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'Symbiotic niceness': constructing a therapeutic relationship in psychosocial palliative care

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Abstract

The concept of symbiotic niceness illustrates a mutually shared advantage in the nurse–patient relationship. This relationship is premised on the co-production of niceness through the doing of psychosocial care. This paper presents an account of 'symbiotic niceness' produced in palliative care nurses' talk. The data are collected from two hospices and one general hospital for the dying. The analysis of talk demonstrates how psychosocial care can be understood as the collaborative practice of 'niceness' in the daily activities of participants, and how they collaboratively achieve reciprocal and therapeutic relevance for their talk. Participants co-engage in a 'selling game'. Through the activities of selling, a set of personal assets that constitute their personal Curriculum Vitae (CV) are revealed. It suggests that nurses' assets, when combined with patients' assets, function as marketable 'products' to produce an impression of nice patients and professionals. This in turn leads to the production of an impression of 'nice' organisations. Impression management is presented as a key strategy for the production of marketable niceness. Through the co-performance of niceness in talk, both nurses and patients are constructed as people who are somewhat charismatic, friendly, informal, understanding and concerned. This paper argues that underpinning the co-enactment of symbiotic niceness is the sharedness of patients' and nurses' experiences and a reciprocal notion of therapeutic help. It serves as a means of managing relations between palliative care nurses and dying patients. Symbiotic niceness thus represents a core component of professional and patient identity which works to maintain social orderliness as well as to advance personal, professional and organisational aspirations.

Keywords: 'Symbiotic niceness'; Nurse–patient relationship; Psychosocial care; Palliative care nursing

Introduction

This paper is about how palliative care nurses and dying patients collaboratively form symbiotic and reciprocal relationship through enactment of psychosocial care in talk in their daily practices. The aim here is to relate the doing of psychosocial care in terms of 'symbiotic niceness' to broader notions of nursing as a form of emotional labour. A selection of verbal interactions, looking at one specific theme of symbiotic niceness, that is, 'marketable niceness', is analysed. The analysis of talk reveals that participants co-engage in a 'selling game'. Through the activities of selling, a set of personal assets which constitutes their personal Curriculum Vitae (CV) are revealed. It suggests that nurses' assets, when combined with patients' assets, function as marketable 'products' to produce an impression of nice patients and professionals. This in turn leads to the production of an impression of nice organisations. Impression management is presented as a key strategy for the production of 'marketable niceness'.

Through the co-performance of niceness in talk, both nurses and patients are constructed as people who are charismatic, friendly, informal, understanding and concerned.

Symbiotic niceness thus represents a core component of professional and patient identity which works to maintain social order as well as to advance personal, professional and organisational aspirations. Symbiotic niceness may be objectified as a skill for certain groups of professionals to learn to do better, in particular, in situations in which they may have to deal with

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interactional problems (Li, 2002). I argue that psychosocial care is not a specialist project even though it is dressed up in the technical language of psychology, psychiatry and medicine.

Psychosocial care means psychological and social care. These form two of the four care components that constitute 'holistic care' (Clark, 1994; Sheldon, 1997; Twycross, 1995). The remaining two components are physical and spiritual care. Holistic care means meeting patients' physical, psychosocial, social and spiritual needs. It is the conventional wisdom in the frameworks of care for sick and dying patients (Saunders & Baines, 1983). In Saunders and Baines' (1983) book, the psychosocial care component is central to the management of dying patients in palliative care. A formal definition of palliative care[1] is:

> 'the active, total care of patients whose disease is not responsive to curative treatment. Control of pain, of other symptoms and of psychosocial, social and spiritual problems is paramount. The goal of palliative care is achievement of the best possible quality of life for patients and their families' (WHO, 2002).

There is no shortage of literature in palliative care which recognises the importance of meeting a dying person's needs not only at a physical level but also at psychosocial and spiritual levels. Recurrence of certain themes in psychosocial literature such as personality, family involvement, family support, personal relationships and effective communication in care of the dying suggests that these are important nursing agenda for meeting dying patients' psychosocial needs. For example, in what is regarded by professionals in palliative care as the only 'official' definition of the psychosocial care component, the NCHSPCS' (1997) discussion paper states that:

> 'psychosocial care is concerned with the psychosocial and emotional well-being of the patient and their family/carers, including issues of self-esteem, insight into and adaptation to the illness and its consequences, communication, social functioning and relationships' (NCHSPCS, 1997: 6).

The NCHSPCS' paper (1997) offers some useful suggestion in how psychosocial care can be given in context, in that it outlines a model of psychosocial palliative care which is claimed to be efficient in responding to the 'total pain' experienced by the dying patient, this being the patient's spiritual, psychosocial, practical and physical aspects of pain. Central to the understanding of the concept of psychosocial care is the importance of attending to a dying patient's physical and psychological state of mind and body. This also includes the management of social relationships in interaction and communication.

Psychosocial care as the practice of 'niceness'

James (1986) observed that the relationship between nurses and patients was reciprocal in nurses' accounts on care of the dying in a hospice. This relationship was balanced by a notion of 'give and take'. For example, she reported that sometimes patients offered caring to nurses by maintaining a nice front in the face of dying. Patients' positive personal qualities such as dignity and having a sense of humour were considered important because they made nurses feel that they were making special efforts.

The idea of the collaborative production of nice and reciprocal relationship can be seen in the work of Strauss, Fagerhaugh, Suczek, and Wiener (1982). Strauss et al. observed that sentimental work was collaboratively worked at by both patients and nurses in chronic illness. For example, participants monitored each other's behaviour by observing the moral rules of respect and tact in terms of the rules of explaining, pacing and obtaining consent. They also tried to maintain a professional face of self-control by presenting themselves as supportive and helpful people. Strauss et al. called these activities composure and interactional work. Composure work also served to help patients maintain their composure. The authors also observed that nurses constantly tried to keep certain information from patients believed by staff to be harmful to them. The withholding of information served as a strategy to help patients maintain their composure. Strauss et al. called these activities awareness context work. Then there was rectification work which served to restore patient's shattered composure, the causes of which may be due to a rudeness from staff members or disagreement between staff members and patients. It also served to reassure patients.

Evidence of identity construction and the co-enactment of niceness in the context of death and dying can be located in Copp's (1996) thesis. Copp demonstrated how participants in her study actively engaged in a constant and mutual game of monitoring each others' psychosocial needs. She observed that dying patients sometimes tried to put on a brave face so as to mask their own suffering and present themselves as very nice people. Patients sometimes responded to nurses' efforts by praising them for their kindness and support. Nurses too made attempts to protect patients from further embarrassment, distress and grief as they face imminent dying by playing down the seriousness of a crisis or an event.

[1] The definition of palliative care can also be located in NHO (1994: 29).