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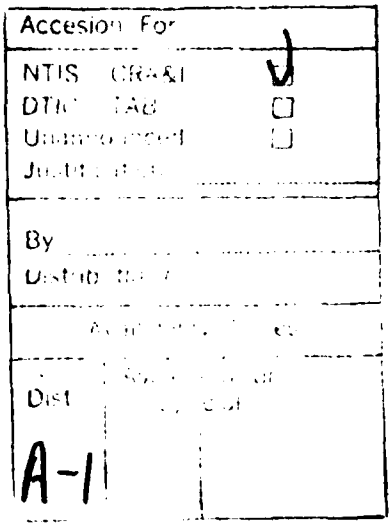

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ABSTRACT

Title of Thesis: Patients' Perception of Support in the Emergency Department

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Support is often mentioned as a goal of nursing care. The purpose of this study was to identify nursing behaviors that Emergency Department patients find supportive. One hundred and one Emergency Department patients completed a survey that consisted of demographic data and 51 items on a likert-type scale measuring importance of nursing behaviors. Fifty-three subjects responded to open-ended questions designed to elicit other nursing behaviors patients might consider important.

Content analysis of the responses to open-ended questions identified themes of the nursing behaviors. Descriptive statistical procedures were used to find means, standard deviations, and an overall rank ordering of the importance of the behaviors on the

questionnaire portion of the survey, and to analyze the demographic data.

The results of the questionnaire showed that Emergency Department patients considered physical nursing care, information-giving, and attitude of the nurse important to feeling supported. Results of the open-ended questions revealed that the attitude of the nurse, prompt treatment, and physical nursing care were important.

PATIENTS' PERCEPTION OF SUPPORT IN THE EMERGENCY DEPARTMENT

by

Miriam Cahill-Yeaton

Thesis submitted to the Faculty of the Graduate School
of the University of Maryland in partial fulfillment
of the requirements for the degree of
Master of Science
1989

To my husband, my best friend.

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M.C-Y.

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CHAPTER ONE

THE PROBLEM

Introduction

Watson (1979) defined nursing as a caring process that helps a person attain or maintain health, or die a peaceful death. The author used carative factors to define the structure of nursing as the science of caring. Two of the carative factors specifically assigned to the practice of nursing are: providing for a supportive, protective, and corrective environment and assisting with gratification of human needs. Thus, nursing is concerned with the provision of support and needs to identify how this can best be accomplished.

Emergency Department (ED) nurses are concerned about assisting the patient to receive the specific medical and nursing treatment needed to take care of the immediate problem. Caring and support may be overlooked by the staff in this environment, but may be important aspects of the care received by the patients. ED nurses, if made aware of such patient needs, are uniquely able to meet those needs because of their position in the health care system.

Leininger (1981) described professional nursing care as culturally

defined modes of caring to help maintain a healthy condition for life or death. Leininger emphasized that caring acts are culturally defined and culturally specific. She implied that patient needs and nursing care will vary with each patient and that the professional nurse must be able to identify the needs of each patient and tailor nursing care to meet those needs.

The social support received by the patient may influence the effectiveness of care provided by the nurse. Norbeck(1981) theorized that persons with inadequate support have a greater likelihood of a negative outcome and proposed incorporating assessment of social support into clinical nursing practice in the community health setting. The available social support must be adequate to the individual in each situation. If social support is inadequate, the nurse would have two possible interventions. First, the social support network could be altered in some way to ensure that the patient's needs would be met (indirect support), or the nurse could provide direct support by involving the appropriate groups and agencies outside of the social support network.

House (1981) defined social support as an interpersonal

transaction involving emotional concern, instrumental aid, information, or appraisal. Several of these factors can occur in the nurse-patient relationship. For example, showing concern and providing information are often cited as nursing behaviors indicative of support (Dickey & DeYoung, 1967; Gardner & Wheeler, 1981, 1987; Stockwell & Nishikawa, 1970).

The link between social support and support provided by the professional nurse is unclear. However, this link may be critical in the Emergency Department patient, since the ED is often the entry point to the health care system. Definition of behaviors supportive to ED patients could help determine the relationship between social support and support provided by professional nurses.

Caplan (1974) described social support as a buffer against disease. He postulated that an effective system of social support might serve as a buffer against disease and help maintain a healthy state, especially in stressful situations. This means that nurses need to identify patients with inadequate social support and correct the situation.

Roberts (1988) reviewed literature concerning social support

networks and help seeking and concluded that the network transmits values and helps determine health behaviors. The author discussed the role of the nurse in providing support to patients in health care settings and suggested a classification of support needs and interventions based on the type of support needed. Thus, adequate support in the health care setting may affect health behaviors.

Pilisuk, Boylan, and Acredolo (1987) measured health outcomes prospectively in patients over 40 years old. Those with a higher number of clinic visits were older, had increased stress levels, and lower levels of social support. Clearly, if inadequate support contributes to health problems, then providing support should be a goal of nursing.

Gardner and Wheeler (1981 b) define supportive nursing as " an effective, goal-directed nurse-patient communication, which assists the patient in adapting to his current life stresses" (p. 71). They depict caring as a prerequisite to support, but support is more goal-directed than caring; support includes more specific behaviors and actions. While caring may become a reciprocal process (between patient and nurse), they maintained that support remains one way.

Several things influence the nurse's ability to give support: emotional and personal concerns of the nurse; time; the nurse's ability to communicate and interact with the patient; and the receptiveness of the patient.

Gardner and Wheeler (1981 a, 1981 b, 1987) have studied nurses' and patients' perceptions of supportive nursing care in medical, surgical, and psychiatric specialty areas. There were no differences in nurses' perceptions of supportive behaviors across the specialties. However, there was variation by specialty area in patients' perceptions of supportive behaviors. This underlines the need for clarification with the patient about support needs and the need to clarify supportive behaviors with other patient populations.

Larson (1987) stated that patients feel cared for through the nurse's performing nurse caring behaviors. In parallel, support is the enactment of caring. The attitudes of the nurse providing support cannot be examined, but behaviors can be observed, identified, and categorized.

Stockwell and Nishikawa (1970) emphasized the interaction component of providing support, the need for the patient to be able to

sense the nurse's commitment and involvement in the process. They may have been addressing the caring relationship. For example, the patient senses the nurse's concern, the nurse assesses patient support needs, and then appropriate nursing support is given.

It is not known if patients who perceive nursing care to be supportive are more receptive to the medical regimen prescribed and more satisfied with the care received, or have better health-related outcomes. Once supportive nursing care has been defined, issues such as these can be addressed.

There exists a discrepancy between what behaviors nurses think are supportive and those nursing behaviors perceived by patients to be supportive. Therefore, further research is needed to clarify supportive nursing behaviors in a wide range of specialty areas and treatment arenas, so that supportive nursing can be defined.

Purpose

The purpose of this study was to identify patients' perceptions of supportive nursing behaviors in an Emergency Department setting.

Research Questions

1. What nursing behaviors do patients perceive as supportive in the

Emergency Department?

2. What supportive nursing behaviors do patients perceive as most and least important in the Emergency Department?

3. What nursing behaviors do Emergency Department patients perceive as unhelpful?

Significance

At present little is known about nursing behaviors that are perceived as supportive by Emergency Department patients. This study focused on clarifying and defining supportive nursing behaviors. The results of this study should help Emergency Department nurses tailor nursing care to patient needs and expectations. Ultimately, the effect of supportive nursing behaviors can be related to patient satisfaction and patient outcomes. The findings should also contribute to understanding the concepts of support and supportive nursing behaviors.

Assumptions of the Study

1. Nursing support can be specified by nursing behaviors.

2. Patients who have received nursing care can identify those behaviors perceived to be supportive to them.

3. The perceptions patients have about the care they receive is just as important as the actions of the nurse in providing care.

CHAPTER TWO

REVIEW OF LITERATURE

Introduction

Caring and supportive nursing behaviors are tentatively defined in the literature for some patient settings. This chapter will review the important nursing research concerning care and support.

Support Research

Deyoung and Dickey (1967) used a descriptive design to study the professional and technical nursing staff of an army mental health center to determine a definition of support. First, they questioned ten staff members regarding the meaning of support. The results of this study were used to develop a six part support questionnaire for administration to all nursing personnel.

The authors found that acceptance, empathy, reassurance, encouragement, and warmth were words synonymous with support. "Showing the patient you care about him as a patient", "allowing the patient to verbalize", "understanding the patient's feelings", "reinforcing the patient's rights to make a decision", and "staying with the patient" when he is upset were descriptive phrases

important to the meaning of support, as defined by the nursing staff. Nursing staff members agreed that patients receive support most often from technicians, nurses, other patients, physicians, social workers, and psychologists, in that order. This finding is not surprising, since technicians in the military medical system often provide the bulk of physical nursing care and have more contact with the patients. The study offers one of the first beginning definitions of support, however, the definition comes from the perspective of the nursing staff.

In 1970, Stockwell and Nishikawa questioned 121 students and faculty in a Baccalaureate School of Nursing (BSN) about what words suggested support to them. Participants listed 35 words or phrases that suggested support. Understanding, care, and help were mentioned by 32% of respondents. The authors uncovered a pattern in the words that seemed to describe a supportive process. The sequence suggested was: attention, presence, thereness, acceptance, care, concern, interest, involvement, understanding, and empathy.

Stockwell and Nishikawa (1970) concluded that both thinking and feeling are needed on the part of the nurse in order to give support,

and that the patient must be able to perceive the nurse's involvement, understanding, and commitment. These authors identified an interactive process between nurse and patient that characterizes support. This study helped formulate a definition of nursing support, but the definition comes from nurses, not patients.

In 1974, Pearlmutter studied emotional support as described by professional (baccalaureate) nurses. The author administered a questionnaire to nurses that asked how they would interact with an angry, a depressed, and a regressed patient to provide emotional support. No reports on reliability or validity of the tool were given, nor was there any attempt made in the study to validate that the nurses actually used the behaviors mentioned in their responses.

Pearlmutter (1974) concluded that nurses provide emotional support based on patients' needs. The nurses felt that the patients' primary need was to express their feelings. Another need uncovered was for information about disease and treatment. The author recommended that the educational process in nursing schools should concentrate on helping nurses learn to identify the needs of particular patients so that they will have a better basis for providing emotional

support. This study was important because it identified the prerequisite of a patient assessment to determine support needs. More recent research that deals with patients' perception of supportive behaviors has not found expression of feelings to be necessary for support(Gardner & Wheeler, 1987) , while nurses continue to select behaviors related to expression of feelings as supportive.

Lierman (1982) tested a systematic program of psychological preparation and supportive care of women diagnosed with breast cancer and treated with mastectomy, using an experimental design with 53 control and 55 experimental mastectomy and biopsy patients. The experimental protocol included: a preoperative nursing history and needs assessment and twice daily postoperative visits by the research nurse. The goal for the experimental group was to provide preparation and support for the women and allow them to mobilize their own resources. The control group subjects received routine nursing care, described by the investigator as including inconsistent preoperative preparation and inconsistent and sporadic post operative teaching and support.

Women in the experimental group were expected to show a more positive mood, greater satisfaction with care, and better recovery as indicated by number of analgesics and sedatives used, number of hospital days, and incidence of nausea and vomiting. Also, the experimental group was expected to have better one and three month adjustment than the control group. Emotional state, postoperative recovery, satisfaction with care, and quality of care were assessed during the mastectomy patients' hospitalization and at three months post surgery. Preoperative and postoperative mood and feelings and one and three months mood inventory and depression measurements were studied for the biopsy patients.

No significant differences were found between experimental and control mastectomy patients' scores on adjustment measures at one and three months. Experimental subjects tended to be slightly less depressed and have more positive moods at three months. This study begins to address the issue of patient outcome related to provision of support.

In 1984, Grossman-Schulz and Feeley studied 17 nurses from the Ambulatory Services Department of a children's hospital and asked

each nurse to describe a critical incident of supportive nursing from their practice, list five words or phrases that mean support to them, and describe how they evaluate the effectiveness of the interaction. The nurse sample was surveyed on three occasions over a three month period and yielded 42 completed questionnaires. Data analysis techniques were not described.

"Information-giving", "encouraging", "allowing ventilation of feelings", and "being with the client" were the behaviors mentioned most often as supportive nursing behaviors. The participants used the words listening, empathizing, explaining, and understanding to define the concept of support. The nurses said they evaluated the effectiveness of interventions by observing for a decrease in patient anxiety or through positive statements by the client.

The authors noted a discrepancy among supportive behaviors nurses claimed to use, and the behaviors they used to define the concept of support. There was also a discrepancy between supportive behaviors used and behavioral indicators used to assess the effectiveness of support.

Based on their research, the investigators have developed a

working model of support. The three phase model has the following goals: to establish a sense of trust between nurse and client, to help the client establish health goals, and to help the client achieve his goals (mastery over the problem).

This study took place in the ambulatory care center of a children's hospital, but specific information about the population cared for is not given. The definition of support and the model are based on the perceptions of the nursing staff, not the patients. This study does begin to address the need to evaluate the outcome based on what supportive behaviors were used.

Stetler's research (1977) involved the relationship between empathy and communication in a non-psychiatric nurse-patient encounter. Empathy was defined as the process whereby one individual is able to understand the feelings and experiences of another and communicates the understanding back to the individual.

Stetler used a quasi-experimental design; an encounter between a registered nurse and a physiologically ill patient (portrayed by an actress) was simulated to determine if differences in verbal and vocal communicative behaviors would have an effect on the amount of

empathy perceived. The 32 female nurses were blind as to the true purpose of the study. Stetler measured the amount of empathy achieved by each nurse with the Barrett-Lennard Relationship Inventory (BLRI), which assesses the patient's perception of the helper's desire to understand and the level of understanding. The BLRI has been found to have content, predictive, and construct validity. Reliability of the instrument was not listed, but the author reported it is adequate. Also, the communication behaviors of each nurse were analyzed by trained coders using content analysis.

This study did not find significant differences between highly empathetic and unempathetic nurses in their sensitive responsiveness. However, there was a significant difference between empathetic and nonempathetic nurses on communication of some positive variables such as support, provision of information requested, and reinforcement. Highly empathetic nurses communicated more provision of information than nurses perceived to be nonempathetic. The least empathetic nurses sought significantly more information than nurses perceived as empathetic. Therefore, the author concluded that verbal and vocal behaviors are not the

important factors in perception of empathy. This finding suggests that empathy can be communicated in ways other than vocally.

The concepts of caring and support are closely related and may overlap. Many nursing behaviors defined as indicative of caring are also perceived as supportive. Therefore, nursing research related to caring is important to this study.

Caring Research

Larson (1987) compared nurses' and patients' perceptions of caring in a convenience sample from inpatient oncology units. The 57 nurses and 57 patients were not matched pairs. A q sort method, the Caring Assessment Instrument (CAI or Care-Q) was used to determine perceptions of nurse caring behaviors through a forced-choice format and priority rankings. The instrument has 50 nurse behavioral items ordered into six subscales. The six subscales are: (a) "accessible", (b) "explains and facilitates", (c) "comforts", (d) "trusting relationship", (e) "anticipates", (f) "monitors and follows through". Reliability of the CAI has been established through test-retest. The author reported item ranking consistency of 79% between test one and test two for the five most important items.

Significant differences were demonstrated between the two groups on three of the subscales, using t-tests. Patients ranked items on the "monitoring", "accessible", "comforts", and "trusting relationship" subscales as important, in that order. Nurses ranked items on the "trusting relationship", "comforts", "anticipates", "accessible", and "monitoring" subscales as important, in that order. Nurses and patients had significantly different perceptions of the importance of almost 38% of the behavioral items (Larson, 1987). The author concluded that nurses should not assume that what they intend is perceived as such by the patient, validation with the patient is needed. This study illustrates the discrepancy between nurses' and patients' perceptions of caring behaviors and underlines the need for assessment of patient needs.

In 1987, Mayer replicated Larson's work on perceptions of caring behaviors with a convenience sample of 54 cancer patients and 28 female oncology nurses, using the instrument developed by Larson (Care-Q, 1987). Mayer found that patients considered the categories of "accessible", "monitoring", and "comforts" as most important. Nurses considered "anticipates", "comforts", and "trusting

relationship" as containing the most important nurse caring behaviors.

Overall agreement between Larson's and Mayer's nurse and patient samples was high. The correlation of the six mean categories between Mayer and Larson patients was .87 ($p=.0248$) and correlation between Mayer and Larson nurses was .66 ($p=.1562$). Some agreement is expected since both authors studied cancer patients.

There was no agreement between Mayer's nurse participants and patient participants on the five most important caring behaviors. Nurses and patients agreed on three of the least important behaviors. The study helps validate the perceptions of nurse caring behaviors reported by Larson.

In 1987 Keane, Chastain, and Rudisill studied a convenience sample of 26 registered nurses and 26 patients in a rehabilitation hospital to determine their perceptions of nurse caring behaviors, using Larson's Care-Q. All of the patients had been hospitalized at least two weeks and the nurses had at least six months of rehabilitation nursing experience.

Patients and nurses agreed that knowing when to call the doctor was the most important nurse caring behavior. Both groups chose

behaviors that represent "monitors and follows through" and "is accessible" as the most important subscales. The investigators reported Spearman's correlation coefficient for ranked data between the nurse and patient group was +0.94. Six of the 10 high mean items were chosen by both groups. The results of this study reflect higher agreement between nurses' and patients' perceptions of caring behaviors than previous studies.

Cronin and Harrison (1988) studied 22 post myocardial infarction patients to determine what nursing behaviors were perceived as caring. Nurse caring behaviors were defined as things that a nurse says or does that communicate caring to the patient. Nurse caring behaviors in the study were determined via responses to an open-ended question and the Caring Behaviors Assessment (CBA), developed by the investigators.

The CBA was derived from Watson's carative factors and lists 61 nursing behaviors ordered in seven subscales. Individual items contained in all of the subscales were not identified. The seven subscales are: (a)" human needs assistance", (b) "teaching/learning", (c)" humanism/faith-hope/sensitivity",

(d) "existential/phenomenological spiritual forces",

(e) "supportive/protective/corrective environment",

(f)"helping/trust", (g) "expression of positive/negative feelings". Congruency of the behaviors with their subscales was addressed by a panel of four content specialists familiar with Watson's model. Cronbach's alpha for the subscales in the CBA ranged from .66 to .90.

Data were collected on transitional care units of two acute care community hospitals where primary nursing was practiced. Subjects were asked to use a five point Likert-like scale to indicate the degree to which each behavior communicated caring to them.

"Human needs assistance" was the highest ranked subscale. This category contains items such as "knows how to handle equipment", "checks my condition very closely", and "lets my family visit as much as possible".

Responses to the open-ended question were analyzed with content analysis. Two behaviors ("cheerful" and "gentle") were identified by participants that had not been included on the CBA.

This study addresses the perceptions of patients in a setting not previously reported in the literature. Also, it presents a new tool to

measure caring behaviors that is theory-based. Behaviors concerned with the attitude of the nurse were mentioned in responses to the open-ended questions.

Research of Gardner and Wheeler

Gardner and Wheeler have reported on several research studies dealing with supportive nursing behaviors. In 1981 (a), they studied 100 nurses' perceptions to determine the meaning of support. The nurses were employed at a large university hospital in the medical, surgical, and psychiatric areas. Nurses were asked to describe a critical incident in which they had given supportive nursing care to a patient and were also asked to rate a list of 51 words and phrases that describe support, on a scale of one to four.

The eight behaviors cited most frequently in the critical incidents were: "helping the patient cope with feelings", "talking with the patient", "spending time with the patient", "giving information", "listening", "comfort activities", "coordinating care", and "touching the patient". Most of the behaviors identified from the critical incidents deal with some form of communication between the nurse and another person (patient, family, other health professional). Of the

90 critical incidents elicited, 27 involved the nurse communicating with the family. When examined by specialty area, surgical nurses mentioned physical comfort measures and touching patients more than the other two groups of nurses. Psychiatric nurses did not report any incidents of giving information.

On the questionnaire portion of the study, surgical nurses ranked empathy and care higher than the medical or psychiatric nurses. The behaviors nurses rated as most important to support overall were: "listening", "expression of feelings", "participation in decision-making", "trust", "rapport", "empathy", "concern", "feedback", "planning", and care.

Additionally, factor analysis was performed on the ratings. Thus, factors comprising clusters of words were identified. Then the investigators interpreted each factor individually, they interpreted the factors working together, and then central concepts underlying each factor were identified.

The authors concluded that patients might identify different behaviors as supportive, that the behaviors identified as supportive could vary depending on the values of the nurse and the patient's needs

and values, and that further research was needed to determine how the nursing behaviors affect the patient's state of health.

This research builds on the earlier support research and helps clarify the meaning of support. However, it does not address patients' perceptions of support.

In 1987 Wheeler and Gardner reported on a study that involved nurses and patients on medical, surgical, and psychiatric inpatient units. The 76 nurses and 110 patients were not matched. Both groups were interviewed by trained research assistants. Nurses and patients were asked to describe an incident in which they gave or received support, an incident in which they did not give or receive support, and what may have prevented support from being given/received. The authors defined support as activities that help the patients enhance their ability to deal with a given situation. The goal of support was to improve coping and decrease anxiety; it was seen as part of the caring process.

The nurses and patients interviewed described supportive incidents that reflected similar categories, except that patients did not include helping the family as supportive. Nurses and patients did

not rank the supportive behavior categories equally. Nurses and patients within each specialty areas disagreed somewhat regarding the ranking of the supportive behaviors. Over 50% of the behaviors identified as supportive were in the category of the nurse "being available"; this was true in all three specialty areas. Medical patients ranked "information-giving" as the next most important category, surgical patients ranked "providing comfort" as second most important, and psychiatric patients mentioned "assistance with problem-solving" as second most important to them (Wheeler & Gardner, 1987).

Gardner and Wheeler (1987) reported elsewhere on the questionnaire portion of the study mentioned above. The subjects were a convenience sample of 119 medical, surgical, and psychiatric inpatients who were administered a 67 item questionnaire, the Supportive Nursing Behavior Checklist (SNBC), to determine their perceptions of supportive nursing behaviors. The authors developed the 67 item SNBC by reviewing the nursing support literature. Participants were asked to use a seven point scale to describe the relative importance of each item. Fifty-two percent of the sample

had been hospitalized three to seven days, 35% for one to two weeks, and 13% had been hospitalized for more than two weeks. Fifty-three percent of the sample was from the medical unit, 25% from the surgical unit, and 23% from the psychiatric unit.

The five highest ranking items for all patients were: "nurse helped me to feel adequate care was provided", "nurse was friendly", "nurse showed interest in me", "nurse was honest with me", and "nurse showed interest in my welfare" (Gardner & Wheeler, 1987). The 12 most important supportive nursing behaviors were the same for the three specialty areas, however differences in actual rankings occurred. Medical patients ranked "nurse was friendly" as the most important behavior, while surgical patients rated "nurse helped me to feel adequate care was provided" as most important, and psychiatric patients ranked "nurse was honest with me" as the most important supportive nursing behavior. Cronbach's alpha for the SNBC was reported to be .97 in this study.

A factor analysis was conducted to help identify the structure of support from the SNBC. Eight factors that account for 90% of the variance in nursing support were identified. In rank order, these

factors were: "availability", "physical care", "individual care", "control", "moral support-encouragement", "confidence", "problem-solving", and "information-giving" (Gardner & Wheeler, 1987). The authors pointed out that since many of the items on the SNBC deal with physical care, this factor may have been over emphasized. The tool is undergoing further revision and testing (personal communication, Gardner, 1988, 1989).

This study proposed a tool to measure supportive nursing behaviors and further delineated categories of the behaviors.

Conclusions

Both caring and support have been tentatively defined in the literature. Caring is part of a two way relationship between the nurse and the patient. It is not necessary to have a longstanding relationship with a patient in order to impart caring. Support may be emotional support or it may be more concrete such as information-giving and other interventions that address specific patient needs. Support is a one way process (nurse to patient) and is comprised of activities that help convey caring.

Nurses' and patients' perceptions of support have been studied in a

variety of patient settings. Patients' perceptions of what behaviors are supportive differ from the perceptions of nurses, and patients in different settings may have differing support needs.

Emergency Department patients' perceptions of supportive behaviors have not been reported in the literature. Since the Emergency Department is the entry point to the health care system for many individuals and their perceptions may affect future health seeking behavior, this patient population needs to be studied in depth.

CHAPTER THREE

METHODOLOGY

Introduction

The purpose of this study was to identify nursing behaviors perceived by Emergency Department patients as supportive. The Supportive Nursing Behavior Checklist (SNBC) developed by Gardner and Wheeler was used to determine which behaviors were perceived by patients as supportive. Additionally, three open-ended questions allowed participants to identify the most important supportive behavior, to identify supportive behaviors not included in the SNBC, and to describe nursing behaviors that were not helpful. The research questions were: (a) what nursing behaviors do patients perceive as supportive in the Emergency Department?, (b) what supportive nursing behaviors do patients perceive as most and least important in the Emergency Department?, and (c) what nursing behaviors do Emergency Department patients perceive as unhelpful?

Research Design

A descriptive approach was used to define supportive nursing behaviors.

Setting

The study took place in the Emergency Department of a 785 bed for-profit hospital in the Baltimore Metropolitan area. The Emergency Department is a Level I Trauma Center with an average daily census of 110 patients. The nursing staff consists of 27 registered nurses and 7 nurse aides or orderlies. Registered nurses have an average length of employment of approximately three years, according to the nurse manager of the department.

Subjects

The subjects of the study included 101 individuals who visited the Emergency Department for care during the 16 eight hour shifts the nurse investigator collected data (see Appendix A for a list of days, dates, and shifts that data were collected). Systematic random sampling was done by asking every third patient who came in to the Emergency Department to participate in the study, after a random start. Every effort was made to obtain a representative sample of patients by probability sampling and collecting data on all days of the week and all shifts.

The potential sample was 164 patients. Of the 63 who did not

participate, 35 (56%) patients refused, 9 (14%) patients were referred out of the Emergency Department, 12 (19%) patients did not meet the established criteria, 4 (6%) potential participants were missed because the Emergency Department was extremely busy and the investigator was unable to approach them, one patient was deferred from the study by the staff, one patient signed out Against Medical Advice before he could be approached, and one patient withdrew from the study after agreeing to participate. Thus, 61.6% of the potential sample participated in the study. No attempt was made to determine reasons for refusal to participate. Some of those who refused to participate may have been unable to read the questionnaire.

Criteria for inclusion in the study were being 18 years of age and able to read and write English. Patients were excluded from the study if they were hemodynamically unstable or if they presented with a Glascow Coma Scale score of less than 15. Thus, as stated above, 12 patients were excluded from the study because they did not meet the criteria.

Protection of Human Subjects

The protocol for the study was presented to and approved by the

Human Subjects Review Committee of the University of Maryland. The protocol was then presented to the Nurse Manager of the Emergency Department who also gave approval and support for the study. The investigator presented the purpose of the study and explained the questionnaire to the staff nurses from all shifts at general staff meetings during the month the study commenced.

Potential participants were made aware, both verbally and in writing, that they were free to refuse to participate and that refusal would not affect their future care in the Emergency Department.

Instrumentation

Patients' perceptions of supportive nursing behaviors were measured with the SNBC, which has been developed and revised by Gardner and Wheeler (1987), and three open-ended questions. Permission was received from the authors to use and modify the instrument (Appendix F). One hundred and one Emergency Department patients agreed to complete a modified version of the SNBC. The scale, as used in this study, consisted of 51 items, worded in the present tense (Appendix C), and representative of nursing behaviors determined to be supportive. The subjects rated the items on a scale

of 1 to 5 according to the importance of the behavior to feeling supported by a nurse in the Emergency Department. An item score of 1 indicated that the behavior was not very important, while a score of 5 indicated that the behavior was very important to feeling supported. Participants were also asked to answer three open-ended questions (Appendix C) to allow for additional responses.

Gardner and Wheeler developed the SNBC by reviewing the nursing support literature and by questioning professional nurses about what support means to them. The authors (1987) reported a Cronbach's alpha coefficient of .97 for internal reliability when the scale was used with 119 medical, surgical, and psychiatric inpatients to measure supportive nursing behaviors.

Cronbach's alpha and split half reliability coefficients were calculated for the scale. The reliability coefficient was 0.969 and the split half reliability coefficients were 0.912 for part 1 and 0.954 for part 2.

Procedure

The investigator was available to distribute and collect the questionnaire. Potential participants were approached just after they

signed in for the Emergency Department visit. The study was briefly explained by the investigator and those who expressed an interest in participating were asked to read the consent letter (Appendix B). Participants completed Part I (demographic data) and Part II (SNBC) of the questionnaire as they awaited treatment. This procedure took about 10-15 minutes. Patients were asked to complete the open-ended questions just prior to leaving the Emergency Department. These questions reflect perceptions specific to the institution where the study took place. Many patients were discharged directly by the physicians and thus left before they could be approached by the investigator to complete this portion of the study. In all, 53 (52.5%) out of the 101 respondents completed the open-ended questions. The investigator collected data on initial triage category, final diagnosis, time spent in the Emergency Department, and discharge status from the Emergency Department record. Patient data were coded and maintained under lock and key by the investigator. Data collection took place over approximately seven weeks between November 1988 and January 1989 during 16 eight hour shifts.

Data Analysis

Analysis of the SNBC was performed using an IBM computer and the Statistical Package for the Social Sciences (SPSSX). Means were computed for each of the demographic variables. The mean and standard deviation of the scores of each item were used to examine the perceived relative importance of each nursing behavior as an indicator of support. Also, internal reliability of the tool was assessed using Cronbach's alpha and a split-half measure.

For the three open-ended questions, responses were examined for themes such as nurse provides physical care, attitude of the nurse, nurse gives information, and nurse interacts with the family.

Definitions

Nurse: The nurses in the study were all nurses employed in the Emergency Department.

Patient: The patients in the study were all individuals who presented to the Emergency Department for medical treatment and nursing care.

Supportive Nursing Behavior Checklist: checklist developed and used by Gardner and Wheeler (1987) to define support in the inpatient setting.

Triage Level I: Patients who are labeled as "urgent" and must receive medical care immediately.

Triage Level II: Patients who are labeled as "acute" and must receive medical care within 30-60 minutes.

Triage Level III: "Non-acute" patients who can wait to be seen.

Triage Level IV: "Non-acute" who can be referred at the discretion of the medical resident.

Level I Trauma Center: A large hospital, usually over 500 beds, with 24-hour availability of all surgical specialties and skilled clinicians.

Limitations of the Study

1. The study took place in the Emergency Department of a large inner city teaching hospital and findings may not apply to other treatment settings.

2. The patient sample was skewed towards non-acute patients. Therefore, acutely ill patients may have different ideas about supportive nursing behaviors.

3. The sample was relatively homogeneous with regard to race, education, and social class. Findings may not be generalizable to other patient populations.

4. The results may be biased, since patients who elected not to participate may have different viewpoints of supportive nursing behaviors.

5. Patients who were unable to read the questionnaire may have self-selected out of the study.

Summary

This chapter has presented the research design, the sample population, procedure for data collection, limitations of the study, and instrumentation. The results will be presented in the following section.

CHAPTER FOUR

RESULTS

Introduction

This chapter presents the results as follows: (a) demographics, , (b) results of the questionnaire, (c) results of the open-ended questions, (d) summary of findings and (e) incidental findings.

Demographics

Little ethnic diversity is present among the patient population served by the institution where the study took place, the sample reflects this homogeneity. Eighty-two (81.2%) of the 101 subjects were black, 17 (16.8%) were white, one (1.0%) was hispanic, and one (1.0%) was oriental. Of the 101 subjects, 44 (43.6%) were male and 57 (56.4%) were female.

Table 1 provides the distribution of subjects by age. Subjects ranged from 18 to 72 years of age, the mean age was 34.76 years. Thus, the sample was relatively young.

TABLE 1

DISTRIBUTION OF SUBJECTS BY AGE (n=101)

Age in Years	Number of Subjects (%)
18-20	9 (8.9%)
21-29	34 (33.7%)
30-39	3 (29.7%)
40-49	15 (14.8%)
50-59	5 (4.9%)
60-69	6 (5.9%)
70-79	2 (2.0%)
TOTAL	101(100%)
Mean=34.76	

Table 2 presents the distribution of subjects by marital status. Nearly 60% of the subjects reported being single.

TABLE 2

DISTRIBUTION OF SUBJECTS BY MARITAL STATUS (n=101)

Marital Status	Number of Subjects
Single	60 (59.4%)
Married	28 (27.7%)
Divorced	3 (2.9%)
Widowed	2 (1.9%)
Unknown	8 (7.9%)
TOTAL	101 (99.4%)

Table 3 depicts the distribution of subjects by education in number of years. The mean number of years of education for the sample (excluding those for whom data were missing) was 11.15 years and the median was 12 years. Over half of the subjects had completed high school.

TABLE 3 (n=101)

DISTRIBUTION OF SUBJECTS BY NUMBER OF YEARS OF EDUCATION

Education in Years	Number of Subjects
5-8	10 (9.9%)
9-11	26 (25.7%)
12	56(55.4%)
13-16	7 (6.9%)
Unknown	2 (2.0%)
	101 (100%)

Mean= 11.15

Table 4 presents the distribution of subjects by the number of Emergency Department (ED) visits reported in 1988. Twenty-seven (26.7%) of the 101 subjects reported no previous ED visits in 1988. Number of ED visits ranged from zero to nine or more. Mean number of previous ED visits was 2.03.

TABLE 4

DISTRIBUTION OF SUBJECTS BY NUMBER OF ED VISITS IN 1988 (n=101)

Number of ED Visits	Number of Subjects (%)
0	27 (26.7%)
1	22(21.8%)
2	18(17.8%)
3	17(16.8%)
4	7 (6.9%)
5	3 (3.0%)
6	3 (3.0%)
7	0 (0%)
8	1 (1.0%)
9 or more	3 (3.0%)
TOTAL	101 (100%)

Mean = 2.03

Table 5 depicts the distribution of subjects by assigned triage

categories. The majority of subjects were considered non-acute. None of the participants in this study were assigned to category IV. This is also true for the population treated in this Emergency Department. During business hours, patients in category IV were referred to a clinic for treatment.

TABLE 5

DISTRIBUTION OF SUBJECTS BY TRIAGE CATEGORY (n=101)

Triage Category	Number of Subjects (%)
I	1 (1.0%)
II	12(11.9%)
III	88(87.1%)
IV	0 (0%)
TOTAL	101 (100%)

Table 6 presents the distribution of subjects by the number of hours spent in the ED prior from registration to disposition (rounded

to the nearest hour). The mean time subjects spent in the ED (excluding subjects for whom data were missing) was 3.28 hours.

TABLE 6

DISTRIBUTION OF SUBJECTS BY TIME SPENT IN THE ED (n=101)

Number of Hours	Number of Subjects (%)
1	28 (27.7%)
2	14 (13.9%)
3	14 (13.9%)
4	8 (7.9%)
5	8 (7.9%)
6	5 (5.0%)
7	3 (3.0%)
over 7	6 (5.9%)
Unknown	15 (14.9)
TOTAL	101 (100%)

Mean= 3.28 hours

Results of the SNBC

The list of supportive nursing behaviors, the mean, and standard deviation for each is in Appendix E. Table 7 presents the 10 behaviors that were ranked most important, with means, and standard deviations.

TABLE 7

10 MOST IMPORTANT SUPPORTIVE NURSING BEHAVIORS (n=101)

Nursing Behavior	Rank	Mean	SD
Nurse explains procedures and medication	1	4.677	1.061
Nurse is pleasant	2	4.561	1.071
Nurse is honest	3	4.495	1.159
Nurse gives medications regularly and punctually	4	4.460	1.107
Nurse relieves discomfort	5	4.429	1.245
Nurse provides care on time	6	4.412	1.343
Nurse is friendly	7	4.370	1.184
Nurse provides information about my disease	8	4.361	1.405
Nurse helps me feel adequate care was provided	9	4.354	1.182
Nurse keeps me physically comfortable	10	4.343	1.189

Four of the ten most important behaviors were related to the nurse giving physical care: the nurse gives medications regularly and punctually; the nurse relieves my discomfort; the nurse keeps me physically comfortable; and the nurse gives care on time. Specifically, two of these behaviors concern being made comfortable. Two of the ten most important supportive nursing behaviors were related to the nurse giving information: the nurse explains procedures and medications and the nurse provides information about my disease. The friendly attitude of the nurse was related to two of the ten most supportive nursing behaviors: "the nurse is pleasant" and "the nurse is friendly". Other important supportive behaviors included "the nurse is honest" and "the nurse helps me feel that adequate care was provided".

These findings suggest that Emergency Department patients find physical nursing care, relief of discomfort, provision of information, and a friendly and caring attitude as important to feeling supported.

Table 8 depicts the ten least important supportive nursing behaviors chosen by 101 patients. Two of these behaviors are related to nurse interaction with the family, this indicates that having the nurse interact with the family was not as important as other

supportive nursing behaviors to the population studied. Other nurse behaviors found to be less important to feeling supported were: the nurse holds my hand and the nurse spends time with me.

TABLE 8

TEN LEAST IMPORTANT SUPPORTIVE NURSING BEHAVIORS (n=101)

Nursing Behavior	Rank	Mean	SD
Nurse discusses social events with me	51	2.704	1.542
Nurse holds my hand	50	2.949	1.715
Nurse spends time with my family	49	2.970	1.529
Nurse reinforces my decisions	48	3.220	1.440
Nurse helps me establish realistic goals	47	3.240	1.551
Nurse spends time with me	46	3.459	1.591

Nursing Behavior	Rank	Mean	SD
Nurse provides me with an opportunity to learn from this experience	45	3.535	1.533
Nurse facilitates communication with my family	44	3.545	1.540
Nurse helps me to maintain personal dignity	43	3.571	1.616
Nurse helps me to solve problems	42	3.750	1.395

Results of Open-Ended Questions

The first open-ended question asked patients to describe the most important aspect of the nursing care received. Some participants responded more than once, some did not respond to all three questions, in all 53 respondents completed this portion of the survey. Prompt treatment was listed as most important by six participants (11.3% of respondents). Two other participants gave negative

responses that indicated that it took too long to be treated.

Eighteen of the 53 respondents (34%) gave a variety of replies involving the attitude of the nurse. These replies included things such as: nice, caring, act like they care, worried about me, helping, patient, friendly, kind, understanding, sincere, and interested.

Various components of physical nursing care were listed eight times (15.1% of respondents) as the most important aspect of nursing care in the Emergency Department. These replies included things like: good nursing care, the IV, and the treatment.

Pain relief was mentioned by two participants (3.8%) as being the most important aspect of the nursing care received. Explanations and information-giving were mentioned by three respondents (5.7%). Behaviors concerned with being there, such as kept checking on me and being there when I needed her, were cited by four participants (7.5%) as being the most important. Table 9 depicts the categories of responses to question one. The list of responses is contained in Appendix D.

TABLE 9

OPEN-ENDED QUESTION ONE (n=53)

Most Important Aspect of Nursing Care

Response	Number of Responses	Percent of Responses
Prompt Care	6	11.3
Nurse Attitude	18	34
Physical Care	8	15.1
Pain relief	2	3.8
Information	3	5.7
Being There	4	7.5
Miscellaneous	7	13.2
No Answer	5	9.4
TOTAL	53	100

The second open-ended question asked participants to describe any other nursing activity that would have been helpful. Thirty-seven (69.8%) respondents said there was no other nursing activity that

would have been helpful. Two participants (3.8%) did not respond to this question, one (1.9%) said something else would have been helpful, but did not explain further, and one reply (1.9%) was uninterpretable.

Better processing (i.e. registration, triage, and shift change) were mentioned twice (3.8% of respondents) as behaviors that would have been helpful. Behaviors related to nurse attitudes were mentioned twice (3.8% of responses), provision of information was listed once (1.9%), pain relief was mentioned once (1.9%), and various aspects of physical care were mentioned twice (3.8% of respondents) as behaviors that would have been helpful. Table 10 presents this information. A complete list of responses is contained in Appendix D.

TABLE 10

OPEN-ENDED QUESTION TWO (n=53)

Other Nursing Activity That Would Have Been Helpful

Response	Number of Responses	Percent of Responses
No other behavior would have helped	37	69.8
No Answer	2	3.8
Yes	1	1.9
Uninterpretable	1	1.9
Processing	2	3.8
Nurse Attitude	2	3.8
Physical care	2	3.8
Information	1	1.9
Pain Relief	1	1.9
Miscellaneous	4	7.5
TOTAL	53	100.1

Open-ended question number three asked participants to describe any aspect of nursing care that was not helpful. Forty-two participants stated there was no aspect of the nursing care that was not helpful, three participants did not respond to this question.

Waiting was cited as not helpful by four respondents (7.5%), behaviors related to nurse attitude were mentioned twice (3.8% of respondents), lack of a nurse was mentioned once (1.9% of respondents), and an inadequate exam garment was mentioned by one respondent (1.9%). Table 11 presents the responses to question three. Appendix D contains the complete list of responses.

TABLE 11

OPEN-ENDED QUESTION THREE (n=53)

Aspects of Nursing Care That Were Not Helpful

Response	Number of Respondents	Percent of Respondents
No aspect unhelpful	42	79.2
No response	3	5.7
Waiting	4	7.5
Attitude in triage	1	1.9
Not friendly	1	1.9
Inadequate exam garment	1	1.9
No nurse present	1	1.9
TOTAL	53	100

Incidental Findings

Emergency Department patients were concerned about the length of time spent waiting for treatment. Also, attitude of the nurse is a common theme of importance throughout all parts of the survey.

This inner city population completed the survey without difficulty and most of those approached were willing to help identify important nurse behaviors. Some patients were unable to differentiate nursing and medical care, as indicated by responses such as an xray or second medical opinion as the most important aspect of nursing care.

Summary of Findings

Data analysis revealed that this Emergency Department population considered the following behaviors supportive:

1. behaviors that represent physical nursing care
2. information-giving behaviors
3. behaviors that convey a friendly and/or caring nurse attitude
4. behaviors that relieve pain or promote comfort
5. prompt treatment

Behaviors related to interaction with the family, touching the

patient, and spending time with the patient were found to be less important to the feeling of support to this population.

The open-ended portion of the survey, in particular, pointed out a concern with prompt treatment and the attitude of the nurse. Also, the fact that 69.8% of respondents did not prescribe any other nursing activities that would have been helpful and 79.2% did not list any aspect of their nursing care that was not helpful indicate that this population was not dissatisfied with the nursing care received.

Summary

This chapter has presented the results of the study. Chapter V will discuss the findings of the study, recommendations for future research, and implications for nursing practice.

Chapter V

DISCUSSION

Introduction

In this chapter the results are compared to the results of Gardner and Wheeler and other investigators. Recommendations for further research and implications for nursing practice are also presented.

Summary of Findings

This Emergency Department population considered physical nursing care, provision of information, pain relief, prompt treatment, and a caring nurse attitude important to feeling supported by the nurse.

Discussion

On the questionnaire portion of Gardner and Wheeler's study (1987), the item "nurse helped me to feel confident that adequate care was provided" was chosen as the most important supportive nursing behavior overall. This behavior was ranked ninth in the present study. When Gardner and Wheeler's results are viewed by specialty areas, psychiatric patients considered "honesty" to be the most important behavior, medical patients perceived "a friendly

nurse" as most important, and surgical patients selected "nurse helped me to feel that adequate care was provided" as the most important supportive behavior. Subjects in the current study found "explains procedures and medication" as the behavior most important to feeling supported. This may be due to the fact that ED patients are frequently subjected to unfamiliar and frightening procedures with minimal time to prepare for them.

When Gardner and Wheeler (1987) analyzed the results of patient interview data and compared specialty areas, medical patients gave more examples of provision of information as supportive, surgical patients described behaviors that promote comfort, and psychiatric patients mentioned problem-solving interventions as supportive. In the present study, responses to open-ended questions pointed out that the attitude of the nurse and the time spent waiting are concerns that affect patients' feelings of support.

The differences in perception of supportive nursing behaviors across specialty areas may be understood when differences in focus and patient needs are considered. For example, since psychiatric patients often have emotional problems, it is not surprising to find

that they considered help with problem-solving as supportive. This means that nurses need to assess the support needs of each patient when planning nursing care. This is especially true of ED patients who may be very heterogeneous with regard to the presenting problem and various demographic variables. For instance, in the current study, patients ranged in age from 18 to 72, and sought treatment for a variety of medical, surgical, gynecological, and trauma conditions, thus reflecting a wide range of possible support needs.

Five of the behaviors selected as most important to feeling supported in this study appeared on Gardner and Wheeler's list of the 12 most important supportive nursing behaviors. The SNBC and the open-ended questions together revealed that Emergency Department patients may be more concerned with time spent waiting for care and the attitudes of the nurse than patients in other settings. This is not surprising since nonurgent ED patients often have long delays and are anxious to leave the hospital, while inpatients are staying in the hospital. Also, since there often is not enough time for the ED nurse to develop a long term relationship with each patient, the attitude conveyed initially may be especially crucial to the ED patient's

perceptions.

Grossman-Schulz and Feeley (1984) found that nurses in a pediatric ambulatory clinic considered "information-giving", "encouraging ventilation of feelings", and being physically present as being supportive to patients. Helping with expression of feelings was not identified as supportive by patients in the current study, or in the work of Gardner and Wheeler. Patients in this study did identify information-giving as supportive, as did the subjects in Gardner and Wheeler's studies. Grossman-Schulz and Feeley did not determine patients' perceptions of supportive behaviors. Nurses who consistently work with a homogeneous group of patients such as children may be more adept at identifying support needs. Those who work with a heterogeneous population, such as ED patients, must become skilled at assessing individual needs.

Larson (1987) compared nurses' and patients' perceptions of important nurse caring behaviors using the Care-Q instrument and found strong differences in the two groups. Significant differences were found between the groups in 38% of the 50 items. Patients valued items categorized as "monitors and follows through" (physical

care), while nurses valued items that included: listening to the patient, touching the patient, and allowing expression of feelings. Not all of the items contained in the instrument were available for comparison. However, items that addressed nurse attitude and provision of information were not among those found to be most important to either group. Larson's patient group valued items concerned with physical care, as did the patient sample in this study.

In 1987, Mayer replicated Larson's study of oncology patients and nurses using the Care-Q instrument. There was no agreement in the five most important caring behaviors identified by nurses and patients. However, when evaluating all 50 items, the correlation between nurses' and patients' rankings was high ($r = .37$, $p < .01$). Mayer's and Larson's nurse subjects agreed on the most important caring behaviors, although ranking varied. Mayer's and Larson's patient subjects agreed on two of the five most important caring behaviors. This underlines the need for assessment of each patient as an individual, to determine what the support needs are. Mayer's patient group chose an item concerned with nurse attitude ("nurse is cheerful") as the second most important caring behavior. Direct

comparisons cannot be drawn since different tools were used in this study and that of Mayer, however, both samples chose items concerned with physical nursing care and comfort among the behaviors considered most important.

Keane, Chastain, & Rudisill (1987) used Larson's Care-Q instrument to study nurses and patients in a rehabilitation hospital. Patients and nurses were in agreement about six of the 10 most important caring behaviors. Patients considered "a quick response to patient call" relatively important, while nurses did not. Nurses considered "allows patient to express feelings" as relatively important, while patients did not. Patients chose items concerned with time for two of the 10 most important caring behaviors. This reflects a concern similar to the population of the current study.

Neither the nurse subjects, nor the patient subjects in Keane, Chastain, & Rudisill's study chose items dealing with the attitude of the nurse among the 10 most important behaviors, while such items were very important to patients in the current study. One item dealing with patient teaching, "teaches patient to care for self", was ranked in the top 10 by nurses and ranked 15 by the rehabilitation

patients. Rehabilitation nurses were more perceptive about what nursing behaviors their patients considered supportive, perhaps this is because they care for a relatively homogeneous group of patients with similar support needs.

Cronin and Harrison (1988) studied perceptions of caring nurse behaviors in 22 post myocardial infarction patients using the Caring Behaviors Assessment (CBA), a tool which they developed. Patients ranked nursing behaviors concerned with physical care as most indicative of caring (four of nine most important behaviors). Two of the nine most important behaviors concerned the nurse being available, two concerned information-giving, and one concerned the attitude of the nurse. Thus, the participants in Cronin and Harrison's study, and those in the current study considered similar nursing behaviors to be supportive.

Cronin and Harrison's subjects were asked, via open-ended questions, to identify behaviors that impart caring. They identified two behaviors concerned with the attitude of the nurse ("gentle with me", "are cheerful") that were recommended for inclusion into the CBA. This concern with the attitude of the nurse reflects agreement

with the population in this study.

Summary

There is a developing body of nursing research to identify patients' perceptions of caring and supportive nursing behaviors in various settings. It has been demonstrated that nurses' and patients' perceptions about behaviors that impart caring and support may differ. Also, patients in various health care settings have different feelings about what aspects of nursing care are important.

Support and caring are two closely related concepts that are basic to the science and practice of nursing. Confusion exists as to how the concepts relate and overlap. This confusion needs to be explored.

Emergency Department patients in the large inner city hospital studied found behaviors related to patient teaching, physical nursing care, nurse attitude, and prompt treatment to be supportive. Subjects in this study did not place as much importance on supportive behaviors aimed at families as subjects in other studies. This may reflect a concern with their own well-being; perhaps the same patient, if surveyed about supportive nursing behaviors in the intensive care unit (ICU), would be more concerned about family

involvement. It may also reflect the strict limitation on family visits adhered to in the ED studied.

The findings of this study add to the existing support research by identifying supportive behaviors in Emergency Department patients. The study also helps to designate the SNBC (Gardner and Wheeler, 1987) as a reliable measure of supportive nursing behaviors.

Implications for Nursing Practice

The available research on nursing support points out that nurses need to be aware that patients' perceptions of supportive nursing behaviors differ from their own. Nurses should not assume that behaviors intended to provide support will be perceived as supportive by the patient, therefore nurses should assess the support needs of each patient and focus care on the concerns articulated.

Nursing support needs of the patient may be related to the adequacy of social support. Therefore, nurses need to assess support needs with this in mind and aim nursing care to allow the patient to attain or maintain health.

Nurses must realize the initial attitude of the nurse in the Emergency Department may be especially important to transmit the

feeling of being supported, since there often is not time to develop a relationship with each patient. Since it is the entry point to the system, the triage area can be a location where the attitude of the nurse is crucial to a feeling of support.

The study has identified supportive behaviors important to ED patients. Some support needs, such as "provision of information" and "physical nursing care" are common to patients in other settings. Some support needs, such as "nurse attitude" and "prompt treatment" seem to be specific to the Emergency Department setting.

Recommendations for Further Research

The investigator recommends further research in the area of supportive nursing behaviors to include the following:

1. Replicate the present study with other ED populations, including suburban and rural populations, and in other locations of the country to determine if other ED populations identify the same behaviors as supportive. Include a separate studies of various military populations. Do patients' perceptions of what is supportive vary across demographic data?

2. Retest ED patients after they have been admitted to the

hospital. Do perceived supportive behaviors change when the patient is transferred to the ICU or medical floor?

3. Replicate the work of Gardner and Wheeler with inpatients in other locations and with the same and various other specialty areas to determine if results will be similar or different.

4. Study the interpersonal skill level of ED nurses and how that relates to perceptions of support. How is the feeling of support conveyed?

5. Study the effect of perceived support on health outcomes. Does the nurse-patient relationship have an effect on the patient's welfare? Do patients who perceive that their support needs have been met have improved health?

6. Study the relationship between nursing support and social support.

7. Define the differences between the constructs of caring and support.

8. Determine what effects supportive behavior have on patient satisfaction.

References

Caplan, G. (1974). Support Systems in Community Mental Health. New York: Behavioral Publications.

Cronin, S., & Harrison, B. (1988). Importance of nurse caring bel viors as perceived by patients after myocardial infarction. Heart & Lung, 17, 374-380.

DeYoung, C., & Dickey, B. (1967). "Support" - its meaning for psychiatric nurses. Journal of Psychiatric Nurses, 5, 46-58.

Gardner, K. (1979). Supportive nursing: A critical review of the literature. Journal of Psychiatric Nursing and Mental Health Services, 17, 10-16.

Gardner, K., & Wheeler, E. (1981 a). Nurses' perceptions of the meaning of support in nursing. Issues in Mental Health Nursing, 3, 13-28.

Gardner, K., & Wheeler, E. (1981 b). The meaning of caring in the context of nursing. In M. Leininger (Ed.). Caring: an essential human need. New Jersey: Slack.

Gardner, K., & Wheeler, E. (1987). Patients' perceptions of support. Western Journal of Nursing Research, 9 (1), 115-131.

Grossman-Schulz, M., & Feeley, N. (1984). A working model of support. Canadian Nurse, 80 (2), 42-46.

House, J. W. (1981). Work Stress and Social Support. Reading, Ma: Addison-Wesley.

Keane, S., Chastain, B., & Rudisill, K. (1987). Caring: Nurse-Patient perceptions. Rehabilitation Nursing, 12, 182-187.

Larson, P. J. (1987). Comparison of cancer patients' and professional nurses' perceptions of important nurse caring behaviors. Heart & Lung, 16, 187-193.

Leininger, M. M. (Ed.) (1981). Caring: An Essential Human Need. New Jersey: Slack.

Leininger, M. M. (Ed.) (1984). Care The Essence of Nursing and Health. New Jersey: Slack.

Lierman, L. (1982). Psychological preparation and supportive care for mastectomy patients. Western Journal of Nursing Research, 4, 13-19.

Mayer, D. K. (1987). Oncology r ;es' versus cancer patients' perceptions of nurse caring behaviors: a replication study. Oncology Nursing Forum, 14 (3), 48-52.

Norbeck, J. S. (1981). Social support: a model for clinical research and application. Advances in Nursing Science, 3 (5) 43-59.

Pearlmutter, D. (1974). Emotional support is... Journal of the New York State Nurses' Association, 5 (1), 15-19.

Pilisuk, M., Boylan, R., & Acredolo, C. (1987). Social support, life stress, and subsequent medical care utilization. Health Psychology, 6, 273-288.

Roberts, S. J. (1988). Social support and help seeking: Review of the literature. Advances in Nursing Science, 10 (2), 1-11.

Stetler, C. B. (1977). Relationship of perceived empathy to nurses' communication. Nursing Research, 26, 432-437.

Stocl well, M. L., & Nishikawa, H. A. (1970). The third hand: A theory of support. Journal of Psychiatric Nursing and Mental Health Services, 8, 7-10.

Watson, J. (1979). Nursing the philosophy and science of caring, Boston: Little, Brown, and Co.

Wheeler, E., & Gardner, K. (1987). Nurses' and patients' perceptions of supportive nursing. Journal of the New York State Nurses' Association, 18 (2), 33-48.

Appendix A

List of Data Collection Dates and Shifts

Tuesday	11/22/88	Day
Saturday	11/26/88	Evening
Thursday	12/1/88	Night
Thursday	12/8/88	Evening
Friday	12/16/88	Night
Friday	12/23/88	Day
Monday	12/26/88	Day
Tuesday	12/28/88	Night
Friday	12/30/88	Evening
Monday	1/2/89	Day
Wednesday	1/4/89	Evening
Friday	1/6/89	Night
Sunday	1/8/89	Day
Monday	1/8/89	Night
Wednesday	1/11/89	Evening
Friday	1/13/89	Day

Appendix B

Consent Letter

TITLE : Patients' Perception of Support in the Emergency Department.

INVESTIGATOR : Miriam Cahill-Yeaton (301) 848-2471

FACULTY ADVISOR : Dr. Dorrie Fontaine 328-6198

PURPOSE :

I am a graduate student in the Trauma/Critical Care nursing program at the University of Maryland. I have many years of experience in the Emergency Department and I am interested in how patients perceive the care they receive in this area of the hospital.

DESCRIPTION OF PROJECT :

Nurses may not be fully aware of the needs of their patients. I would like to find out what it is that patients expect and need from nurses in the Emergency Department.

TASK & TIME :

You will be asked to fill out a questionnaire that will take about 15 minutes to complete. Fill out Parts I and II as you await your emergency care, complete Part III after you are released by the Emergency Department nurse. The questionnaire contains questions

about you and asks you to decide how important certain actions (by the Emergency Department nurse) are to you. In addition, I will be collecting some information from your record, such as the day and time you were here, to help me keep track of the data. Please be as complete and honest as possible. I will be available to answer questions and collect the survey.

CONFIDENTIALITY :

Your records and responses are confidential. Your name will not be used in any published reports. Data from this study will be available to me and no one else.

RIGHT NOT TO PARTICIPATE OR TO WITHDRAW :

Your participation is entirely voluntary; you may elect not to participate. You may withdraw from the study at any time without penalty. Your participation, non-participation, or withdrawal has no effect on your care in the Emergency Department of at the University of Maryland Medical System.

COST/COMPENSATION :

Your participation is free and there is no cost to you to

participate in the study.

UNIVERSITY STATEMENT :

Information regarding research can be obtained from the Human Volunteers Research Committee, University of Maryland at Baltimore (UMAB), Bressler Research Building, Room 14-002, 655 West Baltimore Street, Baltimore, Maryland 21201 (301) 328-5037.

Summarized data (no names or personal identification) will be made available to the nursing staff so that they may gear their nursing care to better meet the needs of patients who will be using Emergency Departments.

You will receive a copy of this consent.

Miriam Cahill-Yeaton

_____ _____

(Date) (Subject Signature)

_____	_____
(Date)	(Principal Investigator)
_____	_____
(Date)	(Witness)

Appendix C
Questionnaire

Section I

Complete this section while you are waiting for your care. Please answer by filling in the blank or circling the appropriate response.

1. What is your sex? M F 2. What is your age?____

3. Marital Status ____ 4. Highest school grade completed ____

5. What health problem brought you to the Emergency Room today?

_____

6. Do you have a family doctor? yes no

7. How many times during the current year (1988) have you used the services of any Emergency Room? ____

Section II

Complete this section while you wait for your emergency care. The nurses who take care of you in the Emergency Department may perform a number of activities. Some of those activities that you may consider important about your nursing care are listed below. Please rate each nurse activity on a scale , according to how important it is to you ... 1= not very important , 5= very important.

	Not Very Important				Very Important
1. The nurse gives advice to me.	1	2	3	4	5
2. The nurse is friendly to me.	1	2	3	4	5
3. The nurse includes my family in my plan of care.	1	2	3	4	5

	Not Very Important				Very Important
4. The nurse spends time with my family	1	2	3	4	5
5. The nurse helps me to solve problems.	1	2	3	4	5
6. The nurse helps me to establish realistic goals.	1	2	3	4	5
7. The nurse explains procedures and medications.	1	2	3	4	5
8. The nurse helps to reduce my anxiety.	1	2	3	4	5
9. The nurse responds positively to my attempts at being friendly.	1	2	3	4	5
10. The nurse encourages me.	1	2	3	4	5
11. The nurse helps me to feel adequate care was provided.	1	2	3	4	5
12. The nurse gives me advance notice of changes.	1	2	3	4	5
13. The nurse provides privacy for me.	1	2	3	4	5
14. The nurse gives me the opportunity to express my individuality.	1	2	3	4	5
15. The nurse orients me to my environment.	1	2	3	4	5
16. The nurse gives me information about resources which are available to me.	1	2	3	4	5

	Not Very Important				Very Important
17. The nurse clarifies my problems.	1	2	3	4	5
18. The nurse assists me in maintaining bodily functions.	1	2	3	4	5
19. The nurse discusses social events with me.		1	2	3	4 5
20. The nurse reinforces my decisions.	1	2	3	4	5
21. The nurse gives medications regularly and punctually.	1	2	3	4	5
22. The nurse reassures me.	1	2	3	4	5
23. The nurse spends time with me.	1	2	3	4	5
24. The nurse helps me to maintain personal dignity.	1	2	3	4	5
25. The nurse is cheerful.	1	2	3	4	5
26. The nurse teaches me how to care for myself.	1	2	3	4	5
27. The nurse encourages trust.	1	2	3	4	5
28. The nurse helps me not to feel alone.	1	2	3	4	5
29. The nurse facilitates communication with my family.	1	2	3	4	5
30. The nurse gives explanations to my family.	1	2	3	4	5
31. The nurse holds my hand.	1	2	3	4	5

	Not Very Important				Very Important
32. The nurse provides me an opportunity to learn from this experience.	1	2	3	4	5
33. The nurse individualizes my plan of care.	1	2	3	4	5
34. The nurse keeps me physically comfortable.	1	2	3	4	5
35. The nurse responds quickly to me.	1	2	3	4	5
36. The nurse provides information about my disease.	1	2	3	4	5
37. The nurse listens to my feelings.	1	2	3	4	5
38. The nurse shows interest in me.	1	2	3	4	5
39. The nurse provides my physical care on time.	1	2	3	4	5
40. The nurse helps keep me clean.	1	2	3	4	5
41. The nurse helps me to see alternatives to solve a problem.	1	2	3	4	5
42. The nurse provides me with moral support.	1	2	3	4	5
43. The nurse creates an environment where I feel free to express my feelings.	1	2	3	4	5
44. The nurse assists me in maintaining comfortable body positions.	1	2	3	4	5
45. The nurse takes time to listen.	1	2	3	4	5

	Not Very Important				Very Important
46. The nurse observes and assesses me.	1	2	3	4	5
47. The nurse is honest with me.	1	2	3	4	5
48. The nurse is pleasant.	1	2	3	4	5
49. The nurse relieves my discomfort.	1	2	3	4	5
50. The nurse helps me to have control.	1	2	3	4	5
51. The nurse understands me and my feelings.	1	2	3	4	5

(Adapted and used with permission from the checklist developed by Kathryn G. Gardner and Erlinda C. Wheeler, 1987)

Section III

Complete this section after you are released by the Emergency Department nurse. Please answer the following questions in your own words.

1. Describe the one thing about your nursing care in the Emergency Department that was the most important or beneficial to you.

2. Was there some other nursing activity that would have been helpful to you?

3. Was there any aspect of your nursing care in the Emergency Department that was not helpful to you?

Section IV

(Completed by investigator)

1. Triage Category _____

2. Diagnosis _____

3. Discharge status _____

4. Day/ Date/ Time _____

Appendix D

Responses to Open-Ended Questions

* There were 53 respondents to the open-ended portion of the survey. Not all respondents answered all three questions, some gave more than one answer to some questions. The first response given by participants was used in the tables in the body of the paper.

Question 1. Describe the one thing about your nursing care in the Emergency Department that was the most important or beneficial to you.

Response	Number of Responses
prompt care	(6)
pain relief	(2)
information about the problem	(3)
being treated well	(1)
interested nurse	(2)
they put my mind at ease	(1)
nurse being available	(2)
attitude of the nurse	(1)
nurse was friendly	(4)

nurse care (ing)	(7)
sincerity	(1)
kind & understanding	(2)
treatment (nursing care)	(4)
gentle care	(1)
my health	(1)
the IV	(1)
they listened	(1)
need faster service	(2)
nurse was nice	(3)
the xray	(1)
second opinion (surgeon)	(1)
all was important	(1)
nothing	(1)
there was no nurse	(1)
no response to this question	(5)

CURRICULUM VITAE

Name: Miriam Cahill-Yeaton

[redacted]

Degree and date to be conferred: M. S., 1989.

[redacted]

[redacted]

Secondary Education: Chelmsford High School

Chelmsford, Massachusetts, 1965.

Collegiate Institutions attended	Dates	Degree	Date of Degree
University of Maryland at Baltimore	9/87-5/89	MS	May 1989
University of New Hampshire	9/85-7/86		
Fitchburg State College	9/78-6/80	BSN	June 1980
Lowell General Hospital School of Nursing	9/74-5/77	Diploma	May 1977
University of Massachusetts	9/65-1/67		

Response	Number of Responses
someone to talk to	(1)
understanding	(1)
information about the problem	(1)

Question 3. Was there any aspect of your nursing care in the Emergency Department that was not helpful to you?

Response	Number of Responses
no	(42)
no response to this question	(3)
waiting	(4)
inadequate exam garment	(1)
not having a nurse present	(1)
attitude in triage	(1)
unfriendly, nonconcerned nurse	(1)

Appendix E

Mean and Standard Deviation of Supportive Nursing Behaviors

Behavior	Mean	Standard Deviation
1. The nurse gives advice to me.	4.307	1.075
2. The nurse is friendly to me.	4.370	1.184
3. The nurse includes my family in my plan of care.	3.780	1.454
4. The nurse spends time with my family	2.970	1.529
5. The nurse helps me to solve problems.	3.750	1.395
6. The nurse helps me to establish realistic goals.	3.240	1.551
7. The nurse explains procedures and medications.	4.677	1.061
8. The nurse helps to reduce my anxiety.	4.010	1.493
9. The nurse responds positively to my attempts at being friendly.	4.200	1.147
10. The nurse encourages me.	4.140	1.204

Behavior	Mean	Standard Deviation
11. The nurse helps me to feel adequate care was provided.	4.354	1.182
12. The nurse gives me advance notice of changes.	4.160	1.359
13. The nurse provides privacy for me.	4.340	1.154
14. The nurse gives me the opportunity to express my individuality.	4.063	1.499
15. The nurse orients me to my environment.	3.778	1.404
16. The nurse gives me information about resources which are available to me.	4.232	1.284
17. The nurse clarifies my problems.	4.293	1.186
18. The nurse assists me in maintaining bodily functions.	4.040	1.318
19. The nurse discusses social events with me.	2.704	1.542
20. The nurse reinforces my decisions.	3.220	1.440

Behavior	Mean	Standard Deviation
21. The nurse gives medications regularly and punctually.	4.460	1.107
22. The nurse reassures me.	4.120	1.286
23. The nurse spends time with me.	3.459	1.591
24. The nurse helps me to maintain personal dignity.	3.571	1.616
25. The nurse is cheerful.	4.230	1.198
26. The nurse teaches me how to care for myself.	4.112	1.473
27. The nurse encourages trust.	4.030	1.431
28. The nurse helps me not to feel alone.	4.010	1.435
29. The nurse facilitates communication with my family.	3.545	1.540
30. The nurse gives explanations to my family.	3.798	1.450
31. The nurse holds my hand.	2.949	1.715

Behavior	Mean	Standard Deviation
32. The nurse provides me an opportunity to learn from this experience.	3.535	1.533
33. The nurse individualizes my plan of care.	3.830	1.381
34. The nurse keeps me physically comfortable.	4.343	1.189
35. The nurse responds quickly to me.	4.122	1.296
36. The nurse provides information about my disease.	4.361	1.405
37. The nurse listens to my feelings.	3.990	1.394
38. The nurse shows interest in me.	4.010	1.414
39. The nurse provides my physical care on time.	4.412	1.343
40. The nurse helps keep me clean.	4.120	1.474
41. The nurse helps me to see alternatives to solve a problem.	3.898	1.411
42. The nurse provides me with moral support.	4.030	1.221

Behavior	Mean	Standard Deviation
43. The nurse creates an environment where I feel free to express my feelings.	3.990	1.403
44. The nurse assists me in maintaining comfortable body positions.	4.212	1.262
45. The nurse takes time to listen.	4.232	1.252
46. The nurse observes and assesses me.	3.979	1.417
47. The nurse is honest with me.	4.495	1.159
48. The nurse is pleasant.	4.561	1.071
49. The nurse relieves my discomfort.	4.429	1.245
50. The nurse helps me to have control.	3.969	1.534
51. The nurse understands me and my feelings.	4.061	1.502

Rochester General Hospital

Appendix F

1425 Portland Avenue • Rochester, New York 14621 • (716) 338-4000

March 7, 1988

Miriam Cahill-Yeaton
2001 Old Westminster Pike
Finksburg, Maryland 21048

Dear Ms. Cahill-Yeaton:

Thank you for your letter of February 29 requesting permission to use our questionnaire on Supportive Nursing Behaviors. The questionnaire has two forms; an importance and frequency form. I am enclosing the frequency form.

You have permission to use this questionnaire for your graduate work at the University of Maryland in Baltimore. This permission is granted on the condition that you share your results with us and you state in your thesis that this questionnaire is copyrighted by the authors.

I would caution you regarding modifying the instrument. Any modification will invalidate the reliability results. The Crombach's alpha coefficient for there scale was .97. Seven of the sub-scales had an alpha score higher than .80, and the five remaining sub-scales have an alpha score higher than .70. If you do modify the questionnaire, please send me a copy of it.

I have enclosed some additional information which I think you might find helpful. Please feel free to contact me if you have questions, and good luck in you study.

Sincerely,

Kathryn Gardner, RN, MS, CS
Director of Nursing Research/Planning

KG:sg
058k

cc: Erlinda Wheeler

Enclosures