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FIRST IMPRESSIONS OF THE BEDSIDE NURSE FROM THE PATIENT PERSPECTIVE

by

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A dissertation submitted in partial fulfillment of the requirements
for the degree of Doctor of Philosophy
in the College of Nursing
at the University of Central Florida
Orlando, Florida

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2021

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ABSTRACT

Relationships begin with first impressions. Since nurses are the cornerstone to hospital experiences, the nurse-patient relationship is of vital importance, beginning with the first impression. The nurse-patient relationship has the potential to impact the patient's trust, comfort, fear, and ultimately satisfaction with the entire hospital experience. Evidence is found in other disciplines emphasizing the importance of the first impression, however there is minimal research in nursing about first impressions of the bedside nurse. The purpose of this dissertation is to explore the first step in understanding the first impression of the bedside nurse from the patient perspective. Additionally, this research aims to close the gap and increase understanding of the initial impression of the orientation phase in the nurse-patient relationship as discussed by Peplau. This dissertation includes three unique studies: an integrative literature review, a qualitative descriptive pilot study, and a comprehensive qualitative grounded theory study aimed at exploring the process of first impressions of the bedside nurse. The results of this research establish the foundation to understanding the meaning and importance of the first impression of the bedside nurse from the patient perspective. This research can be applied to nursing education, and has the potential to drive organizational policy as well as patient satisfaction strategies. Furthermore, this research serves to launch a trajectory to further explore first impressions and their relationship to patient outcomes and satisfaction.

Keywords: first impression, nurse-patient relationship, patient perception, patient satisfaction

This dissertation is dedicated to my kids, Sydney and Christian, who continue to inspire me every day. Never give up on your dreams.

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I was blessed with the best doctoral cohort ever. Like geese flying in V-formation, from the onset this group has been a huge source of support. Special thanks to Chris, Jake, Peggy, Val, Melissa, Charrita, Angie, Pitch, Shar and Kim. Thank you for engaging in endless discussions about first impressions, for offering your honest feedback and support, and for your special friendship on this crazy adventure.

I’m grateful for the endless support I’ve received from my Hoosier family at Indiana University South Bend. Thank you so much for all of your friendship and encouragement throughout this journey.

Special thanks to all of my family and friends who have supported me along this crazy adventure. I wouldn’t be here without you!

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CHAPTER ONE: INTRODUCTION

Patient perception of care is based on the nurse-patient relationship, and that begins with the first impression. Positive healthcare outcomes rely on a positive first impression (Spitzberg, 2013) and nurses are the largest drivers of patient satisfaction (Kemp, McCormack, Chan, Santana, & Quan, 2015). The importance of first impressions has been identified by many other disciplines but it has yet to be studied by nursing (Di Paula, Long, & Wiener, 2002; Guth, 2008; Mangum, Garrison, Lind, & Hilton, 1997; Spitzberg, 2013; Wild, 2003). This is a problem since nurses are the primary providers of patient care and the nurse-patient relationship has the potential to impact the patient's perception and drive patient satisfaction (Mangum et al., 1997). A first impression is a dynamic, instantaneous interaction that leads to expectations of care, trust, and ultimately patient satisfaction (Goddaed, 2017; Holtz, 2015; Li, Liu, Pan, & Zhou, 2017; Mangum et al., 1997; Mattarozzi, Colonnello, De Gioia, & Todorov, 2017; Mattarozzi, Todorov, Marzocchi, Vicari, & Russo, 2015; Senft, Chentsova-Dutton, & Patten, 2016; Todorov & Porter, 2014). First impressions have the potential to establish expectations of care (Holtz, 2015; Mattarozzi et al., 2017; Senft et al., 2016; Todorov & Porter, 2014). It is imperative that the nursing profession studies first impressions since these expectations are what influence the nurse-patient relationship, patient perceptions, patient satisfaction surveys and ultimately revenue.

Perceptions about nursing care are linked to hospital reimbursement from Centers for Medicare and Medicaid Services (Long, 2012). Patient perception of nursing care influences outcomes, and patients' perceptions of first impressions of nursing staff may directly impact organizations' Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

survey responses (Banka et al., 2015; MacAllister, Zimring, & Ryherd, 2016; Spitzberg, 2013). When healthcare customers are unhappy, over $2.3 million annual revenue is lost in the US alone (Kinney, 2005).

Currently, there are no studies found about the first impression in nursing as a whole phenomenon. Current research is myopically focused on various single characteristics of the first impression (uniform, physical appearance, communication) (Albert, Wocial, Meyer, Na, & Trochelman, 2008; Ayling et al., 2018; Kaptain, Bregnballe, & Dreyer, 2017; Skorupski & Rea, 2006; Westerfield, Stafford, Speroni, & Daniel, 2012; Wocial, Sego, Rager, Laubersheimer, & Everett, 2014a). However, current research does not reveal what is important about the first impression of nurses *comprehensively from the patient perspective*.

The long-term goal of my research is to improve the patient's perspective of their care through understanding the first impression of the bedside nurse. The purpose of this dissertation was to establish a basis and foundation to begin this trajectory of research. This was accomplished through the combination of the following three studies presented as manuscripts: an integrative literature review, an exploratory-descriptive pilot study, and a comprehensive qualitative grounded theory study. An integrative literature review was conducted to assess the current state of the evidence in regard to first impressions of the bedside nurse. The results of this literature review guided decision-making about the methodology and design of the subsequent studies conducted. A qualitative descriptive pilot study was conducted to assess feasibility of the study design and recruitment process. Results from the pilot study also served to provide some preliminary data that led to a more comprehensive qualitative grounded theory dissertation study. The dissertation study shifted the focus to exploring the meaning of the first impression as a process with a larger sample size, revised interview guide, and richer data analysis creating a

new grounded theory about first impressions of the bedside nurse from the patient perspective. Combined, these **three** novel studies contribute to nursing science about first impressions that will inform nursing practice and guide education and policy. Furthermore, this research may ultimately improve the patient's perception of their care, the nurse-patient relationship, and improve patient satisfaction scores.

Significance & Innovation

Evidence shows that in just milliseconds people unconsciously form impressions and make judgments without even realizing it (Olivola & Todorov, 2010; Willis & Todorov, 2006). Judgments made with just a very brief exposure (100 milliseconds) correlate closely with those made with an unlimited time of exposure, indicating that impressions and judgments made in the first few milliseconds are valid (Olivola & Todorov, 2010; Willis & Todorov, 2006). An interaction strikes with the first meeting, encounter, or exchange and an impression takes place (Albert et al., 2008; Kocsor & Bereczkei, 2016; Senft et al., 2016; Spitzberg, 2013). The brain makes and stores imprints very rapidly, fostering future impressions to be made based from subconscious memory. This cycle repeats itself; these unintentional imprints carved in the subconscious will arise again later whenever a memory triggers it, leading to future important judgments and decisions (Holtz, 2015; Mattarozzi et al., 2017; Mattarozzi et al., 2015; Olivola & Todorov, 2010; Spitzberg, 2013).

Those first 100 milliseconds set the stage for all subsequent interactions between the patient and the healthcare worker. Since the current landscape of healthcare relies on the patient's satisfaction with care for outcome measures that affect reimbursement, understanding the impact of the first 100 milliseconds is vitally important. The effects of patient satisfaction are

alarming. Nursing professionalism is important for patient satisfaction and for the consumer's decision to return to the same hospital (Dorwart, Kuntz, & Armstrong, 2010). Patient perception of care influences health outcomes, and nurses are the largest drivers of patient perception of experiences that may affect patient satisfaction scores (Banka et al., 2015; Kemp et al., 2015; MacAllister et al., 2016). Ultimately, outcomes of patient health care experiences are directly linked to impressions of healthcare professionals that are made in those first 100 milliseconds (Spitzberg, 2013).

This research is unique because it provides meaningful evidence surrounding the first impression as an entire phenomenon and process, rather than a fragmented viewpoint. Nursing does not know what the first impression means to the patient, and how this influences their perception of the nurse-patient relationship and satisfaction with care received. In the studies included in this dissertation, patients speak to their first impressions about nurses, providing a foundation for understanding the meaning of the first impression of the bedside nurse.

Philosophical and Theoretical Framework

The philosophical underpinnings relevant to this research are framed by the constructivist paradigm. Through this lens, people construct meaning from their experiences as they engage in the world (Lincoln & Guba, 1985). Based on this author's epistemological viewpoints, constructivism aligns well with people finding meaning from experiences with first impressions. This research will engage in an inductive process to reveal the complexity of these constructive meanings (Polit & Beck, 2017).

This research is guided by Hildegard Peplau's Interpersonal Relations Theory (Peplau, 1992). Peplau's seminal work focused on the transformative power of the nurse-patient

relationship (D'Antonio, Beeber, Sills, & Naegle, 2014). Peplau describes the process of the nurse-patient relationship as occurring in three phases: orientation, working, and termination (Peplau, 1997). This theory is useful in understanding the phenomena that occur as a result of the nurse-patient relationship (Peplau, 1992). Peplau's theory states that the initial impression that occurs in the orientation phase influences the direction of the nurse-patient relationship, trust, and ultimately expectations of care (Figure 1) (Forchuk et al., 2000).

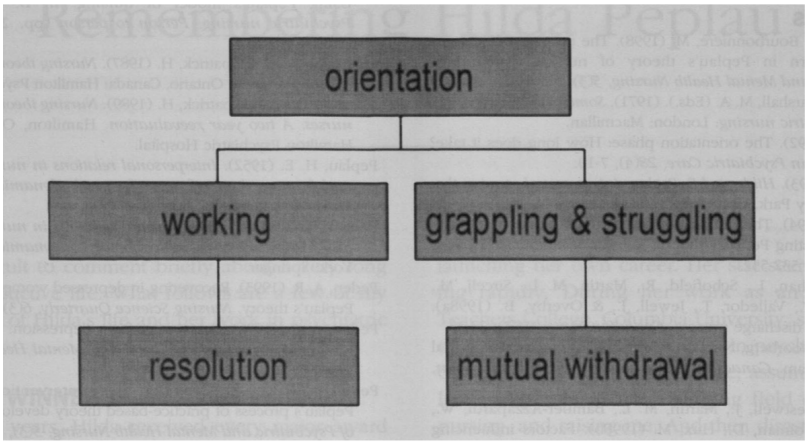

Figure 1. Phases of therapeutic and nontherapeutic relationships.

Figure 1: Phases of Therapeutic and Nontherapeutic Relationships
Source: (Forchuk et al., 2000)

Thus, very similar to the aims of this research, the first impression that occurs within the orientation phase plays a pivotal role in future nurse-patient interactions and experiences. According to Peplau, the orientation phase is brief yet significant and plays a pivotal role in the perceptions of the patient, nurse-patient relationship, and outcomes (Hagerty, Samuels, Norcini-Pala, & Gigliotti, 2017). However, there is a gap in understanding the initial impression of the orientation phase since this is the least developed concept of Peplau's theory. This dissertation research will build on the framework established by Peplau, but with a more specific focus on the previously unexplored orientation phase that includes the initial impression of the nurse.

One of the main concepts in the theory is that patient experiences are based on his/her perceptions of nursing care (Hagerty et al., 2017). Similarly, in the dissertation study the characteristics identified in the first impression (orientation phase) influence the nurse-patient relationship. In a qualitative descriptive study aimed at Peplau's Interpersonal Relations Theory, Forchuk et al. (2000) found that the initial impressions of the patient and the nurse were the strongest predictor of the developing nurse-patient relationship. Peplau's work is also the only nursing theory that specifically addresses the effect of the initial impression on outcomes. Furthermore, Peplau (1997) stressed that nursing research should be centered around patient experiences based on their perceptions of nursing care, consistent with a qualitative inquiry approach to explore the patient perception.

Peplau established a significant framework within the nursing discipline that is important to our profession however there is an absence of understanding the first phase (orientation) and the effects of the first impression. Therefore, this research addresses this gap in Peplau's framework to gain a greater understanding of first impressions and their consequences.

Reflexivity Statement

Reflexivity is the process of reflecting on one's personal values and experiences and analyzing for possible influences during the research process (Polit & Beck, 2012). I recognized the importance of my own personal experiences and motives for studying first impressions of bedside nurses from the onset, and as a part of the continued reflexive process.

My interest in first impressions stems from spending an exorbitant amount of time on the other side of the bed as the spouse of a two-time cancer survivor, bone marrow transplant recipient, and heart transplant patient. I have spent countless days and nights at the bedside and

consider myself keenly astute at recognizing a good nurse quickly. I am acutely aware of the importance of the first impression and the tremendous impact it had on our perceptions of care, as well as our coping and survival as a family. Following several momentous experiences (both positive and negative), I developed a sixth sense about first impressions of nurses. I knew instantaneously whether I would be remaining at the bedside three hours from home to oversee care for my spouse because I was fearful for his potential lack of care, or returning to care for my babies at home, assured that he was in good hands for the shift. I quickly learned some of the most important lessons about nursing that cannot be taught by textbooks. I journaled my experiences and vowed to teach my students what really matters from the patient and family perspective. It was through these experiences that I realized we don't teach our students about first impressions, or the tremendous power they have in our patient's perception of our care.

To mitigate any potential subjectivity of my research, the following strategies were implemented: consideration of personal biases and preconceived ideas at the onset and throughout the research process, personal memos and journaling, weekly discussions inclusive of critical reflection with two expert researchers, and a commitment to transparency. Additionally, peer review played a strong role in minimizing bias and shaping reflection. Peer review contributed significantly to this work as part of a doctoral qualitative research colloquium group that meets regularly and is led by expert researchers.

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CHAPTER 2: FIRST IMPRESSIONS OF THE BEDSIDE NURSE- AN INTEGRATIVE LITERATURE REVIEW MANUSCRIPT

Abstract

Background: First impressions are formed very rapidly, leading to judgments, decisions, and many potential implications. These impressions carve footprints leading to future impressions, becoming cyclical in nature. Because impressions are judgments leading to potentially important future conclusions including patient satisfaction, they should be of tremendous concern for all healthcare providers, especially nurses since they are the foundation of patient care.

Objective: The purpose of this integrative review was to synthesize existing literature related to first impressions of the bedside nurse.

Method: Integrative review of the literature guided by Whittemore and Knafl (2005) included a broad multi-disciplinary approach with unlimited dates, intended to yield all research available.

Results: This review included 35 articles. Notably the majority of the studies were related to physical appearance. Results were classified by themes and patterns identified.

Conclusion: This integrative review identified a lack of research surrounding first impressions of the bedside nurse. Instead, the studies focused on various components related to first impressions such as uniform, hygiene, tattoos and piercings. The existing research is poorly designed and has very low rigor, resulting in low levels of evidence for this topic. Nursing research is needed to study the first impression specifically as it relates to the bedside nurse, and to address the gaps identified. A stronger body of evidence is needed to guide nursing education, policy development and practice regarding the impact of first impressions.

Keywords: first impression, integrative review, patient satisfaction, patient perceptions, patient judgments, patient outcomes

Introduction

First impressions are a widely under-recognized yet highly impactful phenomenon, particularly in healthcare. A first impression is a dynamic, instantaneous interaction that leads to expectations of care, trust, and ultimately patient satisfaction (Holtz, 2015; Mangum et al., 1997; Mattarozzi et al., 2017; Mattarozzi et al., 2015; Senft et al., 2016; Todorov & Porter, 2014). Moreover, outcomes of patient healthcare experiences are directly linked to impressions of health care professionals (Spitzberg, 2013). Nurses are the largest drivers of patients' perceptions of experiences that contribute to patient satisfaction scores and consumer decision to return (Banka et al., 2015; Dorwart et al., 2010; Kemp et al., 2015; MacAllister et al., 2016). Hospital reimbursement from Centers for Medicare and Medicaid Services is directly linked to patient perceptions of nursing care (Long, 2012). Since expectations initiated with the first impression are what influence the nurse-patient relationship, patient perceptions, patient satisfaction surveys, and ultimately revenue, it is imperative that the nursing profession studies first impressions.

The definition of first impression for this review is adopted from Todorov and Porter (2014): "studies on first impressions are studies on judgments of strangers" (p. 1404). For the purposes of this review, the first impression will be considered a judgment of a stranger. This definition is consistent with the only studies in nursing specific to first impressions. Although the research is older, the pioneering work of Sandra Mangum indicates that first impressions from the patient perspective are a very strong indicator of judgments and expectations of care (Mangum et al., 1997). This integrative review is guided by the work of Whittmore and Knafl

(2005). The purpose was to provide a synthesis and discussion of the literature about first impressions of the nurse from the patient perspective.

Methods

A comprehensive search was conducted to identify the literature available about first impressions of the bedside nurse from the patient perspective. Databases searched included CINAHL Plus with Full Text, Academic Search Premier, APA PsycArticles, APA PsycInfo, Communication & Mass Media Complete, Health Source: Nursing/Academic Edition, and Medline. The search strategy used was the database formula: ("professional image" or "first impression*" or "initial impression*" or "initial encounter*" or "initial contact" or "first meeting") AND patient* within 2 words (W2) (perspective or perception or judgment or opinion) AND (relations* or perception* or experience* or attitude* or opinion* or impact or satisfaction). Limiters applied included English language and full text.

Search Results

This search strategy yielded 46 articles after duplicates and editorials were removed. Twenty-eight studies were removed following careful review for inclusion based on relevance, resulting in 18 remaining studies. An additional 17 studies were added to the review based on this author's previous work and knowledge of the literature, ensuing in 35 articles for use in this study. Guidelines established by Polit and Beck (2012) were used to evaluate articles for quality and bias. A journal of search activities was maintained. A PRISMA flow chart outlines the search process (Figure 1).

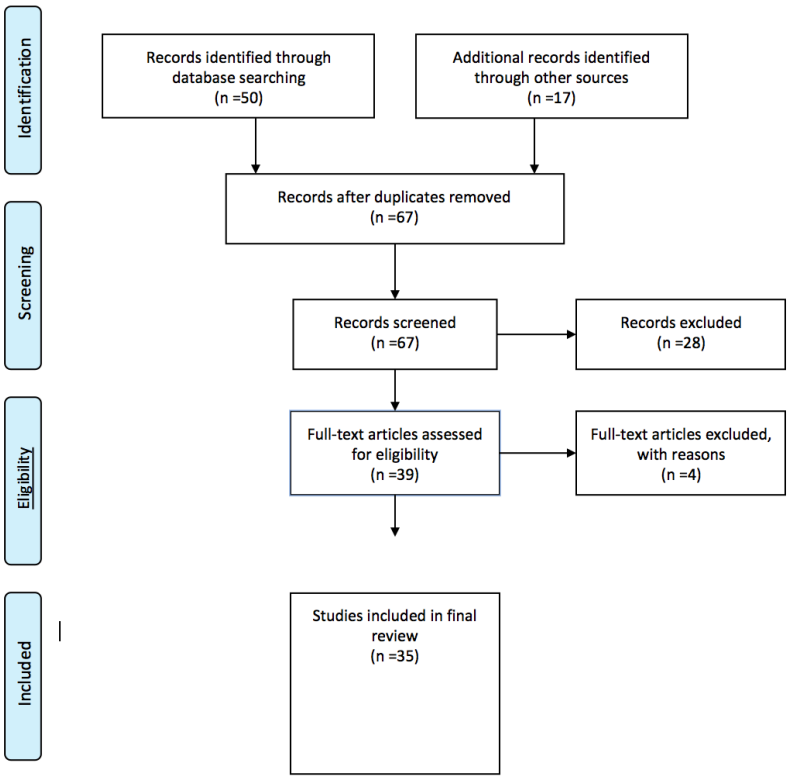

Figure 2: PRISMA Flow Diagram

Source: (Moher et al., 2009)

Synthesis of Findings

Historical Perspective

The earliest studies aimed at first impressions in nursing originate in the 1990s, when Sandra Mangum developed the Nurse Image Scale (Mangum, Garrison, Lind, & Hilton, 1995; Mangum et al., 1997). This research showed that patients form a first impression based on physical appearance that leads to perceptions and judgments regarding competency and professionalism (Mangum et al., 1995, 1997). Since that time, there is little evidence in nursing designed specifically at first impressions. Research since then has been focused on a unifocal

characteristic of first impressions, such as uniform, physical attributes, and communication. More recently, nursing studies have been aimed at facial hair, tattoos and piercings (Dorwart et al., 2010; Hack, 2014; Holtz, 2015; Pfeifer, 2012; Westerfield et al., 2012; Wittmann-Price, Gittings, & McDowell Collins, 2012). Conversely, there have been consistent, progressive research contributions over the last several years specific to first impressions in the areas of physiognomy and psychology (Hack, 2014; Holtz, 2015; Kocsor & Bereczkei, 2016; Mattarozzi et al., 2017; Mattarozzi et al., 2015; Olivola & Todorov, 2010; Ratner, Dotsch, Wigboldus, van Knippenberg, & Amodio, 2014; Senft et al., 2016; Todorov & Porter, 2014).

Instantaneous Cycle

In just milliseconds people unconsciously form impressions and make judgments without even realizing it (Olivola & Todorov, 2010; Willis & Todorov, 2006). An interaction strikes with the first meeting, encounter, or exchange and an impression takes place (Albert et al., 2008; Kocsor & Bereczkei, 2016; Senft et al., 2016; Spitzberg, 2013). Imprints on the brain are made very rapidly, fostering future impressions to be made based from subconscious memory (Willis & Todorov, 2006). This cycle repeats itself, with these unintentional perceptions carved in the subconscious often leading to future important judgments and decisions (Holtz, 2015; Kocsor & Bereczkei, 2016; Mattarozzi et al., 2017; Mattarozzi et al., 2015; Olivola & Todorov, 2010; Spitzberg, 2013).

Uniforms

Uniform emerges as the most common attribute of research related to first impressions, warranting a discussion separate from physical appearance (Albert et al., 2008; Clavelle, Goodwin, & Tivis, 2013b; Daigle, 2018; Dumont & Tagnesi, 2011; Kaser, Bugle, & Jackson,

2009; Mangum et al., 1995, 1997; Porr et al., 2014; Skorupski & Rea, 2006; West et al., 2016; Wocial, Sego, Rager, Laubersheimer, & Everett, 2014b). Research shows that the color and style of healthcare provider uniforms can create a perception about the quality and competency of care a patient will receive (Albert et al., 2008; Clavelle et al., 2013b; Daigle, 2018; Mangum et al., 1995, 1997; Skorupski & Rea, 2006; Thomas et al., 2010; West et al., 2016; Wocial et al., 2014). Judgments are made about professionalism and competency based on uniform alone, emphasizing the crucial role that uniforms play in first impression formation (Albert et al., 2008; Clavelle et al., 2013; Kaser et al., 2009; Porr et al., 2014). A nurse's uniform delivers a nonverbal message that impacts the patient's first impression and influences the development of the nurse-patient relationship (Kaser et al., 2009; Porr et al., 2014; Skorupski & Rea, 2006).

Uniform has also been discussed as critical to impression formation in other disciplines relevant to nursing, including dental, medicine, and pharmacy. Research in dentistry reveals that a patient's comfort and anxiety levels are affected by the provider's attire (Brosky, Keefer, Hodges, Pesun, & Cook, 2003). A study aimed at orthopedic hand surgeons conducted by Lands, Malige, Nwachuku, and Matullo (2018) found that physician's attire affects patients' perception of clinical qualities such as confidence, trustworthiness, safety, intelligence and technical skill. In studies aimed at pharmacists, attire appears as the pillar for the perception of image and professionalism, fostering trust by the community (Khanfar, Zapantis, Alkhateeb, Clauson, & Beckey, 2013; Sabater-Galindo et al., 2017).

Physical Attributes

Physical Appearance

This review reveals a predominant theme that physical appearance leads to unconscious pre-formed judgments, consequently affecting trust and expectations (Holtz, 2015; Kocsor &

Bereczkei, 2016; Mattarozzi et al., 2017; Mattarozzi et al., 2015; Porr et al., 2014; Skorupski & Rea, 2006; Spitzberg, 2013; Westerfield et al., 2012). Research shows professional appearance is important to build trusting relationships (Clavelle et al., 2013; Dumont & Tagnesi, 2011). In a systematic review by Dorwart et al. (2010), researchers found that professional image is linked to patient satisfaction, perception of competency, patient anxiety, comfort, and decision to return. Literature also shows that appearance and image promote compliance with improved health behaviors (Sabater-Galindo et al., 2017).

Physical Attractiveness

According to Eli, Bar-Tal, and Kostovetzki (2001) physical attractiveness is determined subconsciously with a single brief glance, and positive perceptions of attractiveness create a halo effect of influence over other characteristics. Evidence shows that the impact of a smile leads to positive perceptions of warmth and caring professional qualities that contribute to impression formation (Eli et al., 2001; Hack, 2014). Studies show the effects of a smile can lead to increased social likability and more positive relationships (Eli et al., 2001; Hack, 2014; Senft et al., 2016). Conversely, caregivers with facial hair are perceived by patients as less trustworthy (Westerfield et al., 2012).

Tattoos and Piercings

Studies examining patient perception of visible tattoos and body piercings of healthcare providers show that healthcare providers without visible tattoos or non-traditional piercings are viewed as more competent, caring, trustworthy, or professional than healthcare providers with visible tattoos or non-traditional piercings (Pfeifer, 2012; Westerfield et al., 2012; Wittmann-Price et al., 2012). Research has also shown that tattoos and piercings have negatively affected

patient's confidence in healthcare providers, regardless of participant age or generation (Johnson, Doi, & Yamamoto, 2016). Moreover, patient perception about tattoos and body piercing is less favorable when viewed on female nurses compared to male nurses (Westerfield et al., 2012; Wittmann-Price et al., 2012).

Communication

There is robust literature that identifies the importance of high level-communication competence as a key attribute in impression formation (Limon et al., 2016; Spitzberg, 2013). According to Spitzberg (2013), communication competence is paramount to healthcare providers. Communication plays a key role in impression formation, has the potential to impact the nurse-patient relationship, and sets the stage for patients' perceptions about experiences in the hospital including judgments about care, comfort, and satisfaction (Limon et al., 2016; Spitzberg, 2013). Research aimed specifically at communication and patient satisfaction found that both verbal and nonverbal behaviors of nursing staff are significantly related to patient perception of competence and patient satisfaction (Haskard, DiMatteo, & Heritage, 2009).

Nonverbal Communication

Communication research shows that the actual message being communicated has far less impact on the listener than both the appearance and the tone of the speaker (Spitzberg, 2013). According to Limon et al. (2016), the nonverbal manner used in approaching someone immediately communicates how you will care for him or her. Facets of physical appearance previously discussed (including physical attractiveness and appearance) overlap and also contribute to nonverbal communication. In addition, personality, expressions, gestures, touch,

and professionalism are included in the research as important facets of nonverbal communication (Porr et al., 2014; Riggio & Riggio, 2012).

Presence

Nursing presence is an essential component to the nurse-patient relationship and patient satisfaction that begins with the first impression (Johnson, Sadosty, Weaver, & Goyal, 2008). Hospitalized inpatients rated nursing presence as the highest basic human need, and the most important factor to peace of mind (Mohammadipour, Atashzadeh-Shoorideh, Parvizy, & Hosseini, 2017). The findings of Klaver and Baart (2011) report that presence and attentiveness create relationships, and that while this happens both transparently and passively at first, it sets the stage for high quality nursing care later. Presence is essential and begins at welcoming to create caring relationships and have positive effects on care and outcomes (Klaver & Baart, 2011; Mohammadipour et al., 2017; Moura Neto, Ribeiro, Magalhães, Torres, & Mendes, 2003). Intersecting with nonverbal behavior, research found that sitting (body language) increases patient perception of presence, leading to satisfaction with providers (Johnson et al., 2008).

Physiognomy

Multiple sources emerge from the literature pointing to facial recognition, facial feature preferences, and culture as strong antecedents in first impressions (Holtz, 2015; Mattarozzi et al., 2017; Mattarozzi et al., 2015; Olivola & Todorov, 2010; Todorov & Porter, 2014). In a study conducted by Olivola and Todorov (2010), judgments about competence were shown to be based on facial appearance alone, focusing on attractiveness and maturity. Encounters of new faces create perceptions that later guide encounters with other unknown people (Mattarozzi et al., 2017). When people are familiarized and socialized with facial features they form trait

preferences and future innate stereotypes based on facial recognition and imprinting (Mattarozzi et al., 2017). This also involves memory and experiences.

Memory and Experiences

Memory, history, experiences and expectations are important precursors to first impressions (Kaser et al., 2009). The cyclic nature of first impressions leads to subsequent impressions based on memory and experiences that define the new experience (Holtz, 2015), and can also be a strong predictor of later generalized expectations and stereotyping (Kocsor & Bereczkei, 2016). Moreover, memory of knowledge, professional experience and behaviors are antecedents to later perceptions of communication, attentiveness, caring and competence (Klaver & Baart, 2011; Mohammadipour et al., 2017).

Gender, Personality, and Generational Differences

Gender and personality impact trust, judgments of others (Mattarozzi et al., 2015) and perceived competence (Hack, 2014). However, gender and personality are less influential than facial appearance in affecting trust and relationships (Mattarozzi et al., 2015). Research about gender stereotypes found that perception of personality favors smiling in women more than men (Hack, 2014). Women are generally less trusting than men when observing an unfamiliar face (Mattarozzi et al., 2015). Conversely, perception of males' competence was not affected by personal expression, whereas perception of females' competence was affected by expression (Hack, 2014). Generational differences also impact the first impression; children are less preferential about appearances than older generations who have developed particular uniform preferences such as the color white for nurses' uniforms (Albert et al., 2008). Individual preference, style, and personality also impact perception of nurse attire and appearance (Clavelle

et al., 2013). In a meta-analysis conducted by Rezaei-Adaryani, Salsali, and Mohammadi (2012), age, gender, culture, and media, were all found to be antecedents to nurse image, ultimately resulting in consequences including satisfaction.

Perceptions and Judgments

First impressions lead to perceptions and judgments, influencing further interactions (Holtz, 2015; Mattarozzi et al., 2017; Mohammadipour et al., 2017; Olivola & Todorov, 2010; Spitzberg, 2013; Willis & Todorov, 2006)**.** There is a subconscious association and decision being made at the time of interaction, based on the attributes discussed, leading to subsequent judgments (Clavelle et al., 2013; Eli et al., 2001; Hack, 2014; Mattarozzi et al., 2017; Mattarozzi et al., 2015; Olivola & Todorov, 2010; West et al., 2016; Westerfield et al., 2012; Willis & Todorov, 2006). Superficial appearance cues lead to important implications and perceptions (Holtz, 2015). Thus, due to the cyclic nature of impressions, perceptions are a consequence in one interaction and become an antecedent in the next.

Trust

A prevalent theme discussed throughout this analysis is that the first impression impacts trust (Guth, 2008; Holtz, 2015; Kocsor & Bereczkei, 2016; Mattarozzi et al., 2015; Spitzberg, 2013; Westerfield et al., 2012; Wild, 2003; Willis & Todorov, 2006). In studies by Willis and Todorov (2006), perceptions about trustworthiness were determined to be the same regardless of how long a person knows an individual, supporting reliability of the first impression. Trust is also based on communication competence, conceived at the first impression (Spitzberg, 2013).

Relationships

The first impression has the power to determine connections and relationships as a consequence (Kaser et al., 2009; Klaver & Baart, 2011; Riggio & Riggio, 2012; Spitzberg, 2013). Attire alone is strong enough to influence the nurse-patient relationship with the very first exposure (Kaser et al., 2009). Research in the area of physiognomy and nonverbal communication indicates that relationships begin with first contact (Riggio & Riggio, 2012).

Expectations of Care

First impressions establish expectations of care (Holtz, 2015; Mattarozzi et al., 2017; Senft et al., 2016; Todorov & Porter, 2014). Perception of a caregiver's competence and professionalism is built on the patient's perception of the first impression of the nurse (Mangum et al., 1997). The first impression of the nurse can bias expectations of the patient perception regarding care received (Mattarozzi et al., 2017).

Outcomes & Satisfaction

Research shows that first impressions are connected to healthcare outcomes (Mohammadipour et al., 2017; Spitzberg, 2013; West et al., 2016). Patients evaluate their overall satisfaction and hospital experience based on impressions and interactions with healthcare providers (Haskard et al., 2009; Spitzberg, 2013). According to one study, patient satisfaction scores had the highest mean when related only to professional nursing care (Mohammadipour et al., 2017).

Professional Image

The image of the individual professional nurse and ultimately the image of the entire nursing profession are at stake with first impressions of the nurse (Albert et al., 2008; Clavelle et

al., 2013; Kaser et al., 2009; Rezaei-Adaryani et al., 2012; Wocial et al., 2014). Image is an obvious consequence, since first impressions form a mental association leading to later recollections. Uniform is the most identifiable influence on image, but studies show much more contributes to image than just the uniform (Wocial et al., 2014b).

Gap Analysis

There is a clear gap in research explicitly designed to study the complex phenomenon of the first impression of the bedside nurse from the patient perspective. The only published studies aimed at the concept of first impressions in nursing are from the 1990s, when Sandra Mangum developed the Nurse Image Scale (Mangum et al., 1995, 1997). Since that time there is little research of this concept in nursing, as studies have been unifocally aimed at a characteristic of first impressions, such as uniform, physical attributes, or communication. This is a huge problem because nurses are the primary basis of patient care, yet there is no scientific evidence to support the importance of first impressions of the bedside nurse and the possible effects related to the first impression or patient satisfaction. Because patient satisfaction has become a driving force and nurses play the primary role in patient satisfaction, the patient perspective of the nurse is of vital importance.

This literature review reveals a robust amount of research in the area of nursing uniforms and physical presentation as well as other attributes, antecedents and consequences of the first impression of the nurse. Each of these studies suggests the effect of individual components on the patient perspective, but the gap surfaces as none of these are aimed at the effects comprehensively. In addition to the gap in studies focused on first impressions of the bedside

nurse, the evidence to support a direct relationship between the phenomenon of first impressions (not individual facets) and patient satisfaction is also missing.

Discussion

Capturing the first impression of the bedside nurse from the patient perspective is challenging due to the vulnerability of the client at that particular moment in time. Due to the potentially extremely sensitive state of the client when the bedside nurse first encounters them, approval for study at that time is unethical and unlikely. An equally challenging gap exists in isolating the impact of the first impression from other variables.

Lack of rigor and design is also noted. Of the 35 articles, only one used randomized control trials. The majority of studies in this review are quantitative survey design and descriptive in nature, placing them in the category of level V or VI evidence, representing a moderately low yield of rigor overall (Polit and Beck, 2017). The challenge of randomization in addition to the primary challenge of the vulnerability of the client is suggests consideration of alternative methods of study.

Practice and Policy Implications

Novel research exploring first impressions of the bedside nurse will contribute to nursing science by providing meaningful information about how to create a first impression that will inform nursing practice, guide education and policy, and may improve patient satisfaction. This research will also provide important comprehensive data about first impressions from the patient perspective to guide future studies.

Nurse educators and nurse leaders need this research to raise awareness about the importance of first impressions. The findings by Mattarozzi et al. (2017) highlight the

importance of raising awareness about the biases involved with first impressions. If patients perceive a poor first impression, everything else nurses do could be ineffective because patients may be less receptive (Mangum et al., 1995). Improving first impressions begins with making nurses cognizant of the impact first impressions have on their nursing care.

Evidence based research is vital to healthcare organizations. Fundamentally, the majority of organizational mission and vision statements speak to quality of nursing care. However, quality of nursing care is dependent on patient perception (Albert et al., 2008; Hatfield et al., 2013). The robust research based solely on appearance has strong implications for the patient's first impression of bedside nurse. However, current policies regarding uniform, physical appearance, and impressions are not substantiated with evidence-based research (Albert et al., 2008; Clavelle et al., 2013). Dorwart et al. (2010) discovered that 13 hospitals in the Northwestern United States did not have research to support their professional appearance policy. Furthermore, Mohammadipour et al. (2017) suggests designing policy and procedures using presence as a facilitator to improve quality and patient satisfaction. A recent trend of healthcare organizations to provide implicit bias training highlights the subject of bias but fails to acknowledge the impact of the first impression on the relationships, satisfaction, and outcomes.

This research is vital to healthcare organizations because their survival depends on patient satisfaction, and nurses are the largest contributors to the patient experience as measured by the HCHAPS survey (Long, 2012). The potentially poor outcomes of negative first impressions could be detrimental to healthcare because patient satisfaction and decision to return relies on the patient perception of the nurse (Dorwart et al., 2010). Overcoming the potential negative effects of first impressions is not an easy task; it is better to embrace the issue and strive

to make positive first impressions mindful of affecting patient perception in a progressive manner (Olivola & Todorov, 2010).

Future Research

Rigorous, well-designed scientific research aimed at first impressions of nurses from the patient perspective is long overdue. Given the remarkable impact and potential that first impressions have (as previously discussed), nurses, and all healthcare workers should take notice. The nursing profession should be alarmed that this has not been revealed and investigated (Mangum et al., 1995). Nurses are the foundation of patient care. However, there is no scientific evidence to guide nursing practice regarding first impressions. Future research can guide nursing education, organizational policy, and best evidence-based practice. Future investigation of first impressions ultimately can improve nurse-patient relationships and increase patient satisfaction.

Comprehensive studies evaluating the first impression of the bedside nurse from the patient perspective are scarce. However, studies focused on uniform and physical appearance are robust. Research geared toward psychology and physiognomy is also rich and progressive. Future research is needed to examine the overall first impression, in addition to the specific components. Based on this review, methodology, design, and rigor must also be strengthened in order to raise the level of evidence. This review launches a trajectory of inquiry that begins with establishing a methodology capable of capturing the first impression of the bedside nurse from the patient perspective.

Summary

This literature synthesis reveals ample research focused on various facets of this complex phenomenon, but none that address first impressions of the bedside nurse in its' entirety as a

complete phenomenon. Moreover, evidence shows this phenomenon has serious consequences related to the nurse-patient relationship, patient's trust, experience, and satisfaction from the patient perspective. The results of this synthesis combined with the continuously increasing emphasis on patient satisfaction demonstrate a demand for nursing scholars to pursue studies regarding the first impression of the bedside nurse.

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CHAPTER 3: FIRST IMPRESSIONS OF THE BEDSIDE NURSE- A PILOT STUDY MANUSCRIPT

Abstract

Background: Experiences and perceptions begin with first impressions. There is evidence found in other disciplines emphasizing the importance of first impressions, yet there is minimal research in the field of nursing about first impressions of the bedside nurse and the potential impact they have on the patient. Based on research from other healthcare disciplines, first impressions have the potential to impact the nurse-patient relationship, the patient's trust, comfort, fear, and ultimately satisfaction with the entire hospital experience.

Objective: The purpose of this study was to explore the feasibility of understanding the first impression of the bedside nurse from the patient perspective using qualitative methods. Additionally, this study served to assess and develop a protocol and gather preliminary data for a larger, more comprehensive grounded theory study.

Design & Methods: This was a pilot study that employed a constructivist qualitative descriptive design. Using a volunteer convenience sample, inpatients on a medical-surgical unit were interviewed and audio-recorded. A semi-structured interview approach guided by Maxwell (2013) focused on the patient's perception of their first impression of the bedside nurse. Thematic analysis was used to analyze the data.

Results: Feasibility of the research design was established. In addition, four main themes emerged: Demeanor and appearance guide first impressions, patients form first impressions very quickly, first impressions have consequences, and first impressions are very powerful.

Conclusion & Implications: This pilot study indicates that meaningful data about first impressions can be captured with this research design. Preliminary data was captured that indicates that there is a process related to first impressions leading to a subsequent more comprehensive grounded theory study. Results have potential implications for future nursing research, nursing education, organizational policy, and improving patient satisfaction.

Keywords: first impression, judgment, perception, nurse image, patient satisfaction

Introduction

As a nurse who has spent an extraordinary amount of my life on the other side of the bed with loved ones, I have always been acutely aware of the impressions of the bedside nurse. Perhaps more important was the *effect* of the impression on us as the patient and family. Within just a few moments, I knew if my loved one was in capable, compassionate, skilled and knowledgeable hands or just someone with a license punching the time clock. The first impression dictated whether or not I stayed and slept with one eye open at the bedside, or went home to care for my babies at night. Feelings of trust or distrust loomed over every future interaction, and influenced our overall perception of the hospital experience. This impacted not only our personal feelings of comfort and safety, but also our decision to return, patient satisfaction, and survey responses. These personal experiences influenced my own practice as a nurse, and also drove me to determine if we could scientifically identify the components of a strong first impression that would influence nursing education, ultimately improving patient's perceptions and satisfaction with nursing care.

Hospital based healthcare is a business where patient satisfaction and the consumer's decision to return are crucial, and largely dependent on nurses (Di Paula et al., 2002). Hospital

reimbursement from Centers for Medicare and Medicaid Services is directly linked to perceptions of nursing care (Long, 2012). The survey that measures patient satisfaction, the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, fuels 30% of value-based purchasing scores and incentive payments to hospitals that perform well on the survey (Dempsey, 2014). Since nurses are the largest workforce within a hospital and are the patients' primary caregivers, they are in a key position to influence patients' perception of care. Any experience begins with a first impression, and healthcare experiences and outcomes are directly related to first impressions of healthcare professionals (Spitzberg, 2013). First impressions are formed in milliseconds, rapidly leading to subconscious judgments (Olivola & Todorov, 2010; Willis & Todorov, 2006). With the first meeting, encounter, or exchange, an interaction strikes and an impression forms (Albert et al., 2008; Kocsor & Bereczkei, 2016; Senft et al., 2016; Spitzberg, 2013). The first impression makes a rapid imprint on the brain, prompting future impressions from subconscious memory. The cycle repeats itself, leading to important judgments and perceptions thus imposing tremendous responsibility on the first impression of the bedside nurse (Holtz, 2015; Mattarozzi et al., 2017; Mattarozzi et al., 2015; Olivola & Todorov, 2010; Spitzberg, 2013). Because these instantaneous interactions have subsequent associations, first impressions have the potential to establish expectations of care (Holtz, 2015; Mattarozzi et al., 2017; Senft et al., 2016; Todorov & Porter, 2014).

Background

Research surrounding the impact of first impressions can be found in many other disciplines including psychology, business, marketing, public health, dental, and both traditional and complementary medicine (Di Paula et al., 2002; Guth, 2008; Mangum et al., 1997;

Spitzberg, 2013). However, it has been minimally investigated in nursing. This is a problem since nurses are the foundation of patient care and first impressions of nurses are vitally important to the patient experience.

Previous studies that specifically use the phrase 'first impression' or similar expressions in nursing date back to the 1990s, and were focused on uniform and appearance (Mangum et al., 1995, 1997). There are also studies indicating a link between nursing uniforms and physical presentation (visible tattoos, piercings) with judgments about trust and competence (Mattarozzi et al., 2015; Thomas et al., 2010; West et al., 2016; Westerfield et al., 2012). Studies have examined the impact of nursing uniforms on the patient's perception of professionalism, image, and branding (Albert et al., 2008; Wocial et al., 2014). Furthermore, the results of these studies are limited by quantitative approaches, which did not convey the context or complexity of the first impression.

This research is important for nursing since the first impression launches the nurse-patient relationship and has the potential to impact everything else that happens with the patient, including judgments about care, comfort and satisfaction. Additionally, the nurse-patient relationship is unique to nursing and deserves specific research and attention not found in other disciplines. Peplau described nursing as an interpersonal relationship process and introduced first impressions as a concept important to the nurse-patient relationship, however it is not well explained (Peplau, 1997). Understanding the first impression of the bedside nurse may lead to a broader solution in improving the patient's perception of care. However, potential challenges exist in studying the first impression. First, consenting and interviewing a patient immediately after meeting a nurse could complicate care delivery. Second, the acuity of a patient when first admitted may not provide optimal timing for an interview. Given the influence of first

impressions in other disciplines, we (this author and faculty mentor) hypothesized that the salience of a first impression could be studied later in a patient's admission. Therefore, the goals of this qualitative inquiry were to: 1) explore the feasibility of understanding a first impression using qualitative methods, 2) to develop a study protocol for investigating first impressions in nursing, and 3) begin to gather some preliminary data about first impressions of the bedside nurse from the patient perspective.

Methods

We used a constructivist qualitative descriptive approach to gather data that would inform the methods development of a larger, comprehensive study on first impressions. A constructivist approach allows us to gain full understanding of the interaction between the nurse and the patient at the first impression.

Setting and Sample

The study took place using a convenience sample on a Medical-Surgical Unit at a moderate sized community hospital in the Midwestern United States (USA) over a two-month period. Institutional Review Board (IRB) approval was obtained from both the hospital facility and the affiliated university for the doctoral student and mentor. Based on other published qualitative pilot studies we sought to enroll 8-10 participants.

Patients who were eighteen years or older, able to communicate in English, willing to voluntarily participate in the study and able to provide informed consent were invited to participate. Patients were not invited to participate if they were in a hospice program or receiving terminal care, in isolation precautions, or if their ability to verbally answer interview questions was impacted by any neurological or psychological deficit or cognitive impairment. Patients

were also excluded if their condition at the time of the interview was deemed inappropriate for consideration per nursing judgment (e.g., sleep deprived, excessive pain).

A designated hospital representative was used to screen patients for the pilot study. The hospital representative was trained by the primary researcher to identify potential participants using the daily census information available to them during the course of their normal workday, and using inclusion and exclusion criteria provided. The trained hospital representative approached patients who met inclusion criteria using a provided script to inquire if the patient was interested in speaking to a nurse-researcher about the study. The primary researcher then approached the patient in their hospital room to provide the explanation of research, address any questions, and seek informed consent. Patients were assigned a participant number, and no names or protected health information was discussed or used throughout the study.

Data Collection

A semi-structured interview guide was developed based on the primary researcher's previous doctoral studies and preparatory work (Table 1). Qualitative interviewing techniques began with open-ended semi-structured interview questions that were responsive to exploration of subject's sharing of perspectives (Maxwell, 2013). Interviews were audio-recorded and transcribed verbatim. Recordings were deleted immediately following transcription verification and removal of inadvertent identifiers.

Table 1: Interview Guide

Please tell me about a nurse who you had never met before who approached your bedside for the first time. What was that experience like? What were you thinking? What did you notice *first*? How would you describe your first impression? How did your first impression make you *feel*? How accurate was your first impression? What does an ideal nurse look like? How do you know if someone is a *good* nurse? How *quickly* do you know if someone is a good nurse? Please tell me about a time when you had the opposite first impression than the one you described earlier (positive or negative). • What did you notice *first?* • How *quickly* did you notice this? Is there anything you'd like to add that we haven't discussed?

Analytical observations were recorded on paper during and immediately after the interviews for later reflective use and ongoing analysis, serving as part of the audit trail. These observations included notes about the patient's behaviors (including nonverbal) as well as the researcher's evolving ideas. Occasionally the patient would continue with relevant information after the official interview session was ended and the recorder was off- this data was kept as notes and incorporated into the interview data for analysis. The interview process and analytical notes were shared weekly with a faculty mentor to provide reflection and address challenges.

Analysis

A multi-step analytical process was used (Maxwell, 2013). All recordings were verified for accuracy prior to initiating the coding process. The analysis process began with a complete reading of the transcript and notations of broad, possible coding categories. Consistent with qualitative descriptive methodology, interviews were coded and thematically analyzed as the data unfolded before proceeding with subsequent interviews. Open coding was used, allowing for any new ideas to emerge as the study unfolded (Maxwell, 2013). Consideration was given to

the data collected and analytical thoughts were recorded including areas to probe further in subsequent interviews (Maxwell, 2013). Thematic analysis began early on with manual coding followed by the use of NVivo software. Systematic coding yielded categories and clustering, fostering linkages and relationships pointing toward four major themes.

Rigor

Several strategies were instilled to establish rigor, as guided by Maxwell (2013). The semi-structured and responsive interview guide allowed for key points to be clarified or summarized and served as a source of member checking for trustworthiness. Ongoing field notes and analytical thoughts were kept and served as an audit trail. Weekly meetings with an experienced, doctoral-prepared qualitative researcher were conducted to review methodological issues, areas for probing in future interviews, and analytical thoughts. Reflection and reflexivity were employed to bring awareness to possible researcher bias.

Results

The sampling process resulted in eight participants, four males and four females, all Caucasian Americans, who ranged in age from 36-76 years old. Minimal basic demographic information was collected which included information about age, gender, highest level of education completed and self-described job/career position. A wide variety of career and job history was reported, including one healthcare professional. Only one patient who met initial screening by the hospital representative later declined participation with the researcher because the patient had a weak voice and was concerned with the audio recording.

Interviews lasted an average of twenty minutes, ranging from 6-28 minutes. One interview, lasting only 6 minutes, was purposely halted prematurely due to the patient's apparent

lethargy. Interviews continued until the previously identified goals of the study were met: feasibility of design study and protocol were determined and no further changes with the interview guide were needed.

Feasibility

The research design and methodology for studying first impressions of the bedside nurse was established. This pilot study revealed that timing the interviews during the patient's hospital stay rather than immediately after admission did not deter from the quality of data produced. Interviews exposed rich, meaningful data indicating that the first impression is a very powerful phenomenon well captured with this methodology. Furthermore, the interview guide demonstrated that the questions stimulated significant discussion about first impressions of the bedside nurse.

Major Themes Revealed

Following thoughtful and rigorous coding and analysis of interview transcripts, four main themes emerged: demeanor and appearance guide first impressions, patients form first impressions very quickly, first impressions have consequences, and first impressions are very powerful. Analysis revealed several significant premises contained within each of the major themes, described in Table 1.

Theme 1: Demeanor and Appearance

The most prevalent theme that emerged was that demeanor and appearance guide first impressions, with demeanor being the most important characteristic identified. The predominant description of what participants noticed *first* about nurses was demeanor, attitude, disposition, and approach *before* appearance.

"Yeah, no, I don't remember anything unique about her appearance it was more her demeanor…and how she spoke."

"It's just their attitude when walking in …"

Data revealed that gender, age, ethnicity and culture of the nurse were unimportant. Neatness and hygiene emerged as the most important facets of physical appearance, followed by uniform. Personal choices such as tattoos, piercings, and hair color were found to be less important than cleanliness.

Theme 2: First Impressions are Formed Very Quickly

Participants described forming an opinion or judgment very quickly about the nurse and how their care will be, often immediately while walking into the room. First impressions were often made before any verbal interaction, indicating that nonverbal communication has a very strong influence.

"Before they even open their mouth."

"Oh right away…you can tell within a couple of minutes if somebody is just putting on a show or they are genuinely a caring nurse"

Participants described forming an opinion about their nurse very quickly based on a variety of nonverbal behaviors including the way they walk/approach the bedside, demeanor, eye contact, physical appearance, and facial appearance (specifically- smiling or not).

Theme 3: First Impressions Have Consequences

The third major theme that emerged was that first impressions have consequences. First impressions led patients to make judgments about how their care will be, and elicited feelings of anticipation (both good and bad) about their shift, and beyond. One participant stated that as soon as the nurse walked in they immediately knew if they were going to have a good or a bad

day. Some patients perceived that the first impression affected their healing and overall hospital experience. Another participant relayed a memorable story from many years past, stating that she knew as soon as the nurse approached her that she knew the nurse was going to be able to relate to her and make her feel better.

> *"I notice how they're approaching me with their eyes, and the compassion coming in. That's my first recognition when I see warmth. It relaxes me and moves me forward."*

Nurse-Patient Relationship

Patients described the first impression as influencing the nurse-patient relationship, and subsequent judgments about care. Some reported having immediate feelings about how the shift was going to go with that nurse, if their needs would be met, or if they would receive good care. One patient described the nurse-patient relationship as a *"delicate dance that they both learned to move with each other"*.

> *"And it becomes something more than patient and nurse."*

> *"She walked with me. By empathy, more than just compassion. It was empathy. She went through it with me. She went through everything with me. And I know that. She walked through that and she joined me. It wasn't until she joined me that I know I wasn't alone."*

Emotional Consequences

Patients reported that the first impression of the nurse had the potential to instill feelings of trust, hope, and fear. Some shared that they had a perception about the nurse's knowledge or competence within those first few minutes, and that this perception impacted their trust or fear in the nurse's abilities to care for them. One participant reported an experience that she was previously unable to speak and totally dependent on the nurses for everything. She shared that when a nurse walked in for the first time, she could tell when they walked in the room what kind

of care she was going to receive by looking at their eyes, "their focus", and this calmed and relaxed her.

"Within the first minute I can see if it's a really nice nurse, ok it's going to be a good day…"

"Afraid that she's gonna (sic) make a mistake on me."

Participants described they perceived their care would reflect how the nurse cared for themselves. Subjects expressed concern if a nurse was not well-kept or appeared stressed, and linked that to the possible consequence of how they in turn would be cared for.

"However you're feeling is how I'm gonna (sic) feel, you know."

"If you're not put together, you're not gonna (sic) get me together"

Some of the participants spoke generally about the nursing profession and the impact the nurse can make on their healthcare experience. When participants generalized about nursing they were led back to focusing on a single impactful first impression experience. Common findings included that the tone set by the nurse influenced the patient's satisfaction and perception of their healthcare experience.

"Oh, greatly…. really to me the nurses are the face of the hospital…"

"It just makes the whole experience a whole lot better."

A few of the patients also reported that the first impression led to such a positive or negative effect on their satisfaction that they made formal requests about having specific nurses care for them again.

Theme 4: First Impressions are Very Powerful

Interviews conveyed strong emotions and connections regardless of time span. Data revealed that patients were able to recall very impactful memories and detailed descriptions of

impressions made by nurses, often from long ago. Whether the impression was positive or negative, it was potent enough to carve a lasting impression.

> *"I always think of this lady, … back in 1975…I thought if I'm ever a nurse I want to be just like her, you know. She's a big reason I went ahead and did nursing. I never forget her."*

> *"I don't even remember what they were wearing at that point because all I can remember is how they treated me, you know….15 years, maybe 20 years ago. I know it's a long time to remember something like that but you know it stands out…"*

Table 2: Major Themes Revealed

Major Themes Revealed	Definition	Minor Premises
Demeanor and appearance guide first impressions	Predominant description of first impression, what they notice *first* about nurses: demeanor, attitude, disposition, approach *before* appearance.	Demeanor, disposition, attitude: noted *before* physical appearance Physical Appearance: • Neatness • Uniform • Personal choices: tattoos, piercings, hair color
Patients form first impressions very quickly	Patients describe being able to form an opinion or judgment about the nurse and how their care will be very quickly.	Approaching the bedside Nonverbal influence
First impressions have consequences	First impressions lead patients to make judgments about how their care will be, eliciting feelings of anticipation (both good and bad) about their shift.	Nurse-patient relationship Emotional consequences: • Trust • Hope • Fear
First impressions are very powerful	Patients convey strong emotions and connections.	Impactful memories Lasting impressions Healthcare experiences Satisfaction

Discussion

This pilot study serves to establish the feasibility and study protocol for understanding first impressions of the bedside nurse from the patient perspective. Patients were able to recall very vivid detailed descriptions about first impressions of the nurse as well as the implications of the impressions during their stay. Furthermore, this study demonstrates that the first impression is a very powerful process with lasting impact.

The research design used in this pilot study confirmed that it is feasible to capture the first impression using this methodology. A key discovery was finding that it was not necessary to have access to patients immediately upon admission in order to capture the first impression. The stories shared about experiences with nurses were described as very impactful memories, and long-lasting impressions. Participants were able to recall rich details and describe feelings provoked by the impression, regardless of how long ago the experience occurred. When patients were asked about the timing of the interview, they shared that they would not have been interested in talking to a nurse researcher immediately upon arrival to the hospital unit because they were focused on their health at that time. Initial interviews indicated patients might be trying to provide responses to please the researcher; this was an important finding that led to modifications in participant instructions. To mitigate this potential for response bias, participants were carefully instructed that the goal of the study was to collect their perspectives and experiences, and that there were no right or wrong answers. This study also served to assess the effectiveness of the interview guide. Revisions were made to include questions about discrepant evidence, revealing rich data that was critical in understanding the patient perception.

This study also provides preliminary data serving as a foundation of knowledge about first impressions of the bedside nurse from the patient perspective. The predominant ideas revealed by this study indicate that a patient's first impression is most influenced by the nurse's demeanor or attitude- a novel idea not previously found in the literature. Participants described having a perception about how their care will be before the nurse was at the bedside, and often even before the nurse ever spoke. Subjects discussed knowing how trustworthy or comfortable they felt with the nurse immediately, based on the nurse's disposition or personality when approaching the patient's bedside. This finding is somewhat supported in the literature in previous studies describing trust as a result of facial features and disposition (Mattarozzi et al., 2015), however it was not described as demeanor or attitude in any previous studies. Furthermore, patients discussed appearance as important, but less important than demeanor. Participants described the most salient aspects noted in physical appearance as a smile, cleanliness, neatness, and hygiene. These results are consistent with previous studies reporting the importance of professional appearance in building trusting relationships (Clavelle, Goodwin, & Tivis, 2013; Dumont & Tagnesi, 2011). The results of this pilot study emphasize the general importance of nonverbal communication comprehensively rather than individual facets of appearance found in the current literature.

In addition, patients created expectations about the level of attentiveness they expected to receive from the nurse based on the first impression. They shared that they were able to sense whether or not the nurse was present and attentive before presence and attentiveness were actually demonstrated. This resonates with previous findings in a study that described the relationship as developing passively before actively (Klaver & Baart, 2011).

Data from this pilot study indicates a potential link between the first impression and patient outcomes consistent with research previously described by Spitzberg (2013). Patients expressed that the first impression impacted their feelings about trust, safety and security thus affecting their healing. In addition, this study supports a potential link to patient satisfaction, however further investigation is warranted. Participants in this study described nurses as the primary influence in the inpatient setting, and associated this influence with their overall hospital experience.

This pilot study also revealed that although the first impression occurs instantaneously upon first encounter, the *impact* of the first impression of the bedside nurse is a part of the *process* of developing the nurse-patient therapeutic relationship. The results of this study serve to guide a larger, more comprehensive grounded theory study aiming to capture the *process* of first impressions.

Limitations

This study was conducted on a single unit at one organization**.** Therefore, the biggest limitation includes small sample size and lack of transferability. A larger, more comprehensive study is needed in order to increase the transferability of our results and articulate the full process of forming a first impression. Ideally, a future study would include multiple sites in a variety of organizations and geographic locations.

Conclusion

The intent of this pilot study was to establish feasibility, develop a protocol to explore first impressions from the patient perspective, and gain some preliminary data for a larger, more comprehensive study. These goals were achieved, and preliminary data illustrates that first

impressions are largely unappreciated in nursing. There is currently a lack of adequate research and understanding about first impressions in nursing. Furthermore, the data from this study indicates the importance of the *impact* of the first impression of the bedside nurse on the patient perception of the experience. It is imperative that the nursing profession understands the impact of the first impression on the patient, and raises awareness about making intentional and meaningful first impressions. This research will serve to inform nursing educators and healthcare organizations, with the potential to improve patient perception of nursing care.

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CHAPTER 4: IMPLICATIONS OF DEMEANOR: FIRST IMPRESSIONS FROM THE BEDSIDE MANUSCRIPT

Abstract

Background: Patient perception of experiences and satisfaction plays a key role in today's healthcare world. Nurses are the cornerstone of hospital experiences and are in a key position to influence patient perceptions. Perceptions begin with first impressions. First impressions have been shown by other disciplines to influence trust, comfort, fear, and satisfaction with their healthcare experience, yet there is minimal research in nursing. A previously conducted pilot study indicated that it was feasible to capture meaningful data about first impressions of the bedside nurse using qualitative interview techniques with inpatients on traditional Medical-Surgical units.

Objective: This study explored the first impression of the bedside nurse from the patient perspective, cultivating a grounded theory process. Additionally, this study included the effect of nurses wearing masks (during the Covid-19 pandemic) on the patient's perception of the first impression of the nurse.

Design & Methods: A qualitative grounded theory design emphasizing constructivist underpinnings was used. Individual semi-structured audio-recorded voluntary participant interviews were conducted with inpatients on Medical-Surgical units at a moderate sized community hospital in the Midwestern United States. Inductive reasoning analysis was used to identify a grounded theory process.

Results: The study included 20 adult participants. Five major themes emerged: 1) demeanor is the prevailing characteristic of the first impression of the bedside nurse identified by patients. 2)

nonverbal communication is the most important influence in first impression formation, 3) first impressions are formed immediately, 4) first impressions spark the direction of the nurse-patient relationship, and 5) first impressions are powerful and lead to important consequences. Conclusion & Implications: This study reveals that first impressions of the bedside nurse have a significant impact on a patient's hospital experience from the patient perspective. Recognizing the influence and potential of the first impression of nurses could impact the patient's experience, as well as patient satisfaction. First impressions are largely underestimated in nursing yet they have important implications for nurses, nurse educators, and nursing leadership. This study serves as a foundation to launch a trajectory of further research.

Keywords: first impression, judgment, perception, nurse image, patient satisfaction

Introduction

Patient perceptions of care and satisfaction has gained tremendous momentum over the last few decades. Perceptions begin with the first impression. According to Spitzberg (2013), healthcare experiences and outcomes are related to first impressions of healthcare providers. Nurses are the cornerstone of healthcare making the nurse-patient relationship vitally important to a patient's perception of their hospital experience. Perception about nursing image and professionalism are important influences of patient satisfaction and decision to return (Di Paula et al., 2002; Dorwart et al., 2010). Patients' perceptions of nursing care are directly connected to hospital reimbursement from the Centers for Medicare and Medicaid Services (Long, 2012), Furthermore, the survey that measures patient satisfaction, the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey, fuels incentive payments to hospitals that perform well placing additional pressure on nurses to create positive perceptions for their patients (Dempsey, 2014).

Current evidence about first impressions of nurses and the potential effects on patient perception of care is limited and conceptualized. The only study found that is specifically aimed at first impressions in nursing dates back to the 1990's by Sandra Mangum (Mangum et al., 1995, 1997). However, Mangum's research focuses on physical appearance alone leading to perceptions and judgments about competency and professionalism (Mangum et al., 1995, 1997). Currently, none of the studies found examine first impressions comprehensively. Furthermore, the majority of studies found are quantitative and survey-type in nature.

Numerous studies have examined perceptions about nursing image based on uniform only, influencing patient's perceptions about trust and competence (Albert et al., 2008; Clavelle et al., 2013; Fogle & Reams, 2014; Mangum et al., 1995; Skorupski & Rea, 2006). Physical embellishments such as tattoos and piercings have also been investigated as a facet influencing patient perception of care, competency, anxiety, and comfort level (Dorwart et al., 2010; Pfeifer, 2012; Westerfield et al., 2012). Aspects of physical appearance such as a smile are found to affect perceptions of personality (Hack, 2014) and the way performance is perceived (Eli et al., 2001).

The importance of communication competence is paramount to developing healthcare relationships (Spitzberg, 2013). Nonverbal communication accounts for as much as 93% of the total impact of a message, with physical appearance being the most important nonverbal characteristic noted by listeners (Schuster & Nykolyn, 2010). Facets of nonverbal communication have been discussed in multiple studies, including those mentioned previously about uniform and physical appearance, and there is evidence that shows nonverbal communication affects perceptions of trust (Spitzberg, 2013). Additional research shows us that communication is also bioactive, meaning it has the ability to have an effect on another human

being (Parrish-Sprowl, 2017). Communication between nurses and patients creates neural firing, prompting the ability to create, change, and shape how the brain functions (Ivey & Daniels, 2016). As nurses communicate with patients both verbally and nonverbally, they create a shared external environment that can lead to newly generated ideas and behaviors (Hasson, 2012). Examples of this include: studies about vaccines being found more effective when a positive mood is created at the time of administration (Ayling et al., 2018), and positive communication and expression of emotions improving long-term cardiovascular risk (Haase, Holley, Bloch, Verstaen, & Levenson, 2016).

Peplau's Theory of Interpersonal Relations is the only nursing theory that identifies first impressions. Peplau's work discusses three phases of the nurse-patient relationship: orientation, working, and resolution (Peplau, 1997), and focuses on the transformative power of the nurse-patient relationship (D'Antonio et al., 2014). Peplau identifies the first encounter as a key component of the orientation phase that influences the direction of the nurse-patient relationship, trust, and ultimately expectations of care (Forchuk, 1991; Forchuk et al., 2000). However, the orientation phase of Peplau's Theory is the most under-developed and least well understood, yet potentially the most impactful. Our research aims to fill the gap with further knowledge about what the first impression means to the patient.

A previous pilot study that was conducted in fall of 2019 to assess feasibility and gather some preliminary data indicated that meaningful data could be captured using a qualitative interview methodology with inpatients on a traditional Medical-Surgical unit. Pilot testing determined that the setting, recruitment process, and design were appropriate. The interview guide was revised to include possible influences of mask wearing during the Covid-19 pandemic. Additional revisions also addressed possible differences in first impressions between nurses

compared to other healthcare providers from the patient perspective. The pilot study provided some initial data that emerged as four main themes: 1) demeanor and appearance guide first impressions, 2) patients form first impressions very quickly, 3) first impressions have consequences, and 4) first impressions are very powerful.

This study expands on the previous pilot study in several ways. Primarily, this study is more comprehensive with a larger sample size, providing much richer data for grounded theory analysis. The study design also moved from descriptive qualitative to a grounded theory methodology intended to identify the process related to first impressions of the bedside nurse. Additionally, the onset of the Covid-19 global pandemic began after the pilot study and was ongoing during this study, providing a prime opportunity to explore the possible impact of mask-wearing on first impression formation. For the purposes of our research, the definition of first impression is adopted from Todorov and Porter (2014): "studies on first impressions are studies on judgments of strangers" (p. 1404). It would be remiss not to acknowledge the mutuality of the first impression, however the aims of this particular study focus on the perspective from the viewpoint of the patient only.

Purpose

Our study was designed to explore first impressions of the bedside nurse from the patient perspective. Specifically, the aims of this study were: 1) From the patient's perspective and based on the patient's experience, identify characteristics of the bedside nurse that are important in forming first impressions, 2) Describe the influence and process of the first impression on the patient's perception of nursing care received, and 3) Explore the impact of mask-wearing during the Covid-19 pandemic on the patient's perception of the first impression of the bedside nurse.

Methods

We used a grounded theory approach aimed to gain a full understanding of the interaction between the nurse and the patient at the time of the first impression. Individual, semi-structured voluntary participant audio-recorded interviews were conducted to gather qualitative data about the first impression of the bedside nurse from the patient perspective. A constructivist lens was used to identify a process of first impressions as people construct meaning from their experiences engaging with the world (Lincoln & Guba, 1985). Furthermore, this study is grounded in the fundamental principal that human knowledge is active, constructive, and generated from experiences (Polit & Beck, 2017).

Privacy and Ethical Considerations

Several measures were taken to ensure privacy and ethical considerations throughout the study. The Institutional Research Board at the University of Central Florida and the healthcare organization where the study was conducted both approved this study prior to any data collection. Interviews took place in the patient's private room, and nursing staff was not aware of who participated in the study. Data was de-identified; patients were assigned a random participant number, and no names or health information were discussed or used throughout the study. Minimal demographic information was collected for descriptive purposes only. Participants were informed that their decision to participate would not influence the care they received, and that they could terminate the interview at any time for any reason.

Study Population and Recruitment

Convenience sampling was used to recruit inpatients on four traditional Medical-Surgical units at a moderate-sized community hospital in the Midwestern United States. Participants were sought who were 18 years of age or older, able to communicate in English, and willing to

voluntarily participate and provide informed consent. Patients were excluded if they had any neurological or psychological deficit or cognitive impairment, unable to provide informed consent, if they were in isolation, hospice or terminal care, pregnant, or a prisoner.

The recruitment process used in the prior pilot study worked well and was therefore repeated in this study with one modification (See Figure 1). A designated hospital representative on each of the Medical-Surgical units was selected to conduct initial screening of participants using information available to them in the course of their normal workday. The modification made from the pilot study was that the designated hospital representative was a person in a non-managerial role to reduce the risk of a biased sample. The primary investigator (PI) met with each of the hospital representatives individually to provide training about the study, including scripting for use in approaching patients who met the inclusion and exclusion criteria. As the hospital representative identified patients who met criteria and agreed to meet with the researcher, they informed the researcher of the room numbers of screened patients. After the PI verified inclusion and exclusion criteria, the PI met with the participant, provided an explanation of research, obtained consent, and conducted the interview.

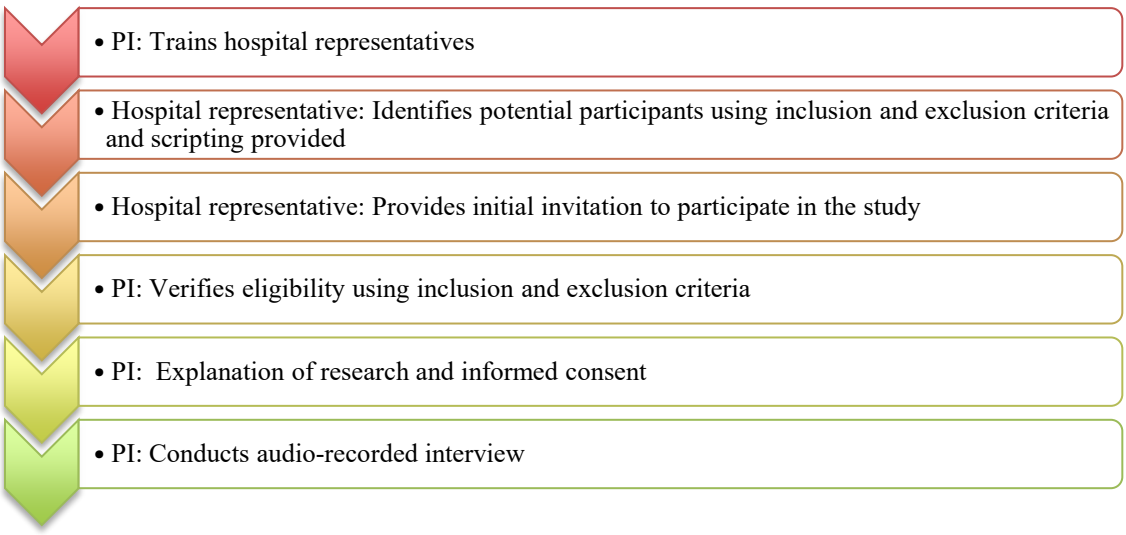

Figure 3: Recruitment Process

Data Collection

We created a revised semi-structured interview guide based on data collected in the pilot study (Table 1). The questions sought to ascertain the most important characteristics of the first impression of the bedside nurse as identified by the patient, as well as how the first impression of the bedside nurse made them feel about the care they would receive. Pilot testing served to determine which questions would elicit data rich enough to identify a process. Additional questions were used to identify if the process differs for nurses versus other healthcare providers. Questions were also added to explore the possible impact of nurses wearing masks on the first impression during the Covid-19 pandemic.

Table 3: Sample Interview Guide

Please tell me about a time when you were in the hospital and had a nurse care for you who you had not seen before.

- What was that experience like when the nurse approached the bedside for the first time?
- What were you thinking when the nurse approached the bedside for the first time?
- What did you notice ***first****?*
- How would you describe your first impression?
- How did your first impression make you *feel*?
- How accurate was your first impression?

Please tell me about a time when you had the ***opposite impression*** than what we just discussed the first time you met a nurse.

- What were you thinking when the nurse approached the bedside for the first time?
- What did you notice *first?*
- How would you describe your first impression?
- How did your first impression make you feel?
- How accurate was your first impression?

Please describe for me how you know if someone is a *good* nurse?

- What does an ideal nurse look like?
- How *quickly* do you know if someone is a good nurse?

How does a good or bad nurse affect your overall hospital experience?

- What additional information do you think is important for me to consider about first impressions in nursing or your relationship with nurses?

*Please tell me about a time when you had an experience that created a first impression (positive or negative) of a physician or other healthcare worker.

- How does this compare to your impressions of nurses?
- Are your expectations about first impressions different for physicians or other healthcare workers compared to nurses?

**How does wearing a mask during the Covid-19 pandemic affect your first impressions of nurses?

- How do you make a first impression of a nurse wearing a mask?

*Questions added following pilot testing
**Questions added to address Covid-19 pandemic effects

Data Analysis

Several steps were taken in the analytical process guided by Maxwell (2013). Initially, the interviews were transcribed verbatim and verified for accuracy. Primary analysis consisted of complete reading of transcripts and notations of broad possible coding categories. Inductive grounded theory methods in thematic analysis using manual color-coding and constant comparison techniques following each interview served to identify and develop major themes as they emerged (Polit & Beck, 2017). Weekly consultation with seasoned qualitative researchers assisted with analysis of data before proceeding to further interviews (Maxwell, 2013). A systematic open coding and thematic analysis approach followed by axial coding cultivated identification and development of major themes and a grounded theory process.

Rigor

Multiple strategies were implemented to ascertain rigor, guided by the standards established by Lincoln and Guba (1985). According to Lincoln and Guba (1985), there are four major criteria used to evaluate rigor: credibility, transferability, dependability, and confirmability. Pilot testing, member checking, and triangulation served to achieve credibility. Negative case inquiry and analysis was used with each participant. Participants were asked to review the developing process and contribute any ideas about their experiences that were not already captured. Weekly meetings with two seasoned, doctoral-prepared researchers assisted to review analytical thoughts and ideas for ongoing interviews. Peer debriefing was employed in bi-monthly meetings with a qualitative research colloquium group of doctoral student peers to

review ideas, ensure objectivity, and develop the grounded theory process. An audit trail was kept that included ongoing field notes and investigative thoughts, ideas and questions. Transferability was achieved through the use of thick, rich, descriptive narrative data. The project continued until the goals were met and saturation was reached, as indicated by no new emerging ideas (Polit & Beck, 2017). Attempts to mitigate researcher bias included ongoing journaling, reflection, and reflexivity.

Findings

Eleven female and 9 male participants were interviewed who ranged in age from 44-80 years old, with the average participant age being 61 (see Figure 2). The majority were white (n=16, 80%), and 20% (n=4) were African Americans. All but one of the participants (n=19) had a High School/GED or higher level of education. Six (30%) were college educated. The sample represented a wide variety of employment backgrounds. Only 3 (15%) of the participants worked in healthcare, and none were Registered Nurses (RNs). However, there was one Licensed Practical Nurse (LPN) in the sample. Only one patient who met initial screening criteria by the hospital representative later declined participation with the researcher because they were not interested in participating in the study. Interviews continued until the aims of the study were met, with the average interview length just a little more than 20 minutes.

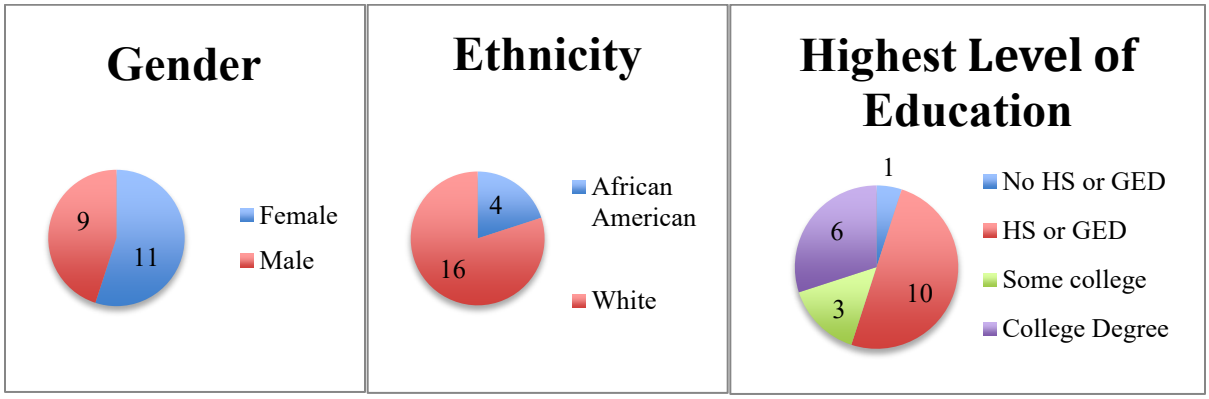

Figure 4: Sample Demographics

The results of our study were consistent with preliminary data revealed in the pilot study, identifying a process and development of a grounded theory of first impressions of the bedside nurse from the patient perspective. This theory helps to fill the previously identified gap in understanding the first impression. Based on the data collected, we created a conceptual model of the process of first impressions of the bedside nurse from the patient perspective (Figure 3). The findings indicate that there is a very distinct process that occurs as a patient forms a first impression of a nurse. The patient perceives the nurse's demeanor and senses their energy, or vibe immediately upon the nurse entering the room. This perception happens before the nurse has physically gotten to the bedside and often before they have spoken. Some patients described this as occurring as the nurse walks through the door. The nurse's demeanor sets the tone of the interaction, sparks the nurse-patient relationship, and triggers the patient's expectations of care, either positively or negatively. Patients described many possible outcomes stemming from the initial "vibe" perceived. Some of the outcomes were short-term including fear, trust, anxiety and unmet or foregone needs. Other outcomes described were long-term, including the patient's perceptions about the nursing profession, satisfaction with the hospital experience, and the patient's decision to return to that hospital for care. Participants shared very vivid and emotional experiences indicating that the first impression of the bedside nurse is a very impactful moment.

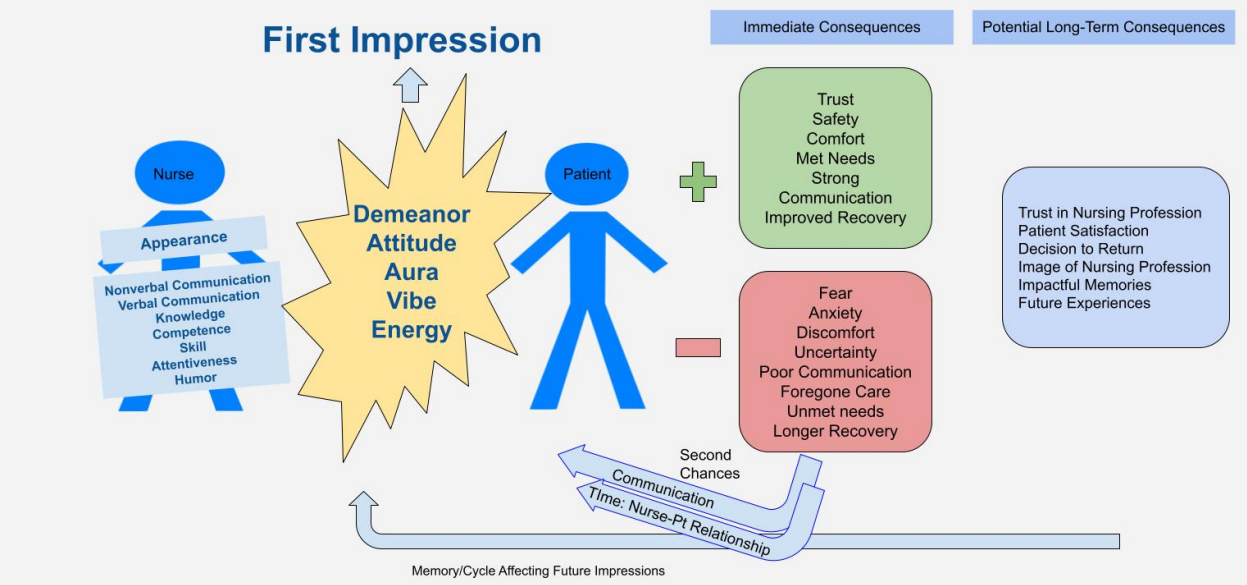

Figure 5: The Process of First Impressions of the Bedside Nurse from the Patient Perspective

Major Themes Revealed

Five major themes emerged from the data. Supplemental Table 2 is included with additional data related to major themes and accompanying quotes. Some of the themes resonate with preliminary data found in the previous pilot study, however the data is much richer and more comprehensive in this study.

Demeanor

Participants decisively discuss demeanor as the most prominent characteristic of the first impression of the bedside nurse. While demeanor is a facet of nonverbal communication, it emerged as the most important characteristic, warranting separate recognition. Although demeanor was the word used most often by participants, other similar terms were used such as: vibe, aura, energy, personality, attitude, and mood. Participants also described this as a feeling,

indicating their senses played a role in their perception. Participants stated that demeanor sets the tone for the patient's perception about how the shift will go, both positively and negatively.

"It's just their whole demeanor. It's like, yeah this is gonna (sic) be a good day."

In another example, a participant shared a story about a nurse who she described as "surly" immediately upon entering the room, describing the nurse's attitude as "contagious". Several patients described that the initial perception of the nurse's attitude affected how they felt their entire shift would go and how their care would be.

Nonverbal Communication More Important than Verbal Communication

All of the results of our study indicate that nonverbal communication (including demeanor) is the major contributor to the first impression of the bedside nurse. Some of the other nonverbal influences discussed included: physical appearance, identification badge, a smile, uniforms, caring behaviors, listening, attentiveness, and mannerism. Patients also noted the way a nurse physically approaches the bedside.

Physical appearance emerged as the second most prominent characteristic noted in the first impression. Specifically, patients identified neatness and hygiene as being important. Personal physical characteristics such as weight, gender, hairstyle, tattoos or piercings were described as generally unimportant although a few patients did mention noticing if the nurse appeared to live a healthy lifestyle. Patients also denied culture or ethnicity as impacting their perception of the first impression.

> *"Just clean, you know overall the hygiene. You know she's on top of her game. You don't want to look all rough now you're gonna take care of me, umm because I'm already feeling and looking rough myself so you know, just nice appearance, and of course clean."*

The importance of a greeting and introduction was discussed by some participants, but to a much lesser degree than nonverbal influences. The role of verbal communication was discussed

as *contributing* to the vibe and later nurse-patient relationship through further interactions, but only *after* the initial impression was established. Specifically, patients emphasized that their speed of recovery was influenced by nurses taking the time to really listen to their needs. When patients knew about nurses' advanced degrees through conversation, they automatically assumed they had advanced competencies. Patients shared that if a nurse gave incorrect (bad) information, or attempted to hide their lack of knowledge about their care this immediately led to a negative perception and poor relationship.

First Impressions are Formed Immediately

Data reveals that first impressions are formed immediately. All of the participants reported having an initial perception or judgment about the nurse very quickly, often before the nurse was at the bedside and before any verbal interaction.

> *"I can usually tell right away… Usually before they even say anything, like when they walk in the room…"*

> *"I think 2 or 3 steps in the room that's probably enough to get a pretty good sense of the aura that they carry around them"*

A few of the participants described an initial impression occurring immediately, followed by continued formation over the next few minutes as they sensed and observed more about the nurse.

> *"Umm I think I can pretty much judge how good a nurse is at the 75% correct level right when they walk in the room… by the time they walk out of the room, I've got the other 25%"*

There was only one outlier in the study who reported it took them approximately 1-2 hours to form an impression.

Nurse-Patient Relationship Begins with the First Impression

Patients shared feelings about sensing a connection with the first impression, triggering the nurse-patient relationship. Some patients referred to the way he/she gave care, or that their mannerisms contributed to building the nurse-patient relationship, again indicating that demeanor is a dominating trait from the onset and continues throughout. Participants described the relationship as beginning with their perception of a vibe, or aura, and progressed depending on further interactions. Some patients also reported that the relationship was mutual, and required them to make contributions as well. Patients shared they felt vulnerable, prompting a need to contribute to the relationship or else the nurse might "just do the bare minimum and provide average care".

> *"You get more bees with honey."*

In a few cases patients reported sensing an unpleasant first impression that they were able to turn into a positive relationship by showing concern for the nurse.

> *"…but then I showed my concern for her (the nurse) … and then that kind of turned everything around."*

Impact & Consequences

The results of our study demonstrate that the first impression is very powerful, causing a lasting impactful memory that has the potential to lead to many important consequences. Those potential consequences include: trust, confidence, anxiety, foregone or unmet needs, rate of recovery, satisfaction, perceptions about the nursing profession, and the consumer's decision to return.

> *"I knew very quickly she was doing this because this is what she's called to do. This is what she was meant to do and she loves what she does… it makes me feel confident in the care that I'm getting when she's here"*

Data discloses that when patients perceive the first impression as negative, they will not use their call light, they will not communicate as they normally would, and they will forego their needs to avoid further interactions with the nurse.

"I didn't want to ask her for nothing"

In addition, patients perceived that if they had a positive relationship with the nurse they received better care, which helped them to heal faster and have a speedier rate of recovery.

"So I think that like, nurses can hold back your healing."

Patients were able to recall momentous experiences even from long ago that continue to impact their perception of nurses and/or healthcare organizations. Several participants shared that they chose specific physicians, requested certain nurses, and returned to a hospital based on their previously formed first impressions from past experiences. One patient shared that negative experiences with nursing staff caused her to stop using her local hospital, prompting her choice to drive to another state for care at a hospital where she had positive experiences.

Table 4: Supplemental Table of Findings

Major Themes	Exemplary Quotes
Demeanor: the prevailing characteristic of the first impression of the nurse identified by patients.	*"You just get a vibe from somebody… You can just kind of tell their vibe…You know it's gonna be good, you know"* *"The mood…. Makes you feel like you're gonna get good treatment, for sure. You feel like you're going to get good treatment."*
Nonverbal communication: noted before verbal communication.	*"Because when they walk in it's like…. It's like they have that like…just that look like I'm here to help. You know, what can I do for you without saying a word."* *"I guess if somebody come in and smile everything's gonna be good. Because you know it means they're happy with what they're doing and that makes a difference."*
Immediately: First impressions are formed immediately.	*"As soon as they come in you got that vibe down."* *"I can tell if they're a good nurse by the time they hit the curtain just by their attitude walking in."*
Nurse-Patient Relationship: First impressions spark the direction of the nurse patient relationship.	*"You have to be responsible with putting your care in somebody else's hands. It's best to try to cooperate, as much as possible. Make the process you know go easy you know like as much as possible because that's going to determine the effort that you're going to get out of your caregiver."* *"When I showed kindness she showed kindness."*
Impact & Consequences: First impressions are powerful and lead to important consequences.	*"I just wish that it could just all be people like that, because I think you can get better faster."* *"I couldn't wait for her shift to be over. I would always try not to ask for anything. I would try not to, you know."*

Discussion

We used qualitative interviews and grounded theory methods to develop a process about first impressions of the bedside nurse. We identified characteristics important to the patient in

forming first impressions, and described the influence of the first impression on the patient's perception of care received. The previously identified gap in the orientation phase of Peplau's work is filled with the knowledge gained from this study. Furthermore, we explored the impact of nurses' wearing a mask during the Covid-19 pandemic on first impression formation.

The findings from our study about first impressions of nurses supports the work of others in several ways, yet also offers a novel new lens exclusive to nursing. Our interviews revealed that the first impression is very powerful, consistent with previous research (Willis & Todorov, 2006). Our findings support research indicating that the first impression is a dynamic, instantaneous interaction that leads to expectations of care, trust, and potentially patient satisfaction (Holtz, 2015; Mangum et al., 1997; Mattarozzi et al., 2017). Outcomes from this study are congruent with research findings regarding nonverbal communication being more powerful than verbal communication (Schuster & Nykolyn, 2010; Spitzberg, 2013) as well as studies indicating inferences from facial appearances are very quick and intuitive (Willis & Todorov, 2006). Participants discussed the importance of consistent color-coded uniforms in identifying caregivers. Patients expressed increased satisfaction with being able to recognize who each caregiver was based on the color scrubs worn, consistent with the work of Fogle and Reams (2014). A few participants described the name badge as being important in identifying the caregiver's role as well as the patient's expectations.

> *"I'm looking for their name tag. And then I don't really much care anymore because if they got hospital credentials and I can see them that's usually good enough for me."*

In contrast to other studies discussing preferences for nurses without visible tattoos and piercings (Dorwart et al., 2010; Westerfield et al., 2012), our participants generally denied that these physical embellishments had any influence on their perception of their first impression. Participants offered a somewhat contradictory view of physical appearance stating that it was

generally not important in regard to culture, race, and background. However, they emphasized that cleanliness, neatness, and a generally healthy appearance were very important. One patient stated:

> *"…it shows that they're trying to live healthy also"*

However, our study is unique in pointing out a major difference about first impressions related to nurses. Unlike previous studies, demeanor was discussed explicitly in our study. Almost all of the patients interviewed reported that there is no ideal looking nurse. When asked about what an ideal nurse looks like, patients denied that there was such a person based on physical attributes and circled back to demeanor.

> *"I believe it is so like the energy. The vibe that they're giving off…it's their behavior, their posture, you know, and their energy... just just just…. their demeanor."*

Furthermore, demeanor influenced perceptions about the type of nurse they were.

> *"I can tell if they're a good nurse by the time they hit the curtain by their attitude walking in"*

In addition, patients discussed senses and intuition related to first impression formation not found in previous nursing studies.

> *"There's just an aura around them you can just sense… not see physically."*

Perceived competency is a consequence that should be strongly considered by the nursing profession, even if the perception proves incorrect. One participant shared her misperception about a nurse's competencies based on his tattoos and physical limitations, and how the nurse's demeanor and skill changed her perception.

> *"I'm a hard IV stick…and then they send this guy in… he had like, like the full tattoo arms and … like he had like, just these two um fingers. And like, when he started, once he started, I calmed down because the way he presented himself. So I felt bad. Because when I first looked at him, I was like, no. And then he got it on the first try."*

Perceptions about communication experiences and relationships with others also influenced patient's perception about nurse's technical abilities.

> *"So it's like, you can't get along with your coworkers and you want me to let you stick me with a needle? No."*

Participants resonated experiences that aligned with principles of bioactive communication and relationship building. The neural firing that occurs in the first few milliseconds has been shown to have bioactive outcomes in other studies previously discussed, hence the consequences noted in this study should also potentially be considered bioactive. Consequences such as fear, anxiety, and trust likely provoke strong bioactive neural patterns that point the patient in a direction of either positive or negative healing patterns. The single pivotal moment of the first impression may serve as a bifurcation point that is critical to the patient's subsequent healing and health status. Based on the results of this study, this critical moment also serves as the defining moment for the nurse-patient relationship, thus creating bioactive effects for both the nurse and the patient. Feelings ensue for both parties that could affect health outcomes.

The consequences of the first impression of the nurse are important in a different way in our study because human lives are at stake. If the patient perceives the first impression negatively, the remainder of the visit (including recovery and outcomes) could be influenced (Mangum et al., 1995; Olivola & Todorov, 2010). While some of the other studies about first impressions are healthcare based, none reveal that patients forego needs based on the initial interaction with a nurse. Foregone needs are an important consideration for nurses. If a patient withholds important information or does not communicate their needs it could impact the care they receive. Hence, withholding information has the potential to affect the patient's health status, healing, and the patient's satisfaction with care received.

The role of bedside report poses an interesting dilemma in first impression formation, and must be considered as an extraneous variable. In the units we conducted our interviews, the practice of bedside report was noted to be inconsistent and unpredictable, varied based on unit, nurse, and/or shift. Patients generally denied bedside report having any effect on their perceptions, referring to it as "part of their business". Instead, most patients perceived the defining moment of the first impression as being when the nurse entered the room for the first time to deliver care as different from seeing the nurses at the bedside giving report. A few patients did suggest gleaning some perceptions about the oncoming nurse's knowledge and interest in providing care based on the questions they asked the off-going nurse, making bedside report a variable of consideration.

First Impressions and the Covid-19 Pandemic

The Covid-19 pandemic presented a unique opportunity to explore the influence of mask wearing on first impressions. Late in the interview after the primary characteristics about first impressions were already established by the participant, participants were asked if masks interfered with their ability to form a first impression of a nurse. Participants resolutely denied that masks had any influence on their perceptions of the first impression of the nurse, relying again on demeanor. Demeanor continued to emerge as the first noted characteristic of the first impression as described by participants.

> *"Yes, I can still tell with a mask because it is so like the energy, the vibe that they're giving off. It's their behavior and posture, you know, and their energy, just just just demeanor"*

Participants reported that the mask only interferes with visualizing a smile but it does not impede perceptions of the nurse's demeanor. Patients also reported being able to detect other nonverbal cues about the nurse wearing a mask such as smiling with their eyes, their walk, and other

mannerisms. One participant shared an experience about waking up in the Intensive Care Unit on a ventilator, not knowing where he was and unable to talk. The participant stated that he was able to "feel a sense of calmness from the nurse", despite her wearing full isolation gear with a helmet, face shield, gown and gloves. The participant reported that "sensing" her demeanor had an instant effect of reassuring him. These experiences shared during the pandemic emphasize the importance of the nurse's demeanor. Anecdotally noted, throughout the pandemic there has been some attention paid to using pictures with names on the nurse's torso, but there has been no discussion about the nurse's demeanor. Patients also shared the increased importance of the nurse during the pandemic, since no visitors were allowed.

> *"You better hope you get along with them because they're all you got. You can't have no visitors."*

Limitations

We recognized a few limitations with our study. Although this study sought to include a variety of unit cultures by using four different Medical-Surgical units, all of the units were within one healthcare organization. Therefore, the major limitation is limited transferability. In addition, the population represented only two cultural backgrounds: African-American and White. These limitations could have influenced the study. Ideally, future studies would include multiple health care organizations in a variety of geographic locations aiming to capture a wide variety of individual as well as organizational cultural backgrounds. Despite the fact that the study was conducted at a single site with limited ethnic and cultural variability, 20 participants is believed to be an adequate sample size for a qualitative grounded theory study (Cresswell & Poth, 2018) and meaningful data was obtained.

Conclusion

This study allows us to think about first impressions in a way we never have, and provides an innovative approach to improving patient's perceptions and satisfaction. These are important findings for nursing education and provide a unique perspective about the way future nurses are taught. The results indicate that the first impression can be intentionally planned, aiming for positive relationships from the onset. Understanding the importance and the impact of the first impression from the patient perspective can help both nursing educators and nursing administrators to raise awareness among nurses. If nurses aren't mindful of the impact of the first impression, it remains instantaneous. By raising the cognizance of the first impression, nurses can practice making the first impression intentional.

Our study serves to launch a trajectory of warranted research about first impressions in nursing. Based on our findings, further investigation about demeanor as a concept is needed. Additional research is suggested to assess education about first impressions among nursing faculty and students, as well as the first impression from the mutual standpoint of both the nurse and the patient. Bioactive communication as a concept remains largely unexplored in nursing science and warrants further study. The results of our study are also important to inform future research aimed at connecting first impressions directly to patient satisfaction scores. Long-term, the goal is ultimately to improve patients' perceptions of their nursing care.

In summary, our study is a novel approach to exploring the meaning of the first impression of the bedside nurse from the patient perspective. We described characteristics of the nurse that are most important to the patient at first impression as five major themes, and identified the process of first impressions of the bedside nurse and their potential consequences creating a unique grounded theory. Our study emphasizes that a nurse's demeanor is vitally

important to the first impression, nurse-patient relationship, patient satisfaction, and decision to return. Furthermore, the potential impact of the first impression of the nurse is highly under-recognized by nurses, nursing educators, and nurse administrators. Understanding the meaning and importance of the first impression from the patient perspective can be a huge asset to the nursing profession, while the lack of understanding remains a threat.

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APPENDIX A: IRB APPROVAL

UNIVERSITY OF CENTRAL FLORIDA

Institutional Review Board
FWA00000351
IRB00001138, IRB00012110
Office of Research
12201 Research Parkway
Orlando, FL 32826-3246

EXEMPTION DETERMINATION

December 15, 2020

Dear Sharon Imes:

On 12/15/2020, the IRB determined the following submission to be human subjects research that is exempt from regulation:

Type of Review:	Modification / Update
Title:	First Impressions of the Bedside Nurse- A Pilot Study
Investigator:	Sharon Imes
IRB ID:	MOD00001447
Funding:	None
Grant ID:	None
Documents Reviewed:	• Demographics Log, Category: Other; • Hospital Rep Scripting, Category: Recruitment Materials; • Hospital Rep Training, Category: Other; • Imes Modified HRP 255 2019 form, Category: IRB Protocol; • Interview Guide Revised, Category: Other; • Modified Explanation of Research/Consent, Category: Consent Form

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made, and there are questions about whether these changes affect the exempt status of the human research, please submit a modification request to the IRB. Guidance on submitting Modifications and Administrative Check-in are detailed in the Investigator Manual (HRP-103), which can be found by navigating to the IRB Library within the IRB system. When you have completed your research, please submit a Study Closure request so that IRB records will be accurate.

If you have any questions, please contact the UCF IRB at 407-823-2901 or irb@ucf.edu. Please include your project title and IRB number in all correspondence with this office.

Sincerely,

Katie Kilgore
Designated Reviewer

APPENDIX B: IRB CLOSURE

UNIVERSITY OF CENTRAL FLORIDA

Institutional Review Board
FWA00000351
IRB00001138
Office of Research
12201 Research Parkway
Orlando, FL 32826-3246

CLOSURE

June 4, 2021

Dear Sharon Imes:

On 6/4/2021, the IRB reviewed the following protocol:

Type of Review:	Continuing Review
Title:	First Impressions of the Bedside Nurse
Investigator:	Sharon Imes
IRB ID:	CR00001113
Funding:	None
Grant ID:	None
IND, IDE, or HDE:	None

The IRB acknowledges your request for closure of the protocol effective as of 6/4/2021. As part of this action:

- The protocol is permanently closed to enrollment.
- All subjects have completed all protocol-related interventions.
- Collection of private identifiable information is completed.
- Analysis of private identifiable information is completed.

If you have any questions, please contact the UCF IRB at 407-823-2901 or irb@ucf.edu. Please include your project title and IRB number in all correspondence with this office.

Sincerely,

UCF IRB