Nursing Success in Providing Emotional Support: The Patients' Perspective

an Honors Project submitted by

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in partial fulfillment for the degree

Bachelor of Science in Nursing with Honors

May, 2009

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APPROVAL SHEET

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Abstract

Each person has many components that make them who they are. Nurses attempt to help each person attain their highest level of holistic functioning. One of the components of holistic health, emotional support, has been a topic of increasing interest in nursing research for the past few years. Emotions are a critical part of the person and the question of whether patients need or get enough emotional support is an increasingly important one. There has been research on emotional support among several diagnosis specific patient populations, but not among the general patient population. This study seeks to understand the lived experience of the average patient in the hospital and whether patients receive adequate emotional support.

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CHAPTER I

Introduction

Health care is meant to encompass care for the health of the entire being. Nursing has historically focused on patient advocacy and the best possible outcome for the patient. In nursing the primary concern is the physical well-being of the patient. However, health is considerably more than mere physical well-being or the absence of disease. Health for this study will be considered to be a fusion of various elements which together comprise how people live and the way they function. Hogan (2004) states that "the role of modern nursing has expanded to include a heightened emphasis on illness prevention, health promotion, and concern for the client's holism" (p.10). Taking this into consideration, all other aspects of health are as important as physical well-being, though they can be ignored for short periods of time to deal with a physical crisis.

Health is multi-faceted and, while the various aspects are all proven to be important, their importance has little effect on health practice. Nurses need to know how to deal with and treat these different areas so that the patient can achieve optimal health. Holistic care as a method of promoting health and wellness has come more and more to the forefront of healthcare. There have been several studies (see section on review of the literature) to discover the primary support needs of patients in the hospital. These studies endeavor to discern what is seen to be important to the patient in their care.

Patients identified several different aspects of holistic care that were important to them. These aspects included physical and emotional support, psychological support and spiritual support. These, if given together provide very effective holistic care. Several articles have

demonstrated elements that patient's desire in their care (Cacciatore and Bushfield, 2007; Furness, 2005; Halm, Myers and Bennetts, 2000; Hayes and Savage, 2008; Hehir et al. 2008; Heiskanen, 2005). In the literature, there is little research on holistic care for the average person admitted to the hospital. Much of the research focuses on the level of emotional support provided for those in extraordinary circumstances, rather than the average patient. That is the reason for this study. The literature reviewed for this study did not show whether the average patient on a general medical-surgical floor receives adequate emotional support. This study will investigate the lived experience of the patient regarding the emotional support they received from nurses in the hospital.

Need for the Study

As holistic care is becoming more and more a focus of healthcare in general, it is necessary to look at the role nurses play in providing emotional support in the hospital setting. For this study emotional support will be defined as support for any emotions that the patient feels in a way that will provide for the best outcomes for that particular patient. Furness (2005) determined that patient's need more emotional support than the healthcare staff was typically providing. Historically, nursing has valued emotional support as a critical part of the role of the nurse in providing for holistic care and healing (Hogan, 2004). This is, unfortunately, not a role that the general public expects nurses to fill (Valente, 2007). This is surprising, as many patients desire understanding and emotional support from their nurses (Shiu and Wong, 2002).

A study of diabetic patients in China who were experiencing anxiety found that emotional support was actually valued above practical knowledge. While requesting genuine concern and understanding one patient stated, "Giving me medicine, you are treating 30 per cent

of my illness; if you could treat my heart, you could have treated 70 per cent" (Shiu and Wong, 2002, p.10). A study in the United Kingdom discovered that nurses were aware that they were unable to provide high quality care in some areas that are important to patients, including emotional support (West, Barron and Reeves, 2005). Nurses in that study cited being overworked, having too little time, and being unable to accomplish essential nursing tasks as the reason for this lack of care. In addition, fulfilling emotional needs ranked high in a study evaluating the most demanding tasks for a nurse (Santos and Guirardello, 2007). In a study of oncology nurses it was discovered that, "When nurses described their care, they rarely mentioned patient teaching, emotional support, and interventions" (Valente, 2007, p.1). However, nurses in one survey did desire to be trained in "social and interpersonal aspects of care" (West, Barron and Reeves 2005).

There have been studies on the presence and quality of emotional support in specific demographics of patients. In a study on those with diabetes (Shiu and Wong, 2002) the researchers discovered that patients desired emotional support from healthcare providers and rated it high on their list of need. A study on patients with multiple sclerosis (Heiskanen, 2005) specifically addressed the emotional changes and needs of patients adjusting to a new diagnosis. Patients with rheumatoid arthritis also experienced need for emotional support in adjusting to and dealing with their disease process according to (Hehir et al. 2008). A study of Japanese patients evaluated how the patients wanted bad news communicated. They desired their physicians to report bad news in an emotionally supportive way (Fujimori et al. 2006).

In another study breast cancer survivors were evaluated based on cancer recurrence level and emotional and social support systems. Patients who had a higher level of emotional and social support had lower recurrence rates (Lebel, Rosberger, Edgar and Devins, 2008). One study

evaluated the barriers to psychological care in lung cancer patients and discovered that many of these were due to insufficient emotional communication with care providers (Okuyama et al. 2008). Supportive care for families was also assessed among families of lung cancer patients, these families reported that caring interventions aimed at their emotional well-being were particularly helpful (Richardson et al. 2007).

One study evaluated oncology nurses supportive interventions for cancer patients who were suicidal; these nurses included emotional support as a key intervention (Valente, 2007). A study on cardiac patients evaluated the nurses role in providing holistic care and concluded that the nurse is the most effective and accessible person to provide for patients holistic care (Halm, Myers and Bennetts, 2000). Another study among cardiac patients discovered that the nurse needs to provide increased levels of emotional support for patients going through a time of uncertainty (Kang, 2002). Nurses have been shown to provide emotional support routinely for those experiencing stillbirth (Cacciatore and Bushfield, 2007).

Intensive care patients have been found to need emotional support while transferring from an intensive care unit to a regular unit, as the change in the level of care may be frightening to them (Chaboyer, Kendall, Kendall and Foster, 2005). Another study evaluated the emotional needs of families in the intensive care unit and determined that they also needed supportive care from the nurse (Verhaeghe, Defloor, Van Zuuren, Duijnstee, and Grypdonck, M. 2005). Patients with psychological issues such as depression have an increased need for emotional support to help them as they recover from their illness (Clark, Cook and Snow, 1998). Facial surgery patients need emotional support as they often have severe body image changes and need support as they adjust to the limitations of their new situation (Furness, 2005). Patients receiving hospice and palliative care have been shown to benefit from emotional support during the stages of grief

and in the process of accepting that they will die. (Chapple, Ziebland and McPherson, 2006; Skilbeck and Payne, 2003).

There is still, however, limited research from the patient's perspective on the adequacy of emotional support provided by nurses to patients without these conditions who were admitted to a general medical-surgical floor.

Application of the Study

The purpose of this study is to discover whether the average patient admitted to the hospital gets enough emotional support and what that experience is like. For this study the average patient will be defined as a person who does not have a condition (such as depression, high levels of pain, fatal illness) which would automatically predispose them to increased levels of emotional support from the staff. This study will attempt to identify common themes in patient's experience of emotional support during hospitalization. It is aimed at increasing understanding of how successful nurses are in providing emotional care to the average patient. The practical implications of that knowledge would be to give nurses more information on the emotional needs of their client and help them understand ways to better serve the patients in their healing process.

Research Question

What is the lived experience of the average patient admitted to a medical-surgical floor regarding the emotional support they receive from their nurse?

CHAPTER II

Review of Literature

History of Emotional Support

Nursing is focused on caring and advocating for the individual and trying to make them well in every possible way. There is little doubt among historians that the encouragement and emotional support nurses have provided to patients throughout history has been a critically important part of the healing process for many patients. For many years, bathing, feeding, basic wound care and emotional support were the mainstays of nursing actions, while the image of the nurse providing emotional support was inextricable from that of the nurse.

Nursing has historically been thought of as a very caring profession (Huynh, Alderson and Thompson, 2008), however, this view of nursing is very much at odds with the picture often reported today. Nurses today are responsible for a technical level of care and documentation that nurses in the past were not. There are many added responsibilities for the nurse who must document and give care to many sick patients. These responsibilities often interfere with the desire of the nurse to talk to and care for patients (Santos and Guirardello, 2007; West et al. 2005).

Emotional support is one of the cornerstones of nursing practice and is often the reason a person chooses nursing as a career (McQueen, 2004). Emotional support is also known to be a key factor in reducing anxiety in hospitalized patients (Kang, 2002). Many nurses working today have a significant level of frustration with their work environment because they are required to do many tasks that interfere with their ability to perform tasks that are most important to the patient (West et al. 2005). The literature review indicates that it is common for a nurse to feel

overworked and unable to interact on a therapeutic level with patients. Nurses are aware that their patients want emotional support, and try to give it to them, but are often prevented by schedules for required treatments, nursing actions and charting (West et al. 2005). Often nurse's report that because of the number of patients they have, they are uncomfortable sitting down to talk to a patient, for fear their beeper will go off and they will have to leave the patient (Kalisch, 2006). They fear this would be more emotionally injurious to their patient than if they never engaged that person in conversation. Today nurses can do more things for their patients than they ever have in the history of nursing, however many of these technological advances have come to take the place of the caring interventions which are a cornerstone of nursing.

According to Heiskanen (2005) in a study of the elements of emotional support, there are several interventions which are part of the core of providing emotional support. Patients reported wanting emotional support from their nurses to decrease their anxiety and worry. They also defined several of the components of emotional support. Emotional support was to include "facing the patients as individuals, in-creasing their feelings of safety, reducing their anxieties and increasing the patients' trust and faith in the future" (Heiskanen, 2005, p.60).

Currently the research shows that patients who have a particularly debilitating disease such as cancer, or patients who are on suicide watch or are dying receive much more targeted emotional support than the average medical-surgical patient. There has been research and emphasis on the importance of emotional support for those with multiple sclerosis, breast cancer, diabetes, those who are in a hospice or palliative care unit and those with a significant loss. These patients may seem like they need more emotional support than others, however, research shows that all patients desire and need emotional support to heal and regain holistic health

(Hogan, 2004). Patients desire emotional support from their nurses; and many nurses believe that they cannot provide adequate support.

In general most patients report a desire to have someone support them emotionally when they are ill or hospitalized (Kang, 2002). While many hospitals have a chaplain or counseling service, many patients feel more comfortable discussing emotions with the nurse who provides care for them (Halm et al. 2000). The nurse is the most available person to question and to seek support from, so this is a natural desire. Since this is the case nurses need to be ready to address needs of the patient and be willing to listen. Patients have in the past identified to researchers many of the actions which they believe are emotionally supportive. These focused on the nurse spending time to listen to the patient and encourage them. Part of the challenge for nurses is to be able to provide this kind of care when they are busy with many other patients (West et al. 2005).

A major goal for nursing would be that it can continue to provide the high level of physical care that it currently does and also meet the needs of the patients holistically. Patients who receive holistic care generally do much better than those who do not (Furness, 2005). It is also well documented that those with a good support group, which provides good emotional, psychological and social/spiritual help do much better than those without it (Chapple et al. 2006). But inevitably there are patients without a support group or with a support group that is ineffective or damaging. These patients need outside interventions from the nurse, so the nurse must aim to provide holistic support to all patients, so that they may achieve the highest level of wellness possible.

What Holistic Care Encompasses

Holistic care is an integrated process which involves all areas of a person while on the path to health (Heiskanen, 2005). The idea of holistic care is based on the idea that health is more than the absence of disease. Holistic care is variously thought of as having four or five major components which work together to help each person arrive at the optimal level of health that person can attain. The discrepancy in the number of components is due to the way researchers choose to categorize findings. Some studies distinguished between social support and spiritual and included one or the other while others included both in one category or both separately. These areas must all be addressed for the person to become healthy. First in the research is the physical component (Cacciatore and Bushfield, 2007; Chaboyer et al. 2005; Chapple et al. 2006; Furness, 2005; Hayes and Savage, 2008; Heir et al. 2008; Hsu et al. 2008; Kalisch, 2006; Kang, 2002; Rattray and Hull, 2008; West et al. 2005). This is self-explanatory and is generally focused on the physical health, unity and maintenance of the body. This area receives most of the attention in traditional medicine.

Second is the emotional component (Akerjordet and Severinsson, 2008; Bolton, 2000; Cacciatore and Bushfield, 2007; Chaboyer et al. 2005; Chapple et al. 2006; Fujimori et al. 2006; Furness, 2005; Gray, 2008; Hayes and Savage, 2008; Heir et al. 2008; Heiskanen, 2005; Hsu et al. 2008; Huynh et al. 2008; McQueen, 2004; Okuyama et al. 2008; Rattray and Hull, 2008; Skilbeck and Payne, 2003). This is considered to be one of the most important aspects of care by many patients, and some even rank it above physical needs (Shiu & Wong, 2002). This is usually addressed in persons with extraordinary need, such as persons who are considering suicide, patients who have experienced a loss of limb, fetus, or are facing loss of their life.

Third is the psychological component (Kang, 2002; Lebel et al. 2008; Valente, 2007). This is well documented, as psychology has a separate system for dealing with psychological disorders which is distinct from traditional medicine. This component is more often intervened in than emotional support, as untreated problems in this area can have extreme behavioral responses if ignored.

The fourth and fifth aspects are social and spiritual (Furness, 2005; Richardson et al. 2007). These include how the person interacts with their social contacts and family and how they relate to their God. These five categories are generally touted as being the basis of holism. The premise of holistic care is that health is something that a person can attain even with a chronic illness. Thus the four areas must all be addressed to enable the person to attain the highest level of physical, emotional, psychological, social and spiritual functioning possible.

Benefits of Holistic Care

A unique aspect about this form of care is that by addressing all areas during care, the nurse can increase patient health in a more efficient way. If people have a plan of care that involves all aspects of their being, the plan of care has a higher chance of success (Hsu et al. 2008). Holistic care helps the patient to engage with their interventions and absorb them into the treatment of their disease process. While emotional support is only one aspect of holistic care, it is a vitally important one because it helps the patient become emotionally involved in the path to his own health. If the patient feels that an intervention will help him only in the physical sense he may continue to do it for a while, but if he believes it will help him emotionally and socially, spiritually and psychologically as well, he is much more likely to continue.

Barriers to Holistic Care

Many times patients are reluctant to ask for help if they do not feel an urgent or immediate need for it. This is documented in many areas of medicine, especially in the areas of pain relief and emotional and psychological support (Okuyama et al. 2008). There are stigmas associated with being the needy patient and with needing emotional and psychological support. For many people, asking for emotional support and reassurance seems the last recourse. Nurses are taught to offer services and to normalize the process, experience and emotions that accompany being ill (Hogan, 2004). However many nurses feel that they do not have time to help patients with emotional issues (Shiu and Wong, 2002). According to the American Nurses Association (ANA) Staffing Survey (2001), 56% of nurses believe that their time for direct patient care has diminished. The same survey reported an increase in patient load, a decrease in the quality of patient care and a delay in providing basic care. This means that nurses are less likely to be able to spend time with patients on non-essential tasks and may have to limit holistic interventions.

In addition to staffing issues, research has shown that providing emotional support is one of the most demanding tasks for the nurse (Santos and Guirardello, 2007). Caring for families with emotional needs and not having enough time to provide emotional support scored high on a rating scale of the most tiring tasks for nurses (Santos and Guirardello, 2007). Another study discovered that the nurses were aware that they were unable to provide support in areas that are important to patients (West, Barron and Reeves, 2005). Of the nurses interviewed, 64% felt overworked and that they did not have enough time to provide emotional support and to help relieve the anxieties and fears of their patients (West, Barron and Reeves, 2005). One nurse

reported, “We have to give them meds to keep them alive, we have to make sure they can breathe, and we have to keep the heart going. Things after that get missed” (Kalisch, 2006, p. 3).

Problems That Come From Inadequate Emotional Support

Emotions are highly volatile and very personal. In nursing there is an emphasis on awareness of the patient’s emotions and on what the patient needs emotionally. However, if a nurse is too busy or neglects to pay attention to a patient’s emotions, there can be severe consequences. In the most severe cases patients who do not have enough emotional support have committed suicide or gravely injured themselves (Clark et al. 1998; Valente, 2007). Though these instances are the exception rather than the rule, it is important to watch patients for signs they might need emotional intervention (anxiety, uncertainty, depression and a change in health status or situation) and also assess for any concerns that they may have. All interventions are much more effective before the problem becomes serious.

Nursing has a large bank of nursing diagnoses which are directly applicable to emotional care as a description of the state of the patient or as part of the problem. A few examples include: Fatigue, Anticipatory Grieving, Anxiety, Avoidance Coping, Disturbed Body Image, Caregiver Role Strain, Low Self-Esteem, Decisional Conflict, Compromised Family Coping, Defensive Coping, Ineffective Coping, Denial, Self-mutilation, Suicide risk, Depression, Dysfunctional Grieving, Enhanced Self-Concept Readiness, Fear, Hopelessness, Loneliness, Pain, Powerlessness, Spiritual Distress, Ineffective Role Performance, and Support System Deficit (Gordon, 2007). In many situations, even a healthy person qualifies for at least one psychosocial nursing diagnosis. This fact, combined with the far reaching categories that psychosocial nursing diagnoses fall into, means that nurses should not be surprised that there are many nursing

diagnoses that relate to emotional support. That said, unless there is a serious physical danger threatened by the emotional state of the patient there are few interventions that are routinely put into place (Shiu and Wong, 2002).

Areas of Nursing Research on Emotional Support

Areas with Research on Emotional Support

To date much of the focus of research has been on those patients with specific disease processes and those who are dying or who have had a life shattering event occur. Research has focused on these groups primarily because they are the groups who have immediate emotional responses and consequences if not dealt with. However, all patients experience an emotional response in the hospital, and all patients' emotional status should be attended to (Hogan, 2004).

Areas without Research on Emotional Support

There is very little research on the average patient's experiences of emotional support while in the hospital. Patients who go into the hospital with pneumonia, or thyroid surgery, or a broken leg or other common maladies sometimes slip through the fingers of researchers. They need support emotionally just as any person experiencing an adverse life event does (Hogan, 2004). However, no one knows whether these patients are given any more than basic care.

Nurses Feel They Can't Provide Adequate Support

The ANA survey on staffing (2001) showed that 75% of nurses feel that the quality of care they have been able to provide has declined in the last two years. They also report that 41.5% of the nurses surveyed would not feel comfortable having a family member be treated at the facility in which they work. The nursing staff also reported that nurses were skipping breaks

and meals to provide patient care but were still unable to accomplish all that they wanted. Many of the nurses reported going home exhausted and discouraged about their work.

There are many reasons that nurses have difficulty providing proper emotional support. Many of these stem from nursing staffing situations. When there are not enough nurses to provide the optimal nurse/patient ration, some care is missed (Kalisch, 2006). One of the primary causes of inadequate emotional support to patients is that nurses feel they are overworked, and therefore must prioritize interventions. Usually this leads to emotional support and several other interventions being eliminated. When care is missed, there are several things which are quickly eliminated. Emotional support, discharge planning and hygiene care are among the care activities most often missed by nurses (Kalisch, 2006).

The ANA survey (2001) showed that nurses are worried about their patients, and care for them. They reported that 2,928 out of over 7,000 nurses felt that they were powerless to change their situation to provide safe and effective care to their patients. 1,931 of these nurses reported being frightened for their patients. There is a very large amount of frustration in the nursing field today because of the decreased level of care. Nurses care for their patients and want to see conditions change for the better. In the research, there are many instances where nurses work voluntary overtime and give up breaks to help their patients get better care (West, Barron and Reeves, 2005). In addition to these interventions, many nurses lobby for state mandated nurse/patient ratios. These have been put into position in many states, but are not nearly pervasive enough to eliminate these concerns. One of the most striking facts is that according to the ANA survey (2001), over half of nurses would not recommend nursing as a profession for friends and family members. This speaks deeply to the frustration that nurses feel with their workplace and their ability to make a difference. In addition, Kalisch, (2006) reports that nurses

feel a high level of guilt, frustration, and regret that they are not able to provide quality care. One of the nurses interviewed reported that though it bothered her to not be able to give good care, she felt pulled in many different directions and was not able to provide the care she wished she could.

There are many barriers to nurses providing adequate emotional support. Many of these barriers and man made and can be changed. The fact that research shows what patients' desire and need from their nurses is very encouraging, as understanding the problem is the first step to finding a solution. Nurses must realize the need for their involvement in order for patients to begin to receive adequate emotional support. This study will hopefully be influential upon leaders in the field and will be a tool to help initiate change.

CHAPTER III

Methodology

The philosophy behind phenomenological research and qualitative research in general, is that there are multiple ways in which to view reality, and that a lived experience is a valid truth to the one who experiences it (Burnes and Grove, 2003). Phenomenology views the person and the environment as intrinsically linked and seeks to learn through the experiences of others. Phenomenology in nursing seeks to discover the lived experience of the person (Burnes and Grove, 2003). This study seeks to understand the lived experience of the patient regarding the emotional support they received in the hospital. It also seeks to discover whether they were receiving adequate emotional support and identify common factors in the emotional support experience.

Confidentiality

The study sought consent from participants in a legal manner that allowed them time to consider and minimize possibility of coercion or undue influence. The participants were contacted through the facility that they were associated with. A representative of the institution contacted potential participants who fulfilled the demographic data to evaluate willingness to be interviewed. The participants were randomly selected for participation. Informed consent was obtained at time of interview, as was the demographic data. The language used in the informed consent procedure was understandable to participants. See appendix C for informed consent form. Participants signed one copy and were given another to keep. These records will be stored locked in advisors office with access granted only to the researcher and advisor for three years and then destroyed by shredding.

Internal Review Board Approval

This study received Internal Review Board approval and was conducted under the requirements of the Health Insurance Portability and Accountability Act. This study was a psychological-non-manipulative study which evaluated the responses of the subject in an interview. The participants were recruited through a long term care and rehab center and participants all fit the inclusion criteria and had no prior relationship with the researcher. The participants were all volunteers and received no compensation for their participation. They were all contacted by a member of the facility that they were associated with regarding their interest in the study and they were then contacted by the researcher and given an informed consent form to sign as well as a copy for their own records.

There were many ethical considerations taken before this study was started. All of the conditions of the Internal Review Board approval were met and the study was scrutinized for threats to the participants. See appendix E for full Internal Review Board application. In the course of research for the study and concern over the issue being investigated, the researcher evaluated the possible conflicts of interest and ethical scruples that might prevent the study from being approved or providing valid results. The risk of this study was very minimal, and the information gathered from it will be useful in the field of nursing. The study allowed healthcare professionals to have access to a study evaluating what the experience of the patient is the hospital was like.

Contacting Participants

All of the participants were contacted through an institution which had given approval for the study to contact members of their facility prior to this. The participants were first approached

by a member of the facility and asked whether they were interested in participating in the study and given the chance to decline. After the patients gave permission for the researchers to contact them about the interview the interviewer made contact with the participants and set up time for interviews. The participants all were informed of what the interview would entail and signed informed consent forms and were given a copy to keep. There was a representative of the facility present, this person was a relative of the interviewer and was present during the whole process.

Response

There were five residents who were willing to be interviewed through the long term care and rehab center. The sample used in this study all fit the inclusion criteria listed below and were accessed through the facility and all signed informed consent forms. The inclusion criteria included the following:

- Participant age between 21 and 85
- Been admitted on a medical-surgical floor for two or more days
- No mental impairment or dementia
- At least six months post hospitalization
- Fluent in English

Interviews

Information was collected during one-on-one interviews with the patient. Participants were obtained through a long term care and rehab center that the patients were affiliated with. Interviews were conducted in a private setting, so that the participant was able to feel at ease discussing issues that may require privacy. There was a representative of the facility present during the interviews. The participants were asked about their experience with emotional support in the

hospital and specifically about the nurses. Demographic data were general and only included basic information. See table 1 for more information. There were no social security or personal medical questions asked other than a cause of admission to the hospital. Data will be stored locked in the advisor's office for a period of three years and only the advisor and the researcher will have access to it. It will be shredded at the end of three years to protect participant confidentiality. Audio taping with a digital recorder was used to record data during interviews. Emotional support was not defined to participants as the researcher did not want to skew the results by limiting responses to within the scope of the definition of emotional support.

Coding and Transcription

The interviews were transcribed by a transcriptionist who had no relation to the study or any of the participants and who signed a confidentiality form. The information was immediately coded and identifiers removed from transcripts. There were no names of participants on the transcripts. Access to data was limited. Only the researcher, advisor and those involved in the analysis process had access to the coded transcripts.

Analysis

Data analysis was performed by the researcher, advisor and a board of faculty to determine common trends and perform data analysis. The transcripts were read aloud by 4 researchers in a meeting and common themes were examined and discussed.

CHAPTER IV

Demographic Data

In this chapter, the demographic data of the survey population will be presented and examined and the results of analysis of the data from the interview process will be shown. The population interviewed in this study consisted of five participants over the age of 65. They were all Caucasian and none of the participants interviewed had a full college degree, though one woman had some college education. Their reasons for hospital admission varied and included hip fractures, pneumonia, asthma and several other maladies. The participants had all had at least one admission the hospital in the last twelve months and one had two admissions. The participants all reported being either of Baptist, Catholic or Jewish religion. All but one of the participants had been widowed and the other was never married. See Table 1 below for more information.

Demographic Data

Gender	Age	Race	Education Level	Marital Status	Reason for Last Admission	Length of Stay	Number of Admissions in last 12 months	Religion
M	78	Caucasian	HS Grad	Widower	Hip Fracture	1 month	2	Baptist
F	79	Caucasian	8th Grade	Widow	Hemiplegia	2week	1	Catholic
F	80	Caucasian	HS Grad	Single	Pneumonia	7 days	1	Baptist
F	85	Caucasian	Some College	Widow	HTN, Asthma	10 days	1	Jewish
F	82	Caucasian	HS Grad	Widow	UTI, RA	5 days	1	Catholic

Table of Demographic Data from Interviewed Participants

Results

Analysis of Data

The interviews revealed several themes that were common to the experience of the patients during their hospitalization. The participants had many of the same experiences regarding emotional support and shared what made a positive and a negative impact upon their level of emotional support. They expressed many of the same things that were important in their experiences. These included: presence of the nurse, compassion, humor, and willingness to listen and talk. These were reported to be very important to patients. So, when there was a breach of these the patients reported experiences of decreased comfort and trust. Of all these elements, the most important to the participants was the presence of the nurse, and trust, followed by a willingness to listen and talk and then by compassion and humor.

The participants reported that they were very encouraged when the nurse was present and spent time in the room with them. Participant B said, "Yes, they were right there when you called, right there. They were terrific." This presence seemed to provide the patients with a level of comfort and security that was very pleasant. The theme of presence included being protective of the patient's safety, being supportive as the patients was ill, doing their duty to the patient as a nurse, being attentive to the patient and being dependable. Patients' reported that they were very reassured when the nurse was protective of their physical health and careful to take care of them. Participant B reported the dismay she felt when a nurse didn't get enough help and ended up dropping her during a transfer from wheelchair to bed, stating that "…that was the second time I fell. I don't like that." This was a major event in the life of that patient and reinforced her belief that the nurse should be there to do her duty to the patient and keep the patient safe. Every

participant reported wanting the nurse present and involved in their care on more than a superficial level.

The supportive presence of the nurse was very important to the participants, with one of them saying, "…they were just very supportive. You know, they would stay there, keep telling me I'm gonna make it, I'm gonna make it!" They also reported that when they called for the nurse they wanted a quick response. They considered a fast response and a willingness to come to their room to be very encouraging. Participants expressed concern over comfort measures unanimously, and several (3 out of 5) spoke of personal care and medication administration, especially pain administration, as important comfort measures. Participants mentioned getting the right medications on time as a very important thing to them. Participant D mentioned that "I thought that the, uh, the pain medication certainly was beneficial, and sometimes when I needed it wasn't quite as quickly as giving it." They also reported that when they called for the nurse they wanted a response quickly. Four out of five of the participants mentioned this concern. Participant B said, "I think when you push the red button, and I'm not a person to push, the girls can tell you,…but I think if you do, that somebody should come." The participants were unanimous on wanting a quick response and two out of the five stated that they wanted the nurse to come within ten minutes.

The patients seemed very concerned with the nurse being unavailable. They very much appreciated when a nurse followed through on her promises to them and was prompt to respond and helpful when she entered the room. The participants expressed that professional competency meant a lot to them because it reassured them that the nurse was trustworthy. Trust was an important part of the nurse being present for the participants. The participants were concerned that the slow response of the nurse meant that the nurse was not trustworthy. Participant C

reported a concern with this issue, stating that, "…There were times when I did have… a case with them about not coming at the time that you needed them….There was one time…I don't know what cause I was calling for, but I had rung the red button, and I had a clock in the room so I knew it was twenty minutes and nobody responded, nobody responded. So I took my cell phone and called the number of the hospital and then called the nurse's station, and asked if somebody could come down to room whatever-I-was-in, and see to me."

Another theme that arose was the willingness to listen and talk. This was reported to be very important to the participants. They reported wanting to feel that the nurse listened to them and appreciated when the nurse would sit down and talk. The participants reported feeling very encouraged and supported when the nurse was present in the room and listened to them. One participant stated, "They would talk with me. For me to tell what was bothering me. They would listen to that…. They'd just say they were there to help me in any way they could, that they were willing to listen to me, and, and if they could do for me they would." Another participant stated that "I think they should take more time, and listen to you. To what you got to say. And um… just help you in any way that they possibly can, there, that's all I want them to do, to listen to me, and give me information if I need it." This is important as many patients have few other outlets for expression of frustration and for procurement of information about their condition.

Compassion and humor were also reported to be important aspects of patient care, and important to the patient feeling emotionally supported. All of the participants reported feeling much better if they felt that the nurse had compassion for them and was kind and polite to them. They also reported that nurses who could joke and who used humor made them feel much better. Two of the participants noted that humor, joking and being cheerful made it easier to be in the hospital and all of the participants made some comment about compassion. One reported that the

nurses always joked (Participant B) and that she liked that and another (Participant C) reported that he liked the "jolly ones." Compassion to the patients included understanding when the patient needed help and being willing to give pain medication as needed.

Summary of the Findings

The participants reported many things that made them feel emotionally supported and also conveyed that ignoring these areas was of great cause for concern to them. The implication of their statements was that while medication administration and pain control are generally though of as fulfilling a physiological need, they also provide emotional support, as fulfilling these needs proves to the patient that the nurse cares.

The findings of the study are significant because they show what nurses are doing right and what they are doing wrong. The participants reported feeling like they received enough emotional support, but still had concerns about their care. This study is encouraging as it shows how much nurses really can do to help patients with emotional support. The results of this study show that the patients care more about the details of how the nurse cares for them than might be expected. They are very concerned with being treated with dignity, compassion and kindness. They desire a nurse to be willing to talk to and listen to them, and they desire the nurse to be present in the room with them. They expressed that their main concerns sprung from feelings of vulnerability, not being listened to and feeling that their nurse didn't want to be there. Patient C stated that "… a person is vulnerable and they can't do it for themselves… and to be a little nasty about it in their tone if talking to you doesn't help…"

CHAPTER V

Discussion

The participants were concerned with their comfort and vulnerability in the hospital. The things that reassured them and made them feel emotionally supported were things that gave them more of a sense of control over their circumstances. They enjoyed having the nurse come when they called, getting their medications on time, having the nurse talk to them and listen and give them information. They reported that they enjoyed it when the nurses were cheerful and when they were dependable and trustworthy. The interventions that the patients reported wanting, and the way they talked about the nurses made it clear that these patients felt very vulnerable in the hospital. An important part of adequate emotional support was for the nurse to allow patients to maintain as much control over their environment as possible, and for the nurse to maintain a routine and be cheerful and compassionate. This is very significant, especially in the population that the study dealt with. All of the participants were older adults and were in a more vulnerable position in the hospital.

One of the participants commented that none of the people in the facility ever thought that they would be there. She implied that if the nurses providing care for the patients were to think about that fact, and about how much the participants desired assistance, they might do a better job. The study brought up many of the classic themes with which nurses struggle. Yet the study also showed how much patients want encouragement, compassion and humor, as well as how much dependability means to them and that the presence of the nurse is important and soothing.

Strengths and Limitations of Study

In this study there were five interviews which took place in a long-term care and rehab facility. The participants were all very willing to participate and seemed to enjoy the interviews. One of the limitations of this study was that there was a representative of the facility present at the interviews and there may have been some influence upon the patient responses because of her presence. She was a relative of the interviewer and this was known to the participants. This employee was not a nurse and was not intentionally involved in the interview process, though she was present in the room during the interviews and upon occasion a participant did address a question or comment to her. On these occasions she directed the participant back to the interviewer. A suggestion for the future would be that it might be good to have the representative out of the line of sight of the participant during the interview. Due to the time constraints of the study, a wider range of age groups was unable to be obtained and the population interviewed was comprised solely of participants over the age of 65. This is a limitation in some ways as it may limit the generalizability of the study somewhat.

Implications of the Study

This study brings up many questions regarding nursing care and patient experiences of emotional support in the hospital. The overall consensus of the responses said that they did receive adequate emotional support some of the time but not all of the time. The participants mentioned interventions that they appreciated and that helped them feel emotionally supported, and things that did not. There were many reports of wanting technical competence, presence of the nurse in the room and kindness and humor from the nurse. The participants also reported a strong dislike to waiting for personal care. Though these elements are traditionally seen as purely

physiological in nature, the fulfillment of these needs provided for resolution of an emotional need that the patient was experiencing. These elements of the study would be especially important to stress to nurses and nurse managers as they try to coordinate patient care. These results offer the opportunity for nurses to hear the response of a group of patients to the care they receive and what their emotional support priorities are. The implications of this study stretch to involve all of the nurses who provide patient care, as well as the administrators and nurse managers responsible for maintaining patient satisfaction.

Further Research Needed

This research study was unable to interview patients from younger age groups, therefore the response to the questions of emotional support in the hospital among that population is still unknown. Questions to evaluate during further studies would be whether age groups respond the same way to questions about their emotional support experience and whether patients feel the need for emotional support from other health care providers other than the nurse. Another question would be whether patients from geographically diverse areas and from different racial/ethnic backgrounds respond differently.

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Appendix A

LETTER TO PARTICIPANTS

Dear Potential Participant,

I am a Carson-Newman nursing student in my senior year. I am conducting a study to try to improve nurse/patient relations and the quality of care that patients receive in the hospital. The study involves a one-on-one interview and some basic information gathering (age, race, length of hospital stay, etc). I am interviewing people who have recently been hospitalized so that nurses can better understand the patient's experience and hopefully improve nursing care for future patients. Premier Surgical has recommended you for this study. The interview will take place at a location of your choosing and will last from 1-2 hours and will be recorded and transcribed. No real names will be attached to any of the tapes or papers, so your identity will be known only to me and my project advisor. At the end of three years in locked storage all data will be destroyed by shredding. If you would agree to participate in this study, please contact me at the phone number below so that we can decide when and where the interview can take place. Thank you for your participation. If you have any questions or concerns, feel free to call me. Thanks again,

Meredith Lee

(804) 814-7573

Appendix B

LETTER TO PHYSICIAN

November, 2008

Dr.

I am a senior student nurse at Carson-Newman College and am conducting a senior research project. This is a study on what emotional support feels like to patients during their hospital stay. I believe that the knowledge of how patients feel during hospitalization, and what support measures they desire could greatly improve the quality of supportive care in the hospital setting. I am requesting permission from you to interview some of your patients for this study. There are very careful parameters in place to protect confidentiality. All people involved in the research and subsequent analysis will sign confidentiality agreements, all patient information will be coded and personal identifiers will be removed from all notes and transcripts. The entire process for each patient will consist of one audiotaped interview, discussing the patient's experience with emotional support in the hospital. Participants will not have to give detailed personal information or participate in an ongoing manner. A copy of the demographic form to be filled out by participants is included in this letter. I am also attaching a copy of my inclusion criteria and a copy of the informed consent form. If you allow me to send letters to some of your patients I will provide letters with all the necessary forms and a letter to them explaining the study and that you recommended them for this. I would ask that your staff address the letters to patients and put them in the mail, I will provide postage. Also, if you have space in your office I would appreciate the option to perform interviews there. Thank you for your consideration of my proposal. If you have any questions, please feel free to call me or contact me by phone or email.

Meredith Lee

1520 Pearl Ave Apt 13

Jefferson City, TN 37760

(804)804-7573

mmlovejoy@cn.edu

Appendix C

INFORMED CONSENT FORM

This form is to state that I_____ have read and understand that I am under no obligation to be involved in this study, and that I choose to do so of my own free will.

1. The study involves human research and will collect information in the form of interviews. This is a research study being conducted to give nurses greater understanding of the feelings of their patients, and how nurses can improve patient care. The study will involve a one-on-one interview and some very basic information gathering. Participation in this study will be for a very short period of time. The study will run a maximum of four months and your participation will be a very small portion of that time, a maximum of 2-3 hours. The interview will take place at a location of your choosing and will last from 1-2 hours and will be recorded and transcribed. No real names will be attached to any of the tapes or papers, so your identity will be known only to me and my nursing advisor.
2. I (Meredith Lee) am a student researcher and attend Carson-Newman College.
3. Your participation in this research study is voluntary, refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled, and you may withdraw from the study at any time without penalty or loss of benefits to which you are otherwise entitled.
4. There should be little or no risk involved in your participation in this study. There will be little personal information taken in this study, and the information that is gathered is general information (Age, Race, Length of Hospital Stay, Number of Admissions, etc.) This t will be stored apart from your personal responses and consent form. No one mentioned during the interview will be notified or made aware of your comments about them or will in any way be able to connect you with this study.
5. This study will hopefully give insight into the needs and feelings of patients and allow nurses to be able to provide better care for their patients and better prioritize patient needs.
6. The data will be stored in a locked file in a nursing instructor's office. Only people directly involved will have access to it (Dr. Casalenuovo and Meredith Lee.) The information will be stored for 3 years and then will be destroyed by shredding. All members of the research team will sign confidentiality agreements.
7. If you have questions about the project, confidentiality, research or rights of the participant you may contact Dr. Greg Casalenuovo at (865) 471-3236.

Participants Name_____
(Printed)

Signature_____ Date_____

Appendix D

PARTICIPANT DEMOGRAPHIC FORM

Please provide the most appropriate answer to the following questions.

Gender: □ Male

□ Female

Age: □18-45

□46-64

□65+

Race: □White

□Black

□Hispanic

□Other

Education level: □Third Grade or less

□Fourth –Eighth grade

□Some High School

□Completed High School/High School Graduate

□GED

□Some College

□College

Marital Status: □Single

□Married

□Divorced/Separated

Reason for most recent hospital admission:_____

_____

Length of Hospital Stay: □ < 3 days

□ 3-5 days

□ 5-7 days

□ >7 days

Number of Admissions in past 12 months:

□0

□1-5

□5-10

□ >10

Religion:_____

Appendix E

CARSON-NEWMAN COLLEGE
SCHOOL OF NURSING AND BEHAVIORAL HEALTH

REQUEST FOR REVIEW OF PROJECT
INVOLVING HUMAN SUBJECTS

I. IDENTIFICATION OF PROJECT
Principal investigator

Name: Meredith L Lee
Telephone: (804) 814-7573
Address: 1520 Pearl Avenue, Apt. 13
Jefferson City, TN 37760
E-mail address: mmlovejoy@cn.edu

A. Co-principal investigator(s): NA

B. Chair of the Thesis Committee and Committee Members (if applicable):
Chair: Kara Stooksbury
Committee Members: Greg Casalenuovo
Angie Wood
Cynthia Lynn

C. Department/unit of committee chair: Political Science

D. Project identification: Research Project

E. Title of project: Nursing Success in Providing Emotional Support: The Patient's Perspective

F. Start date: Upon IRB approval

G. Estimated completion date: December, 2008

H. External funding (if any): None

II. TYPE OF REVIEW REQUESTED: Short review (minimal risk project)

III. DESCRIPTION AND SOURCE OF RESEARCH PARTICIPANTS
A. Human subjects (check all that apply)

___Inpatients	_√_Volunteers	____Pregnant Women
___Outpatients	____Fetuses	____Mentally Incompetent
___ Minors	____Prisoners	____Elderly Population

B. Compensation to Human Subjects: None

C. Type of Project/Procedure to be used (please check the most applicable):
   1. ____Medical-Therapeutic (evaluation of drugs, treatment protocol, surgical procedure, etc)
   2. ____Medical-Non-Therapeutic (physiological studies, laboratory analysis of blood or body substance)
   3. ____Investigation drug (drug study protocol)
   4. ____Radioactive materials
      Name: _____
      Subcommittee on radioactive materials approval date: _____
   5. ____Psychological-Manipulative (response to stressful stimuli, hypnosis, etc.)
   6. _√_Psychological-Non-Manipulative (evaluation of subject response to educational material, attitude, survey, etc.)
   7. ____Study involving confidential material without human participation (chart review, etc.)
   8. ____Other (please specify):_____

D. Source of subjects/participants: recruited through doctor's office (still in the process of selecting specific doctor's office).

E. Number of estimated participants: ≤ 10

F. Relationship between researcher/participant: mutual anonymity

IV. METHODS AND PROCEDURES: As holistic care is becoming more a focus of healthcare in general, it is important to look at the role nurses play in providing emotional support in the hospital setting. In nursing there is an understanding that emotional support is a critical part of the role of the nurse in providing holistic care. I am interested in whether patients feel emotionally supported and what their experience is like. This study will seek to understand the experience of feeling emotionally supported in the hospital and what actions bring on this feeling. This study will be a phenomenological research study. It will use the experience of the participant to discover ways of improving care and nursing support.

The philosophy behind phenomenological research, and qualitative research in general, is that there are multiple ways in which to view reality, and that a lived experience is a valid truth to the one who experiences it. Phenomenology views the person and the environment as intrinsically linked and seeks to learn through the experiences of others. Phenomenology in nursing seeks to discover the lived experience of the person. They also view the person as a part of the environment, and to understand the meaning of the lived experience. I seek to evaluate what in the environment causes feeling of emotional support, and what affect those feelings are perceived to have upon the health and healing of a person.

Information will be collected during one-on-one interviews with the patient. I will obtain participants through letters to patients whose names are obtained through a local doctor's office. I will ask the participant to respond to the statement: Tell me about a time you felt emotionally supported while you were in the hospital.

Inclusion Criteria are:

i. Between the ages of 21 and 85,

ii. Patients who were on a medical-surgical floor for 2+ days,

iii. Patients who have no mental impairment or dementia,

iv. Must be at least 6 months post hospitalization,

v. Must be fluent in English.

Audiotaping with a digital recorder will be used to record data during interviews. These will be transcribed using a computer software program designed for this purpose. Demographic data are general and will only include basic information. There will be no social security or personal medical questions other than a cause of admission to the hospital. Data will be stored locked in the advisor's office for a period of three years and only the advisor and I will have access to it. It will be shredded at the end of three years to protect participant confidentiality.

Data analysis will be performed by the researcher, advisor and a possible board of faculty to determine common trends and perform data analysis. Determination of the precise method is still under discussion; however, it will be phenomenologically based.

V. SPECIFIC RISKS/PROTECTION MEASURES: There will be minimal risk to the participants in the study. There should be no stress or discomfort at all during the process. The only risk is that a patient may feel uncomfortable expressing what they felt while in the hospital, or feel uncomfortable sharing emotional stories or experiences. This will be minimized as much as possible by careful interviewing and sensitivity on the part of the interviewer. Interviews will be conducted in a private setting, so that the participant will feel at ease discussing issues that may require privacy. The information will be immediately coded and identifiers removed from transcripts. There will be no names on notes. Each person will be assigned a letter, which will replace their name in transcripts and notes. Example, Jane Doe becomes Ms. A., John Doe becomes Mr. B. Access to data will be limited. Only Dr. Casalenuovo and I will have access to the raw data. The committee members who sign confidentiality forms will only have access to the coded transcripts. Dr. Casalenuovo and I will code and store the data; no one else will have access to it, except during data analysis, where there will be no names or other identifiers on the

information. All of the committee members involved in analysis are aware of and will sign a confidentiality agreement.

VI BENEFITS: The risk of this study is very minimal, and the information to be gathered from it will be useful in the field of nursing. It will allow nurses, hospitals and doctors to see how important emotional support is to patients, and what their experience in the hospital was like.

VII METHODS FOR OBTAINING "INFORMED CONSENT" FROM PARTICIPANTS: Will seek consent from participants in a legal manner that allows them time to consider and minimize possibility of coercion or undue influence. Will contact via letters to patients selected by doctor for suitability in study, arrange for interview time over phone, obtain informed consent at time of interview, as well as demographic data. The language used in the informed consent procedure is understandable to participants. Participant will sign one copy and be given another one to keep. The records will be stored locked in advisors office with access granted only to the researcher and advisor.

VIII RESPONSIBILITY OF THE PRINCIPAL/CO-PRINCIPAL

By compliance with the policies established by the Nursing Research Committee, the PI subscribes to the principles stated in "The Belmont Report" and standards of professional ethics in all research, development, and related activities involving human participants under the auspices of Carson-Newman College. The PI further agrees that:

1. Approval will be obtained from the Nursing Research Committee prior to instituting any change in this research project
2. Development of any unexpected risk will be immediately reported to the Nursing Research Committee
3. An annual review and progress report will be completed and submitted when requested by the Nursing Research Committee
4. Signed informed consent documents will be kept for the duration of the project and for at least three years thereafter at a location approved by the Nursing Research Committee

IX. SIGNATURES

When you submit this application for review please note that all signatures must be original. As your application moves through the review process, you should maintain two identical applications, both of which contain original signatures. As primary investigator, you should keep one copy and submit the other application with original signatures for review.

Principal Investigator ___Meredith L. Lee_____
(Name)
Signature_____ _____
(Date)

X. DEPARTMENT REVIEW AND APPROVAL

The Nursing Research Committee has reviewed and approved the application described above and recommends that this application be reviewed as:

( ) Expedited Review-Category (ies):_____
OR ( ) Full Nursing Research Committee Review

Chair, NRC_____
(Name)
Signature_____ _____
(Date)

Dean, School of Nursing and Behavioral Health _____
(Name)
Signature_____ _____
(Date)

Application sent to Graduate Council for final approval on_____
(Date)

Approved: Graduate Council
Signature_____ _____
(Date)

Table 1

Demographic Data

Gender	Age	Race	Education Level	Marital Status	Reason for Last Admission	Length of Stay	Number of Admissions in last 12 months	Religion
M	78	Caucasian	HS Grad	Widower	Hip Fracture	1 month	2	Baptist
F	79	Caucasian	8th Grade	Widow	Hemiplagia	2week	1	Catholic
F	80	Caucasian	HS Grad	Single	Pneumonia	7 days	1	Baptist
F	85	Caucasian	Some College	Widow	HTN, Asthma	10 days	1	Jewish
F	82	Caucasian	HS Grad	Widow	UTI, RA	5 days	1	Catholic

Table of Demographic Data from Interviewed Participants