Interpersonal Relations of Nurses at their Workplace: A Study in Hospital Settings

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Abstract

Hospitals represent a framework for interrelations among members of healthcare team, where doctors, nurses, paramedical, managerial and administrative staff deal with patients and their relatives as attendants in extending healthcare services. Nurses, being the first point of contact between patients and the hospitals, are a vital member of healthcare team. The interpersonal relations of nurses include inter-professional relations between nurses and their superordinates and subordinates, intra-professional relations among nursing colleagues and professional-client relations between nurses and patients and their attendants. The present paper aims to understand the interpersonal relations of nurses on these aspects. The study concludes that nurses have both formal and informal interpersonal relations at their workplace, feel free to interact and communicate, enjoy trust and support of their colleagues, command authority over subordinates, patients and attendants.

Keywords: *Attendants, Colleagues, Nurses, Patients, Relations, Subordinates, Super-ordinates.*

1. INTRODUCTION

The term 'interpersonal relations' refer to relations among individuals. The study of such relations includes the analysis of mutual feeling and thinking, the perceptions and expectations about each other and their reactions to actions of one another (Heider, 1982). Mathur (1975) described interpersonal relations as the interaction pattern and mutual orientation among people. These relations emanate from the organization itself. Accordingly, there are four basic dimensions of studying relations- ability to influence, affectivity, interdependence and type of communication. The study of interpersonal relations is extremely important in order to have an insight into working life of any professional. Professionals having good interpersonal relations at their workplace work more efficiently as they enjoy better work environment. As a matter of fact, absence of cordial interpersonal relations might lead to exclusion of the individuals from workplace relationships and other important participatory events (D'Antonio et al., 2014). This exclusion impacts their working lives. Moreover, employees having better quality workplace relationships had reported to have more attachment with their organizations (Venkataramani, Labianca & Grosser, 2013).

Also, the unequal hierarchal structure and unequal power structure in the healthcare organizations such as hospitals gives rise to several issues as serious as sexual harassment (Qureshi et al., 2003). Also, the presence of supportive colleagues and management at workplace is linked with higher job satisfaction for nurses (Duddle & Boughton, 2007; Cortese, Colombo & Ghislieri, 2010). Provision of hospital-based healthcare has been increasingly becoming complex with time. Increased specialization and technological advancement are the major factors responsible behind it. This increasing complexity necessitates the study of interpersonal relations of nurses in the hospital setting. The very nature of nursing as 'caring work' makes it suitable to study their interpersonal relations. It is because the care-work attached to the nursing job is highly relationship-oriented (Duffy & Hoskins, 2003). Nurses need to deal with various other individuals such as doctors, senior nurses, fellow nurses, junior staff, trainee nurses, paramedical staff, administrative staff, helpers, patients and their attendants among others. Among them, their relations with seniors, colleagues, subordinates, helpers, patients and their attendants are more important to study because their mutual interactions

impact both the nurses and delivery of healthcare services. In addition, analyzing interpersonal relations at workplace throws light on the crucial role of nurses in the wellbeing of the patients which ultimately govern the formation of their professional identity (Johnson, 2011). Their roles within the hospital underline the importance of their profession.

2. LITERATURE REVIEW

The work of Peplau (1952) has been one of the pioneers in establishing importance of interpersonal relations in nursing who viewed them as the very core of nursing practice while highlighting the centrality of nurse-patient relationship (D'Antonio et al., 2014).

Stein (1978) noted that although doctors were responsible for the treatment of the patients, yet for carrying out their duties, they looked upon nurses as key repositories of information related to the patients. They engaged in 'doctor-nurse game' whereby nurses gave their recommendations without undermining the higher status and knowledge of doctors. Hughes (1988) argued that the nurses had been viewed as subordinate to the doctors whose primary job was to take orders and assist them to carry out their duties. Also, they participated in decision-making regarding diagnosis and treatment of patients by giving advice to the doctors by giving indirect references without taking the credit for such initiation. Porter (1992) posited that the relations between doctor and nurse had undergone significant changes as nurses became more assertive in line with the concomitant improvement in the status of women in society as compared to Nightingale era. Though this change was also attributed to rise in number of female doctors and male nurses, the emergence of the male managers at the same time had certainly influenced the position of female nurses in the hospital settings.

Lu et al. (2005) found that the relations of nurses with their colleagues and family as an important source of stress. The increasing nursing shortages and the consequent enhancement in workload might have exacerbated their lower satisfaction and high stress levels. Duddle & Boughton (2007) explored the relations and interactions of nurses at their workplace and identified factors influencing such relations and interactions. They noted that poor colleagual relationships caused lack of job satisfaction. In the presence of workplace conflict, nurses intend to leave their profession, irrespective of their work experience. With time, they develop strategies to cope with such difficult situations and some develop resilience and thus, accept it as a part of their working lives. Shields and Wilkins (2009) illustrated that interpersonal relations was a vital factor related to the on-the-job violence. They concluded that the nurses who had reported poor relations with doctors, low support from supervisors and absence of good relations with co-workers were more likely to report abuse from patients. Van der Heijdan et al. (2009) noted that given that the work of nurses had been physically and emotionally demanding, the support of their supervisors and colleagues was crucial to help them cope with their problems. Sias (2012) noted the existence of 'relational exclusion', that is, employees are excluded from good relationships at their workplace due to a number of reasons. Such relational exclusion brings adverse effects on the employees and the organization. Purpora and Blegen (2015), while highlighting the role of peer relationships, advocated that nurses who experienced horizontal violence viewed their peer relationships as adverse and job satisfaction as lower. Tran et al. (2018) tried to examine factors related to job performance while focussing on the importance of quality workplace relationships. It concluded that positive workplace relations contributed significantly to improve nurse commitment and creation of positive perception among nurses regarding social impact of the profession. Hanafin et al. (2022) highlighted the importance of better co-worker relationships for nurses. They also advocated that the positive workplace relationships are integral to functional and personal satisfaction and growth and also in relieving job stress or exhaustion. They found positive correlation among job satisfaction, co-worker relationships and a positive organizational commitment and engagement.

Labrague (2024) noted that the presence of 'abusive supervision' of nursing workforce results in negative impact on nurses and patient safety. In addition to it, addressing this abusive nature of nurse supervisors is of utmost importance in order to improve work satisfaction, efficiency and retention of nursing workforce. Tourangeau et al. (2015) found that presence of supportive seniors and colleagues at workplace serves as an incentive for nursing faculty across generations to stay in their profession.

Ozaras & Abaan (2018) noted that professional competencies of nurses and their caring attributes were the most important factors in building trust in nurse-patient relationship. They emphasized that basic rights of the patients should be kept in view while understanding how trust be developed and maintained. Henderson (2003) argued that

nurses had not been including patients in the decision-making. The reason is unwillingness of nurses which created power imbalance in nurse-patient relationship. This unwillingness among nurses is due to nurses' perceptions that patients did not have medical knowledge and desire of nurses to retain control and power.

3. OBJECTIVES

The objectives for the present paper include:

a. To understand the interpersonal relations of nurses at their workplace with their superordinates, colleagues and subordinates.

b. To understand the interpersonal relations of nurses at their workplace with their patients and their attendants.

3.1 Research Methodology

For the present research, S.A.S. Nagar district in the state of Punjab, India was selected as the locale of the study. The research design used for the study was descriptive. In the S.A.S. Nagar district, NABH Accredited private hospitals constituted the universe of the study. The data on number of such hospitals was taken from Accreditation Register maintained by NABH (National Accreditation Board for Hospitals & Healthcare Providers). In total, NABH Accredited private hospitals in the district were nine in number in the year 2019. From each hospital, using proportionate stratified sampling, 15% of the total strength of nurses was taken as sample. In this way, the total number of nurses selected was 325.

4. RESULTS

Nursing, just like any other profession, is organized into a hierarchy in hospital settings. Just like any other organization, nurses work with various superordinates, colleagues and subordinates on a daily basis in hospitals. There are head nurses, nurse in-charges, nurse superintendents, nurse trainees (also referred to as freshers) and so on. Besides this, inter-professional hierarchy is also present in hospital hierarchy. Accordingly, doctors and senior managerial staff are considered as senior to nurses. In the present paper, nurse managers, nurse in-charges, nurse supervisors and human resource managers constituted as superordinates for nurses.

The nurses working with the respondents having similar work experience/tenure who work in their wards and with whom they interact on a daily basis are considered as 'colleagues' for the purposes of the present paper.

Every employee in an organization has a different type of interaction with their subordinates. Being a female-dominated profession, it is possible that their gender might impact the seniority and authority of the nurses. Therefore, it is important that their relations with their subordinates be understood. For the present paper, the staff nurses with lesser experience and the new entrants along with the clerical and administrative staff and helpers or cleaning staff who help nurses in menial tasks comprise subordinates of the respondents whom they deal with daily at their workplace. Accordingly, the 'freshers' who were new into nursing and the trainee nurses who worked in hospitals for their internships were included in the category 'subordinates' by the nurses.

In order to study interpersonal relations of nurses at their workplace, the distribution of respondents with respect to the number of superordinates, colleagues and subordinates which they dealt with on a daily basis has been analyzed.

Table 1: Distribution of respondents by the number of superordinates, colleagues and subordinates

Number	Superordinates	Colleagues	Subordinates
1-10	239 (73.5%)	172 (52.9%)	247 (76.0%)
11-20	73 (22.5%)	129 (39.7%)	66 (20.3%)
21-30	9 (2.8%)	19 (5.8%)	7 (2.2%)
>30	4 (1.2%)	5 (1.5%)	5 (1.5%)
Total	325		

As the data presented in the table reveals, majority of the respondents, that is, 73.5 percent reported that they had superordinates which were 1 to 10 in number. 22.5 percent of the nurses told that their superordinates were 11 to 20 in number. 2.8 percent of the respondents had 21 to 30 superordinates working with them while 1.2 percent of the nurse respondents reported them to be more than 30 in number. In the case of number of colleagues, a majority of the respondents, that is, 52.9 percent told that the number was from 1 to 10. 39.7 percent of the respondents told that their colleagues were 11 to 20 in number while 5.8 percent of the respondents reported that their number was between 21 and 30. 1.5 percent of the respondents had more than 30 colleagues. With respect to number of subordinates, 76 percent of the nurse respondents told that their subordinates were 1 to 10 in number. 20.3 percent of the respondents reported that their subordinates were 11 to 20 in number. 2.2 percent of the nurse respondents told that the number of their subordinates were between 21 and 30. 1.5 percent of the respondents had more than 30 subordinates. It was observed that the number of superordinates, colleagues and subordinates for any nurse respondent depended upon the size of the hospital and the number of employees working there.

5. NURSES AND THEIR SUPERORDINATES

For the purposes of the present paper, the immediate seniors of the staff nurses such as ward in-charges, floor in-charges and nursing superintendents and other superordinates such as doctors and managerial staff with whom they interact on a daily basis and take orders in their daily work tasks are taken as their superordinates.

5.1 Expression of opinions before superordinates

The nurses are first point of contact between the hospital and the patients. They are also the repositories of information which is critical for the healthcare team to start any treatment of the patients. They are also responsible for communicating policies of hospital management to the patients and their attendants. For the existence of healthy relations between nurses and their superordinates, their mutual communication is crucial (Colomer-Sánchez et al., 2021). Therefore, it is desirable that nurses feel free and confident while expressing their opinions in front of their superordinates related to patients' well-being while upholding interests of the hospitals in which they work. Their liberty to express also indicates their position and status in the hospital hierarchy.

Table 2: Distribution of respondents by expression of opinions before superordinates

Response	Frequency	Percentage
Always	83	25.5
Sometimes	173	53.2
Never	69	21.2
Total	325	100.0

As per data shown in the table, a majority, that is, 53.2 percent expressed their opinions 'Sometimes' before superordinates. They reported that they took the seniority of doctors into consideration before they suggested or recommended any treatment in patients' cases. With respect to management too, they told they expressed their views depending upon the situation, that is, when they were called specifically for resolving issues related to leaves and pulling out to other wards. 25.5 percent of the respondents told that they 'Always' expressed their opinions. Such respondents reported that they interacted freely with management because they helped to resolve their issues. Also, they exhibited their opinions to supervisors and incharges because they belonged to their profession and understood their issues better than anyone else in the hospital. 21.2 percent 'never' expressed their opinions before superordinates. Such nurse respondents believed that it was unnecessary to express their views to senior doctors and medical consultants. Also, they reported that they were never given any chance to interact with managerial staff. During the field investigation, it was observed that although interaction with doctors, nursing supervisors and incharges was same, yet the interaction of nurses with managerial staff was different in every hospital. It was observed that there were hospitals where nurses and managerial staff never interacted because managerial work was done by nurse superintendents, supervisors and incharges. On the contrary, it was found that in two hospitals, managerial staff, specifically HR managers, was actively involved and interacted with nursing staff on a daily basis.

5.2 Reaction of superordinates to the opinions of nurses

The reaction or response of the superordinates to the advice given by nurses is also important to see in order to study their interpersonal relations of nurses. It also throws light on the professional stature of the nurses as a part of health care team as to how an opinion of nurse is valued in the hospital. It is a general perception that nurses passively follow orders from superordinates, which is, they comply without questioning. Mathur (1975) noted that the nurses are expected to obey the orders without any questions. Therefore, it is imperative to investigate as to how seniors respond to their advice.

Table 3: Distribution of respondents by reaction of superordinates to their advice

Reaction to advice	Frequency	Percentage
Listen carefully	214	65.8
Listen unwillingly	72	22.2
Ignore	39	12.0
Total	325	100.0

The data presented in the table 3 indicates that majority of the nurse respondents, that is, 65.8 percent reported that their superordinates 'Listen carefully' to their advice or suggestion given by the nurses. As reported by respondents, their seniority or work experience determined the attitude of superordinates to their advice and their assertiveness in expressing their opinions. They opined that the views of the senior nurses were taken seriously by both doctors and managers. 22.2 percent of the respondents reported that their seniors 'Listen unwillingly' to their advice or suggestion. According to such respondents, they were only given a chance to express their views in front of doctors, supervisors and managers just for the sake of it because their advice was never given weightage in actual decision-making. Only 12 percent of the respondents suggested that their advice was 'Ignored' by the superordinates. Nurse respondents reported that their immediate superordinates, such as nurse supervisors and superintendents ignored them even after listening to their issues and advice. Such respondents also told that doctors and managerial staff gave heed to the suggestions of senior nurses only.

6. NURSES AND THEIR COLLEAGUES

The nurses working with the respondents having similar work experience who worked in their wards and with whom they interacted on a daily basis were considered as 'colleagues' for the purposes of the present paper.

Trust in Colleagues

Trusting own colleagues while working in a team is vital for any professional. The existence of high levels of trust in colleagues positively impact job satisfaction and job performance of employees (Casimir, Lee & Loon, 2012). For a caring profession such as nursing, the existence of trust relationship with fellow nurses is very crucial. The nurses while working under shift duties in hospitals have to pose trust in their colleagues for round-the-clock care of their patients.

Table 4: Distribution of respondents by trust in colleagues

Response	Frequency	Percentage
Always	141	43.4
Sometimes	162	49.8
Never	22	6.8
Total	325	100.0

The data presented in the above table reveals that 49.8 percent of the respondents 'Sometimes' trusted their colleagues. As told by them, while working as a team, trust was a very important component. But they reported that there had been some colleagues who did not work professionally and hence, they did not trust them. 43.4 percent of the respondents 'Always' trusted other nurses as their colleagues worked very professionally. 6.8 percent of them 'Never' trusted other nurses. They told that they performed their duties fully without trusting others because they did that selflessly.

Support of colleagues

Additionally, nurses also need support of their colleagues for an effective team work in the healthcare industry (Duffy 1995; Daiski, 2004). The prevalence of mutual support among nurse respondents when they faced any problem is also required to be studied.

Table 5: Distribution of respondents by support of colleagues

Response	Frequency	Percentage
Always	188	57.8
Sometimes	59	18.2
Never	78	24.0
Total	325	100.0

The above presented data exhibits that a majority of the nurse respondents, that is, 57.8 percent of them confirmed support of other nurses when they faced any problem. As per such respondents, nurses worked round-the-clock, so they had understood that they could manage their daily issues effectively only with the help and support of each other. They told that they got help from their colleagues because they knew they would need their help in future. 24.0 percent of them 'Never' got support from other nurses. They reported that nurses with more work experience did not help them and considered them unprofessional. It was observed that such nurses commanded more authority and interacted with administrative and managerial staff without any hesitation and hence, they resolved their issues without any help from fellow nurses and therefore, they never helped other nurses too. The rest 18.2 percent of the respondents 'Sometimes' got support or help of any kind from other nurses in case of any problem. They told that there were situations where they got help and support while in other cases, they never got support even after asking, especially during shift swaps. They reported that support or help from other nurses in exchanging shifts during holidays was very rare because every nurse wanted leaves during that time and hence, wanted suitable shifts for self. Also, they told that nurses working in ICU during night shifts only sometimes get help from other nurses for getting breaks during the shift, especially in cases when such nurses face emergency when they had to take care of two critical patients simultaneously.

6.2 NURSES AND THEIR SUBORDINATES

The importance of working with well-trained and professional subordinates can never be emphasized enough. On the contrary, working with untrained subordinates can be a challenging task for nurses. The term 'subordinates' includes individuals working with them as junior nurses, clerical and administrative staff (receptionists in particular) and helpers or cleaning staff who help nurses in menial tasks.

Rudeness of the subordinates is one of the organizational pressures faced by nurses working in the private hospitals because their supervision is major task for seniors (Hamid et al., 2013). Hence, it is imperative to understand whether subordinates obeyed orders of nurses or not.

Table 6: Distribution of respondents by subordinates obeying their orders

Response	Frequency	Percentage
Always	304	93.5
Sometimes	11	3.4
Never	10	3.1
Total	325	100.0

As the data in table 6 shows that an overwhelming majority, that is, 93.5 percent of the nurse respondents believed their orders were 'Always' obeyed by their subordinates. Their expertise was respected by them and they also tried to learn from their experience while working with them. According to nurse respondents, helpers also complied with all requests by nurses as they understood that they could get them to work only by repeated polite requests as helpers were often 'moody'. 3.4 percent of the respondents reported that their subordinates 'Sometimes' obeyed their orders. That is, subordinates sometimes ignored their directions at their workplace. The reason was that their subordinates

especially helpers and receptionists had supervisors other than nurses, therefore, they were also 'burdened' with work. For 3.1 percent of the nurse respondents, subordinates did not obey them at all. According to such respondents, helpers worked as per directions of their respective supervisors and junior nurses, too, worked for their 'favorite' supervisors only.

6.3 NURSES AND PATIENTS

Inter-relations between nurses and patients are the foundation of the interpersonal relations of nurses at their workplace. Carol Ramos (1992) argued that nurses considered their patients as important and were crucial in professional satisfaction and health of the nurses.

Nurse-patient communication

Communication is an important element of nurse-patient relationship and also, it facilitates effective delivery of health care (Crawford, Brown & Nolan, 1998). McCabe (2004) concluded that nurses use patient-centric approach and hence, communicating with their patients is crucial part of caring. Hence, their difficulties in communicating with patients need to be enquired into while understanding nurse-patient relationship.

Table 7: Distribution of respondents by difficulty in communicating with patients

Response	Frequency	Percentage
Always	29	8.9
Sometimes	44	13.5
Never	252	77.5
Total	325	100.0

The data depicted in the table demonstrates that a majority of the respondents, that is, 77.5 percent never felt difficulty in communicating and dealing with the patients. Such respondents reported that communicating with patients came under job responsibilities of a nurse. 13.5 percent of the respondents felt difficulty in communicating with patients sometimes. The reason was that patients were not able to understand medical procedures and terminology. Therefore, they had to put in extra effort to communicate properly and sometimes they took help from other nurses for that. The remaining 8.9 percent of the nurse respondents felt difficulty in communicating with patients. The reported sources of difficulty for such respondents were elderly patients who did not listen; patients in psychiatry wards who required special efforts to understand things and language barriers while dealing with patients from other regions.

Patients' compliance to nurses

Patients' non-compliance is a well-established issue faced by nurses on a daily basis (Russell et al., 2003). Therefore, it is desirable to understand whether patients complied with their orders or advice or not.

Table 8: Distribution of respondents by patients' compliance

Compliance	Frequency	Percentage
Always	307	94.5
Sometimes	11	3.4
Never	7	2.2
Total	325	100.0

As the data in the table 8 shows, for an overwhelming majority, that is, 94.5 percent of the nurse respondents reported that the patients took their orders seriously and sincerely. According to such respondents, patients trusted nurses for their recovery from illnesses and well-being. Therefore, they complied with each and every direction by nurses. 3.4 percent of the respondents affirmed that their patients sometimes obeyed their instructions because of their suspicious attitude towards knowledge of nurses. Another reason for such lesser compliance was 'tough' patients who did not understand their illness who felt that they did not require medical treatment at all. Only 2.2 percent of the nurse respondents did not take their orders seriously at all. They reported that such patients trusted doctors much more in their treatments.

6.4 NURSES AND ATTENDANTS OF PATIENTS

The subordinate or order-taking image of nurses is prevalent among their co-workers and general public (Bixler & Bixler, 1945). This image and other stereotypes associated with nursing such as unskilled or feminine work necessitate an assessment of their interpersonal relations with attendants of their patients in an attempt to understand challenges which they confront. Attendants of the patients are also important participants in the care work at hospitals as they are present at almost all times during treatment of the patients. They also function in close association with nurses due to their affinity to patients. Keeping this in view, analyzing the nature of their behavior with nurses is important.

Table 9: Distribution of respondents by kind of behavior exhibited by attendants with respect to nurses

Response	Frequency	Percentage
Questioning by attendants	68	20.9
Treat nurses as non-serious	119	36.6
Complaints by attendants of insurance patients	16	4.9
Seeking favors	19	5.9
Attitude of attendants of VIP patients	41	12.6
Indecent behavior	9	2.8
Decent behavior	53	16.3
Total	325	100.0

The data presented in the table reveals that 36.6 percent of the respondents reported that attendants treated nurses' knowledge trivial and their status as unprofessional. Such respondents reported that attendants believed that they were fleeced by the hospital by imposition of certain unnecessary treatments; hence, they interrupted treatments often and complained rudely about the services. 20.9 percent of the nurse respondents reported they encountered constant and unnecessary questioning by the attendants. They continuously questioned the treatment on the basis of unsolicited and unreliable information retrieved from 'Google'. Another 16.3 percent of the nurse respondents reported that the attendants exhibited decent behavior towards nurses. They told that attendants trusted nurses for their knowledge and respected them. Another 12.6 percent of the nurse respondents reported arrogant attitude of attendants of VIP patients. They felt that such attendants treated them as "paid servants" because they expected 5-star treatment as they had paid handsome amount for their services. 5.9 percent of the nurse respondents told that attendants asked for favors other than their "care responsibility" such as suggesting them some medicine, asking for a better room, allowing violation of visiting hours, etc. 4.9 percent of the nurse respondents reported that the insurance patients complained and behaved in a disrespectful manner. They also told that attendants alleged differential (and unfair) treatment and negligence on the part of nurses. 2.8 percent reported indecent behavior of the attendants. According to them, male attendants made them uncomfortable by coming too close while giving information or history of the patient, trying-to-be-funny attitude, passing comments, giving 'cheap smiles', etc. There was one instance where respondent was asked to offer her lap for a VIP patient to sleep on. The respondent got so upset and annoyed that she decided to quit her job.

6.5 NATURE OF RELATIONS OF NURSES

Further, for analyzing the relations of the nurses at their workplaces, the nature of their relations has been categorized under three heads- formal, informal and hostile. The respondents were asked to categorize their relations with the main participants of their care-work into formal, informal and hostile.'Formal' relations refer to those relations which are limited to the professional sphere only. On the other hand, 'informal' relations are those which go beyond professional boundaries and where interactions are personal. 'Hostile' relations are those relations which the individual dislikes or where interactions are not friendly.

Table 10: Distribution of the respondents by the nature of their relations

Nature of relations	Superordinates	Colleagues	Subordinates	Patients	Attendants of Patients
Formal	207(63.7%)	135(41.5%)	110(33.8%)	148(45.5%)	243(74.8%)
Informal	107(32.9%)	190(58.5%)	215(66.2%)	175(53.8%)	72(22.1%)
Hostile	11(3.4%)	0(0.0%)	0(0.0%)	2(0.6%)	10(3.1%)
Total	325(100.0%)				

As data depicted in the table 10 reveals, majority of the respondents, that is, 63.7 percent termed relations with their superordinates as formal. Such respondents reported that their communication and interaction with them was more formal as per the hospital hierarchy and therefore, their relationships remained formal. 32.9 percent of the respondents reported their relations with superordinates as informal because they told that they had more friendly relations with their seniors. During the field investigation, it was also observed that junior doctors and nurse incharges used to sit with nurses at their nursing stations after their rounds. Relations with colleagues were termed as informal by majority of the respondents, that is, 58.5 percent because they interacted more freely as they worked together, shared similar responsibilities, enjoyed support from each other. Majority of the respondents, that is, 66.2 percent reported that their relations with their subordinates were informal. They told that they had to handle them as per the situation as the helpers and junior nurses were extremely 'moody' and they worked as per their wish and not as the situation demanded. Therefore, an informal approach worked for them. With patients, majority of the respondents, that is, 53.8 percent stated their relations as informal. The reason was that nurses in order to care for their patients had to interact informally in order to fulfill all caring needs and treatments. While a majority of respondents, that is, 74.8 percent were formal with the attendants of the patients. According to such respondents, they did not listen to any advice of nurses and questioned each and everything told to them. Therefore, their relations with attendants were limited to the extent they required for the care of the patients. 3.4 percent of the respondents stated their relations with their superordinates as hostile. As per such respondents, their superordinates had been very strict with nurses. Also, they reported that they punished nurses harshly even in the case of small mistakes. 3.1 percent of the respondents reported their relations with attendants of the patients as hostile who reported indecent behavior and unnecessary demands by them.

Discussion

Hospitals as workplace for nurses are a place where the core function of nursing, that is, caring is undertaken. Stating otherwise, nursing is a caring profession whose work revolves around patient care in hospital settings. But modern nursing work goes beyond patient care and hence, their work environment is very crucial. Interpersonal relations of nurses are an important component of their work environment. The reason is that nurses spend a major part of their daily time in their workplaces due to shift nature of their work.

This paper, with the objectives of understanding and analyzing interpersonal relations, classifies their interactions into two categories: a) superordinates, colleagues and subordinates of nurses; b) patients and their attendants. The first category has been formulated keeping in view the organisational structure and internal hierarchy prevalent in the hospitals and accordingly, the composition of superordinates, colleagues and subordinates. Nurses are the key repositories of information for the hospitals as they work in close association with the patients and their attendants. Therefore, their opinions and views have been treated as invaluable and influential in shared decision-making. The findings of the paper also indicated that nurses discussed their opinions with their superordinates and they were also heard carefully.

Organizational intimacy is an important factor for nurses to work as a team as it promotes effective team work and job satisfaction. Trust and support among nurse colleagues are important determinants of organizational intimacy. Due to the shift nature of their job, division of work is accomplished during the shift hours only. In this way, nurses need to take over their work from their colleagues. Therefore, with respect to relations of nurses with their colleagues, trust

and support among them is crucial. The results of this study also underlined the existence of mutual trust and support among nurse colleagues. While understanding interpersonal relations of nurses with their subordinates, importance of compliance of orders of nurses can never be emphasized enough. It signifies authority and assertiveness of nurses over their subordinates. The paper, in this respect, noted that juniors obey the orders of nurses and existence of cordial and informal relations of nurses with their subordinates.

With respect to nurses and patients, interpersonal relations are believed to be continuous processes of communication which means that good communication is a pre-requisite for good interpersonal relations. Another aspect of nurse-patient relations is patients' compliance which exhibits professional control of the nurses over patients. The findings of the study highlighted absence of any difficulty in communication by nurses. Also, existence of high rate of patient' compliance was also noted. More recently, there has been more emphasis on family-centered care which involves closer interaction between nurses and attendants or families of their patients. The present paper, however, noted excessive questioning and undermining of knowledge of the nurses by the attendants.

7. CONCLUSION

The present paper provides an insight into the interpersonal relations of nurses in the hospital setting with various participants: superordinates, colleagues and subordinates; patients and their attendants. It concludes that nurses had formal relations with their superordinates and attendants of the patients, whereas they had informal relations with their colleagues, subordinates and patients. Overall, the results indicate positive interpersonal relations in the work environment of nurses working in private hospitals.

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