Contents lists available at ScienceDirect

International Journal of Nursing Studies

Review

Ethnomethodological studies of nurse-patient and nurse-relative interactions: A scoping review

Eric Mayor*, Lucas Bietti

Université de Neuchâtel, Switzerland

A B S T R A C T

Objectives: Researchers in nursing science interested in the study of nurse-patient and nurse-relative interactions have displayed an ever increasing interest in ethnomethodology and conversation analysis. This review assesses the scope of this literature. We categorize the papers in thematic categories determined both inductively and deductively and synthesize the main findings of this literature within category. Finally we discuss the interactional determinants of the lack patient participation, the limitations of the field, and focus on implications.
Design: A scoping review on nurse-patient and nurse-relative interactions.
Data sources: Forty articles focusing on nurse-patient interactions and nurse-relative interactions. All the articles relied on ethnomethodology and/or conversation analysis.
Review methods: A literature search has been carried out on Medline (all articles until June 2016; keywords were: nurs*.ab. and "conversation analysis"; nurs*.ab. and ethnomethodology). A similar search was performed on other platforms. The scope of the literature was identified by inductively and deductively analyzing the themes of the relevant articles.
Results: Six thematic categories emerged: Organization of nurse-patient interaction (eleven articles); Organization of mediated nurse-patient interaction (seven articles); Information, explanation and advice (eight articles); Negotiation and influence asymmetry (six articles); Managing emotions in critical illness (two articles); and Interacting with patients presenting reduced interactional competences (six articles).
Conclusions: Across most thematic categories it appeared that patient participation is far from ideal as interactional asymmetry was most observed in favor of nurses. When the encounters occurred at the patients' homes this pattern was reversed. Computer-mediated interactions were often reported as non-optimal as the standardized process constrained communication and delayed patients' presentation of their ailments. Micro-analyses of interaction present a clear potential for the development of guidelines for nurse-patient interactions. Implications for practice are described.

© 2017 Elsevier Ltd. All rights reserved.

What is already known about the topic?

- Lack of patient participation in nurse-patient encounters leads to delayed care.
- Studies in nurse-patient interactions have indicated a lack of user-centered design in computer tools.

What this paper adds

- Nurse-patient interactions are asymmetrical over multiple institutional settings.
- Nurses exert more control over interactions, which limits patient participation.

- Interactions in home visits feature more balanced distribution of contributions between beneficiaries and nurses, i.e., social context affects how roles are instantiated.
- Computer-assisted communication tools should meet the needs of interacting parties in nurse-patient encounters.

Nurses' interactions with patients and patients' relatives are pervasive and essential in clinical settings (e.g., Fleischer et al., 2009; McCabe, 2004). These relationships have been studied for decades (e.g., Aguilera, 1967) under a variety of theoretical and methodological frameworks (Fleischer et al., 2009). While most studies have grounded their findings in quantitative aspects (e.g., quantification of observed actions, interviewees' statements or archived material; e.g., Hertzberg and Ekman, 2000; Sharac et al., 2010), some studies have relied upon hermeneutic approaches or other qualitative approaches (e.g., McCabe, 2004). Most literature

* Corresponding author at: Institut de Psychologie du travail et des organisations Université de Neuchâtel, Emile Argand 11, 2000 Neuchâtel, Switzerland.
E-mail address: eric.mayor@unine.ch (E. Mayor).

on nurse-patient interactions has lacked proper investigation of patients' contributions to these encounters (Jarrett and Payne, 1995). And prior to 1990, most of this research program failed to examine the (re)production of social order through nurse-patient interactions (i.e., an interest in what is interpersonally accomplished; Bowers, 1992a). Therefore, the need to rely on ethnomethodology and conversation analysis to study nurse-patient interactions has been suggested by several authors (e.g., Bowers, 1992a; Dowling, 2007; Jones, 2003).

In this review, we examine the contribution of ethnomethodology and conversation analysis to the nurse-patient and nurse-relative literature. What are the thematic categories of research questions in this literature? What are the main findings, particularly with regards to patient participation and interactional asymmetry? What is missing in the literature? We provide answers to these questions after briefly introducing the theoretical and epistemological grounding of ethnomethodology and conversation analysis.

1. Ethnomethodology and conversation analysis

The study of interactions involving nurses is closely related to ethnomethodology and conversation analysis. Ethnomethodology aims to study the ways people coordinate and make sense of their everyday activities (Drew and Heritage, 1992; Hester and Francis, 2007; Ten Have, 2004). Ethnomethodology has produced significant knowledge about how people interact in clinical settings (e.g., Heath, 1986; Mondada, 2014). The approach is to carefully examine interactions, most of the time between people, but also with technology (e.g., Suchman, 1987). Conversation analysis emerged from ethnomethodology and focuses on the way people negotiate the social order in natural and institutional interactions (Goodwin and Heritage, 1990). Among the differences between the two traditions, it can be noted that ethnomethodologists do not require any specific method for the documentation of interactions (Garfinkel, 2002), whereas conversation analysts require naturally occurring data, such as recordings of conversations (Goodwin and Heritage, 1990). Another distinction is that conversation analysis has no interest in the motives of the participants (although accounts can be investigated), and takes an interest only in what occurs in the recorded interactions (Schegloff, 1987).

Regularities are present in the routines people use to understand and enact those understandings (Garfinkel, 1967) and in the context in which they are embedded (Drew and Heritage, 1992). The aim of ethnomethodology is to describe these routines. From this perspective, people's motives and understanding are constantly accounted for by their actions or words (Attewell, 1974). The social order is (re)produced at the level of the interaction by the co-participants (Hester and Francis, 2007). In other words, the meaning of a situation is never given, but always recursively co-constructed and negotiated by members of a community as a part of their process of understanding and acting in situation (Attewell, 1974; Zimmerman and Pollner, 1970). Any social situation can hence be described accurately by the inspection of routines – through visible and audible conduct, without a need for higher order theories. The ethnomethodologist can study the way members organize their actions by the observation of these practices (Adler et al., 1987). Ethnomethodology can also take into consideration the motives of the individuals, and insists on the importance of knowledge of their social context (Garfinkel, 1967). A concomitant weakness of ethnomethodology is that it deals with observations of actions that are necessarily indexical, i.e., related to the knowledge of the participants prior to the examined situation, which implies a requirement for context on the part of the observer (Garfinkel, 1967). This often leads to extensive fieldwork.

By repeated and 'unmotivated' (Sacks, 1984, p. 27) scrutiny of fragments of interaction, conversation analysis deals with the way participants structure the interaction in an orderly manner, according to the socially constructed rules they orient to (Schegloff and Sacks, 1973). The aim is to reveal these rules in everyday and institutional conversations from the scrutiny of multiple interactions (Sacks, 1984) and sometimes single cases (Schegloff, 1987). Interactional routines are often standardized, which makes frequently occurring types of interactions predictable (e.g., Coulmas, 1981). Conversation analysis aims at the discovery of regularities in talk-in-interaction through the exploration of the natural and sequential unfolding of events as they occur in everyday encounters. From an early interest in casual conversation (Sacks et al., 1974), conversation analysis has evolved to a method allowing the study of all kinds of institutional interactions with an interest in the way people routinely accomplish work-related activities collaboratively through conversation (for a review, see Drew and Heritage, 1992), including the study of clinical interactions (e.g., Maynard and Heritage, 2005).

Some approaches in conversational analysis have adopted a multimodal perspective to the study of naturally occurring interaction (e.g., Goodwin, 1994; Mondada, 2007). Human coordination relies not only on speech but also on bodily actions, posture, and prosody. Multimodal analysis is a subfield of conversation analysis that takes into account not only speech but also bodily conduct and their interplay (e.g., Goodwin, 2000). The importance of studying multimodal aspects in professional settings has been repeatedly shown in the literature (e.g., Heath, 1986; Maynard and Heritage, 2005; Goodwin, 1994; Mondada, 2007; Streek and Kallmeyer, 2001). However, this has been less frequent in the study of nursing (e.g., see González-Martínez et al., 2016; Mayor and Bangerter, 2015).

2. Nurse-beneficiary interactions

Interactions between nurses and beneficiaries (patients and relatives) have been studied for decades. In their thorough review, Fleischer et al. (2009) note that nurse-patient interactions are defined as mutual and intersubjective, and stress the importance of:

- patient participation,
- nurses' display of empathy, and
- the promotion of patients' competences.

We refer the reader to the aforementioned article for an excellent overview of the field, and focus on the contribution of ethnomethodology and conversation analysis.

The goals of our study are presented below.

a) Our principal aim is to examine the main themes that are found in the international literature on nurse-patient and nurse-relative interactions relying on ethnomethodology and conversation analysis as methods.
b) In the discussion, we aim to examine the extent to which the criteria mentioned above (Fleischer et al., 2009) are discussed in the literature on nurse-patient and nurse-relative interaction, and how well the criteria are attained in practice through the lens of the studies we review.
c) We also aim at commenting on the limitations of the field (limitations in scope, sample size, diversity of methodological and analytic choices, regions where the data was collected), and describe implications for practice.

The type of study which best allows to meet these goals is the scoping review. Contrary to a systematic review, a scoping review