

PERCEPTIONS OF CARING IN THE
NURSE-PATIENT RELATIONSHIP

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DEDICATION

To my Nursing II and V students
whose enthusiastically caring behavior
daily reminds me of the need for caring nurses.

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CHAPTER 1

INTRODUCTION

Nurses generally agree that caring is an important aspect of the nurse-patient relationship. An agreement among nurses relative to the degree of importance caring holds in the nurse-patient relationship is less evident. Further, an agreed upon definition of caring by nurses for nursing is nonexistent.

Nursing as a profession has historically experienced difficulty defining itself and establishing its position as a profession within the health care delivery system. Perhaps the answer to this difficulty lies in the issue of caring. Caring may well form the central core of nursing practice and when caring is scientifically defined, so will nursing be defined. In essence, this investigator contends that caring in the nurse-patient relationship is the quality that defines nursing's unique contribution to the health care system.

Caring in the nurse-patient relationship, as defined by this investigator, is a three-fold concept. Initially, nurse caring exists in the relationship as concern, interest, and respect. Additionally, caring is

communicated by the nurse in the verbal realm, the non-verbal realm, and in the performance of technical procedures common to nursing. To be sure, each realm is an important part of the whole.

Problem of Study

The problem of this study was to determine verbal and nonverbal caring and technical competency nurse behavior in the nurse-patient relationship as perceived by female and male subjects.

Justification of Problem

Caring has been a concern of nurses over the years. There is an abundance of nonresearch written articles in the literature speaking to the importance of and the need for caring in the nurse-patient relationship. Similarly, there is a lack of documented research relative to this concern.

Reasons for the lack of research supporting the importance of caring are probably varied. One reason may be the difficulty encountered when an attempt to study interpersonal hypotheses is made. Research is needed to explore interpersonal relationship content which is now primarily taught on the basis of tradition

or authority, learned by imitative behavior, and practiced nonsystematically by many nurses. By conducting research, content will be based in scientific knowledge, quality of patient care should improve, and nursing research will help to establish nursing as a profession within the health care system. This study was an attempt to address this identified need.

Theoretical Framework

Rogers' (1957) process oriented person-centered therapy formed the theoretical framework for this study. According to Meador and Rogers (1979), the central generalization of this theory is that the growthful potential of an individual tends to be released in a relationship in which the helping person is experiencing and communicating realness, caring, and a deeply sensitive nonjudgmental understanding.

Rogers (1957) defined three necessary and sufficient conditions which must be present and perceived by the client in the therapeutic relationship: (a) genuineness/congruence, (b) empathetic understanding, and (c) unconditioned positive regard. Genuineness/congruence is the ability of the helping person to accurately experience and be himself and communicate this to the other person.

Genuineness/congruence is the ability of the helping person to accurately experience and be himself and communicate this to the other person. Empathetic understanding allows the helping person to experience and understand the other person's world as he himself experiences and understands it. The helping person must not lose touch with himself in this process. Unconditional positive regard requires that the helping person communicate or exhibit no overt or covert judgmental behaviors. The helping person accepts the individual as a worthwhile and acceptable person who possesses an inherent potential for growth and change.

Genuineness/congruence, empathetic understanding, and unconditional positive regard grew out of 10 questions posed by Rogers. Rogers (1961) believed these questions, if answered in the affirmative, would provide the basis of a helping relationship:

1. Can I be in some way which will be perceived by the other person as trustworthy, as dependable or consistent in some deep sense?
2. Can I be expressive enough as a person that what I am will be communicated unambiguously?
3. Can I let myself experience positive attitudes toward this other person--attitudes of warmth, caring, liking, interest, other?
4. Can I be strong enough as a person to be separate from the other?

5. Am I secure enough within myself to permit him his separateness?

6. Can I let myself enter fully into the world of his feelings and personal meanings and see these as he does?

7. Can I be acceptant of each facet of this other person which he presents to me?

8. Can I act with sufficient sensitivity in the relationship that my behavior will not be perceived as a threat?

9. Can I free him from the threat of external evaluation?

10. Can I meet this other individual as a person who is in process of becoming, or will I be bound by his past and by my past? (pp. 50-55)

Rogers (1961) believed that the person-centered approach is applicable to any relationship where persons want to understand each other and be understood, reveal themselves to some degree, and enhance their growth.

Assumptions

The following assumptions were made:

1. Caring is a major aspect of the nurse-patient relationship.

2. Caring behaviors can be developed,

3. Observation is a major technique used to judge nurse behaviors.

4. Lay observers can differentiate among nurse behaviors.

Hypotheses

1. There is no significant difference between the subjects' perception of verbal caring and verbal uncaring nurse behavior.

2. There is no significant difference between the subjects' perception of nonverbal caring and nonverbal uncaring nurse behavior.

3. There is no significant difference between the subjects' perception of technically competent and technically incompetent nurse behavior.

4. There is no significant difference noted of nurse behavior between perceptions of female subjects and perceptions of male subjects.

5. There is no significant difference between the subjects' perception of verbal caring and verbal uncaring nurse behavior whether the nurse behavior is also non-verbal caring or nonverbal uncaring.

6. There is no significant difference between the subjects' perception of verbal caring and verbal uncaring nurse behavior whether the nurse behavior is also technically incompetent.

7. There is no significant difference as noted by perceptions of female subjects and perceptions of

male subjects between verbal caring and verbal uncaring nurse behavior.

8. There is no significant difference between the subjects' perception of nonverbal caring and nonverbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent.

9. There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between nonverbal caring and nonverbal uncaring nurse behavior.

10. There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between technically competent and technically incompetent nurse behavior.

11. There is no significant difference between the subjects' perception of verbal caring and verbal uncaring for nonverbal caring nurse behavior and nonverbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent.

12. There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between verbal caring and verbal uncaring

nurse behavior whether the nurse behavior is also technically competent or technically incompetent.

13. There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between nonverbal caring and nonverbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent.

14. There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between verbal caring and verbal uncaring nurse behavior whether the nurse behavior is also nonverbal caring or nonverbal uncaring.

15. There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between verbal caring and verbal uncaring for nonverbal caring nurse behavior and for nonverbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent.

Definition of Terms

For purposes of this study, the following terms were defined by the investigator:

1. Caring exists in the relationship as concern, interest, and respect. Caring is communicated by the

nurse in the verbal realm, the nonverbal realm, and in the performance of technical nursing procedures.

(a) Verbal caring is based upon use of communication techniques. The nurse provides information, shares observations of the patient's apparent emotional state, explains procedures prior to carrying out the tasks, and validates the patient's implied thoughts and feelings. The nurse acknowledges the patient's feelings and uses reflection and selective reflection methods.

(b) Verbal uncaring is based upon use of communication blocks. The nurse discounts the patient's concerns, reprimands the patient and gives advice, requests an explanation, and belittles the patient's thoughts and feelings. She makes judgments, uses cliches, and agrees with the patient inappropriately.

(c) Nonverbal caring is based upon the nurse's ability to interact comfortably in the patient unit. She stands comfortably at the bedside and walks calmly in the patient unit. She pulls up a chair and sits down, remains seated and rests her arm on the bed as she interacts with the patient. She hands the wash cloth to the patient and assists him with drying his

face and hands. She exhibits an interested and attentive facial expression throughout the interaction.

(d) Nonverbal uncaring is defined by the nurse's discomfort in the patient unit. The nurse frequently stands behind and leans on the chair located at the foot of the bed, frowns, shows an impatient or tense facial expression, and frequently rests both hands on her hips. She sighs loudly, moves away from the bedside, checks her wristwatch frequently, looks away from the patient, drops the towel on the bed, and roughly positions the patient's arm to administer the injection.

(e) Competent nursing behavior is based upon knowledge and technical performance. The nurse counts the intravenous drop-rate per minute and calculates the approximate length of time the fluid will last, retapes the intravenous tubing based on visual assessment, and brings the next intravenous bottle to the patient unit before the present one runs out. She checks the nasogastric tube without difficulty for proper position, retapes the tube in place, and switches the suction machine to "off" position based on knowledge and assessment of the patient's condition. She checks the patient's leg position in the splint, assesses its condition and smoothly administers various nursing procedures.

(f) Incompetent nursing behavior is exhibited by the nurse's overall hesitant and uncertain manner in carrying out the nursing tasks. She is unable to calculate the number of intravenous drops per minute or approximate length of time the fluid will last and is unsure about the condition of the intravenous site. She frequently exhibits a puzzled facial expression, shrugs her shoulders, and does not explain procedures to the patient. She observes the nasogastric tube hesitantly from one angle and then from another and has difficulty remembering the concept underlying the procedure to check the tube's position. She holds the irrigating syringe awkwardly in the air, has difficulty placing the stethoscope over the patient's stomach to carry out this task, and is unsure about turning off the suction machine. In her uncertain and awkward movements, she knocks the irrigating equipment from the bedside table to the floor and continues to use this equipment. She is hesitant about assessing the position of the patient's leg in the splint, holds the injection syringe awkwardly, and she haphazardly changes the patient's arm position for the injection.

2. Nurse-patient relationship exists when nurse and patient meet and the situation is such that the

patient exhibits needs verbally or nonverbally either in the physical or psychological realm.

3. Perception--a quality wherein the perceiver tends to confer on the physical objects of perception a form, configuration, or meaning.

Limitations

The following limitations were identified:

1. Nurse nonverbal behavior does not include touch.
2. Ability and willingness of the subjects to respond truthfully to the questionnaires could not be controlled.
3. The scripts were contrived: a question remains as to the results that might be obtained in the actual nurse-patient relationship setting.

Summary

Members of the health team, patients and their families, and visitors in the health care delivery system can and do perceive and judge the caring manner of the health care giver. Persons within the helping services have been concerned with caring as a vital part of the helping relationship. Nurses have been concerned over the years with caring in the nurse-patient relationship,

but scientific research in nursing relative to caring has been lacking. In order to define nursing's unique contribution to patient care, caring behaviors must be scientifically studied, analyzed, and understood.

CHAPTER 2

REVIEW OF LITERATURE

Nurses have been interested in and concerned about caring in relation to nursing education, practice, and research throughout the years. Many nonresearch articles speaking to the importance and need for caring in nursing appear in the journals. Research investigations are represented, but they are few in number. This chapter reports the significant literature contributions relative to the concept of caring as it relates to the nurse-patient relationship.

Nonresearch Literature

Taylor (1934) in an address to the 40th convention of the National League for Nursing Education declared

The real depths of nursing can only be made known through ideals, love, sympathy, knowledge, and culture, and expressed through the practice of artistic procedures and relationships. (p. 476)

Henderson (1964) believed that the nurse in an effort to know and understand the patient must "get inside his skin" (p. 66). Additionally, Henderson pointed out that the effective nurse listens to the patient, the patient's family, and the patient's friends; is aware of the

relation to the patient and will try to make the relationship constructive and therapeutic. Lastly, Henderson (1964) believed the nurse will give of herself to the patient.

Goldsborough (1969) spoke to nursing in terms of involvement. Goldsborough claimed that society seeks meaningful relationships and that this need is heightened during a hospital experience. Further, Goldsborough contended that nursing practice of the future will focus on the nurse-patient relationship and that nurses must go beyond obvious nursing needs and try to know the patient as a person. This means sharing feelings, ideas, beliefs, and values with the patient. Goldsborough (1969) identified three ways the nurse shares feelings with the patient: (a) creating an atmosphere in which the patient feels free to express his feelings, (b) accepting the patient as a person who has the right to free expression, and (c) by actively seeking to understand why the patient feels the way he does and helping him become aware of and understand his feelings.

Velazquez (1969) pointed out that nurses do not listen with all their senses to what the patients tell them. Velazquez proposed that listening has both

diagnostic and therapeutic purposes and that nurses who listen become involved in caring and committed to providing quality nursing service. Velazquez extended the notion that because they care, these nurses enlarge their participation in cure.

In a later article, Henderson (1969) listed three stages in the development of nurses: (a) the emotional, (b) technical, and (c) creative. According to Henderson, the mature excellent nurse is one who remains compassionate and sensitive to patients, has mastered technical skills, and uses her emotional and technical responses in a unique design that suits the particular needs of the person she serves and the situation in which she finds herself.

Mayeroff (1971) identified and described eight major ingredients of caring:

1. Knowing involves understanding the other's needs both generally and specifically and responding properly to them. Knowing also is directed toward the self in the form of knowing personal powers and limitations.

2. Alternating rhythm implies a rhythm of moving back and forth between a narrower and a wider framework.

Personal actions are viewed in relation to whether help has been provided, and according to this judgment, behavior is maintained or modified.

3. Patience is giving opportunity to enable the other to find itself in its own time, a kind of participation with the other. Tolerating confusion and floundering through patience expresses respect for the other's growth.

4. Honesty is a positive, genuine openness with oneself. Seeing the other as it is and responding to its changing needs is also involved.

5. Trust involves allowing the other to grow in its own time and own way, appreciating the independent existence of the other. To trust is to let go and includes an element of risk and a venture into the unknown.

6. Humility is indicated by a willingness to learn about the other and a willingness to learn from the other. Humility involves overcoming arrogance with pretentiousness.

7. Hope is experiencing the richness and the sense of the possible in the present. It is an expectation for the realization of the other and that there is something worthy of commitment.

8. Courage involves a sense of willingness to go into the unknown where security of the familiar is gone. Courage is informed by insight from past experiences, yet open and sensitive to the present.

Niles and Paulen (1973) said a caring attitude is crucial: nurses must let the patient know they care about him as a person. Further, Niles and Paulen stated that if nurses have a caring attitude, then the patient is a person, the nurse listens to him as a person; the nurse talks with him as a person; the nurse involves him in his care as a person.

Richards (1975) distinguished between caring for and caring about: caring is a matter of providing or looking after. Richards (1975) disclosed, "I express my concern for you by taking charge of your life" (p. 792). In contrast, Richards (1975) defined caring about as a matter of going out of oneself to meet fully the other: "when I care about, I see you as a person in process, growing, and becoming" (p. 792). According to Richards (1975), each situation is an opportunity to care for or care about and declared:

Nurses need to be evaluated in terms of both their competencies and skills and their perceptual capacities to relate to others in

healthy ways, to perceive others as persons,
to care about rather than care for. (p. 798)

In an interview by Harlem (1978), Dorothy Hall, Chief Officer of Nursing, World Health Organization Regional Office for Europe in Copenhagen, stated that "cure" is now much further ahead than "care," particularly in the developed countries where advances in medical technology have been tremendous. Nursing and nurses, according to Hall (cited in in Harlem, 1978) have a primary responsibility for the much needed development of care.

Carper (1979) discussed issues related to caring. Specifically, Carper identified medical specialization, the team approach in health care delivery, and increases in science and technology as having negative influence on the process and act of caring.

Watson (1979) described 10 "carative factors" (p. 7) that underlie the caring process. Watson further believed these factors formed a structure for studying and understanding nursing as a science of caring.

1. The formation of a humanistic-altruistic system of values.
2. The instillation of faith-hope.
3. The cultivation of sensitivity to one's self and to others.
4. The development of a helping-trust relationship.

5. The promotion and acceptance of the expression of positive and negative feelings.
6. The systematic use of the scientific problem-solving method for decision-making.
7. The promotion of interpersonal teaching-learning.
8. The provision for a supportive, protective, and/or corrective mental, physical, sociocultural, and spiritual environment.
9. Assistance with the gratification of human needs.
10. The allowance for existential-phenomenological forces. (pp. 9-10)

It appears to this investigator that the 10 "carative factors" (p. 7) outlined by Watson (1979) have been adapted, at least in part, from other sources.

Ford (1980), in an article, addressed the issues of health care delivery services, human population as a valuable resource, and nursing in a framework of investment versus cost. Research and development are both viewed by Ford as investments, not costs. Ford (1980) extended the position that the interpersonal nature of nursing lends itself to extensive exploration; nurses have to develop more philosophically and scientifically research the caring component of nursing to demonstrate nursing effectiveness, humanness, efficiency, and economies.

Leininger (1980) declared that caring is one of the most critical and essential ingredients of health, human

development and relatedness, well-being, and survival. Leininger (1980) saw a relationship between caring and curing: "Caring is essential to curing and pervades all efforts to help an individual recover after an illness and be cured" (p. 141). Further, Leininger believed that systematic research to clearly describe caring behavior, values, and practices in nursing was needed to incorporate the knowledge into education and practice.

Research Studies

The importance of caring in the nurse-patient relationship is not a recent development. It is a concern that has remained alive in the literature and in the minds of nurses over the years. In contrast to the base number of nonresearch articles in the literature, the number of research based articles is small. The articles written about caring in the research literature vary in purpose and direction.

Linn (1975) investigated the care-cure attitudes of medical and nurse faculty and their students and found that the medical faculty was more cure-oriented than were their students and nurse faculty was the most care-oriented. A t-test between these means was found to be significant at the p = .001 level of confidence. No

statistical significant difference was found between the means of the student nurses and nurse faculty samples. Lastly, medical students were more likely to place greater importance on patient cure over care than were the nursing students. These mean differences were also statistically significant at the $p = .001$ confidence level. Linn (1975) concluded that the findings may reflect a trend among physicians-to-be of increasing sensitivity to nonmedical factors associated with illness. This trend together with increasing numbers of nurses being trained to assume more cure-oriented roles could result in the health care system becoming more sensitive to social and emotional aspects of illness. Linn qualified this conclusion by formulating the assumption that nurses in cure-oriented roles will not become unconcerned about the importance of care and emotional support. Clearly, nurses scored higher in care aspects than did the physicians in this study.

Baer, Davitz, and Lieb (1970) studied inferences by nurses, social workers, and physicians in response to patients' verbal and nonverbal physical and psychological distress. Nurses in this study did not fare so well: social workers were shown to infer the greatest distress.

An analysis of variance used to test the differences among the three groups revealed a significance level of $p < .02$. Baer et al. (1970) raised the following questions: have nurses become so busy that they no longer perceive patients' pain? Does the social worker's response indicate greater identification with the patient? Why would she identify more with the patient than nurses and physicians who are in much closer contact? Is it because of her educational background? Might it be just because she is not intimately involved with the patients' physical care aspect, or have nurses and doctors blocked out awareness of patient needs for their own needs? Further, Baer et al. (1970) found that all groups inferred greater pain from verbal clues over nonverbal ones. This raises the question of nurses' professed pride in their ability to perceive and identify patient needs.

Wallston, Cohen, Wallston, Smith, and DeVellis (1978) studied the effects of intervention designed to enhance the person-centeredness or helpfulness of nurses' responses. This was a two-phase design in which nurses in Group I did not receive the intervention; nurses in Group II did receive the intervention. The data showed

that the intervention was effective in increasing Group II's person-centeredness. This research recognized nursing's need relative to the nurse-patient relationship and the results suggested that significant improvement in judged person-centeredness could be obtained with this technique.

Smolinski (1975) studied differences in perception of care as perceived by patients receiving care and perceived by nurses giving care. The problem was further subdivided into differences between patient and nurse perceptions in relation to general, physical, and psychological needs of patients in the nursing care situation. The instrument used in this study was comprised of items derived from the cue sheets of the Quality Patient Care Scale developed under the direction of Wandelt (cited in Smolinski, 1975) at the College of Nursing, Wayne State University. Smolinski found no overall differences in these perceptions. Further, comments made by both nurses and patients in the study emphasized the importance of the supportive role in nursing care.

Major care categories and nurse behavior subcategories which indicated caring as perceived by patients were identified by Henry in a 1975 study. The three

major categories classifying the nurse behavior subcategories were: (a) what the nurse does, (b) how the nurse does, and (c) how much the nurse does. The 12 nurse behavior subcategories revealed by the data included the following:

1. Assessment and observation
2. Carrying out nursing procedures
3. Giving information
4. Informing and activating other care resources
5. Communication on a person-to-person level
6. Making herself accessible and available
7. Patient
8. Friendly
9. Gentle
10. Concerned and interested
11. Conveyed human qualities (kind, considerate, pleasant)
12. Doing extra things. (Henry, 1975, p. 54)

Henry's (1975) data revealed that 51% of subject responses were categorized in the category, "how the nurse does"; 48% of subject responses combined the categories of "what the nurse does" with "how the nurse does." Based on this data, Henry (1975) drew three overall conclusions:

1. Nurses need to capitalize on nursing assessment and maximize communication with the patient while the assessment is being carried out.
2. Patients view certain nursing procedures as necessary for their welfare and that when the nurse carries out these procedures, it indicates that she cares "for" and "about" them.

3. Patients want to know the nurse as a person as well as a nurse. (pp. 55-56)

Stetler (1977), in her study "Relationship of Perceived Empathy to Nurses' Communication," investigated the verbal behavior of nurses in the form of various communication techniques and vocal nurse behavior in the form of proportionality and interruptive behavior. Stetler devised the vocal nurse behavior category as a means to assess the listening behavior of the nurse. Nonverbal factors were not investigated in Stetler's study which utilized a simulated encounter between a registered nurse and a pathophysiologically ill actress-patient format. Thirty-two female registered nurses and four actresses were used to perform the investigation.

Stetler (1977) surmised that verbal, nonverbal, and vocal communication are integral elements within any communication situation. Stetler further suggested that the key to the perception of empathetic understanding lies in a complex combination of all three with congruency among the three as the factor of primary importance. Stetler recommended that the study be enlarged to incorporate investigation of nonverbal variables; videotape provides an avenue through which this is possible.

Summary

Nurses have remained cognizant and concerned over the years about caring in the nurse-patient relationship both in the nonresearch sense and in the scientific sense. Concepts about what constitutes caring such as empathy, involvement, sharing, listening, honesty, person-centeredness, verbal, nonverbal, and technical procedure skill aspects, and the care-cure relationship seem to form a common thread through both the nonresearch as well as the research information.

Upon closer examination of these terms used by the various authors in this review of the literature (Goldsbrough, 1969; Henderson, 1969; Mayeroff, 1971; Richards, 1975; Stetler, 1977; Velazquez, 1969) to discuss caring, the "care-cure" phrase was used numerous times as were the words "listening," "verbal," and "technical skills." Lastly, the word "empathy" was used to describe caring by only one author (Stetler, 1977), but the concept was alluded to in several of the research articles. This may indicate that some agreement is beginning to evolve among nurses regarding which elements constitute the phenomenon of caring.

CHAPTER 3

PROCEDURE FOR COLLECTION AND

TREATMENT OF DATA

The procedure and method of data collection was designed to obtain information about verbal, nonverbal, and technical nurse behavior in the nurse-patient relationship. This chapter describes the procedures used in pursuing this study problem.

A 2 x 2 x 2 x 2 factorial experimental research design was used to test the simultaneous main effects and interaction effects of the independent variables on the dependent variables (Kerlinger, 1973). The independent variables, displayed by a nurse interacting with a patient in a short, contrived videotape segment format, consisted of verbal caring and verbal uncaring communication, nonverbal caring and nonverbal uncaring behaviors, and technically competent and technically incompetent nurse behaviors. Sex of study subjects was included as an additional independent variable.

Because materials explicitly based on the independent variables were not available, the contrived videotaped segments were written by the investigator for use

in this study. Content for the segments was derived from the investigator's background, experience, and review of the literature.

Setting

The study was conducted in a city of approximately 25,000 population located in the North Central United States. Site of the study was one of seven commuter regional campuses of a 4-year state supported university. Student enrollment at this regional campus numbers approximately 1,000 students per semester. Educational opportunities at this campus include the first 2 years of general education courses leading to a variety of baccalaureate degrees, 16 2-year associate degree technical programs, and occasional upper level residence credit courses. An occasional graduate level course particularly in the field of education is offered at this campus. Approximately 33 resident faculty are employed at the campus; part-time faculty are utilized as needed.

A number of student life programs including student governance, cultural events, publication opportunities, social, and athletic activities are offered. Also, special interest organizations are available.

Population and Sample

Of the approximate 1,000 students registered at this campus per semester, approximately 33% were registered in courses leading to a baccalaureate degree; 67% were registered in courses leading to an associate degree at the time this investigation was completed (Mark Sense Report, 1980). There has been an increase in part-time students at this campus and an increase in the number of older students who are married and/or working (Regional Campuses Annual Report, 1977-78, 1980-1981).

The availability sample consisted of 240 undergraduate students who were enrolled primarily in various undergraduate courses and university orientation courses at this selected commuter regional campus. All students registered at the campus were eligible for inclusion in the study with the exception of students who had been enrolled in or who had completed courses in nursing. Further, registered nurses attending the campus were not included. These identified groups were not included because it was believed that their knowledge and experience with the problem of the study was such that their ability to respond to the questionnaires would be altered. Of the 240 subjects, 120 were female and 120 were male.

The 240 subjects of the availability sample were randomly assigned to groups of 15 subjects per cell by use of a Random Table of Numbers. Eight cells contained 15 females and 8 cells contained 15 males.

The videotape segments were then randomly assigned for viewing by the subject groups by use of the Random Permutation Table. Each segment was viewed by one cell of female subjects and one cell of male subjects. By this method, "we randomly assign subjects in order to have experimental groups that we can assume to be equal, within chance limits, in all possible characteristics" (Kerlinger, 1973, p. 127). Random assignment of subjects to groups and random assignment of manipulations to groups satisfies the interval validity criterion for an experimental study when random sampling procedures are not possible.

Protection of Human Subjects

The investigation began after written approval from the Human Research Committee (Appendix A) and the graduate school (Appendix B) was obtained and permission from the participating agency was granted (Appendix C). The anonymity and confidence of the subjects were respected. Each subject was asked to sign a consent form

(Appendix D). This form provided consent to be included as a subject in the study and indicated the subject was given the description and purposes of the study and explanation of the procedures to be followed. Additionally, the form stated the subject's identity would not be used in any release of information and offered to supply the subject with information gained from the study.

The subjects were specifically requested not to use their names on any form other than the consent form; questionnaires were numerically coded to correspond with the videotaped segment and sex of the subject. The investigator deposited the consent forms in a closed box which was located in the room where the subjects received the description, purposes, procedures to be followed, and read and signed the consent form.

The investigator will keep all materials relative to this study for 1 year. After 1 year, all materials will be destroyed.

Instruments

Scripts

The videotape segments displayed the following conditions and were identified by the preceding assigned

code number: #1, 211, Verbal Uncaring/Nonverbal Caring/Technical Competence; #2, 211, Verbal Uncaring/Nonverbal Uncaring/Technical Competence; #3, 212, Verbal Uncaring/Nonverbal Caring/Technical Incompetence; #4, 222, Verbal Uncaring/Nonverbal Uncaring/Technical Incompetence; #5, 112, Caring/Nonverbal Caring/Technical Incompetence; #6, 122, Verbal Caring/Nonverbal Uncaring/Technical Incompetence; #7, 111, Verbal Caring/Nonverbal Caring/Technical Competence; #8, 121, Verbal Caring/Nonverbal Uncaring/Technical Competence. Appendix E illustrates the length of each videotape segment.

For purposes of control, script numbers 1 and 2; 3 and 4; 5 and 6; and 7 and 8, respectively, were held constant in the verbal manipulation. Likewise, the nonverbal caring, competent manipulations were held constant in script numbers 1 and 7; nonverbal caring, incompetence manipulations were constant in script numbers 3 and 5. Nonverbal uncaring, competence manipulations were constant in script numbers 2 and 8; and, lastly, the nonverbal uncaring, incompetence manipulations were held constant in script numbers 4 and 6.

Further, for purposes of control, only one stimulus person was used. The stimulus person was female because

the majority of nurses today are of the female sex. The stimulus person had experience in acting. Also, the male individual who portrayed the patient in the videotape segments had performance experience. Appendix F provides the qualifications of the persons who produced the videotapes.

The physical setting of the segments was identical in all eight script conditions. The physical setting included an electric hospital bed, overbed table, intravenous pole and bottle, suction machine, irrigation equipment, bedside table, and straight back chair. The patient was male, admitted to a private room on a medical-surgical service for treatment following an injury. The patient was dressed in a hospital gown and was lying in the supine position in bed. The intravenous tubing was secured to the patient's left antecubital fossa, a nasogastric tube was secured to the left nostril and connected to the suction machine. The patient's right leg was wrapped in an ace bandage and elevated on pillows. A top sheet covered the patient and was folded back to expose only the right foot.

Two videotape cameras were used to film the segments. One was stationed to the right at the head of the bed; the

other was positioned to the right at the foot of the bed. This allowed the cameras to focus on the stimulus person and her relationship to the patient throughout each segment.

A pilot study of the scripts was done. A panel of experts (Appendix G) made up of eight professional registered nurses rated the eight script conditions. The panel was made up of three nurses from the area of nursing education, three from nursing practice, and two nurses who had experience in nursing research. Specifically, each nurse read two scripts randomly assigned by a Table of Random Numbers and identified only by number. Each nurse responded on a 7-point Likert-type scale to the degree of verbal and nonverbal caring or uncaring and degree of technical competency or incompetency she/he believed the nurse in each script displayed. This scale, developed by the investigator for use in this study, consisted of three items: one question involved verbal caring/uncaring, one question referred to nonverbal caring/uncaring, and one question addressed technical competency/incompetency (Appendix H).

The mean score for the verbal caring scripts was 2.37; the mean score for the uncaring scripts was 5.25

on the 7-point Likert-type scale with 1 indicating extremely caring and 7 indicating extremely uncaring. The mean score for the nonverbal caring scripts was 4.00; the mean score for the uncaring scripts was 5.37. The mean score for the technical competent scripts was 2.00; the mean score for the incompetent scripts rated by this group was 5.87 with 1 indicating extremely competent and 7 indicating extremely incompetent. Figure 1 displays this data.

Eight students from an undergraduate psychology research class also acted as judges. Each student read two scripts randomly assigned by a Table of Random Numbers and identified only by number. These students rated the scripts on the same 7-point Likert-type scale. The mean score for the verbal caring scripts as identified by this panel was 2.00; the mean score for the uncaring scripts was 5.50 with 1 indicating extremely caring and 7 indicating extremely uncaring. The mean score for the nonverbal caring scripts was 3.87; the mean score for the uncaring scripts was 4.87. The mean score for the technical levels of competency versus incompetency was 2.62 and 5.00 respectively, with 1 indicating extremely competent and 7 indicating extremely incompetent. Figure 2 displays this data.

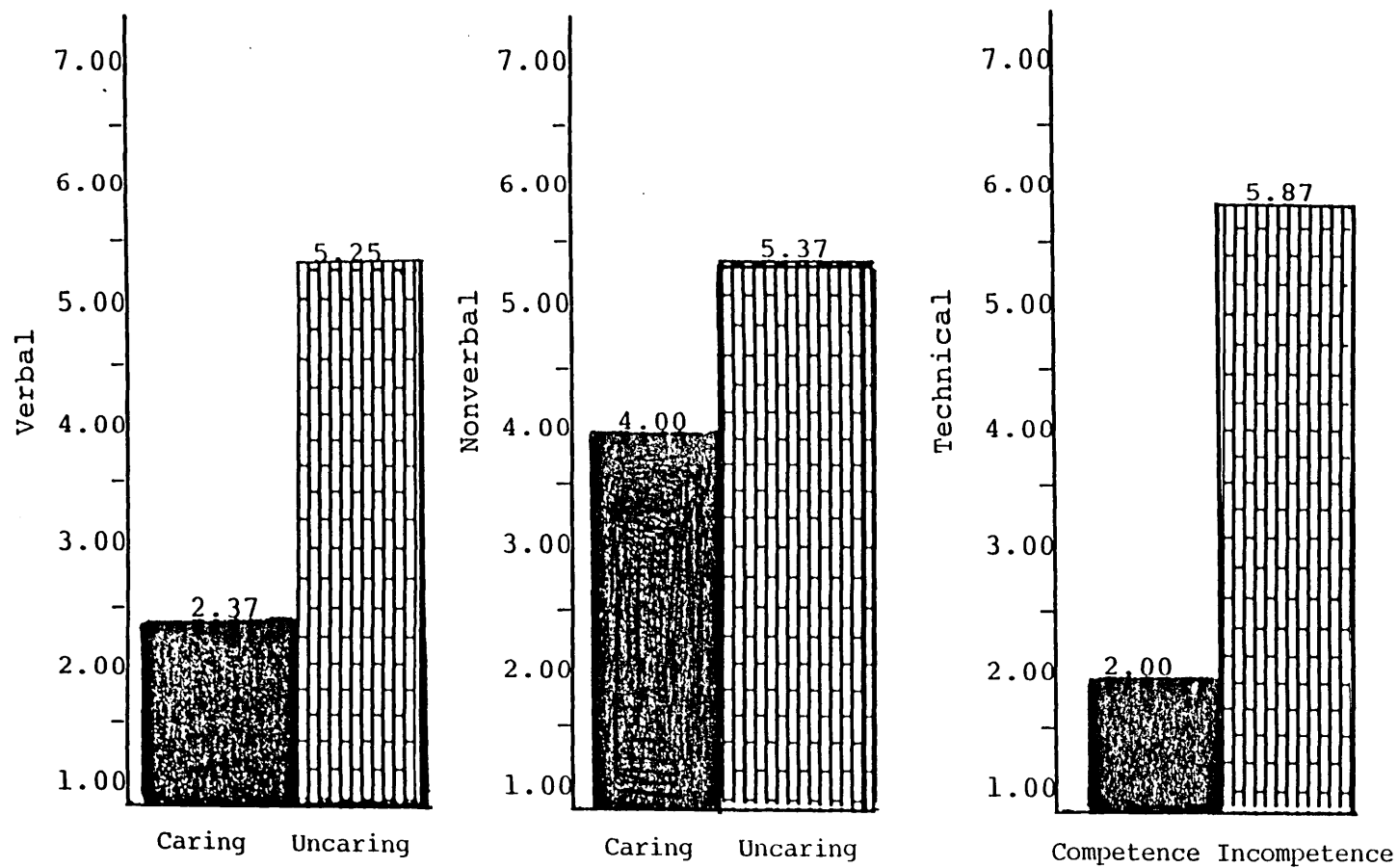


Figure 1. Difference between independent variable means
(verbal nurse behavior)

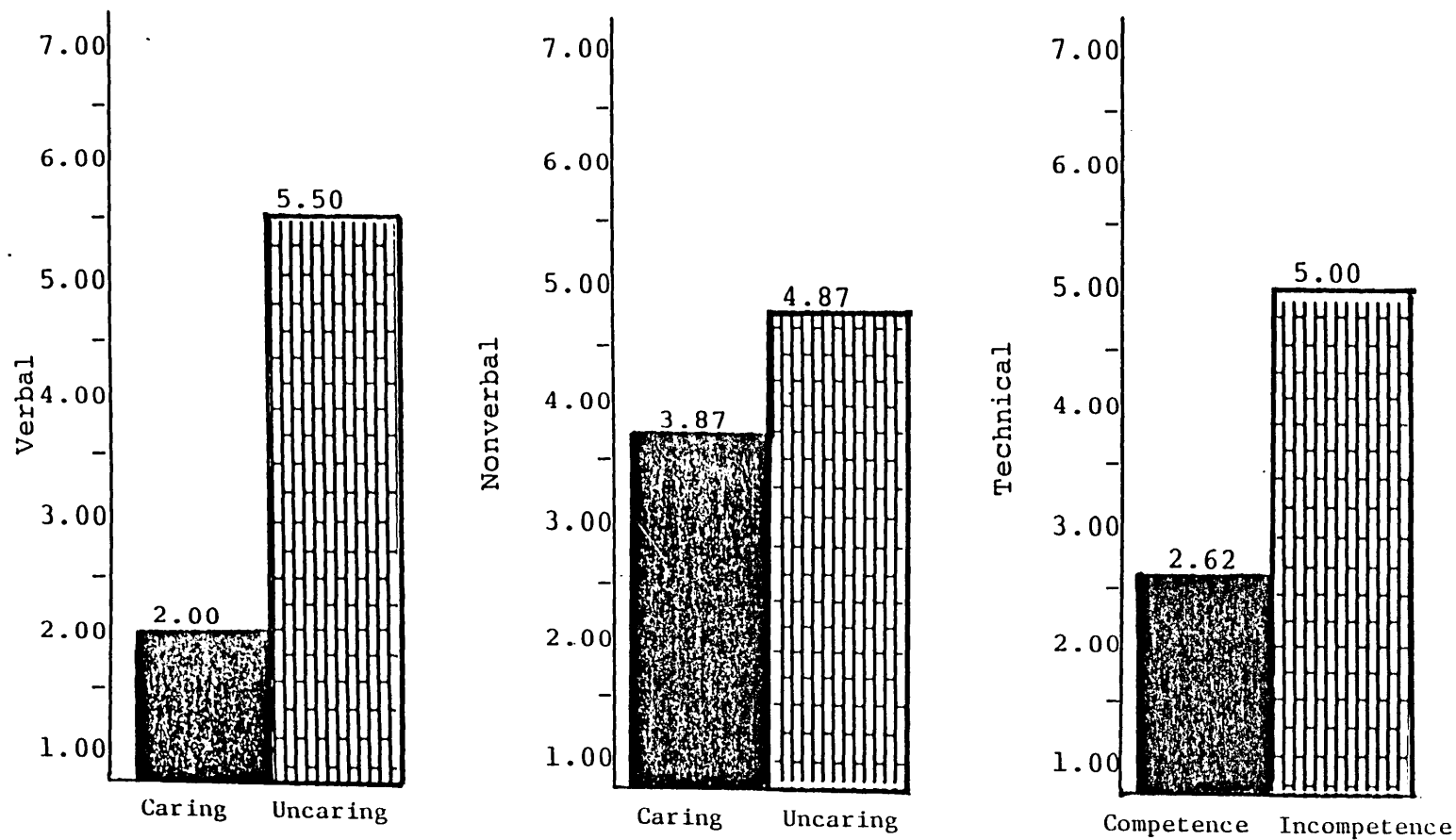


Figure 2. Difference between independent variable means (nonverbal nurse behavior)

Thirdly, 16 second year associate degree nursing students chosen by a Random Table of Numbers rated the scripts according to verbal, nonverbal, and technical nurse behaviors. Each student read one randomly assigned script identified only by number and responded to the same questionnaire with 1 indicating extremely caring or competent and 7 indicating extremely uncaring or incompetent. The mean score for the verbal caring scripts was 3.75; the mean score for the uncaring scripts was 5.37. The mean score for the nonverbal caring behavior displayed by the nurse in the scripts as determined by this group was 3.37 while the non-verbal uncaring nurse behavior was rated at 6.12. The mean score for the technical competent scripts was 3.00; the mean score for the incompetent scripts was 5.87. Figure 3 displays this data.

Comparison of the data from the group of nursing student judges by the Mann-Whitney U Test showed significant difference between the paired independent variable behaviors on all three levels: verbal, non-verbal, and technical. Data derived from the verbal caring and verbal uncaring nurse behavior ratings as developed in the scripts resulted in U = 14 with

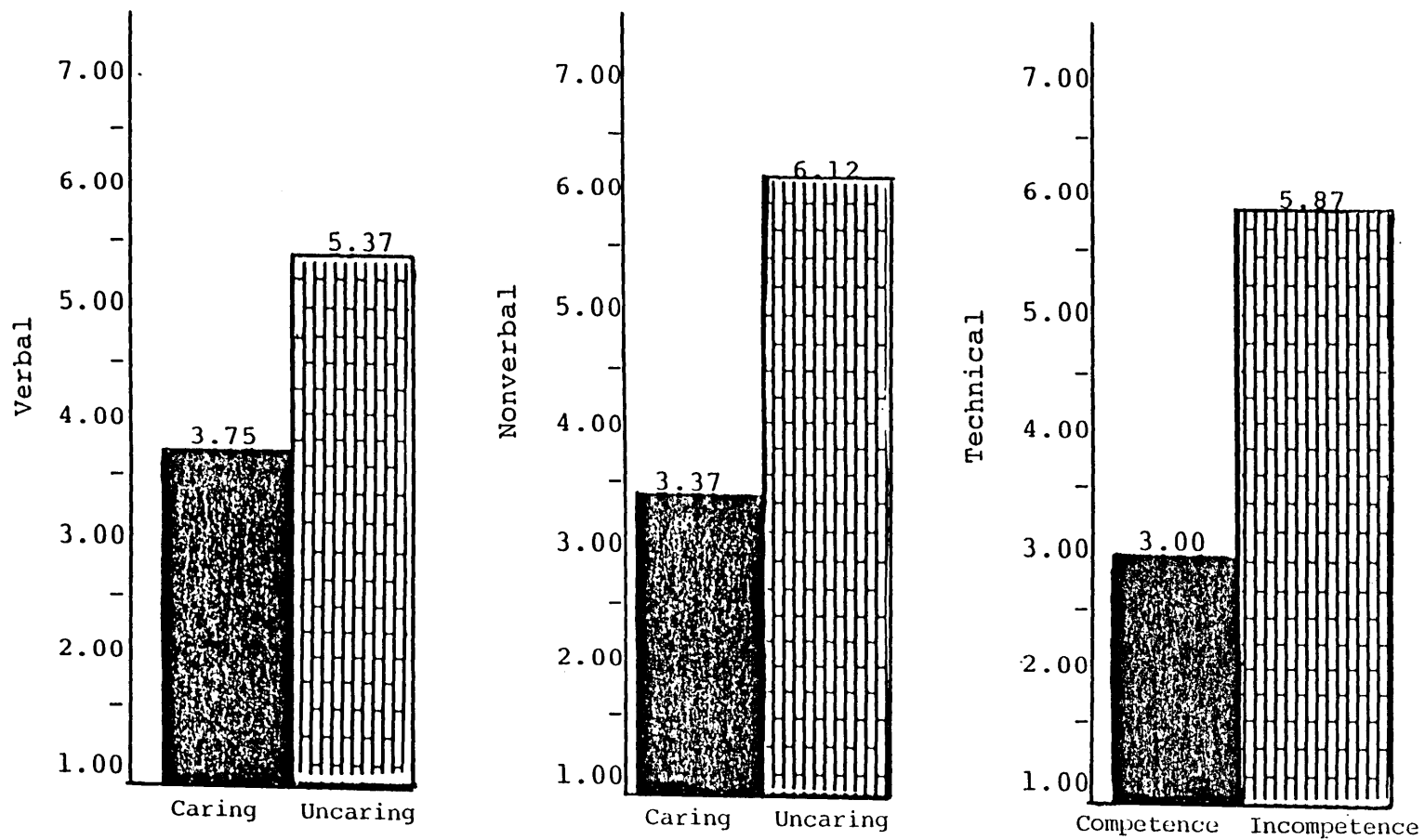


Figure 3. Difference between independent variable means (technical competence nurse behavior)

$p = .0325$. This represents significant difference between ratings made by the nursing student panel for the verbal caring and verbal uncaring nurse behavior.

Similar analysis of the nonverbal caring and non-verbal uncaring nurse behavior data ratings also resulted in significant difference. Specifically, this comparison showed $U = 8.5$ with $p = .0052$.

Further, comparison between the technical competent and technical incompetent nurse behavior data resulted in $U = 2.5$ with $p = .005$. Again, this comparison shows significant difference between these nurse behaviors as developed in the scripts. Table 1 displays this data.

Attitude Scales

The dependent variables consisted of three attitude scales. The Social Distance Scale developed by Bogardus (1933) was adapted by the investigator and named Questionnaire #1 (Appendix I). This scale contains social contacts which vary in degree of sympathetic understanding and personal-group distance. According to Shaw and Wright (1967) this scale in its original form has shown consistency at .90 or higher in the measurement of attitudes of persons in the United States toward different groups for over 20 years. The items on the scale

Table 1

Significant Difference between Independent
Variable Pairs

	Treatment		
	Verbal Caring vs. Verbal Uncaring	Nonverbal Caring vs. Nonverbal Uncaring	Technical Competence vs. Technical Incompetence
<u>U</u> value	14	8.5	2.5
<u>p</u> value	.0325	.0052	.0005

have content validity having been evaluated by 100 judges (Shaw & Wright, 1967).

Also, the Attitudes of Special Groups Toward the Employment of Older Persons, known as Attitude Toward Employment of Older People Scale developed by Kirchner (1957) was adapted by the investigator for use in this study and was called Questionnaire #2 (Appendix J). This scale tests various attitudes relative to the employee in the work setting. The original 24-item scale possessed .90 reliability according to Kirchner; the split-half technique was used. Content validity is reported as adequate. Norms are reported by Kirchner (1957) for responses from samples of psychologists and others for the response alternatives from each scale item.

The last scale to be adapted by the investigator and included in the study was the Slater Nursing Competencies Rating Scale developed by Wandelt and Stewart (1975). This scale was called Questionnaire #3 (Appendix K) by the investigator and tests various nursing actions relative to patient care. Items from the cue sheets of this scale were used by Smolinski (1975) in a dissertation directed toward differences in patient and nurse perceptions of care given and care received.

Regarding the inter-rater reliability of this scale, Wandelt and Stewart reported the results for interclass correlation for three groups as .78, .75, and .72. There were 74 ratings obtained from three different settings. The odd-even split-half reliability was .98 indicating internal consistency. Content validity has been determined by many users with both education and service concerns. These users reported that they, "find no nursing actions on behalf of patients or interactions with patients that cannot be rated on one or more of the scale items" (Wandelt & Stewart, 1975, p. 57).

Requests to use and adapt the scales were directed to the publishing companies in whose works the scales were published. Correspondence was received from the publishers relative to these requests (Appendix L).

Five of the original seven Social Distance Scale items were used. Eleven of the original 24 items on the Kirchner (1957) scale were used. Eleven of the 25 Slater (Wandelt & Stewart, 1975) scale items from the Psychosocial Individual and Communication sections were adapted for use. The name of the stimulus person, Nurse Healey, was used on each of the scales. Each

item on the three scales was measured by a 7-point Likert-type method. Values of 1-7 were assigned to the responses as follows: 1--strongly agree, 2--agree, 3--somewhat agree, 4--neutral, 5--somewhat disagree, 6--disagree, and 7--strongly disagree. The range of the total score per instrument was 11-77.

Data Collection

The videotape segments were randomly assigned for viewing by the subject groups via the Random Permutation Table. A signed consent form was requested of each subject and provided consent to be included as a subject in the study. All subjects were presented the same introduction and participation instructions. The introduction and instructions were taped for purposes of control. The voice for the introduction and instructions was that of the investigator. An undergraduate student majoring in psychology served as the Examiner. The Examiner turned on the tape and the introduction and instructions (Appendix M) were played for all subjects.

After the introduction and instructions were played for the subjects, the Examiner obtained the subject's signature on the consent form. The form was

placed in a closed box by the examiner. The videotape segment was then presented. The videotape segments varied in time from each other approximately 3 minutes. The examiner then turned off the videotape recorder and administered Questionnaire #1 followed by Questionnaire #2. After the subjects responded to these instruments, Questionnaire #3 was administered. This instrument was presented last because it spoke directly to and evaluated the various nurse behaviors displayed in the videotape conditions.

Treatment of Data

Descriptive statistical measures were used to report the subjects' sex and age data as requested on Questionnaire #1 (Appendix I). The dependent variables were treated by analysis of variance procedures. Analysis of variance statistical method allows control of Type-I errors when simultaneously testing several means; the probability of incorrectly rejecting at least one true null hypothesis increases with the number of means to be compared (Hopkins & Glass, 1978). Use of analysis of variance procedures permits the investigator to test what effect, if any, each of the main independent

variables has on the dependent variable. Additionally, important information regarding the interaction effects of the independent variables on the dependent variable is provided (Abdellah & Levine, 1965). After the analysis of data was completed, the preset .05 level of significant difference was used to reject or accept the hypotheses.

CHAPTER 4

ANALYSIS OF DATA

A 2 x 2 x 2 x 2 factorial study was conducted to determine if there were differences between and among the four independent variables: verbal caring and verbal uncaring, nonverbal caring and nonverbal uncaring, technical competency and technical incompetency, and female and male subjects. This chapter reports the analysis of data as gathered by use of Questionnaire #1, Questionnaire #2, and Questionnaire #3.

Because of the complexity of this study, the results will be discussed in three distinct sections. Each section will report separately the findings for each dependent variable: Questionnaire #1, Questionnaire #2, and Questionnaire #3. A 4-way analysis of variance was performed on each dependent variable. Within each section, the results will be discussed indepth according to the hypotheses. Main effects will be presented first followed by the interaction effects. The data for each hypothesis showing significant difference will be discussed and presented in tables summarizing the means, degrees of freedom, F scores, and probability levels. A narrative

summary regarding the hypotheses showing no significant difference will be presented.

Description of Sample

The sample consisted of 240 undergraduate students attending a commuter regional campus of a 4-year state supported university. The 240 subjects were divided equally between the sexes and were ages 17-45 years with a mean age of 22.77 years, median age of 19.52 years, and mode age of 18.0 years. Table 2 displays this data.

Findings

Questionnaire #1

Questionnaire #1, as adapted by the investigator, contains social contacts which vary in degree of sympathetic understanding and personal-group distance. This scale measures the degree of intimacy or social attractiveness one person holds for another. The result is, essentially, how attractive one person is to another or simply, whether the person using the scale likes or finds the other person socially attractive based on his/her perception of the individual's behavior.

Table 2

Description of Sample

Sample		Age Range	Mean Age (years)	Median Age (years)	Mode Age (years)
Female	Male				
120	120	28	22.77	19.52	18.00

Hypothesis 1 stated: There is no significant difference between the subjects' perception of verbal caring and verbal uncaring nurse behavior. The null hypothesis of no significant difference was rejected indicating verbal caring and verbal uncaring nurse behavior exerted a significant main effect in terms of social distance or attraction ($F = 16.227$, $df = 1/224$, $p < .01$). Table 3 contains this data--a low mean indicated greater attraction to the nurse's behavior. A nurse who exhibited verbal caring behavior toward a patient was significantly more attractive and better liked than a nurse who expressed verbal uncaring behavior.

Table 3

Mean Difference between Verbal Caring
vs. Verbal Uncaring Nurse
Behavior Scores

Treatment		<u>df</u>	<u>F</u>	<u>p</u>
Verbal Caring <u>\bar{X}</u>	Verbal Uncaring <u>\bar{X}</u>			
44.52	50.51	1/224	16.227	.000

n = 240.

Hypothesis 2 stated: There is no significant difference between the subjects' perception of nonverbal caring and nonverbal uncaring nurse behavior. The null

hypothesis of no significant difference was rejected which indicated nonverbal caring nurse behavior was a significant factor when measuring social distance ($F = 7.691$, $df = 1/224$, $p < .01$). Table 4 summarizes this data.

Table 4

Mean Difference between Nonverbal
Caring vs. Nonverbal Uncaring
Nurse Behavior Scores

Treatment		<u>df</u>	<u>F</u>	<u>p</u>
Nonverbal Caring <u>\bar{X}</u>	Nonverbal Uncaring <u>\bar{X}</u>			
45.45	49.58	1/224	7.691	.006

n = 240.

The nonverbal caring nurse behavior resulted in a lower mean score which indicated the person more attractive was the nurse who portrayed nonverbal caring behaviors. The nurse who showed nonverbal caring behavior was significantly better liked than the nurse who showed nonverbal uncaring behavior.

Hypothesis 3 stated: There is no significant difference between the subjects' perception of technically competent and technically incompetent nurse behavior.

The null hypothesis of no significant difference was rejected ($F = 16.590$, $df = 1/224$, $p < .01$). The data showed that technical nursing competency was a significant effect when determining social distance. The nurse who portrayed technically competent nurse behavior received a lower score than the nurse who portrayed technically incompetent behavior. The nurse who exhibited technically competent behavior toward the patient was significantly more attractive than the nurse who exhibited technically incompetent behavior. Table 5 contains the data regarding technical nursing behavior.

Table 5

Mean Difference between Technical
Competence vs. Technical
Incompetence Nurse
Behavior Scores

Treatment		<u>df</u>	<u>F</u>	<u>p</u>
Technical Competence <u>\bar{X}</u>	Technical Incompetence <u>\bar{X}</u>			
44.48	50.54	1/224	16.590	.000

n = 240.

Hypothesis 4 stated: There is no significant difference between the subjects' perception of technically competent and technically incompetent nurse behavior.

Hypothesis 4 was accepted ($F = 0.053$, $df = 1/224$, $p = > .05$). Sex of subject was not a significant main effect in judging social distance.

Hypothesis 5 stated: There is no significant difference between the subjects' perception of verbal caring and verbal uncaring nurse behavior whether the nurse behavior is also nonverbal caring or nonverbal uncaring. The null hypothesis of no significant difference was rejected ($F = 6.787$, $df = 1/224$, $p < .01$). Verbal vs. nonverbal behavior exerted a significant two-way interaction effect when judging social distance. The nurse who expressed verbal caring and nonverbal caring behavior when interacting with the patient was significantly better liked and more attractive than the nurse who displayed other combinations of nursing behavior. Table 6 summarizes the verbal vs. nonverbal data.

Hypothesis 6 stated: There is no significant difference between the subjects' perception of verbal caring and verbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent. The null hypothesis of no significant difference was accepted ($F = 0.660$, $df = 1/224$, $p > .05$). Verbal vs. competence did not constitute a significant two-way interaction effect.

Table 6

Mean Difference between Verbal vs. Nonverbal
Nurse Behavior Scores

Treatment				<u>df</u>	<u>F</u>	<u>p</u>
Verbal Caring Nonverbal Caring <u>\bar{X}</u>	Verbal Caring Nonverbal Uncaring <u>\bar{X}</u>	Verbal Uncaring Nonverbal Caring <u>\bar{X}</u>	Verbal Uncaring Nonverbal Uncaring <u>\bar{X}</u>			
40.52	48.52	50.38	50.63	1/224	6.787	.010

n = 240.

Hypothesis 7 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between verbal caring and verbal uncaring nurse behavior. The null hypothesis of no significant difference was rejected ($F = 4.947$, $df = 1/224$, $p < .05$). The data showed that the verbal caring nurse was found to be significantly more attractive to the female subjects as indicated by the lower mean score. Further there was a rejection effect by the female subjects toward the verbal uncaring nurse behavior as indicated by the highest mean score. Table 7 displays this data.

Verbal caring behavior was better liked by females, and at the same time, verbal uncaring behavior was significantly rejected by females. Males did not judge this difference as greatly as did the females.

Hypothesis 8 stated: There is no significant difference between the subjects' perception of nonverbal caring and nonverbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent. The null hypothesis of no significant difference was rejected ($F = 6.555$, $df = 1/224$, $p < .05$). Table 8 shows the nonverbal caring, technically

Table 7

Mean Difference between Verbal Nurse Behavior
vs. Sex of Subject Scores

Treatment				df	F	p
Verbal Caring		Verbal Uncaring				
Female Subjects X	Male Subjects X	Female Subjects X	Male Subjects X			
43.03	46.00	52.33	48.68	1/224	4.947	.027

n = 240.

Table 8

Mean Difference between Nonverbal vs. Competency
Nurse Behavior Scores

Treatment				<u>df</u>	<u>F</u>	<u>p</u>
Nonverbal Caring	Nonverbal Caring	Nonverbal Uncaring	Nonverbal Uncaring			
Technical Competence	Technical Incompetence	Technical Competence	Technical Incompetence			
<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>			
40.52	50.38	48.45	50.70	1/224	6.555	.001

n = 240.

competent nurse behavior was rated as more attractive by the low mean score. The data indicated that technical competency behavior toward the patient enhanced the attractiveness of the already attractive nonverbal caring behavior.

Hypothesis 9 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between nonverbal caring and nonverbal uncaring nurse behavior. The null hypothesis of no significant difference was accepted ($F = 1.424$, $df = 1/224$, $p > .05$). Nonverbal behavior vs. sex of subject did not produce a significant two-way interaction effect in terms of social distance or attraction.

Hypothesis 10 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between technically competent and technically incompetent nurse behavior. Hypothesis 10 was accepted ($F = 0.000$, $df = 1/224$, $p = > .05$). The indication was that competency vs. sex of subject did not constitute a significant two-way interaction effect when judging degree of attractiveness.

Hypothesis 11 stated: There is no significant difference between the subjects' perception of verbal caring and verbal uncaring for nonverbal caring nurse behavior and for nonverbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent. The null hypothesis of no significant difference was accepted which indicated that verbal vs. nonverbal vs. competency did not produce a three-way significant social distance effect ($F = 0.834$, $df = 1/224$, $p > .05$).

Hypothesis 12 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between verbal caring and verbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent. The null hypothesis of no significant difference was rejected ($F = 4.000$, $df = 1/224$, $p < .05$). The data showed that females found the verbal caring, technically competent nurse more attractive. This acceptance effect is based on the low mean score for the nurse who portrayed these behaviors. Further, there was a highly significant rejection effect, again on the part of the females, for the nurse who portrayed verbal

uncaring, technically incompetent behaviors in relation to the patient as evidenced by the highest mean score.

There is indication by these data that verbal caring behavior acted as an over-riding effect in terms of the females in that even though the nurse was technically incompetent, she remained attractive if she showed verbal caring behavior. At the same time, competency behavior enhanced the verbal caring behavior and incompetency had an additive effect to the verbal uncaring behavior. Table 9 summarizes this significant three-way interaction effect data.

Hypothesis 13 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between nonverbal caring and nonverbal uncaring behavior whether the nurse behavior is also technically competent or technically incompetent. The null hypothesis of no significant difference was accepted ($F = 2.958$, $df = 1/224$, $p > .05$). These data indicated that nonverbal vs. competency vs. sex of subject was not judged to be a significant three-way interaction effect relative to attraction or liking as measured by the adapted Questionnaire #1.

Table 9

Mean Difference between Verbal vs. Competency Nurse
Behavior vs. Sex of Subject Scores

Verbal Caring				Verbal Uncaring				df	F	p
Technical Competence		Technical Incompetence		Technical Competence		Technical Incompetence				
Female	Male	Female	Male	Female	Male	Female	Male			
Subjects	Subjects	Subjects	Subjects	Subjects	Subjects	Subjects	Subjects			
<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>			
40.90	40.87	45.17	51.13	48.43	47.73	56.23	49.63	1/224	4.000	.047

n = 240.

Hypothesis 14 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between verbal caring and verbal uncaring nurse behavior whether the nurse behavior is also nonverbal caring or nonverbal uncaring. The null hypothesis of no significant difference was accepted. Verbal vs. nonverbal vs. sex of subject did not produce a significant three-way interaction effect when measuring attraction ($F = 0.117$, $df = 1/224$, $p > .05$).

Hypothesis 15 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between verbal caring and verbal uncaring for nonverbal caring nurse behavior and for nonverbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent. The null hypothesis of no significant difference was accepted. The data indicated that the four-way interaction effect of verbal vs. nonverbal vs. competency vs. sex of subject was not significant in judging attractiveness ($F = 0.034$, $df = 1/224$, $p > .05$).

Questionnaire #2

Questionnaire #2, as adapted by the investigator, tests various attitudes relative to the employee in the

work setting. This scale provides an additional judgment by the person using the scale about an individual or a group's ability to work. A measurement is determined regarding a person's overall level of work capability and competence or degree of job effectiveness in relationship to the user's perception of the individual behavior.

Hypothesis 1 stated: There is no significant difference between the subjects' perception of verbal caring and verbal uncaring nurse behavior. The null hypothesis of no significant difference was rejected which indicated verbal caring and verbal uncaring nurse behavior exerted a significant main effect in terms of work capacity ($F = 43.417$, $df = 1/224$, $p < .01$). A low mean indicated greater work capability as perceived in response to the nurse's behavior. Table 10 indicates this data. Because the nurse exhibited verbal caring behavior toward the patient, she was rated significantly more competent and capable in the area of job effectiveness than the nurse who expressed verbal uncaring behavior toward the patient.

Hypothesis 2 stated: There is no significant difference between the subjects' perception of nonverbal caring and nonverbal uncaring nurse behavior.

Table 10
Mean Difference between Verbal Caring
vs. Verbal Uncaring Nurse
Behavior Scores

Treatment		<u>df</u>	<u>F</u>	<u>p</u>
Verbal Caring <u>\bar{X}</u>	Verbal Uncaring <u>\bar{X}</u>			
51.14	59.48	1/224	43.417	.000

n = 240.

The null hypothesis of no significant difference was rejected (F = 34.545, df = 1/224, p < .01). The indication was that nonverbal caring nurse behavior was a significant factor when determining work effectiveness. Table 11 summarizes this data. The nurse who expressed nonverbal caring behavior toward the patient was perceived to be more work capable and more competent than the nurse who displayed nonverbal uncaring behavior as indicated by the lower mean score.

Hypothesis 3 stated: There is no significant difference between the subjects' perception of technically competent and technically incompetent nurse behavior. The null hypothesis of no significant difference was rejected. The technically competent nurse behavior was

Table 11

Mean Difference between Nonverbal Caring vs.
Nonverbal Uncaring Nurse Behavior Scores

Treatment		<u>df</u>	<u>F</u>	<u>p</u>
Nonverbal <u>Caring</u> <u>X</u>	Nonverbal <u>Uncaring</u> <u>X</u>			
51.59	59.03	1/224	34.545	.006

n = 240.

significant when measuring work capability (F = 72.026, df = 1/224, p < .01). The data showed that the nurse who portrayed technically competent nurse behavior when caring for the patient received a lower score than the nurse who portrayed technically incompetent behavior. The nurse who exhibited technically competent behavior was judged significantly more work capable and perceived to be more effective than the nurse who exhibited technically incompetent behavior. Table 12 contains the data regarding competency nurse behavior.

Hypothesis 4 stated: There is no significant difference between the subjects' perception of technically competent and technically incompetent nurse behavior. Hypothesis 4 was accepted (F = 0.756, df = 1/224, p > .05). Sex of subject was not a significant main effect in judging work capability or effectiveness.

Table 12

Mean Difference between Technical Competence
vs. Technical Incompetence Nurse
Behavior Scores

Treatment		<u>df</u>	<u>F</u>	<u>p</u>
Technical Competence <u>X</u>	Technical Incompetence <u>X</u>			
49.94	60.68	1/224	72.026	.000

n = 240.

Hypothesis 5 stated: There is no significant difference between the subjects' perception of verbal caring and verbal uncaring nurse behavior whether the nurse behavior is also nonverbal caring or nonverbal uncaring. The null hypothesis of no significant difference was rejected ($F = 18.798$, $df = 1/224$, $p < .01$). Verbal vs. nonverbal behavior was a significant two-way interaction effect when measuring level of work or job effectiveness. Because the nurse expressed verbal caring and nonverbal caring behavior, she was perceived significantly more job effective and employable than the nurse who displayed other combinations of nurse behavior. Table 13 displays the verbal vs. nonverbal data.

Table 13

Mean Difference between Verbal vs. Nonverbal
Nurse Behavior Score

Treatment				<u>df</u>	<u>F</u>	<u>p</u>
Verbal Caring Nonverbal Caring <u>\bar{X}</u>	Nonverbal Uncaring <u>\bar{X}</u>	Verbal Caring Nonverbal Caring <u>\bar{X}</u>	Nonverbal Uncaring <u>\bar{X}</u>			
44.68	57.60	58.50	60.45	1/224	18.798	.000

n = 240.

Hypothesis 6 stated: There is no significant difference between the subjects' perception of verbal caring and verbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent. The null hypothesis of no significant difference was rejected ($F = 12.012$, $df = 1/224$, $p < .01$). The nurse who exhibited verbal caring and technically competent nurse behavior received a significantly lower score than the nurse who exhibited other behavior combinations. Table 14 summarizes the verbal vs. competency data.

The nurse who portrayed verbal caring and technically competent behavior was perceived to be significantly more work capable and more employable than the nurse who portrayed other combinations of nurse behavior. Additionally, the nurse who expressed verbal uncaring and technically incompetent behavior when caring for the patient was highly rejected. This rejection effect added to the significant trend and enhanced the work capability and job effectiveness determination of the nurse who expressed the verbal caring, technically competent behavior toward the patient.

Table 14

Mean Difference between Verbal vs. Competency
Nurse Behavior Scores

Treatment				df	F	p
Verbal Caring	Verbal Caring	Verbal Uncaring	Verbal Uncaring			
Technical Competence	Technical Incompetence	Technical Competence	Technical Incompetence			
<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>			
43.58	58.70	56.30	62.65	1/224	12.012	.001

n = 240.

Hypothesis 7 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between verbal caring and verbal uncaring nurse behavior. The null hypothesis of no significant difference was rejected ($F = 4.281$ $df = 1/224$, $p < .05$). The data showed that the verbal caring nurse was perceived to be more job effective by both the female subjects and male subjects as indicated by the lowest mean scores. Further, these findings indicated a rejection effect, again, by the female subjects as indicated by the highest mean score.

The male subjects, when judging job effectiveness, indicated more acceptance of the verbal uncaring nurse behavior than did the female subjects. Males, additionally, showed a rejection effect of the verbal uncaring nurse behavior, but to a lesser degree than did the females. This data indicated males made slightly different value judgments than females in relationship to work capability and competence. Table 15 summarizes the verbal vs. sex of subject data.

Hypothesis 8 stated: There is no significant difference between the subjects' perception of nonverbal caring and nonverbal uncaring nurse behavior whether the

Table 15

Mean Difference between Verbal Nurse Behavior
vs. Sex of Subject Scores

Treatment				df	F	p
Verbal Caring		Verbal Uncaring				
Female	Male	Female	Male			
Subjects	Subjects	Subjects	Subjects			
<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>			
50.38	51.90	61.33	57.62	1/224	4.281	.040

n = 240.

nurse behavior is also technically competent or technically incompetent. The null hypothesis of no significant difference was rejected ($F = 6.336$, $df = 1/224$, $P < .05$). Table 16 shows that the nonverbal caring, technically competent nurse behavior was perceived to be more work effective by the low mean score. This data indicated that technical competency enhanced the already preferred nonverbal caring behavior. Because the nurse portrayed nonverbal caring, technically competent behavior toward the patient, she was rated as more work competent and capable than the nurse who showed other behavior combinations.

Hypothesis 9 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between nonverbal caring and nonverbal uncaring nurse behavior. The null hypothesis of no significant difference was rejected ($F = 12.012$, $df = 1/224$, $p < .01$). Table 17 contains the nonverbal vs. sex of subject data.

The data showed by the lowest mean score that the nurse who exhibited nonverbal caring behavior toward the patient was perceived by the female subjects to be more capable in relationship to job effectiveness. The data

Table 16

Mean Difference between Nonverbal vs. Competency
Nurse Behavior Scores

Treatment				df	F	p
Nonverbal Technical Competence <u>X</u>	Caring Technical Incompetence <u>X</u>	Nonverbal Technical Competence <u>X</u>	Uncaring Technical Incompetence <u>X</u>			
44.63	58.55	55.25	62.80	1/224	6.336	.013

n = 240.

Table 17

Mean Difference between Nonverbal Nurse
Behavior vs. Sex of Subject Scores

Treatment				<u>df</u>	<u>F</u>	<u>p</u>
Nonverbal Female Subjects <u>\bar{X}</u>	Caring Male Subjects <u>\bar{X}</u>	Nonverbal Female Subjects <u>\bar{X}</u>	Uncaring Male Subjects <u>\bar{X}</u>			
49.95	53.23	61.77	56.28	1/224	12.012	.001

n = 240.

showed a rejection effect by the female subjects for the nurse who displayed nonverbal uncaring behavior. Male subjects also showed some rejection toward the nonverbal uncaring nurse behavior, but again, less so than did the females. The data suggested that females were more receptive to the nonverbal cues than were the males.

Hypothesis 10 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between technically competent and technically incompetent nurse behavior. Hypothesis 10 was accepted ($F = 1.376$, $df = 1/224$, $p > .05$). The indication was that competency vs. sex of subject did not constitute a significant two-way interaction effect when determining degree of work capability or willingness to employ.

Hypothesis 11 stated: There is no significant difference between the subjects' perception of verbal caring and verbal uncaring for nonverbal caring nurse behavior and for nonverbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent. The null hypothesis of no significant difference was accepted ($F = 0.136$,

$df = 1/224$, $p > .05$). The data showed that verbal vs. nonverbal vs. competency nurse behavior did not exert a significant three-way interaction effect in relation to work capability or effectiveness.

Hypothesis 12 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between verbal caring and verbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent. Hypothesis 12 was accepted ($F = 0.470$, $df = 1/224$, $p > .05$). In relation to measuring willingness to employ or job competence, verbal vs. competency vs. sex of subject was not judged to be a significant three-way interaction effect.

Hypothesis 13 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between nonverbal caring and nonverbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent. The null hypothesis of no significant difference was rejected ($F = 4.671$, $df = 1/224$, $p < .05$). Table 18 summarizes the significant nonverbal vs. competency vs. sex of subject data.

Table 18

Mean Difference between Nonverbal vs. Competency
Nurse Behavior vs. Sex of Subject Scores

Treatment								df	F	p
Nonverbal Caring				Nonverbal Uncaring						
Technical Competence		Technical Incompetence		Technical Competence		Technical Incompetence				
Female Subjects	Male Subjects	Female Subjects	Male Subjects	Female Subjects	Male Subjects	Female Subjects	Male Subjects			
<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>			
42.37	46.90	57.53	59.57	60.10	50.40	63.43	62.17	1/224	4.671	.032

$n = 240.$

The data showed that females perceived the nurse who displayed nonverbal caring, technically competent behavior toward the patient to be more job effective and competent in relationship to employment. This effect was based on the low mean score for the nurse who exhibited these behaviors. Further, there was a rejection effect, again by the females, for the nurse who displayed nonverbal uncaring, technically incompetent behavior as evidenced by the highest mean score.

Additionally, there was a significant male-female effect in terms of caring vs. competency nurse behaviors. Females rated the nurse who portrayed nonverbal uncaring, technically competent nurse behavior when caring for the patient as less attractive in relationship to work effectiveness and capability than the males. When behavior combinations were studied in relation to work capability, males preferred nonverbal uncaring, technically competent nurse behavior over the nonverbal caring, technically incompetent nurse behavior preferred by females.

Hypothesis 14 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between verbal caring

and verbal uncaring nurse behavior whether the nurse behavior is also nonverbal caring or nonverbal uncaring. Hypothesis 14 was accepted ($F = 2.670$, $df = 1/224$, $p > .05$). The data indicated that verbal vs. nonverbal vs. sex of subject did not produce a significant three-way interaction effect when determining work capability or willingness to employ.

Hypothesis 15 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between verbal caring and verbal uncaring for nonverbal caring nurse behavior and for nonverbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent. The null hypothesis of no significant difference was accepted ($F = 0.000$, $df = 1/224$, $p > .05$). The indication was that the four-way interaction effect of verbal vs. nonverbal vs. competency vs. sex of subject was not significant when measuring work capability or job effectiveness by the adapted Questionnaire #2.

Questionnaire #3

Questionnaire #3, as adapted by the investigator, tests various nursing actions relative to patient care.

Items were chosen from the Psychosocial Individual and Communication sections of the original scale for use in this study. This scale measures the degree to which the nurse communicates with and meets the psychosocial needs of the patient. Specifically, the person using the scale makes a judgment about the individual's level of interpersonal relationship ability or degree of interpersonal awareness. This scale measures how sensitive to the situation or human condition one person is to another in response to perceptions based on the individual's behavior.

Hypothesis 1 stated: There is no significant difference between the subjects' perception of verbal caring and verbal uncaring nurse behavior. The null hypothesis of no significant difference was rejected which indicated that verbal caring and verbal uncaring nurse behavior demonstrated a significant main effect in terms of psychosocial and communication effectiveness ($F = 110.157$, $df = 1/224$, $p < .01$). Table 19 presents this data: a low mean score indicated greater interpersonal respect in relationship to the nurse's behavior. The data showed that the nurse who displayed verbal caring behavior toward the patient was perceived to be

significantly more sensitive toward and concerned about the patient than the nurse who exhibited verbal uncaring behavior.

Table 19

Mean Difference between Verbal Caring
vs. Verbal Uncaring Nurse Behavior
Scores

Treatment		<u>df</u>	<u>F</u>	<u>p</u>
Verbal Caring <u>\bar{X}</u>	Verbal Uncaring <u>\bar{X}</u>			
47.82	60.68	1/224	110.157	.000

n = 240.

Hypothesis 2 stated: There is no significant difference between the subjects' perception of nonverbal caring and nonverbal uncaring nurse behavior. The null hypothesis of no significant difference was rejected which indicated nonverbal caring nurse behavior was a significant factor when measuring degrees of psychosocial and communication sensitivity (F = 82.971, df = 1/224, p < .01). The nonverbal caring nurse behavior resulted in a lower mean score which showed that the person judged to be more interpersonally sensitive and concerned about the patient was the nurse who portrayed nonverbal caring

behaviors. Interpersonal sensitivity to the human condition was judged to be greater when the nurse displayed nonverbal caring behavior. Table 20 shows this data.

Table 20

Mean Difference between Nonverbal Caring
vs. Nonverbal Uncaring Nurse Behavior
Scores

Treatment		<u>df</u>	<u>F</u>	<u>p</u>
Nonverbal_Caring <u>X</u>	Nonverbal_Uncaring <u>X</u>			
48.67	59.83	1/224	82.971	.000

n = 240.

Hypothesis 3 stated: There is no significant difference between the subjects' perception of technically competent and technically incompetent nurse behavior. The null hypothesis of no significant difference was rejected (F = 73.826, df = 1/224, p < .01). The data showed that technically competent nurse behavior was a significant factor when measuring degrees of interpersonal and communication effectiveness. Table 21 exhibits the technically competent vs. technically incompetent behavior data.

Table 21
Mean Difference between Technical Competence
vs. Technical Incompetence Nurse Behavior
Scores

Treatment		<u>df</u>	<u>F</u>	<u>p</u>
Technical Competence <u>\bar{X}</u>	Technical Incompetence <u>\bar{X}</u>			
48.98	59.52	1/224	73.826	.000

n = 240.

The nurse who displayed technically competent nurse behavior received a significantly lower mean score than the nurse who showed technically incompetent behavior toward the patient. Because the nurse portrayed technically competent nurse behavior, she was perceived as more interpersonally respectful and concerned for the patient than the nurse who exhibited technically incompetent behavior.

Hypothesis 4 stated: There is no significant difference noted of nurse behavior between perceptions of female subjects and perceptions of male subjects. Hypothesis 4 was accepted ($\underline{F} = 0.005$, $\underline{df} = 1/224$, $\underline{p} > .05$). Sex of subject was not a significant main effect when judging psychosocial and interpersonal awareness levels.

Hypothesis 5 stated: There is no significant difference between the subjects' perception of verbal caring and verbal uncaring nurse behavior whether the nurse behavior is also nonverbal caring or nonverbal uncaring. The null hypothesis of no significant difference was rejected ($F = 38.433$, $df = 1/224$, $p < .01$). The data showed that verbal vs. nonverbal behavior was rated as a significant two-way interaction effect when evaluating psychosocial and communication sensitivity. The nurse who expressed verbal caring and nonverbal caring behavior was perceived to be more sensitive and concerned about the patient than the nurse who displayed other behavior combinations. Further, the data showed a slight rejection effect in terms of the highest mean score received by the nurse who expressed verbal uncaring and nonverbal uncaring behavior. The indication was that the verbal caring behavior was enhanced by the nonverbal caring behavior: the nurse who displayed these behaviors was judged to be more interpersonally respectful and interested in the patient. Table 22 summarizes the verbal vs. nonverbal data.

Hypothesis 6 stated: There is no significant difference between the subjects' perception of verbal

Table 22

Mean Difference between Verbal vs. Nonverbal
Nurse Behavior Scores

Treatment				df	F	p
Verbal Caring		Verbal Uncaring				
Nonverbal Caring	Nonverbal Uncaring	Nonverbal Caring	Nonverbal Uncaring			
<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>			
38.43	57.20	58.90	62.47	1/224	38.433	.000

n = 240.

uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent. The null hypothesis of no significant difference was rejected ($F = 6.533$, $df = 1/224$, $p < .05$). Table 23 contains this data.

The verbal caring, technically competent nurse was judged significantly more interpersonally sensitive, interested, and concerned about the patient than the nurse who displayed other combinations of nurse behavior as evidenced by the lowest mean score. Additionally, according to the highest mean score, the data showed a rejection effect of the nurse who expressed verbal uncaring, technically incompetent behavior toward the patient. Because the nurse exhibited verbal caring, technically competent behavior toward the patient, she was perceived as more interpersonally respectful and effective.

Hypothesis 7 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between verbal caring and verbal uncaring nurse behavior. Hypothesis 7 was accepted ($F = 0.002$, $df = 1/224$, $p > .05$). The indication was that verbal vs. sex of subject did not

Table 23

Mean Difference between Verbal vs. Competency
Nurse Behavior Scores

Treatment				<u>df</u>	<u>F</u>	<u>p</u>
Verbal Caring	Verbal Caring	Verbal Uncaring	Verbal Uncaring			
Technical Competence	Technical Incompetence	Technical Competence	Technical Incompetence			
<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>			
40.98	54.65	56.98	64.38	1/224	6.533	.011

n = 240.

constitute a significant two-way interaction effect as measured by the investigator adapted Questionnaire #3.

Hypothesis 8 stated: There is no significant difference between the subjects' perception of nonverbal caring and nonverbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent. Hypothesis 8 was rejected ($F = 10.824$, $df = 1/224$, $p < .01$). Table 24 shows the nonverbal caring, technically competent nurse behavior was considered to be more effective and interpersonally sensitive to the patient as evidenced by the low mean score. There was a rejection effect, further, in relationship to the nurse who displayed nonverbal uncaring, technically incompetent nurse behavior. The nonverbal uncaring, technically incompetent nurse behavior, when directed toward the patient, was perceived to be significantly less effective and more interpersonally insensitive.

Hypothesis 9 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between nonverbal caring and nonverbal uncaring nurse behavior. The null hypothesis of no significant difference was rejected ($F = 8.229$,

Table 24

Mean Difference between Nonverbal vs. Competency
Nurse Behavior Scores

Treatment				<u>df</u>	<u>F</u>	<u>p</u>
Nonverbal Technical Competence <u>X</u>	Caring Technical Incompetence <u>X</u>	Nonverbal Technical Competence <u>X</u>	Uncaring Technical Incompetence <u>X</u>			
41.38	55.95	56.58	63.08	1/224	10.824	.001

n = 240.

$df = 1/224$, $p < .01$) which indicated that nonverbal vs. sex of subject produced a significant effect when measuring levels of interpersonal and psychosocial awareness. Table 25 summarizes this data.

The data indicated, by the lowest mean score, that the nurse who showed nonverbal caring behavior was perceived by the female subjects to be more interpersonally sensitive, interested in, and concerned for the patient. Further, nonverbal caring nurse behavior was preferred significantly over nonverbal uncaring behavior by females, resulting in a female rejection effect. Females were more sensitive to nonverbal caring behavior than males, however, both groups responded positively to the nonverbal caring behavior pattern. Overall, males responded positively to nonverbal caring nurse behavior and negatively to nonverbal uncaring behavior, but not as forcefully as did the females.

Hypothesis 10 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between technically competent and technically incompetent nurse behavior. The null hypothesis of no significant difference was accepted ($F = 0.281$, $df = 1/224$, $p > .05$). Technical

Table 25

Mean Difference between Nonverbal Nurse Behavior
vs. Sex of Subject Scores

Treatment				df	F	p
Nonverbal Caring		Nonverbal Uncaring				
Female Subjects <u>X</u>	Male Subjects <u>X</u>	Female Subjects <u>X</u>	Male Subjects <u>X</u>			
46.95	50.38	61.63	58.03	1/224	8.229	.005

n = 240.

competency vs. sex of subject was not a significant two-way interaction effect when measuring the level of interpersonal, psychosocial, and communication effectiveness.

Hypothesis 11 stated: There is no significant difference between the subjects' perception of verbal caring and verbal uncaring for nonverbal caring nurse behavior and for nonverbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent. Hypothesis 11 was accepted ($F = 0.036$, $df = 1/224$, $p > .05$). The data indicated that verbal vs. nonverbal vs. competency did not produce a three-way significant interpersonal sensitivity effect.

Hypothesis 12 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between verbal caring and verbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent. The null hypothesis of no significant difference was accepted ($F = 0.444$, $df = 1/224$, $p > .05$). The indication was that the three way interaction effect of verbal vs. competency vs. sex of subject was not significant when judging degree of psychosocial, interpersonal awareness.

Hypothesis 13 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between nonverbal caring and nonverbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent. The null hypothesis of no significant difference was rejected ($F = 5.405$, $df = 1/224$, $p < .05$). Table 26 summarizes the significant nonverbal vs. competency vs. sex of subject data.

The data showed, as evidenced by the lowest mean score, that females found nonverbal caring, technically competent nurse behavior, when directed toward the patient, more interpersonally sensitive and effective. Further, there was a highly significant rejection effect, by the females as well as the males, for the nurse who directed nonverbal uncaring, technically incompetent behavior toward the patient. This rejection effect is evidenced by the highest mean scores. Female subjects rejected the nonverbal uncaring, technically competent nurse behavior to a greater degree, however, than did the males.

Additionally, the data showed a male-female effect in terms of judging nonverbal caring vs. technical

Table 26

Mean Difference between Nonverbal vs. Competency Nurse
Behavior vs. Sex of Subject Scores

Treatment								df	F	p
Technical Competence		Technical Incompetence		Technical Competence		Technical Incompetence				
Female Subjects <u>X</u>	Male Subjects <u>X</u>	Female Subjects <u>X</u>	Male Subjects <u>X</u>	Female Subjects <u>X</u>	Male Subjects <u>X</u>	Female Subjects <u>X</u>	Male Subjects <u>X</u>			
38.57	44.20	55.33	56.57	60.13	53.03	63.13	63.03	1/224	5.405	.021

$\underline{n} = 240.$

competency nurse behavior combinations. In general, the data suggested that females reacted to the degree of nonverbal caring or uncaring behavior of the nurse toward the patient, while males appeared to react to the degree of technical competency or incompetency of the nurse's behavior toward the patient.

Hypothesis 14 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between verbal caring and verbal uncaring nurse behavior whether the nurse behavior is also nonverbal caring or nonverbal uncaring. Hypothesis 14 was accepted ($F = 0.082$, $df = 1/224$, $p > .05$). The indication was that verbal vs. nonverbal vs. sex of subject did not constitute a significant three-way interaction effect when measuring interpersonal sensitivity, concern, and interest.

Hypothesis 15 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between verbal caring and verbal uncaring for nonverbal caring nurse behavior and for nonverbal uncaring nurse behavior whether the nurse's behavior is also technically competent or technically incompetent. The null hypothesis of no

significant difference was accepted. The data indicated that the four-way interaction of verbal vs. nonverbal vs. competency vs. sex of subject did not exert a significant effect when measuring the degree of interpersonal, psychosocial, and communication effectiveness ($F = 0.444$, $df = 1/224$, $p > .05$).

Additional Findings

Dependent Variable Correlation

Pearson correlation coefficients were carried out between the three investigator adapted dependent variables: Questionnaire #1, Questionnaire #2, and Questionnaire #3. Table 27 displays these results.

Table 27

Correlation between Adapted Questionnaire #1,
Questionnaire #2, and Questionnaire #3

	Questionnaire #2	Questionnaire #3
Questionnaire #1	.6989 = .70	.5948 = .60
Questionnaire #2	--	.7890 = .79

$n = 240$.

All three scales showed a moderate to moderately high positive relationship. Questionnaire #2 when

correlated with Questionnaire #3 demonstrated the highest relationship, $r = .79$. It is hypothesized that these scales have in common a job effectiveness or work competency factor which accounted for the approximately 62% of identified accountable shared variance. It is hypothesized further that the 38% of unaccountable variance was picked up by the fact that Questionnaire #2 speaks to job effectiveness or work competency in general, whereby Questionnaire #3 specifically addresses job effectiveness-work capability in the nursing realm. In addition, the area of patient emotional satisfaction was directly addressed by Questionnaire #3 used for this study.

Questionnaire #1 when correlated with Questionnaire #2 demonstrated a correlation of $r = .70$. It is hypothesized that these scales share a common factor of liking or attraction: specifically, the degree to which people like or are attracted to each other accounted for the approximate 49% of identified accountable shared variance. Also, it is hypothesized that the 51% of unaccountable variance was due, in part, to the specific work focus of Questionnaire #2 and the general area of liking or attraction addressed by Questionnaire #1.

Dependent Variable Reliability

Post investigation alpha reliability coefficient levels were performed on the dependent variables: Questionnaire #1, Questionnaire #2, and Questionnaire #3. Each of the established scales was adapted for use in this study by the investigator. Table 28 contains this data.

Table 28

Alpha Reliability Coefficients of Adapted
Questionnaire #1, Questionnaire #2, and
Questionnaire #3

	Questionnaire #1	Questionnaire #2	Questionnaire #3
Alpha Reliability Coefficient	.906 = .91	.898 = .90	.896 = .90

n = 240.

The alpha levels for all three scales were quite high which indicated the adaptation process prior to use in this study did not alter the scales' levels of internal consistency. Figure 4 compares the original reliability levels for each dependent variable (Kirchner, 1957; Shaw & Wright, 1967; Wandelt & Stewart, 1975) with the

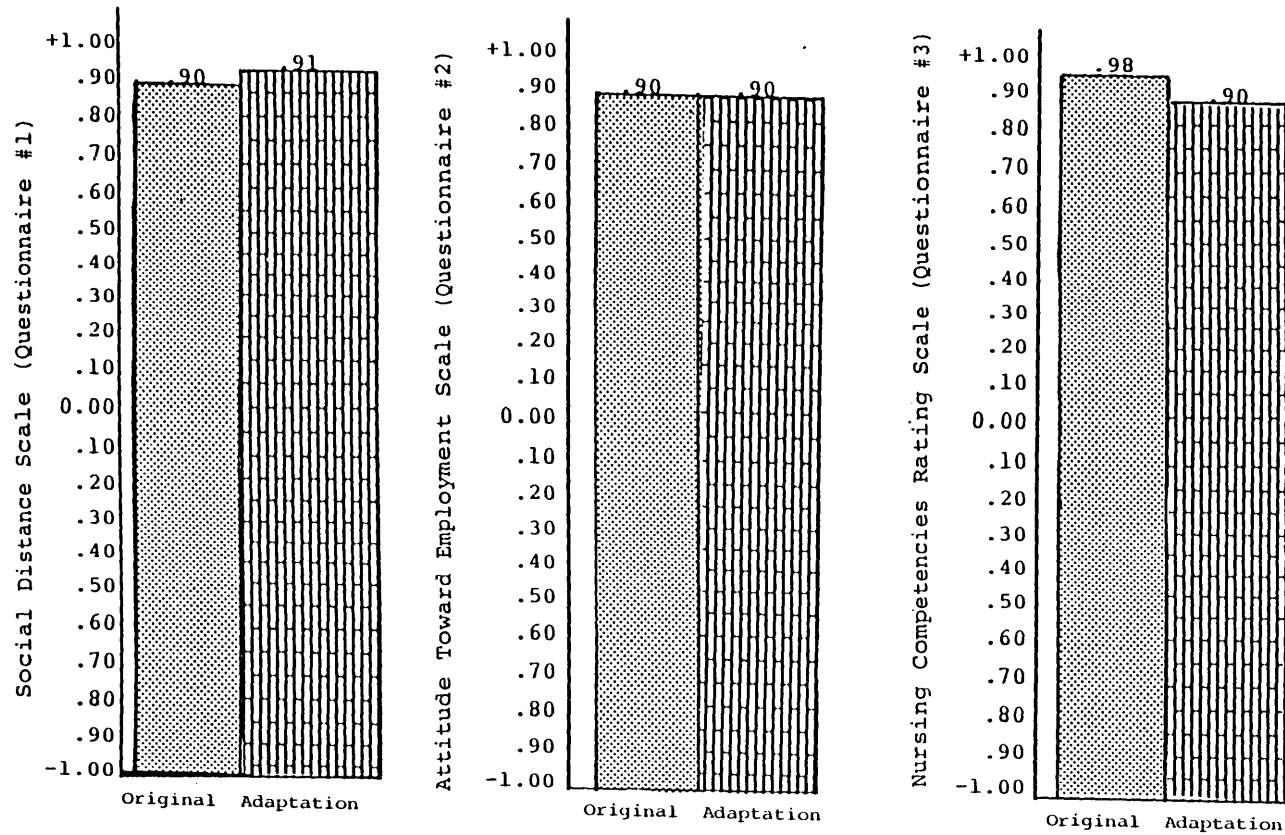


Figure 4. Original scale reliability levels and reliability levels after adaptation and use in study.

reliability levels obtained after adaptation and use in this investigation.

The data showed that the adapted scale reliability coefficient levels remained high: each scale remained a reliable, internally consistent measure of degree of liking or attraction; level of work-job competency or effectiveness; and degree of interpersonal-psychosocial awareness and ability to communicate with sensitivity.

Summary of Findings

The following summarizes the findings of this study:

Videotape Scripts

Prior to use in this study, data generated by three panels of judges reported that the videotape segment scripts described verbal caring and verbal uncaring communication patterns, nonverbal caring and nonverbal uncaring behaviors, and technical nursing competency and technical nursing incompetency skill levels.

Sample

The sample group of 240 subjects, aged 17-45, represented a range of 28 years and was divided equally

between the sexes. There was a mean age of 22.7 years and median age of 19.5 years represented. The mode age was 18.0 years with 66 persons included in this group.

Hypotheses

The findings will be listed according to the hypotheses and then reported as accepted or rejected by each dependent variable. Also, the level of significant difference will be reported.

Hypothesis 1 stated: There is no significant difference between the subjects' perception of verbal caring and verbal uncaring nurse behavior. Hypothesis 1 was rejected at the .05 level of significant difference by data generated from all three scales: Questionnaire #1, Questionnaire #2, and Questionnaire #3.

Hypothesis 2 stated: There is no significant difference between the subjects' perception of nonverbal caring and nonverbal uncaring nurse behavior. Hypothesis 2 was rejected at the .01 level by data reported from the use of the three scales.

Hypothesis 3 stated: There is no significant difference between the subjects' perception of technically competent and technically incompetent nurse behavior.

Hypothesis 3 was rejected at the .01 level by data gathered by each of the three dependent variable scales.

Hypothesis 4 stated: There is no significant difference noted of nurse behavior between perceptions of female subjects and perceptions of male subjects.

Hypothesis 4 was accepted by data reported on all three scales.

Hypothesis 5 stated: There is no significant difference between the subjects' perception of verbal caring and verbal uncaring nurse behavior whether the nurse behavior is also nonverbal caring or nonverbal uncaring. Hypothesis 5 was rejected by Questionnaire #1 data at the .01 level of significance. This hypothesis was also rejected by Questionnaire #2 data and Questionnaire #3 data at the .01 level of significance.

Hypothesis 6 stated: There is no significant difference between the subjects' perception of verbal caring and verbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent. Hypothesis 6 was accepted by data gathered by Questionnaire #1. This hypothesis was rejected by the Questionnaire #2 data at the .01 level of significance and rejected by the Questionnaire #3 data at the .05 level.

Hypothesis 7 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between verbal caring and verbal uncaring nurse behavior. Hypothesis 7 was rejected at the .05 level of significance by both the Questionnaire #1 and Questionnaire #2 data. This hypothesis was accepted according to the data generated by Questionnaire #3.

Hypothesis 8 stated: There is no significant difference between the subjects' perception of nonverbal caring and nonverbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent. Hypothesis 8 was rejected by each of the three scales: Questionnaire #1 and Questionnaire #2 data revealed the .05 significance level and the Questionnaire #3 data revealed the .01 level of significant difference.

Hypothesis 9 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between nonverbal caring and nonverbal uncaring nurse behavior. Hypothesis 9 was accepted by the data generated from Questionnaire #1. This hypothesis was rejected at the .01 level of

significance by both the Questionnaire #2 and Questionnaire #3 scale data.

Hypothesis 10 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between technically competent and technically incompetent nurse behavior. Hypothesis 10 was accepted by data reported by each of the three dependent variable scales.

Hypothesis 11 stated: There is no significant difference between the subjects' perception of verbal caring and verbal uncaring for nonverbal caring nurse behavior and for nonverbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent. Hypothesis 11 was accepted by the data generated by use of all three scales.

Hypothesis 12 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between verbal caring and verbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent. Hypothesis 12 was rejected at the .05 level of significance by the Questionnaire #1 data. This hypothesis was accepted by both the Questionnaire #2 and Questionnaire #3 data.

Hypothesis 13 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between nonverbal caring and nonverbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent. Hypothesis 13 was rejected at the .05 level of significant difference by data gathered from both Questionnaire #2 and Questionnaire #3.

Hypothesis 14 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between verbal caring and verbal uncaring nurse behavior whether the nurse behavior is also nonverbal caring or nonverbal uncaring. Hypothesis 14 was accepted by data reported by each of the three measurement scales.

Hypothesis 15 stated: There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between verbal caring and verbal uncaring for nonverbal caring nurse behavior and for nonverbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent. Hypothesis 15 was accepted according to the data generated by all three dependent

variable scales. Table 29 is a visual display of the statistical significance of Hypothesis 15.

Instruments

1. Pearson correlation coefficients between all three adapted dependent variables, Questionnaire #1, Questionnaire #2, and Questionnaire #3, reported moderate to moderately high positive relationships.

2. Post investigation alpha reliability coefficient procedures performed on the dependent variables that were adapted by the investigator for use in this study resulted in quite high reliability levels. The post study reliability levels corresponded to the established levels reported for these scales in the literature.

Table 29
Summary of Statistical Significance of Hypotheses

Hypothesis Independent Variables	Questionnaire #1	Questionnaire #2	Questionnaire #3
1. Verbal	$\underline{p} < .01$	$\underline{p} < .01$	$\underline{p} < .01$
2. Nonverbal	$\underline{p} < .01$	$\underline{p} < .01$	$\underline{p} < .01$
3. Technical competence	$\underline{p} < .01$	$\underline{p} < .01$	$\underline{p} < .01$
4. Sex of subject	$\underline{p} > .05$	$\underline{p} > .05$	$\underline{p} > .05$
5. Verbal vs. nonverbal	$\underline{p} < .01$	$\underline{p} < .01$	$\underline{p} < .01$
6. Verbal vs. competency	$\underline{p} > .05$	$\underline{p} < .01$	$\underline{p} < .05$
7. Verbal vs. sex of subject	$\underline{p} < .05$	$\underline{p} < .05$	$\underline{p} > .05$
8. Nonverbal vs. competency	$\underline{p} < .05$	$\underline{p} < .05$	$\underline{p} < .01$
9. Nonverbal vs. sex of subject	$\underline{p} > .05$	$\underline{p} < .01$	$\underline{p} < .01$
10. Competence vs. sex of subject	$\underline{p} > .05$	$\underline{p} > .05$	$\underline{p} > .05$

Table 29 (continued)

Hypothesis Independent Variables	Questionnaire #1	Questionnaire #2	Questionnaire #3
11. Verbal vs. nonverbal vs. competency	$p > .05$	$p > .05$	$p > .05$
12. Verbal vs. competency vs. sex of subject	$p < .05$	$p > .05$	$p > .05$
13. Nonverbal vs. competency vs. sex of subject	$p > .05$	$p < .05$	$p < .05$
14. Verbal vs. nonverbal vs. sex of subject	$p > .05$	$p > .05$	$p > .05$
15. Verbal vs. nonverbal competency vs. sex of subject	$p > .05$	$p > .05$	$p > .05$

$n = 240.$

CHAPTER 5

SUMMARY OF THE STUDY

This chapter provides a summary of the study and discusses the findings. Conclusions and implications based on the findings are followed by recommendations for further study in relation to nursing research, nursing education, and nursing practice.

Summary

The problem of this study was to determine verbal and nonverbal caring and technical competency nurse behavior in the nurse-patient relationship as perceived by female and male subjects. The theoretical framework was based on research by Rogers (1957, 1961). The major concepts of Rogers' research include genuineness/congruence, empathetic understanding, and unconditional positive regard.

An experimental 2 x 2 x 2 x 2 factorial design utilizing eight videotape segments portraying a nurse interacting with a patient was selected for this study. The independent variables were verbal and nonverbal caring and uncaring and technically competent and

incompetent nurse behaviors. Sex of study subjects was also included.

The null hypotheses of this study were as follows:

1. There is no significant difference between the subjects' perception of verbal caring and verbal uncaring nurse behavior.
2. There is no significant difference between the subjects' perception of nonverbal caring and nonverbal uncaring nurse behavior.
3. There is no significant difference between the subjects' perception of technically competent and technically incompetent nurse behavior.
4. There is no significant difference noted of nurse behavior between perceptions of female subjects and perceptions of male subjects.
5. There is no significant difference between the subjects' perception of verbal caring and verbal uncaring nurse behavior whether the nurse behavior is also nonverbal caring or nonverbal uncaring.
6. There is no significant difference between the subjects' perception of verbal caring and verbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent.

7. There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between verbal caring and verbal uncaring nurse behavior.

8. There is no significant difference between the subjects' perception of nonverbal caring and nonverbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent.

9. There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between nonverbal caring and nonverbal uncaring nurse behavior.

10. There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between technically competent and technically incompetent nurse behavior.

11. There is no significant difference between the subjects' perception of verbal caring and verbal uncaring for nonverbal caring nurse behavior and for nonverbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent.

12. There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between verbal caring and verbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent.

13. There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between nonverbal caring and nonverbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent.

14. There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between verbal caring and verbal uncaring nurse behavior whether the nurse behavior is also nonverbal caring or nonverbal uncaring.

15. There is no significant difference as noted by perceptions of female subjects and perceptions of male subjects between verbal caring and verbal uncaring for nonverbal caring nurse behavior and for nonverbal uncaring nurse behavior whether the nurse behavior is also technically competent or technically incompetent.

The sample was composed of 240 undergraduate students randomly assigned to 8 groups of females and 8

groups of males. A research assistant showed the videotape segments and administered the questionnaires.

The dependent variables consisted of three instruments adapted by the investigator to measure degree of social attractiveness, overall level of work effectiveness, and degree of interpersonal relationship ability. Descriptive statistical measures were performed on demographic data compiled on the subjects. Four-way analysis of variance procedures were performed on the data generated by the three scales.

The findings resulted in identified independently important differences between and among verbal and nonverbal nurse behavior and level of technical competency variables when predicting preference for nurse behavior. Further, congruence between and among the behavior variables was a significant factor in relationship to perceived nurse behavior. While verbal and nonverbal nurse behavior and technical level of competency variables were not judged to be statistically different as main effects in relation to sex of subject differences, these behaviors were significantly statistically different when tested as interaction effects.

Discussion of Findings

Because the issue of caring in the nurse-patient relationship has appeared in the literature both in the form of nonresearch articles and research investigations with most of the information in the nonresearch article category, this section will discuss the findings in two parts. The discussion will address the nonresearch literature first, followed by the research investigation literature.

Nonresearch Literature

The findings of this study are supported by what nurses have been conceptualizing and abstractly feeling and writing about nursing over the years. Goldsborough (1969), Hall (cited in Harlem, 1978), Henderson (1969), Leininger (1980), Taylor (1934), and Valazquez (1969), as well as other authors, have written about the interpersonal, interactive, human-to-human, caring aspects of nursing in addition to the technical task component important to the substance of nursing. These authors and nurses collectively have had ideas regarding what factors constitute the nature of nursing. By providing empirical indexes for the concept of caring, the findings

of this study strengthen and support the previously formulated conceptual definitions of nursing.

Research Studies

The findings of this study supported Rogers' (1957, 1961) process oriented person-centered therapy which formed the theoretical framework for this study. Rogers believed that genuineness of congruence, empathetic understanding, and unconditional positive regard were necessary conditions in a therapeutic relationship. Verbal and nonverbal caring nurse behavior aspects as well as congruence between these aspects were identified by this study as important independent factors when judging a nurse's behavior.

Stetler (1977) surmised that verbal, nonverbal, and vocal communications were integral elements within any communication situation. Stetler's study defined and investigated the verbal elements of nurse communication techniques. Vocal elements, devised in relation to listening behavior, were assessed by the amount of proportionality and interruptive behaviors the nurse exhibited in the simulated interactions between nurses and actress-patients. Stetler suggested that the key to the perception of empathetic understanding would be

found in a complex combination of all three with congruency among the three as the factor of primary importance. Stetler (1977) recommended that nonverbal variables be investigated. The findings of the present study are congruent with Stetler's inferences and suggestions.

Smolinski (1975) studied differences in patient and nurse perceptions of care given and care provided. No differences were found in relation to patient and nurse perceptions. Further, comments made by both nurses and patients in Smolinski's study emphasized the importance of the supportive role in nursing. The findings of the present study are in agreement with Smolinski's conclusions.

The findings of the present study agree with two of the three major care categories identified by Henry in a 1975 investigation which studied caring as perceived by patients. The categories identified were: (a) "what the nurse does," (b) "how the nurse does," and (c) "how much the nurse does." Twelve nurse behavior subcategories, identified by Henry in the study, involved technical nursing procedures as well as verbal and nonverbal aspects of nurse behavior. The present

study findings are consistent with two of the major care categories: "what the nurse does" and "how the nurse does" in both technical and verbal-nonverbal behavior areas. The present study did not investigate the third category reported by Henry (1975), i.e., "how much the nurse does."

Linn's (1975) investigation regarding the care-cure attitudes of medical and nurse faculty and their students spoke to the female-male findings addressed and reported in the present study. Linn found that the medical faculty was more cure-oriented than were their students while nurse faculty was the most care-oriented. No statistical difference was found between the means of the nurse faculty and student nurse groups, according to Linn (1975). In addition, medical students, as reported by the Linn study, were more likely to place greater importance on patient cure over care than were the nursing students.

The present study findings, in relation to the male-female effect, in general, reported that males tended to place more emphasis on the nurse's technical level of competency behavior while the females tended to emphasize the nurse's degree of verbal and nonverbal caring behavior when judging nurse behavior.

This investigator poses the question of a male-female effect in relation to Linn's (1975) study: Linn does not report the number of female physicians and medical students nor the number of male nurses and nursing students included in the sample. It appears, based on the present male dominated medical population and female dominated nurse population, that one could assume the samples were largely male in relation to medicine and female in relation to nursing. Linn concluded that because the medical students were more care-oriented than were their physician faculty counterparts, together with the fact that more nurses are assuming cure-oriented roles, that perhaps a trend toward more emphasis on care had been identified.

This investigator further poses the question of physician socialization in relation to this conclusion. Linn (1975) does not report the level of medical education the medical students in the sample represented. Medical students finishing their education might hold different care-cure attitudes than those just beginning their educational process.

The female-male effect in the present study reflected slightly different judgments in relationship to

judging nurse behavior in terms of social attractiveness, overall level of work effectiveness, and degree of interpersonal relationship ability. When addressing the nurse's behavior relative to the measure of social attractiveness, the sex of subject variable interacted significantly at the two-way and three-way interaction effect levels with the verbal and technical competency variables. The findings of the present study showed that although verbal nurse behavior and technical level of competency variables are important to both females and males in judging nurse behavior, females look more closely at and tend to be more sensitive to a nurse's degree of verbal caring than males and tend to judge a nurse's level of social attractiveness on degree of verbal caring. Males, at the same time, are less sensitive to the verbal behavior aspects and tend to judge a nurse's degree of social attractiveness on degree of technical competency.

Specifically, in relation to the two-way interaction effect of verbal vs. sex of subject, females, over males, preferred the verbal caring nurse behavior. Further, in terms of rejecting the verbal uncaring nurse behavior, males did not judge this difference as greatly as did the females.

At the three-way interaction effect level of verbal vs. competency vs. sex of subject variables, females reported preference for the verbal caring, technically incompetent nurse behavior while the males indicated preference for the verbal uncaring, technically competent nurse behavior. When judging the nurse's behavior in relation to overall level of work capability, the sex of subject variable interacted significantly at the two-way and three-way interaction effect levels this time with both verbal and nonverbal behavior variables as well as with the technical competency variable. Again, all three variables are important to both females and males when judging nurse behavior. Females tend to be more attuned to verbal and nonverbal aspects of behavior than males and base a nurse's level of work capability and competence on degree of verbal caring and nonverbal caring behavior. Males, at the same time, are less sensitive to the verbal and nonverbal behavior aspects and tend to judge a nurse's overall level of job effectiveness on degree of technical competency.

Specifically regarding the verbal variable vs. sex of subject variable at the two-way interaction effect level, females, slightly this time over males, indicated

preference for the verbal caring nurse behavior. Males, in this instance, rejected the verbal uncaring nurse behavior, but to a lesser degree than did the females.

When examining the nonverbal vs. sex or subject two-way interaction effect, the same result is evidenced: females, over males, indicated preference for the nonverbal caring nurse behavior. Males rejected the nonverbal uncaring nurse behavior, but again, to a lesser degree than did the females.

Upon examination of the three-way interaction effect of nonverbal vs. competency vs. sex of subject variables, females preferred nonverbal caring, technically incompetent nurse behavior while the nonverbal uncaring, technically competent nurse behavior was preferred by males.

In relationship to measuring the nurse's degree of interpersonal relationship ability, the sex of subject variable interacted significantly at the two-way and three-way interaction effect levels with the nonverbal behavior and technical competency variables. The data reported that nonverbal nurse behavior and technical level of competency variables are important to both females and males. Females, however, are more

sensitive to nonverbal behavior aspects than males and tend to judge a nurse's interpersonal relationship ability level on degree of nonverbal caring. Males, at the same time, are less sensitive to the nonverbal behavior aspects and tend to judge a nurse's level of psychosocial-interpersonal relationship sensitivity on degree of technical competency.

Specifically, in relation to the two-way nonverbal vs. sex of subject interaction effect: females, over males, preferred the nonverbal caring nurse behavior and while males, as well as females, rejected the nonverbal uncaring nurse behavior, they did not do so as forcefully as did the females. Relative to the three-way interaction effect of nonverbal vs. competency vs. sex of subject variables, the findings showed females, again, preferred the nonverbal caring, technically incompetent nurse behavior and males, again, preferred the nonverbal uncaring, technically competent nurse behavior.

These findings show the trend throughout the study that females repeatedly use verbal and/or nonverbal nurse behavior for making judgments about a nurse while males repeatedly use technical competency nurse behavior for making judgments about a nurse. These findings are

generally in keeping with the cure-oriented attitudes of the medical faculty-medical student groups and the care-oriented attitudes of the nurse faculty-student nurse groups as investigated and reported by Linn (1975).

Female-male value judgment differences in relation to caring are not reported in the literature to any significant extent. Additional research studies either alluding to or specifically addressing the female-male effect relative to the care-cure attitude relationship or to nurse behavior were not found by this investigator.

Conclusions and Implications

The following are conclusions and implications of the study:

1. Persons value verbal, nonverbal, and technical nurse behavior. It is important for nurses to exhibit verbal and nonverbal caring behavior and exercise technically competent nurse behavior as they interact with and care for patients; congruence among the behaviors is an added important factor.

Nurse educators should continue to teach verbal, nonverbal, and technical skills allowing equal time for the three areas. Verbal and nonverbal learning opportunities could be pointed out to a greater degree in

conjunction with the technical competency task learning opportunities for it is impossible to totally separate the three nurse behavior areas. Further, choice of instructor for the verbal and nonverbal interactive skill areas may be important. An individual who is comfortable with the less structured, person-centered, and personally interactive format might more effectively occupy this position.

Additional continuing education and inservice mini-courses that focus on verbal and nonverbal content, skills, and practice could be offered so that nurses who have been involved in the work force and who may not have been rewarded for these behavioral aspects can update their interpersonal skills. These educational opportunities could also assist the nurse returning to active employment status. Wallston et al. (1978) studied the effects of intervention designed to enhance the person-centeredness or helpfulness of nurse responses. Data from this study showed that intervention was effective in increasing the nurse level of person-centeredness.

2. Persons have different preferences for nurse behavior, some of the preferences may be based on gender. Therefore, it is important for nurses to display verbal

and nonverbal caring behavior as well as technical competency behavior when caring for both female and male patients even though males overtly react to the competency behavior and females overtly react to the interactive verbal and nonverbal nurse behavior.

Recommendations for Further Study

Recommendations for further study are as follows:

1. This study should be replicated in other parts of the country using different subject groups. Groups to sample could include older persons, newly licensed nurses, nurses involved in active practice for several years, physicians, health care agency administrators, people who have been hospitalized, and those who have not been hospitalized.

2. Studies should be done in relation to nursing care outcome measurements in relation to verbal, non-verbal, and technical nursing behavior.

APPENDIX A

TEXAS WOMAN'S UNIVERSITY
Human Research Committee

Name of Investigator: Cynthia Weiss Center: Dallas
Address: Kent State University, 3325 W. 13th Street, Date: 9/7/79
Ashtabula, Ohio 44004

Dear Ms. Weiss:

Your study entitled Caring Elements in the Nurse-Patient Relationship has been reviewed by a committee of the Human Research Review Committee and it appears to meet our requirements in regard to protection of the individual's rights.

Please be reminded that both the University and the Department of Health, Education and Welfare regulations require that written consents must be obtained from all human subjects in your studies. These forms must be kept on file by you.

Furthermore, should your project change, another review by the Committee is required, according to DHEW regulations.

Sincerely,

Estelle D. Kurtz

Chairman, Human Research
Review Committee

at Dallas.

APPENDIX B

TEXAS WOMAN'S UNIVERSITY

DENTON, TEXAS 76204

THE GRADUATE SCHOOL

January 21, 1980

Mrs. Cynthia J. Palma Weiss
1011 Carriage Hill Drive, #303
Ashtabula, Ohio 44004

Dear Mrs. Weiss:

I have received and approved the Prospectus for your research project. Best wishes to you in the research and writing of your project.

Sincerely yours,



Margaret J. Ferrell
Acting Provost of the
Graduate School

MF:dl

cc Dr. Helen A. Bush
Dr. Anne Gudmundsen
Graduate Office

APPENDIX C

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING
DENTON, TEXAS 76204

DALLAS CENTER
1810 INWOOD ROAD
DALLAS, TEXAS 75235

HOUSTON CENTER
1130 M. D. ANDERSON BLVD.
HOUSTON, TEXAS 77025

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE Kent State University Ashtabula Campus 3322 W. 13th St. Ashtabula, Ohio 44004

GRANTS TO Cynthia J. Weiss, A.A., B.S.A.S.
a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem:

The problem of this study is to determine which elements of caring in the nurse-patient relationship are perceived by selected subjects while observing verbal, nonverbal, and technical nurse behaviors.

Each subject will view one of eight different videotape segments assigned by use of the Random Permutation Table. The videotape segments will display verbal caring-uncaring/ nonverbal caring-uncaring/ and technical competent-incompetent nurse behaviors.

The conditions mutually agreed upon are as follows:

1. The agency (may) (~~may not~~) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (~~may not~~) be identified in the final report.
3. The agency (~~wants~~) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (~~unwilling~~) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date: Sept. 17, 1979

Cynthia J. Weiss
Signature of Student

John R. Meehan
Signature of Agency Personnel

Helen A. Bush, Ph.D., R.N.
Signature of Faculty Advisor

* Fill out and sign three copies to be distributed as follows: Original-Student; First copy - agency; Second copy - TWU College of Nursing.

APPENDIX D

CONSENT FORM
TEXAS WOMAN'S UNIVERSITY
HUMAN RESEARCH REVIEW COMMITTEE

(Form A -- Written presentation to subject)

Consent to Act as a Subject for Research and Investigation:

(The following information is to be read to or read by the subject):

1. I hereby authorize _____
(Name of person(s) who will perform
procedure(s) or investigation(s))

to perform the following procedure(s) or investigation(s):
(Describe in detail)

This is a study of the nurse-patient relationship. In order to obtain information about this relationship you will be asked to view one videotaped segment and respond to three questionnaires each containing eleven items. The scales will provide information about your reaction to the videotaped segment. There are no right or wrong answers. You will be asked to respond according to your actual reaction and not according to how you feel you should react.

Prior to completing the scales you will be asked to identify your sex and provide your age in the allotted space on the questionnaire.

You will be asked specifically NOT TO use your name on the questionnaires. You will be allowed as much time as you need to complete each one.

Your name will in no way be connected to the scales; anonymity will be maintained.

2. The procedure or investigation listed in Paragraph 1 has been explained to me by _____.
(Name)
3. (a) I understand that the procedures or investigations described in Paragraph 1 involve the following possible risks or discomforts:
(Describe in detail)
1. Time required to view the videotaped segment and time required to

(Form A - Continuation)

- fill out three questionnaires could pose a possibility of fatigue.
 2. Possibility of bringing to conscious awareness past experiences, thoughts, and feelings.
 3. Anonymity and confidence of the subjects could be violated.
 4. Possibility of personal inconvenience.
3. (b) I understand that the procedures and investigations described in Paragraph 1 have the following potential benefits to myself and/or others:
1. Subjects may learn something new.
 2. Subjects may enjoy being part of a study.
 3. Subjects may enjoy participating in research which may contribute to new knowledge.
 4. Participation may bring to conscious awareness pleasant past experiences, thoughts, and feelings.
 5. Subjects may enjoy participating in a new experience.
4. An offer to answer all of my questions regarding the study has been made. If alternative procedures are more advantageous to me, they have been explained. I understand that I may terminate my participation in the study at any time.

Subject's Signature

Date

(If the subject is a minor, or otherwise unable to sign, complete the following):

Subject is a minor (age _____), or is unable to sign because:

Signatures (one required)

Father

Date

Mother

Date

Guardian

Date

APPENDIX E

<u>Length of Videotape Segments</u>		
<u>Script</u>	<u>Counter Numbers</u>	<u>Time in Minutes</u>
(Tape A)		
#1 211	002-236	10.50
#2 221	239-402	10.00
#4 222	411-570	12.00
#7 111	573-685	9.50
#8 121	689-786	9.00
(Tape B)		
#5 112	005-256	11.50
#6 122	264-438	11.00
#3 212	445-595	12.00
Credits	595-600	.25

APPENDIX F

Videotape Credits1. Nurse

Bonita B. Blair	Kent St. University	B.S.N. 1979
	Kent St. University	B.F.A. 1980 Theatre
	Staff Nurse Robinson Memorial Hospital Ravenna, Ohio	1 yr.

2. Patient

Robert M. Haupt	Kent St. University	B.M. 1980 Voice Performance
	Student	

3. Media Specialist

Karen L. Synder	Kent St. University	B.S.Ed. 1972
	Kent St. University	M.Ed. 1973
	Kent St. University	Doctoral Student
	Curriculum and Instr. Educational Tech., Health	
	Media Specialist School of Nursing Kent St. University Kent, Ohio	1 1/2 yrs.

APPENDIX G

Panel of Professional Registered Nurse Judges

I. Practice

- | | | |
|----------------------|--|---|
| 1. Dorothy Ashton | University of Wisconsin
Staff Nurse Medical-Surgical
Nursing
Lake County Memorial Hospital
East
Painesville, Ohio | B.S. 1968

1 1/2 yrs, |
| 2. Joyce Smith | St. Lukes Hospital School of
Nursing
Cleveland, Ohio

Staff Nurse Medical-Surgical
Nursing
Lake County Memorial Hospital
East
Painesville, Ohio | Diploma 1964

5 years |
| 3. Joycelyn S. Smith | Mercer Hospital School of
Nursing
Trenton, New Jersey

Staff Nurse Medical-Surgical
Nursing
Lake County Memorial Hospital
East
Painesville, Ohio | Diploma 1964

1 year |

II. Education

- | | | |
|-------------------|---|--|
| 4. Joan Julius | Ohio State University
Media Coordinator for Nursing
Youngstown State University
Youngstown, Ohio | B.S.N. 1957

6 years |
| 5. Nancy Schenken | University of Iowa
Texas Woman's University
Instructor of Nursing
El Centro Community College
Dallas, Texas | B.S. 1958
M.S. 1976

4 years |
| 6. Joan Zorn | Youngstown State University
Youngstown State University
Youngstown State University
Guidance and Counseling
Student Advisor of Nursing
Youngstown State University
Youngstown, Ohio | A.A.S. 1973
B.S. 1975
Master's
Candidate

4 years |

III. Research

- | | | |
|------------------------|--|---|
| 7. Stanley Brassington | Pottsville Hospital School of
Nursing
Pottsville, Pennsylvania
Pennsylvania State University
University of Pittsburgh
Boston University | Diploma 1968

B.S. 1971
M.P.H. 1973
Doctoral
Candidate |
|------------------------|--|---|

- | | | |
|---------------------------------------|--|---|
| 7. Stanley Brassington
(continued) | Director of Patient Services
Ashtabula General Hospital
Ashtabula, Ohio | 3 months |
| | Formerly:
Director of Nursing
Jewish Memorial Hospital
Boston, Massachusetts | 3 years |
| 8. Carole Kimbrough | University of West Virginia
University of Pittsburgh
University of Pittsburgh | B.S.N. 1967
M.N. 1975
Doctoral
Candidate |
| | Project Coordinator for Free-
Standing Baccalaureate in
Nursing Program
Youngstown State University
Youngstown, Ohio | 1 year |

APPENDIX H

Panel of Judges Questionnaire

Directions: Please read the script. Place the number of the script in the space provided. Place the number in the blank which most clearly corresponds to the degree of caring or technical competence you believe Nurse Healey displays.

Script Number: _____

Please answer according to the following key:

- 1--extremely caring
- 2--caring
- 3--somewhat caring
- 4--neutral
- 5--somewhat uncaring
- 6--uncaring
- 7--extremely uncaring

1. I think number _____ describes Nurse Healey's verbal communication pattern.
2. I think number _____ describes Nurse Healey's nonverbal behavior pattern.
3. I think number _____ describes Nurse Healey's technical nursing skill level.

APPENDIX I

Questionnaire #1

Directions: Please indicate your sex by circling the M or F; supply your age in the space provided. Circle the number following each statement that most clearly corresponds to your attitude toward the statement.

Sex: M F

Age: _____

Answer according to the following key:

- 1--strongly agree
- 2--agree
- 3--somewhat agree
- 4--neutral
- 5--somewhat disagree
- 6--disagree
- 7--strongly disagree

- | | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. I would accept Nurse Healey as an intimate friend. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. I would accept Nurse Healey as close kin by marriage. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. If Nurse Healey is of the same sex as I, I would accept Nurse Healey as a roommate. Nurse Healey is a person I would like to date. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. I would accept Nurse Healey as a personal friend in my club. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. I would accept Nurse Healey as my neighbor. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. I would accept Nurse Healey as my husband's or my wife's friend. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Answer according to the following key:

- 1--strongly agree
- 2--agree
- 3--somewhat agree
- 4--neutral
- 5--somewhat disagree
- 6--disagree
- 7--strongly disagree

- | | | | | | | | | |
|-----|---|---|---|---|---|---|---|---|
| 7. | I would live in the same apartment house with Nurse Healey. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. | I would accept Nurse Healey as my speaking acquaintance. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. | I would rent property to Nurse Healey. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. | I would like to see Nurse Healey excluded from my neighborhood. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. | I would like to see Nurse Healey excluded from our university. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

APPENDIX J

Questionnaire #2

Please answer according to the following key:

- 1--strongly agree
- 2--agree
- 3--somewhat agree
- 4--neutral
- 5--somewhat disagree
- 6--disagree
- 7--strongly disagree

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| 1. I think that in a case where two people can do a job about the same, I'd pick Nurse Healey for the job. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. I think Nurse Healey would turn out work of a higher quality. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. I think Nurse Healey would be more grouchy on the job. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. I think Nurse Healey would cooperate more on the job. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. I think Nurse Healey would be happier on the job. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. I think Nurse Healey would be more dependable. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. I think Nurse Healey cannot keep up with the speed needed in modern hospitals. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. I think Nurse Healey should get higher wages for the job. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. I think I would hire Nurse Healey. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. I think Nurse Healey is too set in her own way--Nurse Healey doesn't want to change. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Please answer according to the following key:

- 1--strongly agree
- 2--agree
- 3--somewhat agree
- 4--neutral
- 5--somewhat disagree
- 6--disagree
- 7--strongly disagree

11. I think Nurse Healey would make
a good employee.

1 2 3 4 5 6 7

APPENDIX K

Questionnaire #3

Please answer according to the following key:

- 1--strongly agree
- 2--agree
- 3--somewhat agree
- 4--neutral
- 5--somewhat disagree
- 6--disagree
- 7--strongly disagree

1. I think Nurse Healey communicates effectively and establishes a good relationship with the patient. 1 2 3 4 5 6 7
2. I think Nurse Healey is an unreceptive listener. 1 2 3 4 5 6 7
3. I think Nurse Healey approaches the patient in a kind, gentle, and friendly manner. 1 2 3 4 5 6 7
4. I think Nurse Healey responds in a therapeutic manner to the patient's behavior. 1 2 3 4 5 6 7
5. I think Nurse Healey recognizes anxiety in the patient and takes appropriate action. 1 2 3 4 5 6 7
6. I think Nurse Healey does not give explanations and verbal reassurance when needed. 1 2 3 4 5 6 7
7. I think Nurse Healey offers companionship to the patient without becoming involved in a nontherapeutic way. 1 2 3 4 5 6 7
8. I think Nurse Healey considers the patient as a member of a family. 1 2 3 4 5 6 7

Please answer according to the following key:

- 1--strongly agree
- 2--agree
- 3--somewhat agree
- 4--neutral
- 5--somewhat disagree
- 6--disagree
- 7--strongly disagree

9. I think Nurse Healey identifies the patient's needs expressed through behavior and initiates actions to meet them. 1 2 3 4 5 6 7
10. I think Nurse Healey accepts rejection or ridicule and continues efforts to meet the patient's needs. 1 2 3 4 5 6 7
11. I think Nurse Healey shows need for power, prestige, and authority. 1 2 3 4 5 6 7

APPENDIX L

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June 25, 1979

Ms. Cynthia J. Weiss
Instructor of Psychiatric Nursing
Kent State University
Ashtabula, Ohio


Dear Ms. Weiss:

We have received your letter of June 8th requesting permission to reproduce material from the book **SCALES FOR THE MEASUREMENT OF ATTITUDES** by Shaw and Wright.

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February 12, 1979

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Englewood Cliffs, New Jersey 07632

Dear Sirs:

I am presently preparing a master's thesis through Texas Woman's University, Dallas Clinical Center, speaking to the importance of verbal and nonverbal caring behaviors in the nursing interaction. Chairperson for this project is Helen A. Bush, Ph.D. Briefly, I hope to capture, on a series of video tapes and measure by way of three likert scale attitude type questionnaires, the importance of these behaviors. I believe the Slater Nursing Competencies Rating Scale will be helpful in this endeavor. Specifically, the Slater sections entitled Psychosocial: Individual and Communication appear to be the sections best suited to this end.

May I have permission to adapt these sections into a likert seven point measuring scale and use this as one of the above mentioned measuring tools in this study? Of course, proper credit will be given as to source.

Thank you for your consideration in this matter.

Sincerely,



Cynthia J. Weiss
Instructor
Psychiatric Nursing

CJW/nsc

*Our Book Title
+ authors
Please
A-c-c - 2nd.*

APPENDIX M

Audiotaped Introduction and Instructions

In 2 minutes you will be shown a videotaped session between a nurse and a patient. My purpose is to have you view this videotape which, hopefully, will aid me in my study of nurse-patient relationships. At the conclusion of the study, you may request a description of the findings.

I would like you to view this videotape. After the tape is completed, The Examiner will pass out a questionnaire consisting of three parts each containing 11 items. I would like you to answer all of the items according to your actual reaction and not according to how you feel you should react. There are no right or wrong answers. Please DO NOT place your name on the questionnaire. The questionnaires will be numerically coded. Please indicate your sex by circling M or F and provide your age in the allotted space.

A signed consent to participate in this study is required. The Examiner will pass out this form which contains the following information:

Section 1 describes the procedure to be followed that was just explained in this taped message.

Section 2 supplies the name of the investigator.

Section 3 (a) lists the possible risks or discomforts that could occur from participating in this study: (a) time required to view the videotaped segment and time required to fill out three questionnaires could pose a possibility of fatigue; (b) possibility of bringing to conscious awareness past experiences, thoughts, and feelings; (c) anonymity and confidence of the subjects could be violated; (d) possibility of personal inconvenience.

Section 3(b) lists the potential benefits to the subject and/or others: (a) subjects may learn something new; (b) subjects may enjoy being part of a study; (c) subjects may enjoy participating in research which may contribute to new knowledge; (d) participation may bring to conscious awareness pleasant past experiences, thoughts, and feelings; (e) subjects may enjoy participating in a new experience.

Section 4 provides space for your signature and date. Please place your signature and today's date in this section.

While you are waiting for the Examiner to pass out and collect the signed consent forms and begin the videotape, please clear your desk of all books, pencils, pens, and other materials.

Thank you.

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