

INTERPERSONAL ATTRACTION AND NURSING NEEDS

Ruth Gallop

Interpersonal attraction is an important factor in the development and maintenance of all relationships. As a clinician, the author observed that individual nurses appeared to have, in their care, patients that they liked and sought out and patients that they appeared to avoid. These observations led the author to speculate on the role of interpersonal attraction in the nurse-patient relationship. Hall (1977) has also identified interpersonal attraction as a relevant area for nursing research. In an earlier descriptive study Hall (1976) observed that patients who were disliked appeared to be neglected by staff in both number of staff contacts and in frequency of mention in reports. Doherty (1971), reviewing studies on interpersonal attraction in psychiatry, suggested that if a patient is liked by the staff he will receive more therapeutic attention.

The major variables associated with interpersonal attraction are similarity, social desirability, reciprocity of liking, and proximity (Hall, 1977). This study examines similarity of perceived and actual nursing needs, and the relationship of this variable to the degree of interpersonal attraction in the nurse-patient relationship. Both perceived and actual similarity have been used to explain interpersonal attraction (Newcomb, 1961). According to Wills (1978), "Similarity of attitude, interest, and value is a basic determinant of interpersonal attraction."

Related Research

Interpersonal attraction has been the focus of a large body of research in psychology and sociology. The most frequently tested variable has been similarity. The "similarity leads to liking" hypothesis is the most general statement occurring in the literature about perceived cognition and feelings (Huston & Levinger, 1978). While much of the basic research has been done in laboratory settings, some important field research has been done. In 1961, Newcomb published his seminal study of the acquaintance process, utilizing a conceptual framework of cognitive balance that will be discussed later in this paper. He did a longitudinal study of interpersonal attraction in a college dormitory where same-sex strangers were brought together to live. He found that high perceived agreement with respect to values was balanced with high attraction. These findings were replicated at a later date (Curry & Emerson, 1970).

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The research on interpersonal attraction in nursing, however, is quite sparse. Studies of the social context of the ward by Shader, Kellam, and Durrell (1967) indicate that initial liking of the patient by nurses appeared to be related to favourable outcomes. Blaylock (1972), and Rickleman (1972) focused on characteristics nurses like or dislike in specific patient populations. Their findings suggest that nurses like conforming, compliant, appreciative, and respectful patients. A small pilot study (n=17 dyads) by Mitsunaga and Hall (1979) examined the relationship between interpersonal attraction and perceived quality of medical-surgical care. Their study, the first examining responses of both the nurse and the client, attempted to isolate certain variables. None of the hypotheses linking interpersonal attraction and perceived quality of care was supported. Compliance appeared to be the variable that was most closely associated with the perceived quality of the essential care.

A recent pilot study by Gallop and Wynn (1985) on the phenomenology of the "difficult" patient in the psychiatric setting indicates that interpersonal attraction may be a factor in determining who is perceived as difficult.

Conceptual framework: Newcomb's Theory of Interpersonal Balance

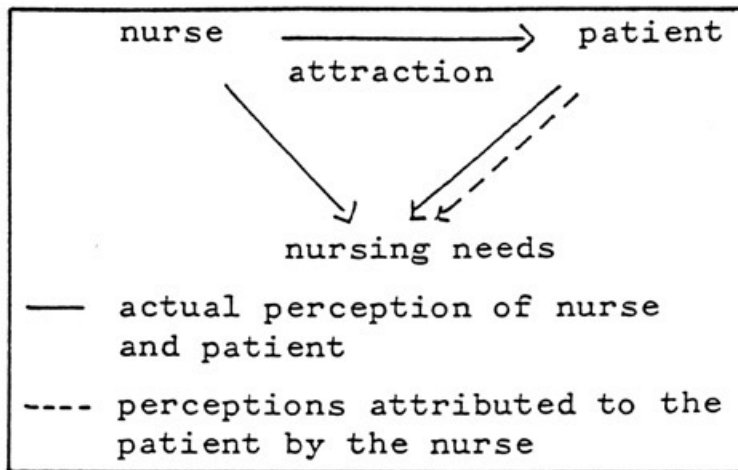
Newcomb's theory of interpersonal balance (1961) as selected as a conceptual framework for this study. Interpersonal balance theory is concerned with the patterns of cognitions that exist in the interpersonal system. Certain patterns are perceived as psychologically more pleasing than other patterns.

According to this theory, when strangers come together, interpersonal attraction appears to be determined by the perceived shared similarity of important attitudes and values. A positive balance occurs when a person perceives the object (person) of interest as sharing the same opinion or attitude about a matter of importance. When a person perceives someone of interest as holding opposing opinions on matters of importance (imbalance), she or he can either try to shift the other person to his or her view (balance), or decide not to like the individual (non-balance). The investigator chose to examine the relationship of the actual and perceived nursing needs of the patient to interpersonal attraction, since nursing needs, it was assumed, would be of importance to the nurse and the patient.

The nurse, in the process of planning care, develops a personal perception of nursing needs. She also attributes a set of perceptions to the patient. According to the theory of interpersonal balance, if these two perceptions are deemed, by the nurse, to be in agreement, interpersonal attraction will be strengthened. Newcomb suggests that, over time, actual similarity of interest may also influence interpersonal attraction. A patient will have his own perception of nursing needs. Agreement between the nurse's perception of needs and the patient's perception of needs may also lead to an increase in interpersonal attraction.

Figure 1

System of Interpersonal Attraction



From this framework, two hypotheses emerged:

1. Interpersonal attraction will vary positively with increased agreement between the nurse's perception of nursing needs and the nurse's perception of what the patient thinks his nursing needs are.
2. Interpersonal attraction will vary positively with increased agreement between the nurse's perception of nursing needs and the patient's perception of nursing needs.

Method

The study was conducted on a general psychiatric unit in a university affiliated psychiatric hospital, using a convenience sample. The portion reported in this paper involved five nurses and 30 patients. Patients were clustered in groups of six around each nurse. Each nurse was required to have worked at least four shifts, day or evening, as primary nurse for the patient. Patients were between the first and third week of admission. All nurses were female, and had a mean age of 40.3. Patients ranged from 18 to 64 years old, with a mean age of 35.6. The patient sample was evenly divided between males and females. Approximately half the sample were experiencing a first admission to this specific unit (51%). As perceived by the nurse, clients fell into three main diagnostic categories: affective disorders (51%); personality disorder (19.7%); and schizophrenia (29.7%). (The total is greater than 100% since five patients were identified in two categories.)

Four measures were required to test the hypotheses:

1. The nurses' perception of nursing needs;
2. The patients' perception of nursing needs;
3. The nurses' perception of what the patient thinks his nursing needs are;

4. Interpersonal attraction of the nurse for the patient.

The Patient Request Form

The Patient Request Form (PRF), as developed by Lazare and Eisenthal (1977), was modified for use in obtaining the first three measures (see Table 1). This instrument was developed to identify requests for help from patients in a psychiatric walk-in clinic.

The original PRF taps fourteen categories of concern. These categories are: confession; succorance; ventilation; psychodynamic insight; control; administrative requests; advice; medical or psychological expertise; reality contact, social intervention, community triage; clarification; and nothing.

Reliability co-efficients for the fourteen categories ranged from .716 to .916. Construct and content validity of the PRF was confirmed by replicated factor analysis (Lazare and Eisenthal, 1977).

Table 1

Examples of Modifications to PRF

Original: (category: succorance)	I want to feel that somebody cares about me.
Modified:	He needs to feel that a nurse cares about him (nurse perspective)
Modified:	I would like to feel that a nurse cares about me (patient perspective)
Original: (category: community triage)	I would like you to tell me who can help me in my community
Modified:	He needs a nurse to tell him who can help him in his community (nurse perspective)
Modified:	I would like a nurse to tell me who can help me in my community (patient perspective)

The original PRF was reduced from eighty-four to sixty-three statements that were modified to reflect nursing needs for the different measures. The original PRF was considered too long for in-patient use. Statements that were eliminated were considered the least relevant reflections of in-patient nursing needs. The

category of "nothing" was eliminated, since the statements did not reflect nursing needs. No statement was eliminated from the categories of succorance, ventilation, or control. One or two statements were eliminated from each of the remaining categories. Reliability for the modified PRF was established by "split-half" reliability techniques. The alpha co-efficients for the three perspectives of the PRF ranged from .96 to .98. Content of the modified PRF was approved by nursing experts who were familiar with the target population. Subjects responded to each statement with a measure of agreement: 1 - not at all; 2 - somewhat; 3 - exactly. The nurse completed two questionnaires: Nurse's Perception of Nursing Needs; and Nurse's Perception of What the Patient Thinks His Needs Are. The patient completed one modified PRF. Measures of agreement were obtained for two sets. One set compared the two measures completed by the nurse (nurse perception/nurse perception of patient). The second set compared the nurses' perception of needs and the patients' perception of needs (nurse perception/patient perception). For each set, statement by statement comparison yielded a numerical measure of agreement between the two PRFs. These were summed to provide a measure of agreement for the set. The smaller the number, the higher the agreement.

The liking scale

Nurses completed a liking scale for each of the patients. The scale consisted of two parts. The first part involved a simple linear analogue (Scale): 1 representing "Dislike" to 7 representing "Like very much". The second part required nurses to signify agreement with statements reflecting levels of like and dislike for the patient (Rank): 1 stated "One of the most likeable", 5 stated "One of the least likeable".

Reliability of the liking scale was established by calculating a reliability co-efficient between the two forms of the scale for each nurse and her group of patients (range of .82 to .95).

Results

The data were analyzed within groups. data for each nurse and her six patients were considered independently from data for other nurses and patients. Measures of agreement and interpersonal attraction (Scale and Rank) for each nurse and her patients are shown in Table 2. The measures of agreement from each set of perceptions were correlated with the Scale and Rank scores of interpersonal attraction (Tables 3 and 4).

Table 2

Measures of Agreement and Interpersonal Attraction

Nurse	Measures of Agreement		Interpersonal Attraction	
	Set I*	Set II**	Scale	Rank
1.	29+	36+	6.2	1
	23	41	6	2
	18	57	7	1
	56	40	4	3
	16	26	6.1	1
	25	79	6	1
2.	58	45	2	5
	23	23	6	2
	30	70	6	1
	20	57	5	2
	68	92	5	3
	50	59	4	3
3.	58	35	5.5	2
	31	83	6	2
	23	41	5	3
	40	112	5	3
	13	48	4.5	3
	31	69	6.7	1
4.	10	29	4	3
	33	87	6	1
	11	46	3	4
	11	73	6	2
	8	44	4	3
	29	72	6	1
5.	25	41	6.6	1
	39	38	3.5	4
	11	137	6	2
	17	42	6	2
	37	67	2.8	4
	52	55	4	3

*Set I: Nurse perception/nurse perception of what patient thinks his/her needs are.

**Set II: Nurse perception/actual patient perception

+ the smaller the number, the greater the agreement

Table 3

Correlational Co-efficients (Spearman RHO) For Nurse Perception/Nurse Perception Patient and Interpersonal Attraction

<u>Nurse Group</u>	<u>Scale</u>	<u>Rank</u>
1	.52	.50
2	.50	.70
3	.44	.39
4	.76*	.85*
5	.81*	.79*

*p \leq .05

Table 4

Correlational Co-efficients for Nurse Perception/Patient Perception and Interpersonal Attraction

<u>Nurse Group</u>	<u>Scale</u>	<u>Rank</u>
1	.17	.03
2	.05	.03
3	.14	.08
4	.74	.79*
5	.00	.08

*p \leq .05

Comparison of Tables 2 and 3 show that, overall, the co-efficients for actual similarity (nurse perception/patient perception) are much lower than perceived similarity (nurse perception/nurse perception patient) with the exception of Group 4. The measures of agreement (Table 2) obtained from the PRF scores in the two sets of perception were compared. In 85% of all cases there was less agreement about nursing needs as perceived by the nurse and by the patient (actual similarity) than about nursing needs as perceived by the nurse and the nurse's perception of what the patient thinks his needs are (perceived similarity).

Age, sex, number of admissions, and psychiatric disorder, did not demonstrate any statistical relationship to interpersonal attraction.

Discussion

The major thrust of Newcomb's theory of interpersonal attraction suggests that individuals are attracted to others who are perceived to share similar attitudes or values (Hypothesis 1). While the findings for Hypothesis 1 are significant for only two out of five

findings for Hypothesis 1 are significant for only two out of five groups, they suggest that a nurse may show increased liking for a patient she perceives to share similar beliefs about his or her nursing needs.

Hypothesis 2 is not supported. Length of stay may have been a factor in its rejection. Findings by Newcomb (1961) and Curry and Emerson (1970) suggest that actual agreement may be a factor in liking over time. Both studies involved measures taken after several months. Patients in the study reported here were in hospital for a maximum of three weeks.

Nursing authorities have long recognized the need for agreement about nursing needs between the nurse and the patient. Without specific reference to interpersonal attraction, Orlando (1961) stressed the need for the nurse to validate her perceptions of the patient's needs with the patient. King (1981) states, "If role expectation and role performance as perceived by nurse and client are congruent, transaction will occur..." and, "if role conflict is experienced by nurse or client or both, stress in nurse-client interaction will occur" (p.149). Successful application of King's theory of goal attainment requires that the nurse work with her patients to arrive at mutually agreed upon nursing goals.

The difference between the measures of agreement of the two sets may be explained, to some extent, by techniques of data collection, particularly the interval between completion of questionnaires by the nurse. However, the findings do show a lack of validation of the nurse's behaviour by the patient. As a consequence, nurses and their patients did not appear to come to an agreement about the patients' needs. In turn, this could be a factor influencing compliance with nursing interventions, which has previously been identified as a variable in interpersonal attraction.

Nurses profess a concern for the uniqueness of the individual and "recognizes that man's choice of priorities may differ from those of the health team" (University of Toronto, 1981). The limited findings of this study suggest that nurses prefer psychiatric patients who are perceived to want the same care as the nurse thinks they should have. This is not inconsistent with the findings of the nursing researchers mentioned earlier in this paper. All these findings seem to suggest that the priority in the relationship is the preservation of the good feelings of the nurse, rather than the uniqueness or actual needs of the patient.

This study does not attempt to explain why nurses appeared not to be concerned with the validity of the patient's perception. However, this may be any important area for further investigation. Given the emphasis within nursing education on helping patients to identify their health needs and to participate in care planning, why this appeared not to occur is unclear. Perhaps being a psychiatric patient in the early stages of hospitalization is, itself, a factor in participation in health care. Perhaps the nurses felt they had

inquired into the needs of their patients, but had not determined mutually acceptable goals. The nursing history format utilized at this agency asks the question, "What do you want to gain from the hospitalization?" Does information obtained in histories translate into ongoing practice behaviour? Whether or not the need to validate perceptions with patients is internalized by nurses requires investigation.

Clearly, this study suggests that nurses in practice settings should inquire more actively into the nursing needs of their patients. If nurses are to be truly responsive to the needs and choices of their patients, then they must talk to their patients about their own perception of needs, and listen to and appreciate the client's perception of need. By collaboration, nurses and their patients may identify common goals. This fact, in turn, may increase the interpersonal attraction between the nurse and the patient.

The support, albeit limited, for the hypothesis that nurses prefer patients whom they perceive to hold views similar to their own, suggests the need for further investigation of interpersonal attraction. Hall and Mitsunaga (1979) have begun to identify its implications for nursing education. Further research into consequences of interpersonal attraction on nursing care will strengthen the case for its consideration in the education and practice of nurses.

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RÉSUMÉ

Rapport entre la sympathie et les besoins de soins infirmiers

La présente étude corrélatrice vis à mieux comprendre les effets de l'attirance mutuelle sur les rapports infirmier-malade dans une unité de soins psychiatriques généraux. Dans le cadre conceptuel d'une théorie de l'équilibre inter-personnel, l'étude vise l'examen des rapports entre les besoins perçus et les besoins réels en matière de soins infirmiers et la sympathie. L'hypothèse voulait qu'un rapport existe entre le fait qu'un infirmier éprouve de la sympathie pour un malade et la similitude entre les besoins perçus et réels en matière de soins infirmiers. L'étude rapporte les réponses de 5 infirmiers et 30 malades.

D'après les résultats de l'étude, il semble que la similitude des besoins du malade en matière de soins telle que perçue par l'infirmière serait un facteur influençant l'estime que porte l'infirmier aux malades. L'étude semble indiquer que les besoins du malade en matière de soins infirmiers ne sont validés ni par l'infirmier, ni par le malade.