

What happens when patients ring the bell?



AN EXPLORATIVE FIELD STUDY ON THE ATTACHMENT
RELEVANT DIMENSION OF NURSE CALLS AND THE
FOLLOWING INTERACTIONS IN PALLIATIVE CARE

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Background





- **Research in Pubmed:**
 - First study on nurse calls in Germany
 - First study on nurse calls in the context of palliative care world wide
 - One of the few studies that observe patient-care interactions in the context of nurse calls (c.f. Deitrick 2006)
 - → explorative field study

Aim



Aims:

1. **Concerns:**

Which concerns do patients express when they call for a nurse?

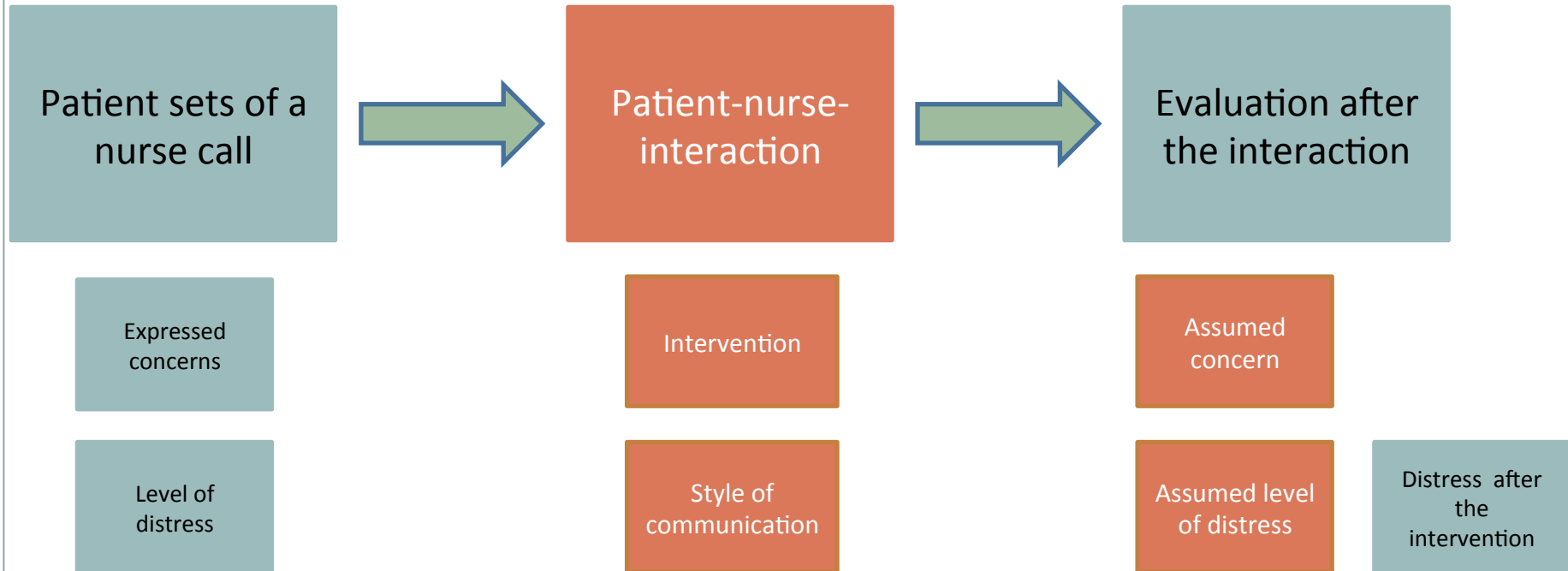
2. **Sensitive Interaction:**

Which interaction patterns can be found between caregivers and patients?

3. **Distress:**

What is the level of distress felt by patients when setting of a nurse call?

Procedure



Results



Overview of the results

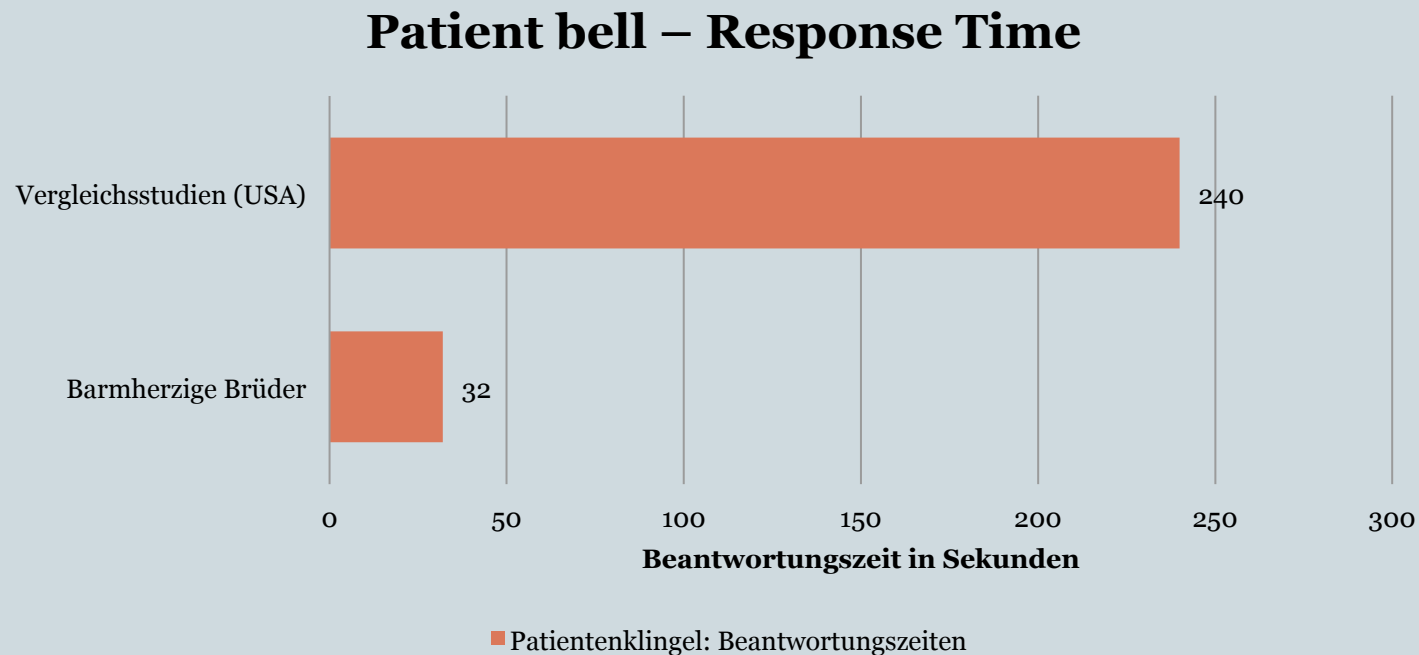


- **Period of observation: 10.11.2013-17.11.2013**
 - 7 days/ 24 hours (sunday–sunday)
- **Caregivers:**
 - 23 caregivers (22 female; 1 male)
- **Patients: 20**
- **Registered nurse calls:**
 - In the observed station: 362
- **Observed interactions: 122**

Time until a nurse call was answered



- Barmherzige Brüder: response time lower than one minute in almost all nurse calls (M= 32 sec; SD=24)
- Comparative study (Deitrick; Tzeng; USA): zwischen 3-5 Minuten



1. Which concerns do patients express when they call for a nurse?

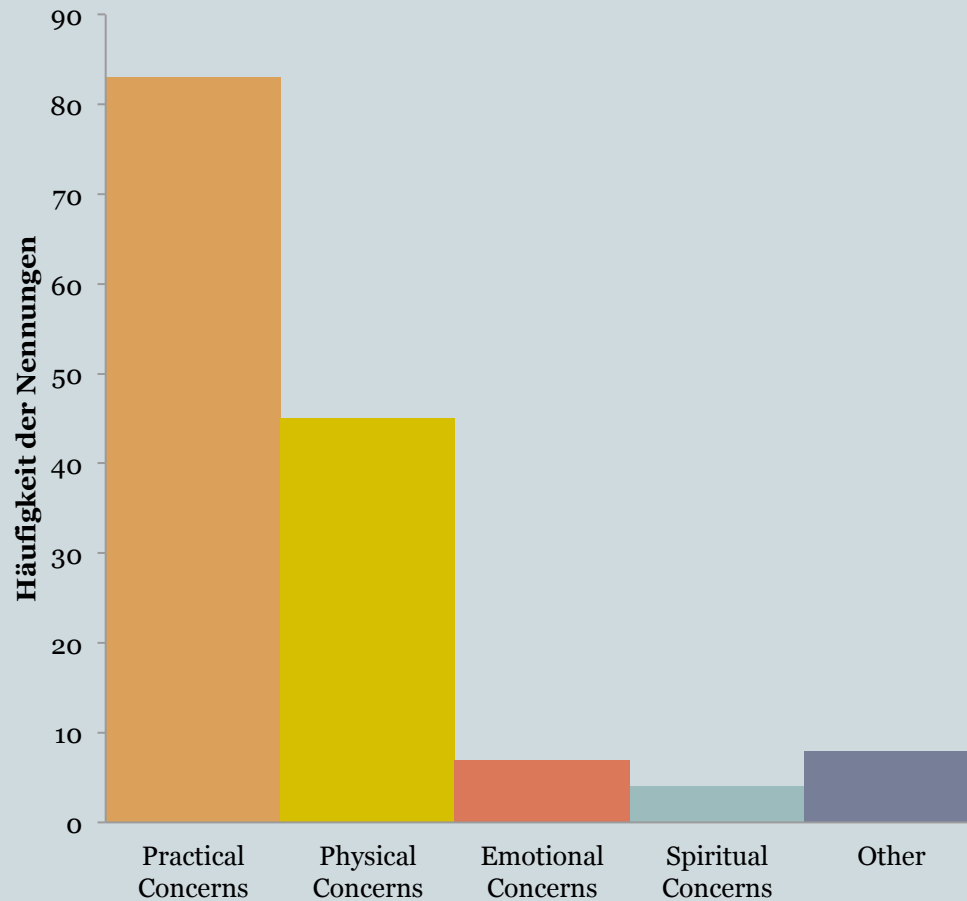


CONCERNS

1. Which concerns do patients express when they call for a nurse?



Patients' concerns



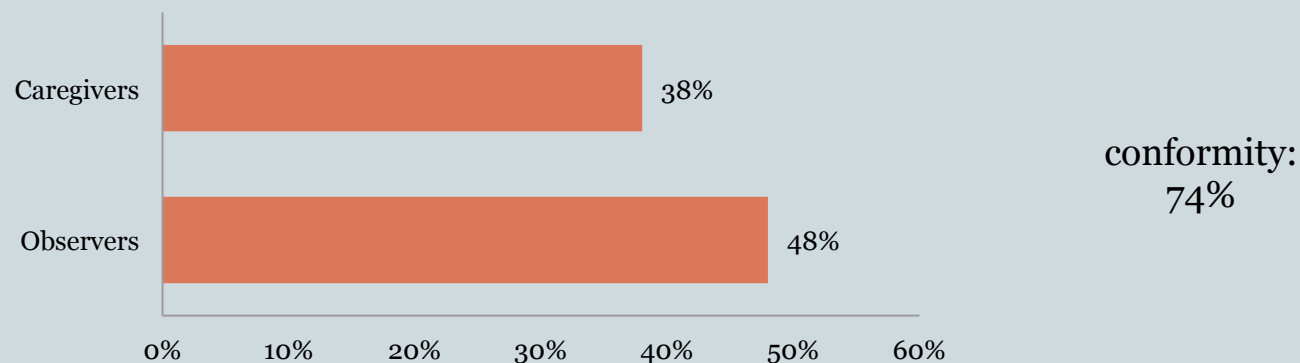
Praktische Anliegen	83	68%
Toilettengang	32	26%
Mobilisierung (Lagewechsel / Aufstehen)	19	16%
Hilfe bei Bedienung med. Gerätschaften	15	12%
Mahlzeitenwunsch	14	11%
Körperpflege (Waschen, Anziehen)	9	7%
Zimmer-Service (Lüften, Licht etc.)	5	4%
Praktische Informationen	3	2%
Körperliche Anliegen	45	37%
Schmerz	19	16%
Gastrointestinale Probleme	7	6%
Atemprobleme	6	5%
Müdigkeit / Erschöpfung	4	3%
Durst	4	3%
Übelkeit	3	2%
Schlafprobleme	2	2%
Sensibilitätsstörungen	2	2%
Hunger	1	1%
Schwindel	1	1%
Verletzung / Wunden	1	1%
Husten	1	1%
Generel. Körperl. Unwohlsein	1	1%
Emotionale Anliegen	7	6%
Angst / Sorge	4	3%
Schambesetzte Anliegen	1	1%
Todeswunsch	1	1%
Traurigkeit	1	1%
Spirituelle Anliegen	4	3%
Andere Anliegen	8	7%
Insgesamt	147	121%

Mehrfachnennungen waren möglich

1. Which concerns do patients express when they call for a nurse call?



- Surprisingly patients almost never expressed emotional concerns directly
- Although caregivers as well as observers often sensed latent concerns
 - „Did you have the feeling, that there was another concern that was not verbally expressed by the patient?“



1. Which concerns do patients express when they call for a nurse call?



- Caregivers as well as observers name the same three prevalent latent concerns:
 - Fear
 - ✦ E.g.: a patient is fearful, worries, scared of the dark etc.
 - Need of contact
 - ✦ E.g.: patient wants to talk to sb., is looking for contact
 - Feelings of prudency/shame
 - ✦ E.g.: patient feels uncomfortable, for example to ask for intimate care
 - More rarely: anger, sadness, discontent

Case Study – Latent Concerns



A patient (female) called a nurse during night. She told the nurse that she was not able to sleep due to a loud peeping noise deriving from a medical equipment; the patient asked to turn it off. The caregiver explained to her that this wasn't possible [the patient was laying in the station for quite some time already, so it must have been a noise that she was used to].

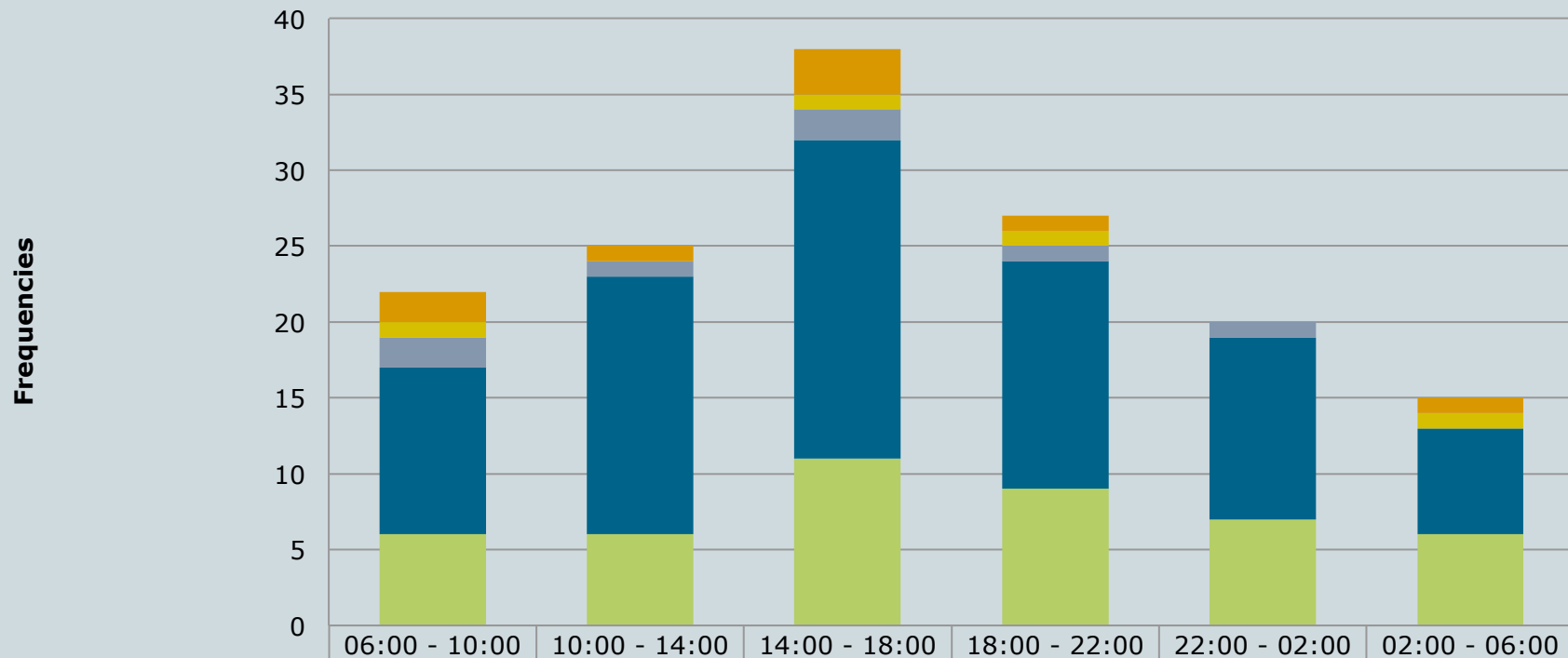
Subsequently the patient asked if the caregiver could turn on the light in the back of the room; while the caregiver turned on the light the patient explained that she was used to it, and that she couldn't sleep without a little light.

Then the caregiver arranged the patients' covers. While doing so, the patient told the caregiver that she wondered if there was anybody left in the station since she had not heard any noises on the floor anymore. The patient added, that she wondered if she was alone.

1. Which concerns do patients express when they call for a nurse?



Frequency of nurse calls over the day



2. Which interaction patterns can be found between caregivers and patients?



SENSITIVE INTERACTION

Style of communication: Patient-centered/ provider-centered



Questioning Concerned, attentive questions about health, wishes and problems

Affective Facial expression and gestures are warm; face is often smiling, verbal support and empathy are expressed; often involved: body contact to the patient

instructive Giving direct orders, requests and suggestions on how something should be done, but always *with* an explanation and possibility to discussion

Counselling Giving formal informations about diagnosis, treatment, doctors, appointments etc.

Informal Discussing not treatment-related issues, e.g. on family, work, children, weather, politics, vacations

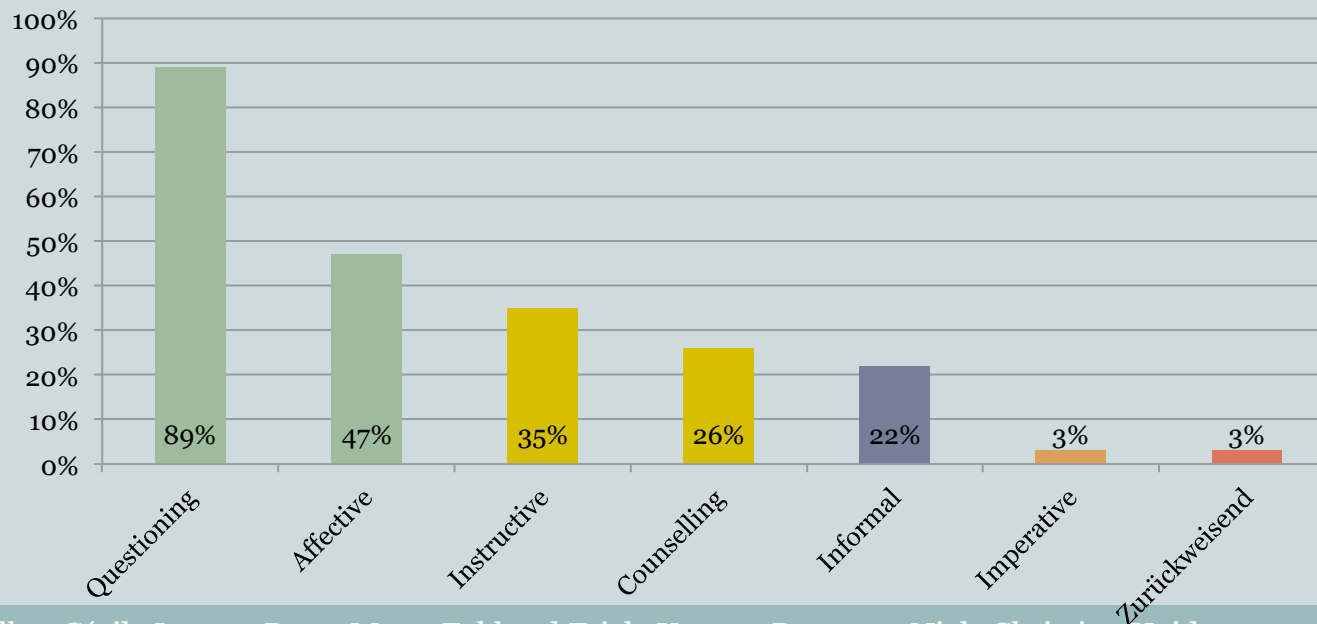
Rejecting Rejecting communication, treatment or emotional support („I don't have time!“ I'm not responsible!“ „You will have to wait!“etc.)

Imperative Clear and definite orders, sharp rebukes, warnings *without* any explanation or possibility of a discussion

2. Which interaction patterns can be found between caregivers and patients?



- Patient-centered vs. Provider-centered style of communication
 - Provider-centered: giving orders, consulting
 - Patient-centered: questioning, affective
 - ✦ Comparative study: patient-centered styles in about 30% of all patient-care interactions (Berry, 2009);
 - ✦ In this study: in almost every interaction





- Frequency of affective communication styles is higher when the patients express emotional concerns (66%)
- Communication is objectified when patients feel highly distressed:
 - Affective style of communication decreases (29%)
 - Counselling style of communication increases (40%)

3. What is the level of distress felt by patients when setting of a nurse call?



DISTRESS

3. What is the level of distress felt by patients when setting of a nurse call?



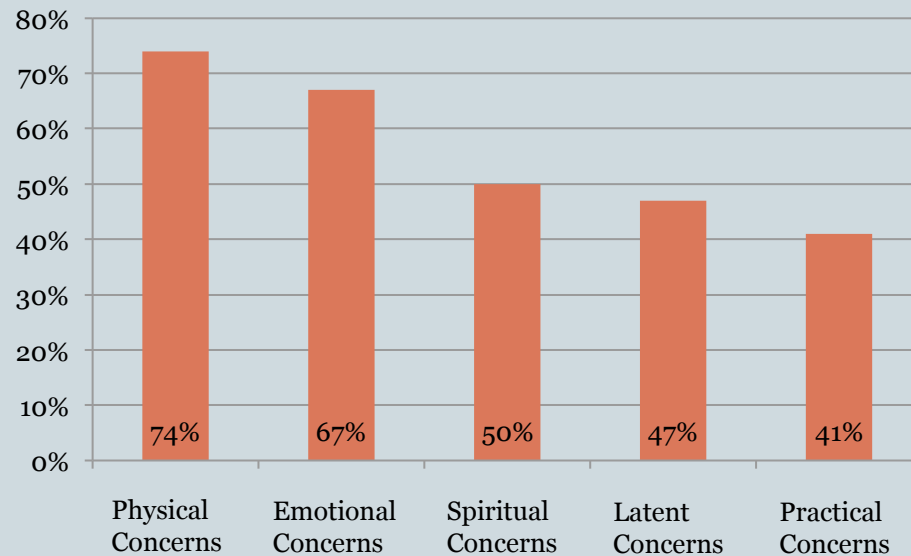
Distress-Rating on a 11-point-Likert-scale:

- Patients' ratings:
 - Tendency to extreme values:
 - ✦ Either very high ratings (34% of the cases)
 - ✦ Or very low ratings (51% of the cases)
 - ✦ Few average ratings (16% of the cases)

3. What is the level of distress felt by patients when setting of a nurse call?



Amount of highly distressing concerns



Körperliche Anliegen	74%
Schmerz	78%
Gastrointestinale Probleme	67%
Müdigkeit / Erschöpfung	67%
Übelkeit	100%
Sensibilitätsstörungen	50%
Praktische Anliegen	41%
Toilettengang	32%
Mobilisierung / Lagewechsel	67%
Mahlzeitenwunsch	67%
Hilfe bei Bedienung med. Gerätschaften	22%
Körperpflege	50%
Zimmer-Service	0%
Praktische Informationen	0%
Emotionale Anliegen	67%
Spiritual Concerns	50%
Latente Anliegen	47%
Angst	64%
Kontaktbedürfnis	47%
Schamaffekte	25%
Total	35%

Conclusion



Conclusion



- Attachment relevant signals occur in many nurse calls
 - Although emotional concerns are rarely expressed directly
 - Latent emotional concerns can be: fear, need for contact, feeling of pudency
- An affective style of communication is highly relevant in patient-caregivers-interactions
 - Interactions following a nurse call are not only provider-centered and impersonal, but rather patient-centered and interpersonal
- Patients tend to feel distress in extreme values

NERSH.ORG

Network for Research in Spirituality and Health

ABOUT NERSH

BACKGROUND

PUBLICATIONS

TOOLBOX

ACTIVITIES AND COLLABORATIONS

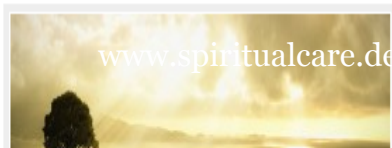
CONTACT

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▷ BACKGROUND



▷ PUBLICATIONS



▷ TOOLBOX





Comparison of Data

- *For more information, see www.nersh.org*
- **Please join!!!**



Thank you for your attention!