

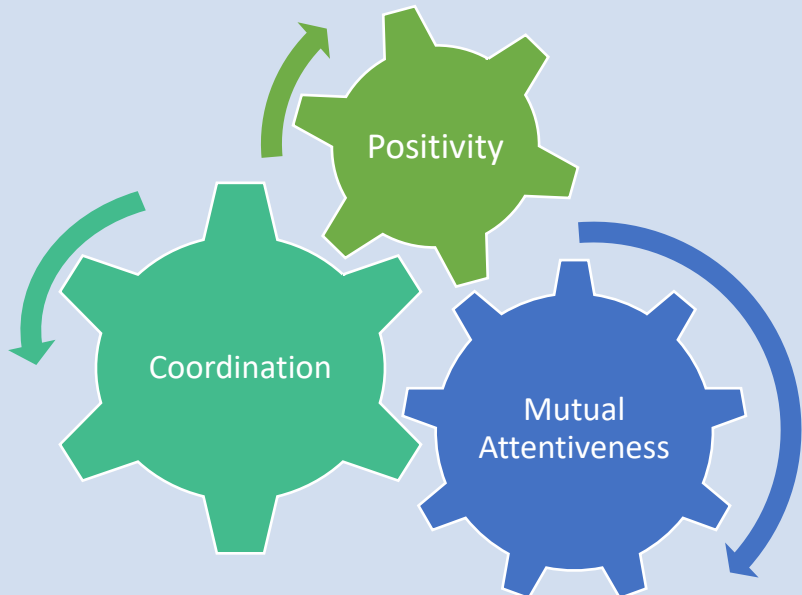
# Nurse-Patient Rapport and Videoconferencing Visits: An Integrative Literature Review



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## The Concept of Rapport

Rapport is the gestalt of 3 components:



Other terms used: "in sync," bonding, connection, therapeutic alliance, or "chemistry"

## Purpose

To explore how nurses develop rapport in videoconferencing visits (VCV) by reviewing the literature systematically

## Background

- A surge in VCV due to Covid-19 gave large numbers of patients and providers opportunities to experience telehealth with a largely positive response<sup>1</sup> leading to predictions of continued use of VCV post-pandemic.<sup>2</sup>
- One key to positive outcomes in patients is their connection with providers<sup>3</sup>, but little is known about building rapport in VCV.<sup>1</sup>
- Unique challenges posed by VCV interactions can inhibit rapport, diagnostic accuracy, and treatment compliance.<sup>4,5</sup>
- Ways to adapt in-person rapport techniques have been discussed in clinical commentaries<sup>6,7</sup> yet little evidence-based research supports these strategies.

## Search Strategies

Extracted empirical and clinical papers from MEDLINE (Ovid), CINAHL (EBSCO), PsychINFO (EBSCO), Sociology Source Ultimate, and Embase (Elsevier). No time limits; only articles in English reviewed.  
**2937 (screened), 212 (full-text assessed), 16 (extracted)**

## Study Characteristics

Publication Date	Nurse Role in VCV
2000-2009 (7) <sup>7-14</sup>	Nurse remote (8) <sup>8,10,12-16,22</sup>
2010-2019 (7) <sup>15-21</sup>	Nurse with patient (3) <sup>9,20,23</sup>
2020 (2) <sup>22-23</sup>	Nurse with patient and nurse remote (4) <sup>11,18-19,21</sup>

Country of Origin	Setting	Methodology	Sample Size
USA (5)	Palliative Care (5) <sup>14-15,18-19,21</sup>	Quantitative: Pilot RCT (1) <sup>22</sup>	1-5 (2) <sup>11,23</sup>
UK (4)	Home Care (5) <sup>8,10,16,20,22</sup>	Qualitative Descriptive (6) <sup>10-11,13,16</sup>	6-10 (3) <sup>19-21</sup>
Sweden (2)	Pediatric (2) <sup>11,13</sup>	Grounded Theory (3) <sup>14-15,17</sup>	11-20 (6) <sup>10,13,16-18</sup>
Denmark (2)	Primary Care (1) <sup>20</sup>	Phenomenological (2) <sup>18-19</sup>	21-30 (2) <sup>8,12</sup>
Norway (1)	Acute Care: ICU (1) <sup>23</sup> ER (1) <sup>9</sup>	Discourse Analysis (2) <sup>12,20</sup>	31-40 (1) includes RCT <sup>22</sup>
Netherlands (1)	Residential LTC (1) <sup>12</sup>	Ethnographic (1) <sup>10</sup>	41+ (3) <sup>9,14,18</sup>
Canada (1)		Quality Improvement (1) <sup>23</sup>	

## Conclusions

- This systematic review discovered only one study<sup>15</sup> focused specifically on nurse-patient rapport, demonstrating a significant knowledge gap. Data were extracted from other articles that had some findings related to rapport.
- Patients and nurses feel the visual component of VCV make them more desirable than telephone consultation, but not a replacement for in-person encounters.
- Attributes of rapport in VCV are like in-person encounters but appear to have distinct facilitators and barriers.
- Further investigation is necessary to support development of evidence-based guidelines for interpersonal nurse-patient interventions in VCV.

## Distinct Aspects of Rapport in VCV

### Facilitators

#### Mutual attentiveness

- Adjustment of background, camera and volume to make facial expressions/body language visible, audible & natural
- Increase use of verbal confirmations

#### Consider In-Person Visit

- Serious conversations
- Initial/first visits
- If physical assessment cannot be done remotely

#### Positivity & Coordination

- Helping patient navigate technology with positive attitude
- Sensitivity to patient comfort with technology
- In-person support for caring touch, technology assistance

### Barriers

Patient lost in provider exchange

Uncertain of privacy

Less sensory input

Perception of technology as a threat

Limited view of peripheral space

Loss of physical connectedness

Technology failures

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