

## RESPONSE

I appreciate Watson's thoughtful commentary on my paper, 'Nurse-patient interaction: a review of the literature'. Her valuable insights on caring relationships provide an avenue for further development of my beginning work. I want to express my appreciation to the journal for providing us the opportunity for this scholarly dialogue.

Watson makes a number of points in her commentary with which I completely concur. For example, I agree with Watson's statement that Goffman's work is 'only one level of interaction theory'. In fact, when writing the paper, I was careful to present Goffman's theory as a, not the best or only, theoretical base for nursing knowledge development on nurse-patient interaction. Moreover, my choice to examine the concept 'nurse-patient *interaction*' instead of the 'nurse-patient *relationship*' is consistent with Goffman's sociological, symbolic interactionist philosophy which, as Watson states, 'Can be useful in explaining and helping to interpret nurse-patient interactions'. I agree with Watson that this is only the beginning to our greater understanding of the nurse-patient relationship and that 'by integrating Goffman with extant nursing theory, new knowledge and philosophical foundations, new insights could emerge'.

Watson appropriately expands on my discussion of Goffman's theoretical perspective of nurse-patient interaction by illuminating the moral-ethical dimension of nurse-patient interaction, the nurse-patient relationship, or to use Watson's more apt term, the 'caring relationship'. Although I did not discuss this aspect in the paper, I completely agree with its import. I was delighted to learn of the 'ethics of face and the soul-to-soul connections' that are being incorporated into current theories of caring. Although I am not familiar with the philosophical work cited by Watson, the ideas remind me of Martin Buber's work on self in relation (Buber 1970).

Understandably, Watson advocates the use of nursing theory based in human science, more specifically the theory of human caring as one way to develop nursing knowledge on the caring relationship. Admittedly, this theoretical perspective provides a deeper understanding of nurse-patient relationships than Goffman's theory of the more fundamental nurse-patient interaction. Nursing knowledge and nursing science can be developed through many and varied theories associated with

nursing, not just through nursing-specified theory. An existential phenomenological framework for nursing practice and research is an example of an approach that can broaden our understanding of human-to-human connection. My subsequent work on interpersonal aspects of care was conducted using this framework, moving beyond Goffman's theory of face work (Shattell 2003, 2005, Shattell & Hasty 2004).

Early in my research career when I expressed an interest in studying the nurse-patient relationship, a former mentor gave me what I am sure she thought was sage advice. She told me that 'the nurse-patient relationship has already been done'. I did not accept this limiting opinion and forged ahead with my research interests. Much of my work has shown that neither patients nor nurses experience positive caring relationships in their care receiver/care provider interactions (Shattell 2002, 2005, Thomas *et al.* 2002) leading me to know that we have much more work to do. With all due respect, my former mentor was wrong. We need more, not less, clinical, theoretical, philosophical and ethical scholarship on the interpersonal caring relationship.

## References

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