to caring behaviour and attitude, person-centred care, patient participation, communication and situational aspects. These core elements were structured according to three categories, identified in the literature, that determine the quality of the interpersonal care relationship: nurse-, older-patient-related elements and situational aspects.
Conclusions: The elements identified in this review can guide efforts to define the interpersonal care relationship between older patients and nurses. Nurses should be supported and motivated by education and practice to adapt their behaviour, attitudes and communication to meet older patients' expectations. Hospital management can also encourage nurses to communicate well. Investment in the current organisation of care is needed to improve nurses' work overload and presence. Further research is needed to clarify the underlying processes influencing the experience of the interpersonal care relationship from the perspectives of older patients, nurses, informal caregivers and hospital management.

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What is already known about the topic?

- The quality of older patients' hospital experience is influenced by their relationship with the nurses caring for them.
- Contact and communication between nurses and patients is limited in healthcare.
- Although recent healthcare models provide some guidance in identifying elements of the interpersonal care relationship, it is not clear what the concept interpersonal care relationship includes.

What this paper adds

- Older patients consider dignity and respect as core values that need to be met in the interpersonal care relationship.
- Five core elements of the interpersonal care relationship were identified: caring behaviour and attitude, person-centred care, patient participation, communication and situational aspects.

1. Introduction

Due to the ageing of the population, the number of chronically ill older patients is increasing (Canzan et al., 2014; Kjerholt et al., 2014; World Health Organization, 2015). These patients experience a higher need for hospital care but also require specialised, holistic healthcare during hospitalisation (Boltz et al., 2013; World Health Organization, 2015). Approximately 30–60% of the older patients experience a functional decline during hospitalisation, resulting in increased dependency (Hoogerduijn et al., 2014), decreased quality of life and autonomy (Hoogerduijn et al., 2014), prolonged hospital stay (Bo et al., 2016; Hoogerduijn et al., 2014), readmission (Milton-Wildey and O'Brien, 2010; Trybou et al., 2013; van der Ven et al., 2015), and/or institutionalisation (Drame et al., 2011).

As the number of older hospitalised patients increases, a large number of nurses in hospital settings will be caring for these older patients (Canzan et al., 2014; Fry et al., 2014; Hall and Hoy, 2012; Pacolet et al., 2005). Older people benefit most from holistic and individualistic care, implying that the patient is recognised as a unique person with specific care needs (De Booys et al., 2013; World Health Organization, 2015). However, nurses are often unprepared to address the specific health-related needs of older patients (World Health Organization, 2015). Research shows that the approach of nurses remains principally task-oriented and focuses on the physical care of older patients (e.g., technical tasks and routine medical treatment) rather than on psychosocial care (Bridges et al., 2009; Hall and Hoy, 2012). Nurses are primarily trained to identify and treat symptoms and to respond to emerging health situations (World Health Organization, 2015). The social and emotional interactions between nurses and older patients are limited (Caris-Verhallen et al., 1999; Gordon et al., 2009). However, the quality of older patients' hospital experience is influenced by their relationship with the nurses caring for them (Bridges et al., 2009). The research of Hall and Hoy (2012) illustrates how the quality of the interpersonal care relationship influences the well-being of the patient. Caring relationships with nurses appear to decrease older patients' feelings of vulnerability, and create feelings of being respected (Hall and Hoy, 2012).

At present, new ways of providing nursing care have been established to improve the care of older patients by responding to their increased vulnerability (Wong et al., 2014). Belinda Parke first proposed a three-dimensional framework for creating an elder-friendly hospital (Parke and Brand, 2004; Parke and Stevenson, 1999). Several healthcare models have incorporated this concept (e.g., the Senior-Friendly Hospital Framework, Nurses Improving Care for Healthsystem Elders) (Fulmer et al., 2002; Wong et al., 2014). In these models, the interpersonal care relationship has been identified as an essential element (Wong et al., 2014).

The principle that a positive nurse-patient relationship is a fundamental element in the delivery of quality nursing care is based on Peplau's theory (McCabe, 2004; Peplau, 1952). Peplau's theory describes nursing as a process of interaction, in which communication is a central concept (Caris-Verhallen, de Gruijter et al. 1999; Peplau, 1952). Peplau's introduction of interpersonal relations was innovative (Caris-Verhallen et al., 1999). According to Peplau, the patient and the nurse both contribute to and participate in promoting the relational process that unfolds between them (Gastmans, 1998). The nurse and patient are conceived as unique persons, each with their own fields of experience and perceptions, constituted by thoughts, feelings, desires, assumptions, expectations and activities (Gastmans, 1998). The interaction between the thoughts, feelings and activities of the patient and those of the nurse lies at the very centre of the nursing process (Peplau, 1952; Peplau, 1989).

Although Peplau's theory and recent healthcare models provide some guidance in identifying elements of the interpersonal care relationship, there is no common definition of the interpersonal care relationship (Hagerty and Patusky, 2003).

This mixed-methods systematic review does not intend to define the concept of interpersonal care relationship. The aim is to explore and synthesise research findings from the perspectives of older patients about elements of the interpersonal care relationship concept.

2. Methods

2.1. Search strategy

A systematic mixed-methods review was conducted. Four electronic databases (PubMed, Web of Science, the Cochrane Database of Systematic Reviews and CINAHL) were systematically searched for relevant studies published up to October 9, 2018. Four groups of search terms were combined: 'Interpersonal care relationship', 'Aged', 'Nurse' and 'Hospital'. The search strategy in Table 1 was used for PubMed. Searches in the other databases were based on this search strategy and adapted if needed. The authors of publications that were not accessible were contacted for full texts.

2.2. Eligibility and study selection

Articles were included if they described original empirical qualitative, quantitative and mixed method research and were written in English, Dutch, German or French. Articles had to include patients aged 65 years or older who were admitted to an acute hospital setting and who were not cognitively impaired. Given the known influence of the cognitive status on the interaction with nurses (Armstrong-Esther and Browne, 1986; Fleischer et al., 2009) and the balance between homogeneity and heterogeneity of the sample, cognitively impaired patients were excluded. Moreover, articles needed to focus on the older patients' perspective on elements of the interpersonal care relationship with nurses. To gain a broad exploration of the interpersonal care relationship concept, the literature search focused on contact and interactions between patients and nurses and elements underlying these interactions. Studies focusing on other perspectives besides older patients', like nurses', were included if the differing perspectives were discussed separately in the results section. Articles were excluded if the study was conducted on a rehabilitation, psychiatric or palliative care ward. These studies were excluded because of the longer hospitalisations on these wards and the specificity of the patient population and their care

Table 1
Search strategy.

		interpersonal care relationship		And	Aged	And	Nurse	And	Hospital
OR	**Mesh**	Interpersonal relations			Aged		Nurses		Hospitals
		Professional patient relations					Nursing Staff		
		Nurse-patient relations					Nursing Staff, Hospital		
		Communication							
	Text word	Interpersonal relation	Nurse patient interaction		Elderly		Nurse		Hospital
		Interpersonal relations	Nurse patient interactions		Elder		Nurses		Hospitals
		Interpersonal relationship	Staff patient interaction		Elders		Nursing		Clinic
		Interpersonal relationships	Staff patient interactions		Persons older				Clinics
		Social interaction	Interpersonal connection		Older person				Academic center
		Social interactions	Interpersonal connections		Older persons				Hospitalized
		Professional patient relations	Interpersonal interaction		Older patients				Hospitalised
		Professional patient relation	Interpersonal interactions		Older patient				Inpatient
		Professional patient relationship	Interpersonal contact		Adult older				Inpatients
		Professional patient relationships	Interpersonal contacts		Adults older				Acute care
		Contacting clients	Social contact		Older adults				
		Nurse patient relation	Social contacts		Older adult				
		Nurse patient relations	Nurse patient contact		Senior				
		Nurse patient relationship	Nurse patient contacts		Geriatric				
		Nurse patient relationships	Staff patient contact						
		Nurses patients relationship	Nurse elderly interaction						
		Staff patient relations	Care relations						
		Staff patient relationship	Care relationship						
		Staff patient relationships	Care relationships						
		Emotional support	Nurse patient encounters						
		Communication	Nurse patient encounter						
		Professional patient interaction							
		Professional patient interactions							

needs, which influence the nature of the interpersonal care relationship with nurses (Brown et al., 1973; Marengoni et al., 2008). Time restrictions on publication dates were not applied because evolutionary changes in elements of the interpersonal care relationship concept are unlikely (Hagerty and Patusky, 2003). Methodological quality was not an exclusion criterion because of the explorative character of the study. Despite lower methodological quality, studies could describe rich, detailed and valuable information about the elements of the interpersonal care relationship (Polit and Beck, 2010).

The screening of articles started with two reviewers (MR and AVL) piloting the application of selection criteria on 10% of all titles and abstracts (n = 7596). The aim of this pilot test was to determine if the concept 'interpersonal care relationship' was clear for both reviewers. After piloting, a second 10% of all titles, abstracts and full-text articles were screened independently by the two reviewers. Disagreement or doubt about inclusion or exclusion were discussed between the reviewers until a consensus was reached. When doubt remained or when the abstract did not provide enough information to lead to a decision about inclusion or exclusion, the paper was included for full-text screening. A similar process was repeated to screen the full-text articles (n = 179). The interobserver agreement for title and abstract screening revealed an overall agreement of 98%. For the full-text screening, the overall agreement was 94%. The remaining titles, abstracts and full-text articles were screened by one reviewer (MR). In cases of doubt, an additional screening was performed by the second reviewer.

2.3. Quality assessment

The methodological quality of the included studies was evaluated using (1) the Critical Appraisal Skills Programme (CASP) for qualitative studies (Trust, 2002), (2) the Quality Assessment Tool for Quantitative Studies (Vyncke et al., 2013), and (3) the Mixed-Methods Appraisal Tool (MMAT) for mixed-methods studies (Pluye et al., 2009). Full-text articles were evaluated before data extraction. The Quality Assessment Tool for Quantitative Studies is based on an instrument developed by the Effective Public Health Practice Project (Thomas et al., 2004) and is used in several other systematic reviews (Goossens et al., 2014; van Eechoud et al., 2016; Verbrugghe et al., 2013). Items regarding blinding and the integrity of the intervention were not applicable for this review. The methodological quality was assessed by one reviewer (MR), and 10% of the articles were double-checked by a second reviewer (AVL). Differences in assessment between the two reviewers were discussed until a consensus was reached.

2.4. Data extraction and synthesis

Data were extracted by one reviewer (MR) and checked by another reviewer (AVL). A data extraction form was used to systematically extract the following data: primary aim of the study, methods (design, sample and data collection method), study population, and data that were relevant for the purpose of this review (elements of the interpersonal care relationship).

Included studies dealt with a wide variety of research questions; hence, the results of the articles were heterogeneous. Thematic analysis was used to structure the results of the included studies (Thomas and Harden, 2008). Articles were read multiple times to allow the reviewers to gain familiarity with the research topics. Meaningful content of the result sections was extracted and coded line by line to capture important nuances (Holloway and Galvin, 2016). The qualitative data analysis software NVIVO 10 (QSR International, Burlington, MA, USA) was used to manage the data and the coding process. Due to heterogeneity in methodology, the results of quantitative studies were synthesised descriptively by converting data into themes. Afterwards, codes within and between articles were compared. This resulted in reviewing, refining and specifying the codes, which rendered codes on a more conceptual level. Subsequently, as part of the inductive process, codes were grouped into potential themes. Themes were reviewed while simultaneously rereading original text fragments. To ensure

that themes adequately represented original data, regular meetings with another researcher (SV) were organised to discuss potential bias in the analysis (Braun and Clarke, 2006).

3. Results

3.1. Selection of articles

The literature search yielded 8289 articles: After removal of duplicates (n = 693), 7596 articles were screened by title and abstract. Subsequently, 185 records were selected for full-text retrieval. Six of these articles were excluded because they could not be obtained despite interlibrary requests and efforts to contact the author and the journal. A total of 179 articles were retrieved and reviewed. Full texts were screened for relevance, and 24 articles were included in this review. A flow chart of the search strategy and the reasons for exclusion are presented in Fig. 1.

3.2. Study characteristics

Table 2 presents an overview of the study characteristics, corevalues, core elements and sub-elements that comprised the interpersonal care relationship concept. One article was written in French, while all others were written in English. Twenty articles with a qualitative design were included. The data collection methods used were interviews (n = 14) and a combination of both interviews and participant observations (n = 6). Three articles with a cross-sectional quantitative design were included. Data were collected through a survey (n = 2) or questionnaire (n = 1). One article with a mixed-methods design was retained. Data collection methods used were a combination of a questionnaire, interviews and non-participant observations. The majority of studies (n = 12) were conducted in Europe (Finland (n = 1), United Kingdom (UK) (n = 5), Sweden (n = 4), Italy (n = 1) and Denmark (n = 1)). The remaining studies were conducted in Australia (n = 3), North America (the United States of America (USA) (n = 4) and Canada (n = 3)) and Asia (China (n = 1) and Taiwan (n = 1)). Fourteen studies focused solely on the perspective of the older patient. Ten studies focused on more than one perspective, e.g., the perspectives of the older patient and the nurse (n = 6), the perspectives of the older patient and the informal caregiver (n = 1) and the perspectives of the older patient, the nurse and the informal caregiver (n = 3).

3.3. Methodological quality of included studies

The results of the quality assessment (CASP) (Milton-Wildey and O'Brien, 2010) for the selected qualitative articles are presented in Supplementary File 1. An average of 10% of the CASP items in the articles were evaluated negatively (range 0–60%). In most articles, the relationship between the researcher and participants was not adequately described.

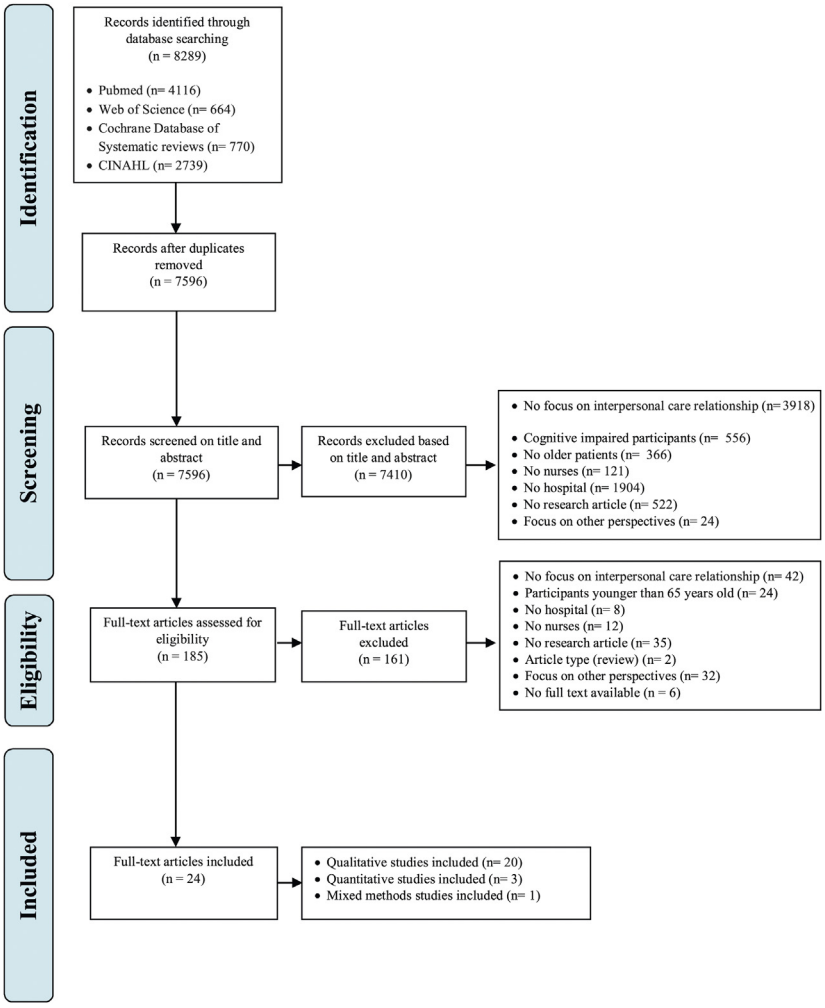

Fig. 1. Flowchart search strategy.

Table 2
Characteristics and findings of included studies and results of thematic analysis on the interpersonal care relationship concept.

#	(1) Study (2) Country	Study aim	(1) Setting (2) Study population (3) Data collection method	Older patients' perspective on elements of the interpersonal care relationship with nurses (original findings)	Core values, core elements and sub-elements (results of the thematic analysis)
Qualitative research design (n = 20)					
1	(1) Andersson et al. (2011) (2) Sweden	To describe older patients' experiences of care time during a hospitalisation in a medical ward	(1) Two hospital wards (2) *n* = 9 older patients (3) Semi-structured interviews	Experiencing that . . . : • nurses come when they called for them • nurses take their time even though they were busy with other things • they have to call for help several times • nurses do not have time • they get too much help in handling their daily life	Caring behaviour and attitude (nurse-related): • Being there
				Experiencing nurses as friendly	• Kindness
				Experiencing nurses as supportive Experiencing that nurses create a safe atmosphere by frequently checking them	• Other
				Experiencing that nurses: • treat them as they themselves would like to be treated • perform the same examination	Person-centred care (nurse-related)
				Experiencing that nurses ask their opinion about their care and treatment	Patient participation (nurse-related)
				Experiencing received information as incomplete Experiencing that nurses . . . : • inform them about what happens during their hospital admission • listen	Communication (nurse-related)
2	(1) Boudreault and Ntetu (2006) (2) Quebec/ Canada	To identify the effects of affective touch on the self-esteem of the older patients	(1) Hospital (not specified) (2) *n* = 10 hospitalised patients (3) Semi-structured interviews/ Observations of the nurses	Unkindness	Caring behaviour and attitude (nurse-related): • Unkindness
				Experiencing emotional/ affective touch by nurses touching their hand and/or laying their hand on their shoulder	• Other
				Experiencing nurses as being too quiet	Communication (nurse-related)
3	(1) Canzan et al. (2014) (2) Italy	To explore, describe and compare the perceptions of gerontological nurses and their patients related to the dimensions of caring in nursing in an Italian hospital setting	(1) Geriatric unit in 2 hospitals (2) *n* = 20 hospital patients (≥ 65y) (3) Semi-structured interviews	Experiencing that nurses show respect for their feelings and dignity	Core values in the interpersonal care relationship
				Experiencing nurses as available Experiencing that nurses . . . : • are attentive to patients' needs • choose to spend time talking to them rather than just talking to other staff	Caring behaviour and attitude (nurse-related): • Being there
				Experiencing nurses as friendly	• Kindness
				Experiencing that nurses . . . : • share personal details about themselves and their family • take time to learn the stories of their lives	• Interest
				Experiencing that nurses keep a promise	• Other
				Experiencing that nurses . . . : • treat them as an individual • get to know them as a unique person	Person-centred care (nurse-related):
				Experiencing that nurses . . . : • spend time listening to them • use simple language	Communication (nurse-related):

Table 2 (*Continued*)

#	(1) Study (2) Country	Study aim	(1) Setting (2) Study population (3) Data collection method	Older patients' perspective on elements of the interpersonal care relationship with nurses (original findings)	Core values, core elements and sub-elements (results of the thematic analysis)
4	(1) Chang et al. (2012) (2) Taiwan	To explore the care needs of older patients in the intensive care units	(1) 3 hospitals (not specified) (2) $n = 35$ patients ($\geq$ 65y) (3) Interviews (not specified)	Lack of interest	Caring behaviour and attitude (nurse-related): • Lack of interest
				Experiencing that nurses encourage them verbal	• Other
				Experiencing that nurses explain adequately their disease progression and prognosis	Communication (nurse-related)
				Experiencing a lack of sleep because of the constant noise in the intensive care units	Situational aspects
5	(1) Ekman et al. (1999) (2) Sweden	To illuminate the meaning of the elderly patients' experience of being hospitalised for chronic heart failure	(1) Hospital (not specified) (2) $n = 12$ elderly patients ($\geq$ 65y) (3) Interviews (not specified)	Experiencing that nurses . . . : • decide if and what kind of care they will receive • offer to spend extra time with them	Caring behaviour and attitude (nurse-related): • Being there
				Trusting the received care	Caring behaviour and attitude (older-patient-related)
				Experiencing that they are acknowledged by the nurses	Person-centred care (nurse-related)
				Perceiving information as difficult to understand	Communication (nurse-related)
6	(1) Hamilton (1989) (2) Canada	To explore the meaning and attributes of comfort of the elderly patient in a chronic geriatric setting, as perceived by the older patient	(1) A chronic geriatric hospital (2) $n = 30$ patients ($\geq$ 65y) (3) Semi-structured interviews	Experiencing that they have to wait for the nurses Experiencing fragmented care Experiencing nurses as . . . : • empathetic • inaccessible	Caring behaviour and attitude (nurse-related): • Being there
				Experiencing nurses as friendly, caring and kind	• Kindness
				Experiencing that nurses socialise with them	• Interest
				Experiencing nurses' reliability • Experiencing that nurses do what they said they were going to do Experiencing a lack of privacy	• Other
				Experiencing that they are able to make decisions about their lives	Patient participation (nurse-related)
				Experiencing . . . : • continuity and consistency of nursing staff • homelike surroundings • inflexible routines	Situational aspects
7	(1) Jacelon (2002) (2) USA	To explore social processes engaged in by elderly people while in the hospital and to explore the behaviour of hospital staff in relation to the hospitalised elder	(1) A rural regional trauma centre (2) $n = 5$ elderly participant ($\geq$ 75y) (3) Interviews (not specified); logs from 2 hours of participant observation by the researcher each day the elder was in the hospital	Experiencing nurses as (in)attentive	Caring behaviour and attitude (nurse-related): • Being there
				Experiencing that nurses speak roughly/ harshly Experiencing nurses as: • kind/ polite/ courteous • unfriendly/ brusque	• (Un)kindness
				Experiencing nurses' . . . : • connectedness • (in)sensitivity to privacy	• Other
				(not) trusting the nurses: (dis) believing	Caring behaviour and attitude (older-patient-related)
				Experiencing that nurses . . . : • provide information, advocate for them • do not provide information, dictate, do not attend, coerce • blame them	Communication (nurse-related)
				Experiencing inconsistent patient assignment	Situational aspects

Table 2 (*Continued*)

#	(1) Study (2) Country	Study aim	(1) Setting (2) Study population (3) Data collection method	Older patients' perspective on elements of the interpersonal care relationship with nurses (original findings)	Core values, core elements and sub-elements (results of the thematic analysis)
8	(1) Jacelon (2003) (2) USA	To explore social processes engaged in by elderly people while in the hospital	(1) A rural regional trauma centre (2) $n = 5$ elderly participant ($\geq$ 75y) (3) Interviews (not specified); logs from 2 hours of participant observation by the researcher each day the older patient was in the hospital	Experiencing . . . : • lack of privacy • isolation because nurses forget to open the curtains	Caring behaviour and attitude (nurse-related): • Other
				Managing their image	
				Their own positive attitude	Caring behaviour and attitude (older-patient-related)
				Engaging the nurses in conversations outside the boundaries of the usual healthcare provider/patient relationship	Communication (older-patient-related)
9	(1) Janes and Wells (1997) (2) Canada	To explore and clarify older patients' perceptions of nurse-patient relations guided by the underlying values and beliefs of the theory of human becoming	(1) A general medical unit in a hospital (2) $n = 10$ patients ($\geq$ 65y) (3) Face-to-face, open-ended interviews	Experiencing nurses show respect for them Experiencing nurses' willingness to help Experiencing that nurses . . . : • are there for them • are available • are willing to attend to all their needs • do little things • do not have the opportunity to spend time talking with them	Core values of the interpersonal care relationship Caring behaviour and attitude (nurse-related): • Being there
				Experiencing nurses' kind and pleasant approach: frequent compliments, smiles, and greetings	• Kindness
				Experiencing nurses' familiarity	• Interest
				Experiencing that nurses individualise their approach	Person-centred care (nurse-related)
10	(1) Koch et al. (1995) (2) UK	To explore the experiences of older patients receiving nursing care in hospitals	(1) 2 wards in one district general hospital (2) Older hospitalised patients (not specified) (3) Interview data (not specified)	Experiencing nurses' lack of attention Experiencing care deprivation Experiencing that . . . : • they have to wait for nurses' attention • nurses do not take the time to talk to them as individuals	Caring behaviour and attitude (nurse-related): • Being there
				Experiencing lack of privacy	• Other
				Experiencing that they are acknowledged by the nurses Experiencing depersonalisation	Person-centred care (nurse-related)
				Experiencing that nurses presume that they are unable to make decisions	Patient participation (nurse-related)
				Experiencing lack of information Experiencing that . . . : • nurses do not listen to their concerns • they are talked to like they are children	Communication (nurse-related)
11	(1) Koskenniemie et al. (2013) (2) Finland	To describe the experiences of older patients with regards to respect in the care given in an acute hospital	(1) Acute-care setting in a university hospital (2) $n = 10$ older patients with a hip fracture (3) open interviews	Experiencing nurses show respect for them	Core values of the interpersonal care relationship
				Experiencing nurses as approachable Experiencing that nurses should find a better time to see them, when they are in a hurry Experiencing that they . . . : • get help even when they do not ask for it • do not get enough help • have to wait too long for the nurses	Caring behaviour and attitude (nurse-related): • Being there
				Experiencing nurses' polite behaviour • Experiencing that nurses use kind words, expressions and gestures • Experiencing that nurses' polite behaviour can be seen in their overall demeanour	• Kindness
				Experiencing nurses' arrogance	• Interest

Table 2 (*Continued*)

#	(1) Study (2) Country	Study aim	(1) Setting (2) Study population (3) Data collection method	Older patients' perspective on elements of the interpersonal care relationship with nurses (original findings)	Core values, core elements and sub-elements (results of the thematic analysis)
				Experiencing nurses' real interest in their condition	
				Experiencing nurses as professional Experiencing that nurses create a safe and caring atmosphere	• Other
				Experiencing that nurses give them the opportunity to voice their opinions	Patient participation (nurse-related)
				Experiencing that nurses give honest and understandable information Experiencing nurses' . . . : • patience to listen • reassurance • good sense of humour	Communication (nurse-related)
				Experiencing appreciation in society Experiencing a negative nursing culture	Situational aspects
12	(1) Lasiter and Duffy (2013) (2) USA	To identify factors that created the perception of feeling safe for hospitalised older adults.	(1) Acute-care medical-surgical units in urban and in rural hospitals (2) $n = 20$ older hospitalised patients ($\geq$ 65 y) (3) Semi-structured interviews	Experiencing nurses show respect for them Experiencing nurses as . . . : • attentive • available	Core values of the interpersonal care relationship Caring behaviour and attitude (nurse-related): • Being there
				Experiencing that nurses frequently check on them	• Other
				Experiencing that nurses interact on a personal level Experiencing being treated like a unique person	Person-centred care (nurse-related)
				Experiencing that nurses advocate, intervene on their behalf	Communication (nurse-related)
13	(1) Mitchell and McCance (2012) (2) UK	To explore nurse-older person encounters and relationships within the context of person-centeredness.	(1) 5 wards of a regional hospital (2) $n = 50$ hospitalised patients ($\geq$ 65 y) (3) Secondary analysis of interview data	Experiencing that nurses . . . : • take time for them • are helpful	Caring behaviour and attitude (nurse-related): • Being there
				Experiencing nurses as friendly	• Kindness
				Experiencing that nurses . . . : • take the time to sit down • disclose their name	• Interest
				Experiencing a general lack of relationship • Experiencing that they do not know the nurse Experiencing that contact with the nurses, outside technical aspects of care, is rare even though they express a need for this	• Other
				Experiencing mutuality (= recognition of the other's values as being of equal importance in decision making)	Patient participation (nurse-related)
				Experiencing that nurses . . . : • not always listen to them • minimise their eye contact • set them at ease	Communication (nurse-related)
				Experiencing that nurses . . . • are diverted from spending more time with them because of their workload • just come and do their job and get out quickly	Situational aspects

Table 2 (*Continued*)

#	(1) Study (2) Country	Study aim	(1) Setting (2) Study population (3) Data collection method	Older patients' perspective on elements of the interpersonal care relationship with nurses (original findings)	Core values, core elements and sub-elements (results of the thematic analysis)
14	(1) Olofsson et al. (2012) (2) Sweden	To explore and describe the experiences of a group of chronically ill elderly patients during their triage encounter and subsequent stay at the emergency department	(1) Emergency department (2) $n = 14$ chronically ill patients (> 70y) (3) Open-ended interviews	Experiencing nurses' inattentive attitude Experiencing long waiting time Experiencing that nurses . . . : • are truly present and empathetic • neglect their requests	Caring behaviour and attitude (nurse-related): • Being there
				Experiencing being treated with arrogance	• (un)Kindness
				Experiencing that nurses . . . : • present themselves by name • invite them to a dialogue Experiencing nurses' . . . : • sincere interest • lack of interest in them	• Interest
				Experiencing nurses' attentive listening Experiencing that nurses do not listen	Communication (nurse-related)
15	(1) Penney and Wellard (2007) (2) Australia	To explore older consumers' views of participation in acute care settings	(1) 2 acute healthcare facilities (2) $n = 36$ consumers (> 70y) (3) In-depth interviews; participant observation	Experiencing lack of time	Caring behaviour and attitude (nurse-related): • Being there
				Experiencing that they are unable to be active in their care	Patient participation (nurse-related)
				Experiencing not being listened to Experiencing that nurses speak among themselves and do not directly converse with them	Communication (nurse-related)
				Experiencing that their hearing difficulties and communication styles influence their ability to receive information	Communication (older-patient-related)
				Experiencing nurses being too busy	Situational aspects
16	(1) Randers and Mattiasson (2000) (2) Sweden	To identify, describe and analyse the experiences of older patients in geriatric care, with special reference to their integrity	(1) 2 geriatric wards (2) $n = 12$ older participants (≥ 70y) (3) Highly structured qualitative interviews; 20 hours participant observation of daily activities during morning and evening routines as well as meals.	Experiencing that they receive more help than their inability require (paternalistic care)	Caring behaviour and attitude (nurse-related): • Being there
				Experiencing that nurses speak in a loud and firm voice	• (un)Kindness
				Experiencing that nurses . . . : • show interest in their former profession • come to talk to them for a while about things other than their illness, without having to call for attention • remain standing, appear distant, uncaring and aloof • sit down when they talk to patients	• Interest
				Experiencing that nurses look through their belongings without asking for permission Experiencing that fellow patients are able to hear what they were telling a nurse in confidence	• Other
				Experiencing that nurses care for them as an individual, pay attention to them and confirm them as persons Experiencing that they are not . . . : • encountered as a whole person, but labelled and addressed as their illness • involved in the outside world	Person-centred care (nurse-related)
				Experiencing that nurses . . . : • acknowledge that they have a role in their own care • question their qualifications • neglect their own knowledge of their disease and the treatment of it	Patient participation (nurse-related)

Table 2 (*Continued*)

#	(1) Study (2) Country	Study aim	(1) Setting (2) Study population (3) Data collection method	Older patients' perspective on elements of the interpersonal care relationship with nurses (original findings)	Core values, core elements and sub-elements (results of the thematic analysis)
				Experiencing that nurses make fun of them in order to give others something to laugh at (ridiculing)	Communication (nurse-related)
				Experiencing that routines in healthcare can contribute to confirm their feeling of inferiority	Situational aspects
17	(1) Slatyer et al. (2013) (2) Australia	To explore the perceptions of older patients who re-presented to hospital within 28 days of discharge from an acute medical unit	(1) acute medical unit (2) *n* = 12 older patients (3) Semi-structured interviews	Experiencing limited communication with hospital staff	Caring behaviour and attitude (nurse-related)
				Experiencing that the high workload on the ward causes difficulties in communication about their health status	Situational aspects
18	(1) Tauber-Gilmore et al. (2018) (2) UK	To explore inpatient views on dignity, as an initial phase of a larger study attempting to improve dignity for older people in acute hospital care	(1) 17 wards of a large London acute healthcare organisation (2) *n* = 13 older patients (3) Semi-structured interviews	Experiencing nurses provide dignity and show mutual respect	Core values of the interpersonal care relationship
				Experiencing that nurses show compassion Experiencing nurses' . . . : • delays in attention • small touches	Caring behaviour and attitude (nurse-related): • Being there
				Experiencing nurses' kindness	• Kindness
				Experiencing nurses' support	• Other
				Experiencing that nurses . . . : • recognise every individual is unique • value them as human being and do not treat them as an object	Person-centred care (nurse-related)
				Experiencing that nurses . . . : • ignore them • do not listen	Communication (nurse-related)
				Experiencing poor communication Experiencing nurses' heavy workload Experiencing suboptimal staffing levels	Situational aspects
19	(1) Uhrenfeldt and Hoybye (2015) (2) Denmark	To explore how the well-being of old hospitalised patients is affected by the interaction with staff during a fast-track surgical treatment and hospital admission for colon cancer	(1) Surgical ward of an urban teaching hospital (2) *n* = 9 older patients (3) Participant observation and unstructured interviews	Experiencing nurses as (un)caring	Caring behaviour and attitude (nurse-related): • Being there
				Experiencing that nurses speak in a firm voice	• Unkindness
				Experiencing that nurses treat them like an object	Person-centred care (nurse-related)
20	(1) Webster and Bryan (2009) (2) UK	To explore views of dignity and how this can be promoted from the perspective of older people who have recently returned home after an unplanned admission to their local hospital	(1) 4 medical assessment wards within one hospital (2) *n* = 10 older patients (3) Semi-structured interviews	Experiencing nurses as approachable Experiencing nurses' willingness	Caring behaviour and attitude (nurse-related): • Being there
				Experiencing nurses as friendly	• Kindness
				Experiencing staff's interested attitude	• Interest
				Experiencing that nurses maintain their privacy by drawing curtains, by asking permission before entering rooms and by taking them to private areas (such as bathrooms) if possible	• Other
				Experiencing ageism	Person-centred care (nurse-related)
				Experiencing poor communication Experiencing that nurses . . . : • listen • try to reassure them • speak in their own language	Communication (nurse-related)

Table 2 (*Continued*)

#	(1) Study (2) Country	Study aim	(1) Setting (2) Study population (3) Data collection method	Older patients' perspective on elements of the interpersonal care relationship with nurses (original findings)	Core values, core elements and sub-elements (results of the thematic analysis)
Quantitative research design (n = 3)					
1	(1) Hancock et al. (2003) (2) Sydney (Australia)	To determine (1) important aspects of nursing care as perceived by older patients; (2) satisfaction levels of patients on nursing care received; and (3) mismatches between nursing care priorities and satisfaction with nursing care	(1) 10 elder care/medical wards at 5 public hospitals (2) *n* = 232 acutely ill patients (≥ 65y) (3) Caregiving Activities Survey	Experiencing that time constraints on nurses prevented nurses from providing psychosocial care	Situational aspects
2	(1) Hudson and Sexton (1996) (2) USA	To determine which caregiving activities were perceived as most important or least important by elderly people	(1) Medical-surgical units at 2 hospitals (2) *n* = 22 elderly who had been hospitalised within the previous 6 months (3) Patient Activities Survey; Patient Biographic Data Form	Experiencing that nurses provide privacy during hygienic care and treatments	Caring behaviour and attitude (nurse-related): • Other
				Experiencing that nurses encourage them to be more responsible for their own care while hospitalised	Patient participation (nurse-related)
				Experiencing that nurses . . . : • talk with them to help them relieve their anxiety • listen to them	Communication (nurse-related)
				Experiencing a comfortable, pleasant environment (proper temperature, free from odours and disturbing noises)	Situational aspects
3	(1) Ruan and Lambert, 2008 (2) China	To identify the major communication barriers (nurse-related, patient-related, and environment-related) perceived by older patients	(1) 4 teaching hospitals (2) *n* = 75 older patients (≥ 65y) (3) Communication-barriers questionnaire	Experiencing that nurses do not show respect for them Experiencing nurses as unfriendly	Core values of the interpersonal care relationship Caring behaviour and attitude (nurse-related): • Unkindness
				Not trusting the nurse Being hearing impaired Having poor articulation Pretending to understand Not telling the nurse about being hearing-impaired	Caring behaviour and attitude (older-patient-related)
				Experiencing . . . : • a noisy environment • an uncomfortable room temperature	Situational aspects
Mixed methods research design (n = 1)					
1	(1) Maben et al., 2012 (2) UK	To examine the links between staff experience of work and patient experience of care	(1) 6 wards of the 'Medicine for Older People' department in a large acute teaching hospital (2) *n* = 26 patients discharged over a 2-month period (3) 48-item patient survey/ 13 semi-structured interviews with patients/ 18 patient and carer interviews/ 41 h of non-participant observation	Experiencing nurses' compassion 19% experience that they do not get the help they needed from the nurses Experiencing that nurses . . . : • attend to the 'little things' • are not able to take the time to get to know them and their circumstances	Caring behaviour and attitude (nurse-related): • Being there
				Experiencing rough handling	• (un)Kindness
				Experiencing interest in the person	• Interest
				Experiencing little personalisation of care/dehumanising aspects of care • Experiencing that nurses tend to negotiate their work tasks with reference to bed numbers rather than their names Experiencing inconsistencies in nurses' care practices and behaviours of different staff	Person centred care (nurse-related)
				27% experience that nurses mostly talk in front of them as if they were not there	Communication (nurse-related)
				Experiencing unpredictable nursing care on wards with a poor local work climate for staff	Situational aspects

The results of the Quality Assessment Tool for Quantitative Studies (Vyncke et al., 2013) are presented in Supplementary File 2. The most common methodological limitations were the absence of a sample size calculation, a lack of accounting for possible confounders in the analysis, and the incorrect treatment of missing data.

The results of the quality assessment MMAT (Pluye et al., 2009) are presented in Supplementary File 3. The limitations associated with the integration of qualitative and quantitative data were not reported, and there was no acceptable response rate.

3.4. Core elements and core values of the interpersonal care relationship

This review focuses specifically on the synthesis of the research findings on elements of the interpersonal care relationship concept. Beside these elements, also the core values of the interpersonal care relationship are frequently reported in the studies. The core values are overarching and give a broader framework for the elements of the interpersonal care relationship. Therefore the core values are presented as an introduction of the manuscript.

The literature demonstrates that older patients consider dignity (Canzan et al., 2014; Chang et al., 2012; Jacelon, 2002,2003; Maben et al., 2012; Randers and Mattiasson, 2000; Ruan and Lambert, 2008; Tauber-Gilmore et al., 2018; Webster and Bryan, 2009) and respect (Canzan et al., 2014; Jacelon, 2002, 2003; Janes and Wells, 1997; Koskenniemi et al., 2013; Lasiter and Duffy, 2013; Maben et al., 2012; Randers and Mattiasson, 2000; Ruan and Lambert, 2008; Tauber-Gilmore et al., 2018; Webster and Bryan, 2009) to be core values that need to be met in the interpersonal care relationship. This finding indicates that the elements of the interpersonal care relationship must meet these core values by providing dignity and respect to older patients. The concrete implementation of the core values in practice is presented in the core elements.

The core elements of the interpersonal care relationship are related to caring behaviour and attitude, person-centred care, patient participation, communication and situational aspects. In the literature, three groups of variables have been identified that seem to determine the quality of nurse-patient communication: provider variables, patient characteristics and situational variables (Caris-Verhallen et al., 1999). The core elements of the interpersonal care relationship will be structured according to these three categories, as suggested by Caris-Verhallen et al. (1999): elements related to the provider (referred to in this article as nurse-related elements), elements related to the patient (referred to in this article as older-patient-related elements) and elements related to the situation in which nursing care takes place (referred to in this article as situational aspects).

The details of the core- and sub-elements are presented in Table 3. This table includes a synthesis of the elements of the interpersonal care relationship, which is the result of the thematic analysis. The core elements were inductively generated because no definition was given in the included studies. However, a definition of the core elements is given in Table 3 to clarify how these elements were understood by the authors. The references of all elements are also presented in this table. Therefore the references of the core elements will not all be repeated in the text. More detailed descriptions and clarification of some core- and sub-elements are presented in the following paragraphs. The italicised words represent the sub-elements of the interpersonal care relationship.

3.4.1. Elements related to caring behaviour and attitude

Caring behaviour and attitude are important elements of the interpersonal care relationship. The literature distinguishes between nurse-related and older-patient-related elements.

Nurses' caring behaviour and attitude are one of the most extensively described nurse-related elements of the interpersonal care relationship (Andersson et al., 2011; Canzan et al., 2014; Chang et al., 2012; Koskenniemi et al., 2013; Uhrenfeldt and Hoybye, 2015; Webster and Bryan, 2009). The literature specifies several sub-elements related to nurses' caring behaviour and attitude.

3.4.1.1. Nurses being there. Five articles discuss *being there* as an important element related to nurses' caring behaviour and attitude. Older patients perceive nurses are there when they are *attentive* to their needs (Andersson et al., 2011; Canzan et al., 2014; Jacelon, 2002; Janes and Wells, 1997; Koskenniemi et al., 2013; Lasiter and Duffy, 2013) and to what they describe as 'the little things' (Janes and Wells, 1997; Maben et al., 2012; Tauber-Gilmore et al., 2018). Being there is also demonstrated in their unconditional willingness to *help* (Janes and Wells, 1997; Mitchell and McCance, 2012; Webster and Bryan, 2009). Sometimes, older patients report experiences with *nurses' unavailability*, which occurs as *long waiting times* (Andersson et al., 2011; Hamilton, 1989; Koch et al., 1995; Koskenniemi et al., 2013; Olofsson et al., 2012), and *fragmented care* (Hamilton, 1989). Older patients indicate that they have to call for help several times and that nurses sometimes leave in the middle of their activities to respond to other requests (Andersson et al., 2011; Hamilton, 1989). Some older patients report also experiences with *care deprivation*, which means that they experience insufficient help because nurses decide whether or not they will receive care and the type of care they will receive (Ekman et al., 1999; Koch et al., 1995; Koskenniemi et al., 2013; Maben et al., 2012). Besides, Andersson et al. (2011) and Randers and Mattiasson (2000) identify that some older patients are confronted with *paternalistic care*, indicating their perception that they receive more help than they require. Furthermore, older patients also perceive that nurses are there when they *take time for them*, even if they are busy with other things (Andersson et al., 2011; Mitchell and McCance, 2012). Eight studies indicate that older patients experience that nurses *do not have time* to get to know them (Andersson et al., 2011; Hancock et al., 2003; Janes and Wells, 1997; Koch et al., 1995; Mitchell and McCance, 2012; Penney and Wellard, 2007). Despite this finding, older patients state that some nurses offer to spend more time with them or search for a more convenient moment to meet (Canzan et al., 2014; Ekman et al., 1999; Koskenniemi et al., 2013). However, Canzan et al. (2014) and Koch et al. (1995) indicate that some respondents perceive that nurses *do not take the time* to talk with them and prefer to chat with colleagues.

3.4.1.2. Nurses' interest. Six studies describe *nurses' interest* in older patients' conditions and person as an important element related to nurses' caring behaviour and attitude. Patients experience that they get to know each other when nurses socialise with them (Hamilton, 1989). *Nurses' familiarity* is characterised by nurses disclosing their names (Mitchell and McCance, 2012; Janes and Wells, 1997; Olofsson et al., 2012), sharing personal details about themselves and their family (Canzan et al., 2014), and taking time to learn the stories of the older patients (Canzan et al., 2014; Olofsson et al., 2012). Two studies point out that some respondents report nurses having a *lack of interest* in them (Chang et al., 2012; Olofsson et al., 2012).

3.4.1.3. Other nurse-related elements of the nurses' caring behaviour and attitude. Several studies point out that nurses' caring behaviour and attitude are characterised by several other elements, such as *nurses' reliability* (Hamilton, 1989; Koskenniemi et al., 2013). Older patients indicate that nurses are professionally reliable and keep their promise (Canzan et al., 2014). Boudreault and Ntetu (2006) and Jacelon (2002) identify *'affective touch'* as an

Table 3
Elements of the interpersonal care relationship concept as experienced by the older patients.

Core elements of the interpersonal care relationship	Sub-elements (presented as reported by the primary authors)	References (see numbers at the bottom of the table)
Elements related to caring behaviour and attitude (The way in which older patients experience the presence or absence of nurses' caring behaviour and attitude in their care)		
	Nurse-related	
Being there (The way in which older patients experience that nurses are physically, psychologically and emotionally present)	Experiencing nurses as . . . : • (un)available	1,3,6,11,13,14,23,24
	• (in)attentive	1,3,9,11,13,14,15
	• empathetic	6,17
	• helpful	11,16,24
	Experiencing . . . : • (lack of) attention	3,11,12,22
	• long waiting times	1,6,12,13,17
	• fragmented care	6
	• care deprivation	5,12,13,15
	• paternalistic care	1,19
	Experiencing that nurses . . . : • show compassion	15,22
	• (not have)/ (not) take time	1,3,5,7,11,12,13,15,16,18
(un)Kindness (The way in which older patients experience that nurses' caring behaviour and attitude shows (un)kindness)	Experiencing that nurses use . . . : • smiles	11
	• kind words	11,13,24
	• kind gestures	13
	Experiencing that nurses . . . : • handle roughly	9,15
	• speak hard	9,19,20,23
	Experiencing nurses' arrogance	13,17
(lack of) Interest (The way in which older patients experience that nurses' caring behaviour and attitude shows (no) interest in their condition and person)	Experiencing nurses' familiarity	
	Experiencing that nurses . . . : • talk about things other than illness	3,6,11 15,17,19,24
	• sit down when talking	16,19
Other nurse-related elements of the nurses' caring behaviour and attitude (The way in which older patients experience the presence or absence of other elements of nurses' caring behaviour and attitude in their care)	Experiencing nurses' . . . : • reliability	3,6,13
	• affective touch	2,9
	• (lack of) support	1,4,22
	Experiencing . . . : • a lack of relationship with hospital staff	16,21
	• (lack of) privacy	6,8,9,10,12,19,24
	Experiencing that nurses create a safe atmosphere	1,13,14
	Older-patient-related	

Table 3 (*Continued*)

Core elements of the interpersonal care relationship	Sub-elements (presented as reported by the primary authors)	References (see numbers at the bottom of the table)
Older patients' caring behaviour and attitude (The way in which older patients experience the presence or absence of elements of their own behaviour and attitude in their contact with nurses)	Positive attitude towards nurses	10
	(not) Trusting the nurses	5,9,20
	Managing their image	10,13
Elements related to person-centred care (The way in which older patients perceive that nurses personalise their care for the older patients)		
	Nurse-related	
(de)Personalisation of care (The way in which older patients experience the presence or absence of nurses' personalisation of care)	Experiencing that nurses . . . : • recognise them as unique persons	3,5,14,19,22
	• (do not) treat them as individuals	1,3,12,19,22,23
	• personalise their approach	11,14
	Experiencing . . . : • ageism	24
	• a lack of involvement in the outside world	19
	• inconsistencies in nurses' care practices and behaviour	1,15
Elements related to patient participation (The way in which older patients perceive that nurses gave them the opportunity to participate in care)		
	Nurse-related	
(lack of) Patient participation (The way in which older patients experience the presence or absence of their participation in care)	Experiencing that nurses . . . : • acknowledge that they have a role in their own care	8,16,19
	• ask their opinion	1,6,13
	• (do not) give them the ability to be active in their care	12
	• do not give them the opportunity to negotiate	18
	• neglect their knowledge	19
Elements related to communication (The way in which older patients perceive that nurses communicate in their care)		
	Nurse-related	
(in)Adequate communication (The way in which older patients experience that nurses communicate in an (in)adequate way)	Experiencing (in)adequate information	1,2,3,4,5,9,12,13,22,24
	Experiencing that nurses . . . : • (do not) listen	1,3,8,12,13,15,16,17,18,22,24
	• blame them	9
	• ridicule them	19
	Experiencing nurses' . . . :	9,14
	• role as an advocate	
	• sense of humour	13
	• reassuring behaviour	8,13,16,24
	Older-patient-related	
	Hearing difficulties	18,20
	Poor communication style	18,20
	Engaging nurses into conversations outside the boundaries of the usual care relationship	10
Elements related to situational aspects (The way in which older patients experience the presence or absence of institutional factors in their care, namely elements/factors referring to the situation in which nursing care takes place)		
	Experiencing . . . :	6,9

Table 3 (*Continued*)

Core elements of the interpersonal care relationship	Sub-elements (presented as reported by the primary authors)	References (see numbers at the bottom of the table)
	• (in) consistent patient assignment	
	• (un) comfortable environment	4,6,8,20
	• high workload	16,18,19,21,22
	• a poor nursing culture	13,15,16
	• appreciation in society	13

References and respective numbers: (1) (Andersson et al., 2011); (2)(Boudreault and Ntetu, 2006); (3)(Canzan et al., 2014); (4)(Chang et al., 2012); (5) (Ekman et al., 1999); (6) (Hamilton, 1989); (7)(Hancock et al., 2003) ; (8)(Hudson and Sexton, 1996); (9)(Jacelon, 2002); (10)(Jacelon, 2003); (11)(Janes and Wells, 1997); (12)(Koch et al., 1995); (13) (Koskenniemi et al., 2013); (14)(Lasiter and Duffy, 2013); (15)(Maben et al., 2012); (16)(Mitchell and McCance, 2012); (17)(Olofsson et al., 2012); (18)(Penney and Wellard, 2007); (19)(Randers and Mattiasson, 2000); (20)(Ruan and Lambert, 2008); (21)(Slatyer et al., 2013); (22)(Tauber-Gilmore et al., 2018); (23)(Uhrenfeldt and Hoybye, 2015); (24)(Webster and Bryan, 2009).

element of nurses' caring behaviour and attitude that is shown when nurses gently touch an older patient's hand or lay their hand on an older patient's shoulder. Moreover, older patients experience *nurses' support* by their verbal encouragement (Andersson et al., 2011; Chang et al., 2012; Tauber-Gilmore et al., 2018). Further, older patients find that nurses can *create a safe atmosphere* by frequently checking up on them (Andersson et al., 2011; Koskenniemi et al., 2013; Lasiter and Duffy, 2013). Three studies describe *a lack of relationship with hospital staff* (Mitchell and McCance, 2012; Slatyer et al., 2013). Some older patients have a limited recall of their communication with nurses (Slatyer et al., 2013). In this situation, contact between nurses and older patients, apart from the technical aspects of care, is rare (Mitchell and McCance, 2012). As a consequence, older patients report that they do not know the nurses (Mitchell and McCance, 2012). Finally, nurses' caring behaviour and attitude are also characterised by *maintaining older patients' privacy* (Hamilton, 1989; Hudson and Sexton, 1996; Jacelon, 2002; Webster and Bryan, 2009). Older patients indicate that nurses maintain their privacy by drawing curtains, using protective coverings, asking permission before entering rooms and giving them the ability to keep their belongings in a locked cupboard (Randers and Mattiasson, 2000; Webster and Bryan, 2009). However, some older patients also experience a *lack of privacy* when nurses look through their belongings without permission or when their fellow patients are able to hear what they were telling a nurse in confidence (Hamilton, 1989; Jacelon, 2002, 2003; Koch et al., 1995; Webster and Bryan, 2009). Further, Jacelon (2003) argues that curtains offer limited privacy but can also cause isolation when nurses forget to open them.

3.4.1.4. Older patients' caring behaviour and attitude. Only three studies describe the caring behaviour and attitude of the older patients. Older patients find that their own attitude towards nurses influences the way nurses treat them (Jacelon, 2003). Therefore, older patients' *positive attitude towards nurses* is essential (Jacelon, 2003). Older patients also use several strategies to approach nurses, such as not bothering the nurses, in order to *manage their image* in society (Jacelon, 2003; Koskenniemi et al., 2013). The meaning of this image is not specified further in the studies.

3.4.2. Elements related to person-centred care

Ten articles discuss person-centred care as an element of the interpersonal care relationship These studies describe only nurse-related elements. Some respondents in the studies of Koch et al. (1995), Maben et al. (2012) and Randers and Mattiasson (2000) report *depersonalisation* in care because they do *not feel treated like unique persons* rather they feel labelled and addressed as a disease. For example, nurses talk about their tasks with reference to bed numbers rather than patient names (Maben et al., 2012). Older patients' feelings of depersonalisation can also be caused by *ageism* (Webster and Bryan, 2009), *older patients' lack of involvement in the outside world* (Randers and Mattiasson, 2000) and *inconsistencies in nurses' care practices and behaviour* (Andersson et al., 2011; Maben et al., 2012). Older patients experience inconsistencies when different nurses enter their rooms and perform the same examination. Some also find that they must renegotiate their request 'according to the sort of mood of the nurses' (Andersson et al., 2011; Maben et al., 2012).

3.4.3. Elements related to patient participation

Six studies describe patient participation as a nurse-related element of the interpersonal care relationship Koch et al. (1995), Penney and Wellard (2007) and Randers and Mattiasson (2000) identify that respondents were *unable to be active in their care* because they *do not have the opportunity to negotiate* regarding their opinions of care and cannot make their own decisions. In this situation, older patients perceive that nurses question their qualifications by *neglecting* or rejecting *their knowledge* of their disease without a valid reason (Randers and Mattiasson, 2000).

3.4.4. Elements related to communication

Twenty articles identify communication as another element of the interpersonal care relationship The literature defines nurse-related and older-patient-related elements. Older patients describe adequate communication as honest (Jacelon, 2002; Koskenniemi et al., 2013) and clear *information* (Canzan et al., 2014; Koskenniemi et al., 2013) about diagnosis, prognosis and care planning (Andersson et al., 2011; Canzan et al., 2014; Chang et al., 2012). The literature considers also nurses' active and attentive *listening ability* (Andersson et al., 2011; Canzan et al., 2014; Hudson and Sexton, 1996; Koskenniemi et al., 2013; Olofsson et al., 2012; Webster and Bryan, 2009), *role as an advocate* (Jacelon, 2002; Lasiter and Duffy, 2013), *sense of humour* (Koskenniemi et al., 2013), and *reassuring behaviour* (Hudson and Sexton, 1996; Koskenniemi et al., 2013; Mitchell and McCance, 2012; Webster and Bryan, 2009) as prerequisites for adequate communication.

However, some older patients also experience *inadequate communication* or a *lack of communication* (Tauber-Gilmore et al.,

2018; Webster and Bryan, 2009). More specifically, they experience that nurses are quiet (Boudreault and Ntetu, 2006), minimise eye contact (Mitchell and McCance, 2012) or talk to them as if they were children (Koch et al., 1995). Some older patients perceive that nurses *blame or ridicule* them, as if nurses were making fun of patients in order to give others something to laugh at (Jacelon, 2002; Randers and Mattiasson, 2000). Six studies report that older patients also find that they are neglected and *not being listened to* (Koch et al., 1995; Maben et al., 2012; Mitchell and McCance, 2012; Olofsson et al., 2012; Penney and Wellard, 2007; Tauber-Gilmore et al., 2018). For example, nurses talk in front of older patients as if they are not there (Maben et al., 2012) or talk with colleagues and do not speak directly with the patients (Penney and Wellard, 2007). Finally, older patients perceive *inadequate or lack of information* when information is incomplete or difficult to understand (Andersson et al., 2011; Ekman et al., 1999; Jacelon, 2002; Koch et al., 1995; Webster and Bryan, 2009).

Three studies include older-patient-related elements of communication (Jacelon, 2003; Penney and Wellard, 2007; Ruan and Lambert, 2008). *Hearing difficulties* and a *poor communication style* influence older patients' ability to receive information, and especially when they do not tell nurses about being hearing-impaired or when they pretend to understand the information (Penney and Wellard, 2007; Ruan and Lambert, 2008).

3.4.5. Elements related to situational aspects

Fourteen studies discuss elements referring to the situation in which nursing care takes place as elements of the interpersonal care relationship The literature describes *consistent patient assignment* as an element of the interpersonal care relationship, meaning that older patients are taken care of by the same nurse for a few days in a row (Hamilton, 1989). Another element is a *comfortable environment*, which older patients describe as home-like surroundings and an environment with proper temperature and free from odours and disturbing noises (Hamilton, 1989; Hudson and Sexton, 1996). In addition, Chang et al. (2012), Jacelon (2002) and Ruan and Lambert (2008) report that the respondents in their studies have experiences with *inconsistent patient assignments* and an *uncomfortable* and noisy *environment*. The literature also considers a *high workload* (Mitchell and McCance, 2012; Penney and Wellard, 2007; Slatyer et al., 2013; Tauber-Gilmore et al., 2018) and *poor nursing culture* (Koskenniemi et al., 2013; Maben et al., 2012; Mitchell and McCance, 2012) to be elements of the interpersonal care relationship. Because of the high workload, older patients find that nursing care focuses primarily on routine nursing activities, or, in other words, 'getting the job done' (Chang et al., 2012; Hamilton, 1989; Hancock et al., 2003; Mitchell and McCance, 2012; Randers and Mattiasson, 2000; Slatyer et al., 2013). Moreover, Koskenniemi et al. (2013) recognise *the appreciation of older patients in society* as an additional element of the interpersonal care relationship. It is important that older patients experience being treated with respect even though they may feel that they can no longer perform activities that benefit society (Koskenniemi et al., 2013).

4. Discussion

This review provides an overview of what is known from the perspective of older patients about elements of the interpersonal care relationship concept. The elements of the interpersonal care relationship are structured according to the three categories suggested by Caris-Verhallen et al. (1999): nurse-related, older-patient-related elements and situational aspects. These insights can guide efforts to define the interpersonal care relationship between older patients and nurses. Structuring the core- and sub-elements was challenging. Several elements could be seen as a sub-element of various core elements, depending on how the data was approached and the meaning that was given to the data. The structure of the core and sub-elements is based on thematic analysis and thorough discussion between the authors. The core and sub-elements were not always defined or described in detail in the included studies. For structuring the elements, the authors did not focus on definitions of the elements, but on the experiences of older patients on how the nurses or they themselves contributed to these elements.

4.1. Nurse-related elements of the interpersonal care relationship

Older patients mostly described nurse-related elements of the interpersonal care relationship. Although, older patients' experiences concerning the nurse-related elements of the interpersonal care relationship were not an overall experience, but varied between nurses.

The elements related to nurses' caring behaviour and attitude are the most extensively described nurse-related elements of the interpersonal care relationship. The findings of Wiechula et al. (2016)'s review, about the factors influencing the caring relationship between the nurse and the patient, confirm that nurses' behaviour and attitude form an important base on which the interpersonal care relationship develops. Patients find that nurses' positive behaviour and attitude improve the establishment of the interpersonal care relationship. On the other hand, the interpersonal care relationship is negatively affected when patients perceive nurses' negative attitudes (Wiechula et al., 2016). As McCabe (2004)'s phenomenological study regarding patients' experiences concerning nurse-patient communication suggested, nurses might not be aware of the meaning of the interpersonal care relationship for patients. This results in nurses making assumptions about patients' expectations of the interpersonal care relationship.

Furthermore patients mainly reported a lack of communication with nurses (McCabe, 2004). Patients indicate that nurses are more concerned with completing their 'tasks' than talking to them (McCabe, 2004; Wiechula et al., 2016). A possible explanation is that although nurses have the necessary communication skills, they choose to use task-oriented communication as a protection mechanism against emotional stress (McCabe, 2004). Another explanation, in a qualitative study about nurses' perspective on transgressive behaviour in care relationships, is related to nurses' duty to provide good care (Vandecasteele et al., 2015). The findings of a study concerning nurses' perspective on the caring relationship, confirm that being a good nurse means that care tasks are finished in a specific timeframe (Peter et al., 2016). As a consequence, a study on transgressive behaviour in the nurse-patient relationship showed that nurses strive to establish and maintain control over the provision and organisation of care, which does not allow them to confer with the patient (Vandecasteele, 2018). In addition, a qualitative content analysis of factors influencing nurse-patient communication stated that nurses who focus more on their tasks may convey to patients that their tasks are more important than the patients themselves (Fakhr-Movahedi et al., 2011).

Peplau's theory identifies characteristics of the nurse-patient relationship from the nurses' perspective. The findings also noted the importance of adequate information (communication and information), person-centred care ("recognise and respect patients as independent and autonomous subjects"), empathy (nurses' caring presence and empathy) and feelings of safety ("providing a feeling of security and protection") (Gastmans, 1998, p. 1317).

4.2. Older patient-related elements of the interpersonal care relationship

From the perspective of older patients, the research findings identify few older-patient-related elements of the interpersonal

care relationship. This finding is similar to those of Ruan and Lambert (2008), who stated that nurses tend to be more sensitive than older patients are to older-patient-related elements of the interpersonal care relationship. Older patients may try to ignore physical disabilities, as they influence nurse-patient communication. This behaviour might be an attempt to cope with the physical changes that occur as a result of ageing (Ruan and Lambert, 2008).

The study of Ruan and Lambert (2008) and Park and Song (2005)'s study, with patients aged 60 years or older, suggest that older-patient-related components of the interpersonal care relationship can be categorised as "individual difficulties" or "physical dysfunction" (such as hearing difficulties and a poor communication style) and "unwillingness to disclose weakness" or "patients' interactive behaviour" (such as pretending to understand, not telling the nurse about being hard of hearing and not trusting the nurse).

4.3. Situational aspects of the interpersonal care relationship

The review of Wiechula et al. (2016) indicates that nurses work within a context that influences the interpersonal care relationship. Caris-Verhallen et al. (1997)'s review and the studies of Fakhr-Movahedi et al. (2011), McCabe (2004) and Wiechula et al. (2016) show more specifically that ward characteristics and a lack of support from ward or hospital management can affect the interpersonal care relationship.

At present, the context in which the interpersonal care relationship takes place is characterised by time pressure (Caris-Verhallen et al., 1997; Wiechula et al., 2016) and an increased workload (Fakhr-Movahedi et al., 2011; Park and Song, 2005). In many settings, cost-saving policies reduce the number of nurses available to deliver care, and nurses must cope with scarce resources (Fakhr-Movahedi et al., 2011). These conditions could explain why patients experience a lack of communication with nurses and why nursing care becomes more physically- and task-oriented (Caris-Verhallen et al., 1997; Fakhr-Movahedi et al., 2011; Wiechula et al., 2016).

Fakhr-Movahedi et al. (2011) and McCabe (2004) identify another element of the context that can affect the interpersonal care relationship. They notice that nurses are not encouraged or supported by ward or hospital management to establish an interpersonal care relationship (Fakhr-Movahedi et al., 2011; McCabe, 2004). Hospital management may support task-oriented care because it guarantees the standardisation and predictability of the nurses' performance (McCabe, 2004). In addition, nurses are not supported in the maintenance of an interpersonal care relationship in a context that is heavily rule-bound and controlling (Wiechula et al., 2016). This context could explain why the interpersonal care relationship is devalued by nurses in favour of task-oriented care (McCabe, 2004).

4.4. Critical reflection on the systematic review process

Some limitations of this review need to be identified. First, the search was limited to electronic databases and the possible relevant database, PsycINFO, was not searched. Handsearching methods were not used and grey literature was not sought, which could result in bias (McAuley et al., 2000). The search was also restricted in language. Therefore, potentially interesting publications may have been missed. Second, although some publications had quality limitations, all were included in the review. The lower methodological quality of some of these studies could have affected the validity of the results. Third, the search focused on patients who were not cognitively impaired and who were not hospitalised on rehabilitation, psychiatric or palliative wards. Thus, the findings of this review do not apply to rehabilitation, psychiatric or palliative wards nor to acutely ill older patients with confusion, mental illness or dementia beyond the early stage. Fourth, thematic analysis risks a loss of the integrity of the individual qualitative studies when findings are synthesised (Sandelowski et al., 1997), indicating that the original findings are out of the context in which they acquired their meaning. This limitation was partly addressed by using groups of variables identified as determinants of the quality of nurse-patient communication (Caris-Verhallen et al., 1999). Using these groups as a steppingstone to structure the original findings limited the potential loss of meaning. Because of these limitations, the results need to be interpreted with caution.

This review has also several strengths. First, the systematic search was performed with an exhaustive search strategy, and four main scientific databases pertaining to healthcare were used. Second, in contrast to most of the prior research, this review addressed the broad theme of the interpersonal care relationship instead of focusing on one aspect of it. Third, most included studies had a qualitative research design. Qualitative research is the most appropriate method for gaining insight into older patients' perceptions and experiences of the interpersonal care relationship with nurses (Holloway and Galvin, 2016).

4.5. Implications for clinical practice, education and research

Based on the results of this systematic review concerning the nurse-related and older-patient-related elements and the situational aspects of the interpersonal care relationship, recommendations can be made for these different perspectives to improve the quality of the interpersonal care relationship between older patients and nurses.

First, more emphasis should be placed on elements related to nurses' caring behaviour and attitude and to communication (Hweidi and Al-Hassan, 2005; Park and Song, 2005). To ameliorate these nurse-related elements, nurses need to be supported to develop self-awareness (McCabe, 2004) and gain insight into older patients' perceptions and expectations concerning the interpersonal care relationship (Park and Song, 2005; Wiechula et al., 2016). Based on this insight, nurses should be supported to adapt their behaviour, attitudes and communication to meet these expectations (Park and Song, 2005; Wiechula et al., 2016). Both basic and in-service nursing education should include material on the core elements of the interpersonal care relationship and older patients' perceptions and expectations (McCabe, 2004; Park and Song, 2005). Training programmes, based on role-playing and analysing videotapes of patient-nurse contact, can be valuable in improving nurses' caring behaviour, attitudes and communication (McCabe, 2004; Park and Song, 2005). Education should also highlight that these implications do not include new ideas, but rather basic nursing practices, which do not require a great deal of time.

Furthermore, modifying the older-patient-related elements of the interpersonal care relationship is not easy because they are mostly the result of ageing or disease (Park and Song, 2005). Elements related to "physical dysfunction" can be addressed if nurses ensure that patients have proper hearing aids and use effective communication strategies (Park and Song, 2005). Elements related to an "unwillingness to disclose weakness" can be minimised if nurses pay attention to patients' responses. During the initial nursing assessment, nurses can also provide support by suggesting to older patients how they can effectively communicate their needs to the nurses (Park and Song, 2005; Ruan and Lambert, 2008).

Finally, recommendations can be made for ward and hospital management. If members of the management staff want to ensure that older patients receive quality nursing care, they will need to consider the interpersonal care relationship to be essential to encourage and support nurses to communicate well with patients (McCabe, 2004). Work overload and nurses' presence cannot be easily ameliorated unless organisational support is provided. Additionally, hospital management should invest in the

organisation of care because current care is heavily rule-bound and protocolised, preventing the nurses from establishing a satisfactory interpersonal care relationship.

This review identifies the elements that are part of the interpersonal care relationship concept from the perspectives of older patients. Qualitative research can facilitate insight into older patients' needs and the underlying processes influencing their experiences of the interpersonal care relationship. Future studies should also apply quantitative designs to examine which variables affect the interpersonal care relationship and which elements influence the care experience the most. Further, whether all elements identified here must be present in the interpersonal care relationship to lead to positive experiences among older patients remains unclear. Therefore, cluster analysis can be useful in identifying which elements form clusters. The origin of the studies in this review does not show any difference in the elements of the interpersonal care relationship. However, further research is needed to get insight into the differences between countries. Further, the findings could inform future service improvements. Considering the focus on older patients' experiences, "Experience Based Co Design" could be used for designing and implementing complex interventions (Castro et al., 2018). "Co-design" indicates that both older patients and healthcare professionals act as designers of the healthcare services and more specifically the interpersonal care relationship. Future studies should focus on rehabilitation, psychiatric or palliative wards and the perspective of cognitively impaired older patients to get insight into which elements of the interpersonal care relationship differ from and/or are similar to the elements of the interpersonal relationship between the nurse and the older patient during their stay at the hospital. In addition, this review focused on the perspectives of older patients. The findings suggest that nurses, informal caregivers and hospital management influence the interpersonal care relationship. Hence, future research should focus on these diverse perspectives concerning the interpersonal care relationship.

5. Conclusion

This systematic mixed-methods review gives an overview of the elements of the interpersonal care relationship concept. The identification of these elements can guide efforts to define the interpersonal care relationship between older patients and nurses. Because this review focuses on the older patients' perspectives, the findings can inform practice, education, hospital management, policy and research from the unique perceptions and experiences of older patients. For education and practice, it is necessary to consider nurses' caring behaviour, attitudes and communication as important bases that enable the establishment of an interpersonal care relationship. Hospital management must encourage and support the implementation of an interpersonal care relationship. Further research is needed to gain insight into the underlying processes influencing the experiences of older patients, nurses, informal caregivers and hospital management regarding the interpersonal care relationship

Authorship declaration

The authors report no conflict of interest and confirm that this article is original work and has not been published elsewhere nor is it currently under consideration for publication elsewhere.

Authorship statement

All authors were involved in the conception and design of the study, and data collection, and data analysis, and the interpretation of the data, and writing, and critically revising the manuscript. All authors gave final approval for the submission of the article.

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Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at doi:https://doi.org/10.1016/j.ijnurstu.2019.02.004.

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