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Fundamentals of Care in Time-Limited Encounters

Exploring Strategies that can be used to Support Establishing a Nurse-Patient Relationship in TimeLimited Encounters

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Research Article

Fundamentals of Care in Time-Limited Encounters: Exploring Strategies that can be used to Support Establishing a Nurse-Patient Relationship in Time-Limited Encounters

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ABSTRACT

Aim: To explores how establishing a relationship occurs in nursing in technologically advanced facilities during time-limited care encounters. It suggests strategies nurses may use to support the delivery of relationship-based integrated fundamental care, and explores validity of the Fundamentals of Care (FoC) frameworks core in time-limited care encounters.

Background: Despite focus on high-quality nursing care, fundamental aspects of care are still occasionally delivered inadequately. A lack of research describes what high-quality nursing care in time-limited encounters includes and how it can be delivered.

Methods: A secondary analysis of data from a PhD study focusing on nursing in time-limited encounters using the FoC framework as the interpretative guide.The focus was on establishing relationships, the core of the FoC framework that includes a dynamic interaction between focusing, knowing, anticipating and evaluating to maintain trust.

Results: Results for each of the five core concepts are presented through concept descriptions and scenarios from a time-limited encounter, followed by potentially useful strategies.

Conclusions: Strategies used to establish and maintain a relationship and thereby to deliver relationship-based integrated fundamental care are universal. All nurses in every context - whether time-limited or not - need finely tuned communication skills to provide individualised nursing care. However, the difference rests in understanding which communication components to give priority in the individual situation.

Relevance to clinical practice: This study's in-depth contextual descriptions of the FoC frameworks core concepts may help nurses understand how the framework can be integrated into their understanding of their daily practice.

Keywords: Fundamentals of Care framework, Time limitations, Nursing care, Nurse–patient relationship, Verbal and non-verbal communication

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What does this paper contribute to the wider global clinical community?

- This exploratory paper provides examples of how establishing and maintaining a relationship presents itself in nursing in technologically advanced facilities during short-term care encounters.
- The paper provides and discusses strategies that nurses may use to support the delivery of relationship-based integrated fundamental care in time-limited encounters across clinical care settings.
* The paper explores the face validity of the inner core of the FoC framework in the context of time-limited encounters

Introduction

Despite years of focus on high-quality nursing care in the hospital setting, the fundamental aspects of care are still occasionally delivered inadequately. Little research to date has focussed on how to support fundamental aspects of care in contexts characterised by time-limited encounters. This study provides a secondary analysis of data collected during a PhD study focusing on nursing care in time-limited encounters using the Fundamentals of Care (FoC) framework as the interpretative guide. Emerging from data, five scenarios were tested against the five core concepts of establishing a relationship: trusting, focusing, anticipating, knowing and evaluating.

The paper describes how establishing a relationship present itself in technologically advanced facilities during time-limited care encounters and suggests strategies that nurses may use to support the delivery of relationship-based integrated fundamental care in this particular setting. Moreover, the paper explores the face validity of the inner core of the FoC framework when encounters are time-limited.

Background

New developments and improvements in medicine and technology have led to major changes in the organisation of health care services across the world. Today, health care is marked by a reduced amount of in-patient treatment and a rapid growth in treatments in facilities for short-term care, such as ambulatories, outpatient and day-care clinics [1-3]. The technologically advanced hospital setting characterised by high turnover rates and time-limited nurse and patient encounters in a combination with political reforms and limited financial resources have shown to result in a strain on the delivery of high-quality nursing care [4-7].

There is a lack of research that describes what high-quality nursing care in time-limited encounters includes and how it can be delivered. However these questions were addressed in a PhD-study focusing on nursing care in endoscopy clinics [8]. Presented through a thesis and five independent papers, this study showed how patients expected compassionate, caring, systematic and situational nursing care that supported and helped them get through their pathway in the best way possible. This work supported the importance of focusing on the patient and building rapport through communication and the use of the senses. Furthermore, the study emphasised how the starting point of any relation should always be the expectations and needs of the individual patient and knowledge of how nursing care was contextually bound [1,8-12]. We envisioned that data from this PhD-study could be further explored using the FoC framework as the interpretative guide for a secondary analysis [5]. We chose the FoC framework because it is currently introduced worldwide as a response to the challenges that nurses are facing when trying to meet patients' fundamental care needs while simultaneously providing safe, effective, and consistent nursing care in today's advanced healthcare settings. Moreover, the FoC framework can be used to explicate nursing care for every patient and in every context because the fundamental aspects of care are not related to diagnoses or treatment. However, the framework does not provide a manual or recipe for direct nursing actions.

The FoC framework was developed in 2012 in a cooperative effort between Alison Kitson and members of the International Learning Collaborative (ILC). The ILC is comprised of leading nurses, healthcare academics, researchers, clinicians and policymakers. The FoC framework builds on Virginia Henderson's description of nursing care as a unique function of the nurse:

To assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge [13,15].

The FoC is a conceptual framework and not a theory. A conceptual framework aims at prescribing broad, open-textured assumptions of how phenomena in a field are to be understood. This framework tries to articulate the values and goals of nursing by making aspects of this practice explicit and analysing patients' needs [14]. Additionally, the FoC framework does not exclude, but instead allows one to draw on relevant theories, such as Ekman's work on person-centred care [15] or Martinsen's philosophical work on trust in the nurse–patient relationship [16,17].

Testing and validating the FoC framework has primarily been performed in the in-patient setting; for example, the FoC framework has been used to evaluate stroke survivors' experiences of care. That study showed that knowledge of how patients experienced their care could clarify the complex processes involved with providing high-quality care [18]. Based on examples taken mainly from an in-patient setting, Feo, et al. [19] used the FoC framework to create practice-relevant recommendations for nurses. These recommendations aimed at assisting nurses in establishing, maintaining and evaluating their therapeutic relationships with patients, in order to deliver fundamental care that was centred on the individual. During acute abdominal pain episodes across the emergency department and in-patient wards, another study demonstrated how the interactions between patients and healthcare professionals were a key component in the patient's perceptions of a positive experience of care. In this study, establishing a relationship seemed to depend on the nurse's ability to make the patient feel as though he or she was being taken care of, being seen, being listened to, and receiving timely and appropriate nursing care and, moreover, how the nurse managed to build trust. Further, it was recognised that patients have similar fundamental care needs, regardless of the setting, their diagnosis or their demographic variables [20].

Existing research thereby demonstrates how the use of the FoC framework has provided a systematic description of how relationship-

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based nursing care can integrate the physical, psychosocial and relational dimensions with the in-patient context of the care environment [5,21]. These studies also highlight an additional need for descriptions of how to use the framework in clinical practice and for further research on an integration of the FoC framework into other healthcare settings. Existing research thus reveals a need for further testing of the FoC framework, such as in the time-limited setting. The question is whether establishing, maintaining and evaluating relationship-based nursing care in this setting requires different strategies.

No research focusing on the FoC framework and nursing care in time-limited encounters has been identified in the extant literature, and nurses might not understand how the FoC practice process can be used when encounters are time-limited. We argue that the FoC framework is useful for all nurses and in every context of care. The framework, therefore, calls for further research in the context of time-limited encounters, in order to develop a more comprehensive body of knowledge and evidence-based practice.

Through a secondary analysis of data generated in a PhD-study, this paper aims to explore how establishing a relationship occurs in nursing in technologically advanced facilities during time-limited care encounters. The paper suggests strategies that nurses may use to support the delivery of relationship-based integrated fundamental care in time-limited encounters. The paper also explores the face validity of the inner core of the FoC framework in this particular setting.

The Fundamentals of Care Framework

The FoC framework consists of three concentric circles, as illustrated in Figure 1. The inner circle, the core of the framework, is establishing a positive nurse–patient relationship built upon mutual commitment. The commitment then translates into the five core concepts, where a dynamic interaction between focusing, knowing, anticipating and evaluating are used to maintain trust [5]. The second circle describes the integration of the relational, physical and psychosocial aspects of nursing care. FoC describes the patient's journey as dependent on how well the nurse and patient are able to work together to integrate their understandings of the fundamentals of care. The nurse plays a facilitating and co-coordinating role, which includes helping, educating and supporting patients to meet their fundamental care needs, not only physically, but also psychosocially and relationally. Moreover, the framework describes the patient's journey from being totally dependent upon the nurse to the point at which he or she is fully independent and autonomous in providing for their self-care needs [5].

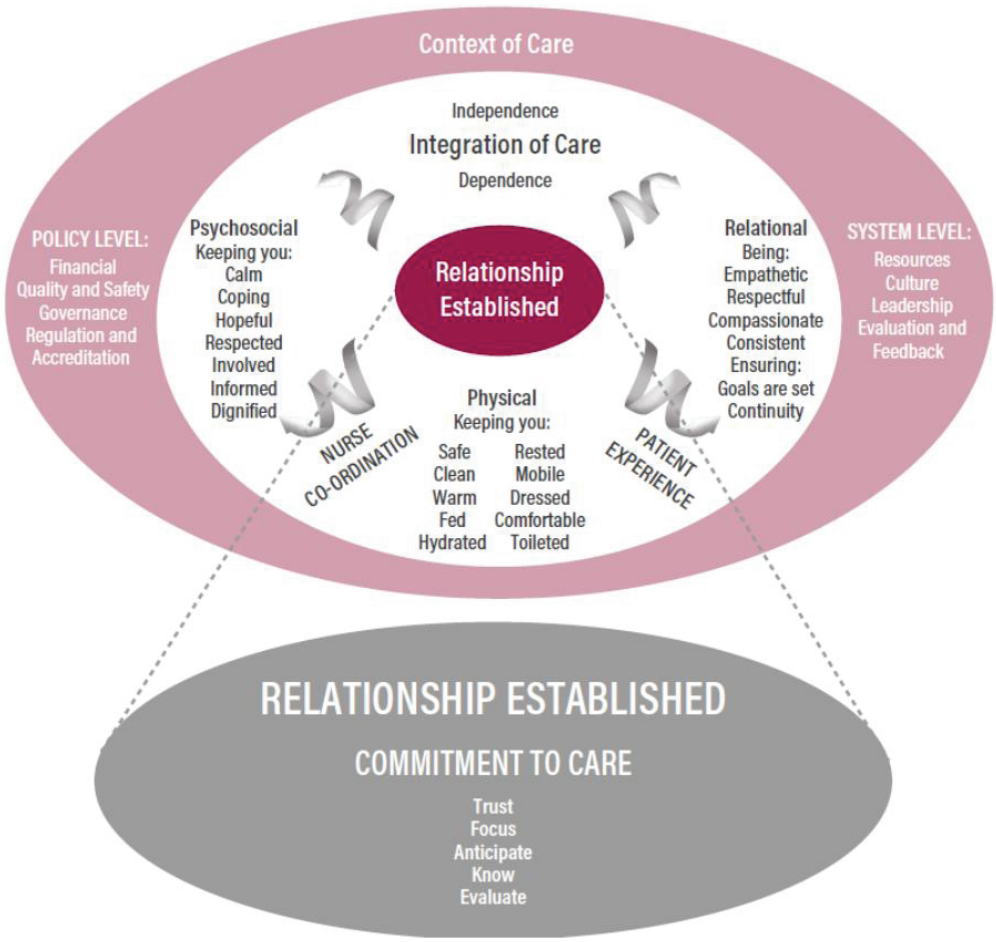

Figure 1: Fundamentals of Care framework (19)

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The outer circle reflects the context of care in regard to the policy and system. The FoC framework describes the quality of the nurse–patient relationship as dependent upon the wider contextual factors within the healthcare system, as well as upon skills, commitments and abilities of the individual nurse. The framework identifies four main types of system level enablers: resources, culture, leadership and evaluation and feedback [5]. The FoC framework emphasises the importance and influence that each of these aspects has on one another to ensure that high-quality nursing care is provided.

Materials and Methods

Design

The PhD fieldwork study was inspired by practical ethnographic principles. Interrelated data generation methods such as participant observations, participant reports and semi-structured interviews were performed [23]. Fieldwork has been shown to be a suitable method in nursing research [24] to shed light on nursing in time-limited encounters [25]. The approach was phenomenological hermeneutic and aimed at producing rich textual descriptions of the experience of a selected phenomenon in the life world of individuals and sought after a deeper understanding of the meaning of that experience [26].

Setting and participants

The fieldwork was carried out in three endoscopy clinics from 2008 to 2010. Participants were patients undergoing gastroscopy procedures and nurses working in the clinics during the days of fieldwork.

Empirics

Participant observations were performed for approximately four hours each day during a 12 week period. During observation periods, the first author stayed in the clinics, trailed a nurse, talked to patients in the resting and waiting area and talked to nurses, doctors and others. Hand written field notes were produced. Field notes were recorded continuously during the participant observations and immediately after finishing the interviews and participant reports. The notes reported aspects like time, sounds and statements and thereby enabled the researcher to reproduce various characteristics about a given situations.

Both out-patients and hospitalised patients were treated at the clinics and they spent between 20 minutes and 2 hours in the clinics. Eight patients were interviewed using a semi-structured interview guide created on the basis of previous fieldwork. Patient interviews were carried out in primacy prior to gastroscopy. Patients undergoing gastroscopy at scheduled appointments on randomly selected days were asked whether they would participate in an interview. Random selection of informants is frequent when you do not know in advance which informants are the most informative [27]. Interviewees were both male and female, over the age of 18 and fluent in Danish; age ranged between 25 and 91 years. This sample was considered a strength because young and elderly patients may have different expectations. Both patients undergoing gastroscopy for the first time and patients undergoing a re-gastroscopy participated based on the assumption that they also could have different expectations [28,29].

Four nurses with a seniority ranging between four and 21 years were interviewed after trailing the individual nurse for one day in the clinic. This was a key informant selection where the nurse due to her experience was expected to provide special insight and understanding of the phenomenon under study [27]. All interviews were audio recorded.

The number of participant observations and interviews was not decided in advance. The aim was data saturation i.e. when what was heard, seen and experienced seemed to repeat itself in recognisable patterns [30].

Ethical considerations

The study was conducted in conformity with the ethical guidelines for nursing research in the Nordic countries [31]. Danish law does not require formal ethical approval as the study did not include biomedical material. No data that could reveal the identity of the participants were recorded, written informed consent was obtained before each interview and confidentiality was assured. Verbal consent was obtained from all participating patients, nurses, doctors and others before each situation of participant observation including the right to withdraw at any time. Choosing to carry out an interview immediately before a gastroscopy may cause undue distress to patients and add to their anxiety. Special attention was therefore paid to proper behaviour and attitudes.

Definition of a time-limited encounter

In this paper, a time-limited encounter is defined as an encounter where the nurses only have a short-term meeting with the patient with a time span ranging from minutes to a few hours. This applies to time spent on treatment, nursing, interaction with patients and families, tasks and documentation. This means that the nurse has limited time to uncover the patient's expectations, wishes and needs, establish a relationship that builds on trust, and convey information and guidance to the patient, so that the patient potentially can make informed choices about upcoming treatments and care.

Analysis

The analysis strategy was a directed content analysis, which is appropriate when the 'existing theory or prior research about a phenomenon that is incomplete... would benefit from further description' [32], with a goal of validating or extending the theoretical framework. Emerging from data, five scenarios were tested against the core concepts of establishing a relationship: focusing, anticipating, knowing, evaluating and trusting. Even though this paper focuses on exploring the core of the FoC framework for establishing the nurse-patient relationship in this particular setting, discussions of the integration of care and the context of care are also intertwined. Establishing the relationship is influenced by the context in which it is established. In this case, the setting is characterised by time limitation, high throughput and advanced technology. Furthermore, the nurse's ability to identify the patient's needs in the initial meeting, whether related to physical, psychosocial or relational aspects of care, influence the quality of the established relationship. In the following, each of these core concepts will be presented briefly, as described by Alison Kitson and her colleagues. This presentation will be followed by a scenario built on examples described in the original data, the PhD dissertation or the five papers. Based on the presentation and the exemplar scenarios, it becomes possible to present strategies that nurses may use to support the delivery of relationship-based integrated fundamental care in time-limited encounters in any health care setting.

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Results-Establishing the Nurse-Patient Relationship in Time-Limited Encounters

Focusing

When greeting a patient in a time-limited, or any nurse-patient, encounter, the nurse's goal is to set aside distractions and to give the patient his or her undivided attention. Focusing comprises the nurses' ability to be physically and mentally present in every interaction and the ability to prioritise relationship building. This focused attention may also help the nurse to shield the patient from the commotion and activity of the setting. Moreover, it may assist the nurse in what to anticipate, and even in detecting small changes in the patient's condition [5,19].

Box 1

Scenario: *In the time-limited and high throughput setting, a nurse can be distracted from focusing fully on the patient. For example, when the day's schedule becomes delayed, or when the nurse knows other patients are waiting, it sometimes means that the nurse focuses less on the patient and more on organisational factors. For example: A nurse had not finished preparing the room for the next examination when a doctor brought in the next patient. For a few minutes, the patient watched the busy nurse with confusion before asking, 'Am I in the right room?' The nurse's lack of focus on the patient during their initial meeting resulted in the patient feeling insecure and unwelcomes [10].*

Strategy

It is important for the nurse to focus on the patient, especially during their initial meeting. This focused attention only requires short bursts of the nurse's time; however, the interaction and focus are invaluable tools for communicating the nurse's presence and awareness to the patient. The skills employed by the nurses to exercise focused attention are verbal and non-verbal communication, use of the senses and physical touch [9,12].

With the above in mind, the nurse should address the patient in the initial contact with a 'hello' handshake, a front prone position of the body and eye contact. Positioning him or herself at eye level with the patient should be sought in every situation, no matter whether the patient is standing, sitting or lying down because being at eye level contributes to signalling equality in the meeting. The front pose position should be pursued because this position, in combination with an attentive gaze, may shield the patient from any commotion in the room and the experience of insecurity that might be connected to a high technology setting. In time-restricted encounters where time for verbal exchange is compressed, extra attention should be placed on these non-verbal ways of communicating [10].

Nurses should strive for conditions that support and promote privacy in nurse-patient encounters and a working environment that acknowledges the important contribution of the nurse's focus on the patient. This can be achieved, for example, through having guidelines or recommendations for disturbance during the nurse-patient encounter and having interior design that promotes and enables the nurse to place him or herself face to face with the patient [12].

Knowing

The FoC framework describes how the nurse must balance 'need to know information' with the patient's sense of control, privacy and dignity [5]. In time-limited encounters, essential knowledge is information that which assists the nurse in helping the patient through the part of the pathway he or she has in their segment of the healthcare system in the best and safest way possible [10]. If the nurse-patient encounter is mostly a one-on-one interaction, the patient does not need to interact with numerous nurses, and the nurse can focus on getting to know one patient at a time.

Scenario: *It is challenging to determine what exactly 'need to know information' is in each specific situation and how to obtain this knowledge effectively. For example, one patient acted verbose the minute the nurse greeted him in the waiting area. It was a return visit to the clinic, and the patient expressed no need for information; instead, he expressed his hope that it would be a speedy visit. He passed the time talking about his birthday, and the nurse assisted him in shortening his stay. However, the speedy process did, in fact, compromise her ability to secure 'need to know information' and the ability to address some of the patient's fundamental care needs. In this situation, the patient had concerns about why his eating disorder had returned so quickly after his last oesophageal dilatation* [10].

Strategy

The skills nurses should employ in this situation are verbal and non-verbal communication, use of the senses and physical touch. Establishing a relationship begins the minute the nurse lays eyes on the patient. Gathering information about the patient's needs occurs by visual cues, such as by observing how the patient sits in the chair, what he focuses on and how he holds his hands. Another contribution comes from listening to the words that are spoken, pauses and the strength of the patient's voice. Physical touch provides information through the patient's reactions and serves to communicate information about his or her condition [9,10,12].

Getting to know the patient is a continuous process that does not stop, even when verbal communication is impossible due to the nature of a procedure; for example, if the patient is examined through the mouth with an endoscope or has sedative medication that affects his or her consciousness. The use of communication and senses should be used to support the nurse's understanding of the patient's perspective and of patterns unique to that individual. This knowledge is often closely related to practical issues related to the procedure the patient receives and are connected to the fundamental needs of being cared for, listened to, and being thoroughly informed and advised [10].

According to the healthcare organisation, knowing the patient helps the nurse to make good clinical judgements, thus it is imperative to promote an environment that supports the nurse's ability to get to know the patient. The time limitation on the nurse-patient encounter is a premise that will not change. A strong leadership team could encourage a culture where exploring what the 'need to know information' is in their segment of the patient's pathway, and where this kind of knowledge is deemed just as important as knowledge of the patient's vital parameters [10].

Anticipating

To provide nursing care that helps the patient have a positive experience during a short encounter, the nurse must consider which proposed course of action will help him or her best guide the patient. The starting point must always be the individual patient's needs

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and expectations Kitson, et al. [5]. Describe this by saying that the proposed course of action must meet the patient's anticipation.

Scenario: A patient was asked how he had slept the night before. He answered that he had not slept much because he was tossing and turning. This answer led the nurse to conclude that this patient was feeling anxious and that his anticipation of the situation was the main concern to addresses in order to best assist him [11]. *Thus, a missed opportunity to address the patient's main concerns can potentially compromise the nurse's ability to best guide and assist the patient.*

Strategy

It is extremely important for the nurse to quickly identify and address the patient's main concerns during these short encounters. The expectations and needs of patients undergoing medical procedures are often related to their feelings of nervousness/anxiety about the procedure and/or the results of the procedure. Additionally, patients often desire to maintain aspects of control in and over the situation. The nurse-patient interactions and conversations should serve to help the nurse identify and address any of the patient's needs. The nurses should draw on the knowledge they obtain of the patient's feelings of nervousness/anxiety and their desire to maintain aspects of control. Because using this knowledge as a starting point may help them to foresee, understand and read patients' reactions and responses to the situation, it can also help them to individualise nursing care [11]. If open to it, the patient's response may instantly guide the nurse's course of action. In the case of the patient who had tossed and turned all night, the nurse instantly sensed that the patient was anxious about the procedure. In that situation, the nurse addressed this in her communication and focused on nursing actions that could potentially relieve the patient of his anxiety.

Evaluating

The FoC framework describes how the patient and nurse continuously need to evaluate and review the progress of their relationship and give feedback to each other on how things are going [5]. In every encounter, the nurse continuously responds to the patient's reactions and decides which course of action will best help him or her guide the patient. These decisions are built on the nurse's general knowledge of typical reactions of patients who have undergone similar medical procedures and on knowledge of the individual patient in each situation.

Scenario: *Because of time-limited encounters, nurses often have to make rapid interpretations based on the patient's first few reactions or responses. For example, one nurse knew that elderly patients often required and liked to have a hand offered for support. Therefore, the nurse offered an elderly patient a hand by lightly touching his arm as they walked towards the examination room. Instead of taking her arm, the patient reacted with a slight shake of his arm. In this case the nurse quickly re-interpreted her assessment of the situation and kept the physical touch between them to a minimum for the rest of the patient's stay* [8].

Strategy

It is risky for a nurse to make quick interpretations, because he or she might misinterpret the situation. Therefore, the nurse should have the ability to realise that a reaction is misinterpreted and be able to re-assess his or her response based on the patient's most recent reactions. Again, nurses should use their knowledge of the patient's feelings of nervousness/anxiety and desire to maintain aspects of control as a starting point. If nursing care builds onto this base of knowledge, the individual listing of nursing care does not start from zero every time; instead, it builds on knowledge of what patients have in common in a combination with what makes the patient unique. Hence, the nurse should be attentive of every sign or signal that comes from the patient, whether it is verbal or non-verbal, big or small, from verbose reactions to a slight shake of the arm. This makes it possible for the nurse to individualise nursing care even when time is limited.

Trusting

The dynamic interaction of focusing, knowing, anticipating and evaluating is used to build and maintain a trusting relationship. The FoC framework forces one to consider how trust can be established, maintained and developed if encounters are short, intermittent and infrequent and when numerous staff care for a patient in a single stay [5]. Encounters may be short in terms of duration and intermittent in some cases. In the ideal situation, the patients only have to establish, maintain and develop trust in one nurse. However, in real life situations, it occasionally occurs that the patient's primary nurse needs to take on another assignment and a second nurse has to step in. It is not the case that once trust is established it will always be there. Keeping the patient's trust and confidence in the nurse is an ongoing process, and one negative experience may weaken the patient's feelings of safety and support and his or her belief in the nurse [19].

Scenario: *A middle-aged man came to undergo a gastroscopy procedure because he experienced stomach pains. His examination was delayed due to difficulties during the examination before his. In the initial meeting, the nurse started by apologising for the delay; however, the patient reacted with anger, hostility and disbelief that seemed unwarranted. In the initial conversation, the nurse discovered that the patient's son had experienced a difficult hospital stay, and the patient's reaction actually emanated from his knowledge of this previous experience. Hence, circumstances that occur outside of the current situation can influence the patient's trust in the nurse* [8].

Strategy

In this scenario, the patient's trust in the nurse is negatively affected by his previous experience, and his disbelief may emanate from an experience with a system or a healthcare professional that was not trustworthy. However, in the scenario, the nurse personifies both the system and previous meetings with health professionals and must act accordingly. Ensuring the patient's trust during such encounters depends on the nurse's ability to focus and his or her verbal and non-verbal communication skills. Patients expect to be cared for, and they expect the nurse to be knowledgeable and skilled in regard to knowing what to do and how to do it. The latter expectation explains how the nurse's performance of tasks can influence the patient's trust in him or her. Trust is situationally established, but it is also based on the patient's previous experiences and imagination. When nurses manage to display caring that builds upon their relationships with the patients and provides evidence of their professional knowledge and skills, most patients put their unwavering trust in them [10,11]. Working with time limitation as a premise, nurses constantly have to balance delays in pre-made schedules and demands from doctors and colleagues with the expectations from patients and families. This

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balancing act can be eased if they clearly take and feel responsible for time. A simple gesture from the nurse could be providing information on waiting time and apologising for delays. Another could be addressing the patient's reactions up front. In the scenario, this calls for dealing with the display of anger. The nurse could choose a direct approach: *I sense that you are very upset. Can you help me understand the reasons behind this?* Or, a more subtle approach could be used: *How can I help you right now?*

Hospital values and the working environment culture provide a standard for treatment and care. Different descriptions about how to perform instrumental tasks exist, but often there is no common description of relational, compassionate and caring aspects of nursing care in time-limited encounters [8]. It might not be possible to make such descriptions; however, it is particularly important for the nursesto promote discussions on what 'high quality nursing care' is in time-limited encounters of their specific settings.

Discussion

This explorative paper has systematically provided examples of how establishing a relationship occurs in nursing in technologically advanced facilities during time-limited care encounters. Using this knowledge as a basis, we have suggested strategies that nurses may use to support the delivery of a relationship-based integrated fundamental care in time-limited encounters across clinical care settings. The remaining question is whether or not these strategies are different than the strategies used in a setting where time to establish and maintain the relationship is less limited?

We have demonstrated how communication becomes a strategy used intentionally to build, mediate and maintain a caring nurse-patient relationship in this context. Hence, communication becomes an important strategy for individualising nursing care. The presence of caring was manifested through the use of physical touch; the use of attentive, observant eye contact; and the ability to pay attention both to verbal and non-verbal communication cues [8]. Similar strategies have been described by Jang land and colleagues [20]. In their case study, establishing a relationship in the emergency department/ pre-hospital contact in the initial meeting was deemed important for a patient's experience of an entire acute abdominal pain episode. Strategies used for building a positive relationship included the nurse's ability to be attentive and his or her communication skills. Based on the synthesised findings from an umbrella review, Feo, et al. [19] created practical recommendations for executing each of the relational elements from the FoC framework *trust*, *focus*, *anticipate*, *know* and *evaluate.* Their research demonstrated, in line with the findings presented in this paper, how communication, both verbal and non-verbal, is an important strategy for nurses to use to provide relational, integrated fundamental care. The recommendations describe strategies for each of the five core concepts; for example, in relation to focus: 'Be physically and mentally present in all interactions. "Notice and acknowledge your patients"."' Take time to communicate and listen actively to what patients (and their families) are saying' and 'Be receptive and responsive to patients' non-verbal communication' [19]. Communication was also shown as a trait stroke survivors expected healthcare professionals to demonstrate to be able to deliver good fundamentals care. These traits were connected to the nurse's ability to exercise notable respect, keeping the patients involved and informed, and having a clear flow of information [18]. This leads us to argue that the nurse's communication skills are equally important in both time-limited and less time-limited nurse-patient encounters. However, what differs in the use of communication in the two contexts may be the weight of verbal and non-verbal elements of the communication. Communication is a central aspect of human interaction and is essential for individuals' ability to relate to those around them, make their needs and concerns known and make sense of what is happening to them [33]. According to American psychologist Mehrabien [34] understanding comes from 55% body language, 38% tone of voice and only 7% from the words spoken. When only 7% of understanding comes from the exchange of words, it becomes extremely important to use one's words wisely and use every instrument available to help the nurse grasp the situation, especially when time is limited.

The novel contribution of this paper is providing knowledge about how communication is employed to establish a nurse-patient relationship and the detailed description of which aspects of communication are used to build knowledge of each of the core elements from the FoC framework during time-limited care encounters. Nordic researchers provide research-based knowledge regarding the importance of nurses' ability to communicate for building rapport and a nurse-patient relationship. These have been explained, for example, by Martinsen, through her caring philosophy; Delmar, with her focus on situational awareness; and Ekman, with her person-centred care, or 'PCC' [15,17,35,36]. Martinsen describes how nursing applies knowledge in both slow and quick ways. The quick ways are, for example, the ability draw knowledge from checking a patient's blood pressure, and the slow ways represent experience-based knowledge displayed through the senses. Martinsen thereby underlines the importance of the nurse using his or her senses to read a patient's non-verbal cues [16,17]. In concordance with Martinsen, the present study highlights the importance of allowing time for the 'slow ways' in time-limited encounters, because these help the nurse to grasp the situation and build rapport. Through this, the study displays the significant weight of the non-verbal element of the communication in this context. Delmar emphasises how the use of the eyes and physical touch enable an essential situational awareness that contributes to the patient feeling safe. Delmar also describes how time plays a role in building a relationship; however, she argues that the nurse's ability to show her mental presence plays at least as large a role here. 'It is about attentiveness to the patient's values, about being there, perhaps in a lingering or dwelling way, something that does not necessarily reflect that the nurse has ample time' [35]. In agreement with Delmar's research, the present study displays a wide range of strategies of how this lingering or dwelling are integrated, even in very time-limited encounters, and again how the strategies used often build on non-verbal communications elements. Person-centred care, introduced by Ekman, et al. [36] focuses primarily on people living with chronic conditions. The core component of person-centred care is described as the co-creation of care between the patients, their family and health professionals. A PCC partnership between a patient and healthcare professional builds upon comprehensive narratives obtained from the patient regarding everyday life, symptoms and his or her motivation/goals. Building a partnership thus depends on the healthcare professional's ability to ask the right questions and the patient's ability to verbally communicate experiences, preferences and expectations. This could be interpreted to mean that the strategies used to create a partnership primarily build on verbal communication elements; however, asking the right questions depends not only on

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the healthcare professional's verbal communication skills but also greatly on his or her ability to listen actively to what the patients and their families are saying and to be receptive and responsive to patients' non-verbal communication, as described by Feo, et al. [19]. The similarities of PCC's partnership-building and establishing/maintaining a relationship in the FoC framework are clear, because they draw on the same ontology of the relationship, as illustrated by Kitson, et al. [5] when they described the aim of developing the FoC framework to be 'the pursuit of Patient Centered Care'.

Limitations

The study has some limitations. The first author is a former endoscopy nurse and when performing research in one's own field, the researcher inevitably affects the findings [23]. Therefore, the researcher constantly reflected on her own position and role in the field and supported by discussions with supervisors, challenged her own preconceptions. The interrelated data generation methods such as participant observations, participant reports and interviews helped validate the interpretations that were made.

We chose to use FoC to frame the phenomenon of nursing care in the time-limited encounters, knowing that this is one conceptual frame out of many possibilities. We acknowledge the large number of American, European and Scandinavian researchers who have, in the past 40 years, developed frameworks, models and theories for nursing care, such as Martha Rogers, Jean Watson, Katie Ericson, Kari Martinsen and Inger Ekman.

Conclusion and Relevance to Clinical Practice

This paper has demonstrated how communication becomes a strategy used intentionally to build, mediate and maintain a caring nurse–patient relationship and how the delivery of relationship-based integrated fundamental care rests on the nurse's ability to communicate. All nurses in all contexts - whether time-limited or not - need finely tuned communication skills to be able to deliver individualised and high-quality nursing care (i.e., the strategies used are the same). However, we believe that the difference rests in understanding which communication components to give priority in the individual situation.

The FoC framework is dynamic and calls for further development and refinement. We believe that our study contributes to this refinement through validation of the inner core of the FoC framework in a setting characterised by time-limited encounters. Our hope is that the study's in-depth, contextual descriptions of the core concepts of the FoC framework and the ways that they are intertwined may help nurses to understand how the framework can be integrated into their understanding of their daily practice. We hope that nurses, but also nurse managers and decision makers in clinical practice will understand the importance of incorporating relational, integrative and contextual dimensions of nursing care in every context. Furthermore, we hope that they will use the FoC framework to assist in putting an end to the invisibility of nursing care, and consequently, the devaluation of nursing care in clinical nursing practice.

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Conflict of interest

We declare no conflict of interest of any kind including financial and non financial interests, affiliations or any personal, racial and intellectual properties.

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