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Title: Comments on “The importance of nurse caring behaviours as perceived by Swedish hospital patients and nursing staff”

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Summary

This paper considers the impact of von Essen and Sjoden's (1991a) study on subsequent research into nurse and patient perceptions of nurse caring behaviours. The influence von Essen and Sjoden and others on the development of instruments for data collection of nurse and patient's perceptions of nurse caring behaviours will also be discussed. The paper will then explore how von Essen and Sjoden's work and that of later studies have led to the development of research based knowledge that informs current research, education and practice in nursing and question fundamental assumptions of caring theories and models that inform perceptions of nurse caring behaviours.

Introduction

von Essen and Sjoden's (1991a) Swedish research is recorded as one of the most cited papers published in the *International Journal of Nursing Studies* over the last 20 years. This significant study investigated 81 cancer, general surgical and orthopaedic surgical patients and 105 nursing staff (working on the patients' wards) perceptions of the most and least important nurse caring behaviours utilising the Caring Assessment Instrument (CARE-Q) (Larson (1981)). The instrument required participants to place only one CARE-Q item in the category of most important, four items in the category next important and so on. Significantly, von Essen and Sjoden found that nursing staff and patients differed markedly in their perceptions of the most important nurse caring behaviours.

It is the intent of this paper to consider the impact of von Essen and Sjoden's (1991a) study on subsequent research into nurse and patient perceptions of nurse caring behaviours. To do so, research studies that have explored nurse and patient perceptions of nurse caring behaviours were searched for on CINAHL. Key words included nurse and patient attitudes, nurse caring behaviours, nursing care and nurse-patient relations. Only research studies that were published in indexed, peer reviewed English language journals from 1991 to 2002 have been drawn upon for this paper.

The influences of von Essen and Sjoden and other researchers on the development of data collection instruments and sampling for this field of research will be discussed. The paper will then explore how von Essen and Sjoden's (1991a) findings and those of later studies have informed current practice, research and education in nurse caring behaviours.

Development of the CARE-Q data collection instrument

von Essen and Sjoden (1991a) were amongst the first to note that patients and staff experienced difficulty with the forced-choice format of ranking behaviours that would 'make a [hypothetical] patient feel cared for' (p 270) and that it may influence results in such studies. In response, von Essen and Sjoden (1991b) adapted the CARE-Q instrument to that of a seven-point Likert scale style questionnaire and tested it. Overall no marked differences in the rankings were found. Widmark-Petersson et al. (1998) further compared the CARE-Q free-choice and forced-choice formats findings the formats did not influence the importance placed on the CARE-Q sub-scales other than both groups gave higher values to each of the items.

von Essen and Sjodan (1991b, 1993) also took careful note of the participants responses to individual CARE-Q items and found, for example ‘talks to the patients and ‘listens to the patient’ (p 1373) could be interpreted in different ways between the sample groups and warranted further consideration. They advocated for further testing of reliability and validity of the 50 CARE-Q items with larger samples and through qualitative research. They scrutinised the sufficiency of the CARE-Q instrument to fully cover the concept of caring by undertaking a grounded theory study (von Essen et al. 1995) exploring a small number of patients’, nurses’ and others’ perceptions of caring behaviours and comparing them with the CARE-Q instrument items. Some caring behaviours were found to be different from the other groups. The CARE-Q instrument included many but not all of these important caring behaviours suggesting ‘a different pattern of findings’ was obtainable ‘when respondents are not forced to give priorities and rank their choices’ (p 85).

Widmark-Petersson et al. (1996, 1998) further explored the adequacy of the CARE-Q instrument by considering the impact of different concepts, ‘caring’ and ‘clinical care’ on perceptions as well as the forced-choice and free-choice formats. Different concepts and response formats did not greatly affect patient and staff answers. Patient and staff ratings of the importance of caring behaviours were found not to be associated with their ratings of the levels of anxiety or depression of specific patients either (Larsson et al. 1998). Further, progression of the free-choice format CARE-Q instrument was sought by Widmark-Petersson et al. (2000) who refined it into patient perceptions (CARE-P), staff perceptions (CARE-S) and staff views on patients’ perceptions (CARE-SP).

Hulela et al. (2000a) also found a modified form of the original CARE-Q instrument useful to gather the perceptions of acutely ill patients about nurse caring behaviours in Botswana. Cohen’s (1991) refinement of the CARE-Q into a CARE-Q observation checklist also proved helpful to Hulela et al. (2000b) in their follow-up study of the caring behaviours demonstrated by Botswanian nurses towards patients.

Development of effective sampling

von Essen and Sjodan (1991a, 1991b, 1993) have also contributed toward the discovery of effective patient and staff sampling processes in such settings as cancer, general and orthopaedic surgical wards, surgical and medical clinics and psychiatric wards. They noted the limitation of relying upon staff perception about a hypothetical or average patient and suggested the study of more closely aligned samples of matched patient-nurse dyads where patients answered for themselves and staff responded in relation to specific patients in their care. Research proceeded then to focus specifically upon matched dyads in cancer care (von Essen et al. 1994, 1995), nursing home care (Smith and Sullivan 1997) and acute care (Ekstrom 1999). Larsson et al. (1998) utilised a larger sample of matched dyads in cancer care in an effort to increase the representativeness of their findings. Hegedus (1999) joined the argument for matched dyads to achieve the best ‘measures of perceptual agreement’ (p 202) finding convenience samples far from ideal. Widmark-Petersson et al. (2000) pulled the sample criteria tighter still by studying matched dyads in cancer care where staff worked with the same patient for 3 days to be eligible.

Practice Issues

von Essen and Sjoden's (1991a) findings demonstrated startling differences in staff and patient ranking of nurse caring behaviours. Nursing staff considered expressive or affective behaviours to be the most important and patients noted competent technological knowledge and physically based caring behaviours as the most important. These discrepancies were found in the top rankings of behaviours in many studies (von Essen and Sjodan 1991a, 1991b, 1993, Scharf and Caley 1993, Larsson et al. 1998, Gardener et al. 2001). Hegedus (1999) using a different scale also found significant discrepancies with patients valuing behaviours that helped them prepare for change and staff those that encouraged patients expression of feelings.

Developing countries found even more startling results and perhaps help to put these issues into global perspective. Hulela et al. (2000a) noted Botswanan patients perceived only one of the six major themes of caring behaviours were frequently demonstrated by nurses. Hulela et al. (2000b) then observed nurses and discovered that frequent demonstration of all six caring behaviours was very low. They highlighted the challenge of nurse leaders in developing countries to raise the level of care to match expectations of nurse caring behaviours.

Scharf and Caley (1993), Gardener et al. (2001), Turkel (2001) and Widmark-Petersson et al. (2000) drew from their own and earlier findings asserting the need for administrators to recognise patients' desire to have technically competent nurses involved in their care by providing sufficient nurses with appropriate training on each shift.

von Essen and Sjodan's (1991a, 1991b) findings led them to be amongst the first to identify the need for nurses to validate their perceptions with the patients as behaviours meant to be caring may not always be perceived as such (others included Scharf and Caley 1993, Gooding et al. 1993, Von Essen et al. 1994, 1995, Christopher and Hegedus 2000). It was felt nurses might then be better able to meet patients' expectations or educate them why other behaviours were important to their care. Turkel's (2001) study underlined these differences in perceptions finding three different emphases of patients, nurses and administrators.

Interestingly, von Essen, et al. (1994), Smith and Sullivan (1997) and Christopher and Hegedus (2000) found that, in contrast to earlier studies, closely matched patient-staff dyads had a high level of agreement. They suggested this may have been due to long standing relationships where nurses knew the patients well and became attuned to behaviours important to them.

Poor communication was felt to be one of the reasons why there were such differences often between staff and patients perceptions of important nurse caring behaviours. Furthermore, that effective communication between patients and staff required specialised knowledge, skills and opportunity for staff to make accurate judgements of what patients seek in caring behaviours (Widmark-Petersson et al. 1998, Larsson et al. 1998, Widmark-Petersson et al. 2000, Christopher and Hegedus 2000). Another of the major issues appeared to be that nursing staff misconceived emotional or affective needs in care compared to how the patients view their level of distress (von Essen and Sjodan 1993, von Essen, et al. 1994, Larsson et al. 1998, Widmark-Petersson et al. 2000).

Research Issues

Future research suggestions reflected the findings of the studies with von Essen and Sjodan (1991b, 1993) raising the concern that discrepancies in rankings may cause decreased patient satisfaction with care. Therefore they argued (von Essen et al. 1995) identified behaviours gained from patients input could become the foundation of instruments that intended to measure their satisfaction of received nursing care.

von Essen and Sjodan (1991b p 1373) also raised a significant issue related to the ranking discrepancies noting that staff stress and burnout may be due to the fact that no guidelines have been available for patient feedback when nurses did a good job.

Some asserted that further studies should pursue to what extent nurses respond to the cues emitted by patients or to their own beliefs about important caring behaviours (von Essen and Sjodan 1993). Urgent clarification of the concept of caring in a variety of professional domains (including nurse educators) was also requested for use in all future research within the field (Widmark-Petersson et al. 1996, 1998).

Larsson et al. (1998) highlighted the need for further investigation of what makes patient-staff communication effective on the grounds that it may contribute to more effective staff assessment of patient perceptions. Ekstrom (1999) found a significant gender effect amongst nurses and argued for future investigations into the impact of gender on perceptions of nurse caring. Gardner et al. (2001) suggested that future research needed to consider potential differences in the perceptions of 'junior' and 'senior', 'younger' and 'older' nurses and 'Enrolled and Registered nurses. While Turkel (2001) argued for future research that considered the economic costs, caring behaviours and the quality of the nurse-patient relationship to 'shape health care policy and ensure the survival of professional nursing' (p 81).

Education issues

von Essen and Sjodan (1991a) noted that a theoretical model of caring could be developed from research findings in this field. Alternate studies were also undertaken which considered the relationship between existing theories of caring and caring behaviours (e.g. Wolf et al. 1994, Allan 2001). von Essen et al. (1995) highlighted the importance of patients having a forum for input into any theories that are developed about caring.

Researchers noted that education programs did not necessarily identify aspects of care perceived as the most important by patients. As such they argued for greater knowledge of patients' (as well as nurses') perceptions of good care to improve nurse education (e.g. von Essen and Sjodan 1993, Scharf and Caley 1993, Gooding et al. 1993). Many asserted that education programs needed to concentrate on patient-staff communication. In particular, there was an identified need for nurses to be taught how to ask specific questions about patients' emotional states so they no longer depended on volunteered information or their own assumptions (von Essen, et al. 1994, Widmark-Petersson et al. 1998, Larsson et al. 1998).

Conclusions

It can be seen throughout this paper that the influence of von Essen, Sjodan and their colleagues has been considerable within the shaping of current and future research

approaches and highly influential in the direction of potential changes to nursing practice and education.

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