

IMPORTANT NURSE-CARING BEHAVIORS PERCEIVED
BY HOSPICE PATIENTS, HOSPICE CAREGIVERS
AND HOSPICE NURSES

AN ABSTRACT OF
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by

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The purpose of this study was to determine if there were any differences in the importance of nurse-caring behaviors as perceived by hospice patients, non-nurse caregivers and hospice nurses. Caring is considered central to the art and science of nursing. There have only been a few studies that have evaluated nurse-caring behaviors. Studies in hospice on nurse-caring behaviors have evaluated hospice nurses and caregivers, but not hospice patients.

There were three groups, each subject group had ten subjects, for a total sample size of 30 people. The subjects were asked to complete the CARE-Q instrument as developed by Larson (1984). This instrument asks the respondent to rank 50 statements of nurse-caring behaviors from most important to not important. The ranking of each statement carries a predetermined weight which is used for final data analysis. Descriptive and inferential data analysis were used including one-way randomized analysis of variance (ANOVA), to compare the three subject groups. Up to four demographic questions were also asked.

All three groups represented a wide range of age groups. The patient group averaged 58.75 years, the caregiver group, 60.89 years, and the nurse group, 43.9 years. The average amount of experience of hospice experience for the nurse group was 3.67 years.

Data analysis revealed that there was no significant difference between the three subject groups; hospice patients, non-nurse caregivers and hospice ^{nurses?} patients when ranking the 50 statements of nurse-caring behaviors. The three groups were also ranked using subscales to categorize the behaviors. No significant differences was found between the ranking of the three subject groups by subscale either. Inspection of raw data revealed that the highest-ranked item by all three groups was listening. The highest-ranked subscale was trusting relationships.

This research showed that there was no significant differences in the three subject groups when ranking the 50 items, or the subscales on the CARE-Q instrument. This varies from some of the previous research in which each of the patient and nurse groups ranked important nurse-caring behaviors differently. The present research supports basic hospice philosophy for nursing care. This philosophy is congruent with the belief that hospice goals are set not just by hospice nurses, but by their patients and caregivers as well. Studies which continue to build upon the present research are recommended using larger sample sizes and groups of other types of homecare based patients.