SYMPOSIUM

PART 1

Caring in Nursing as Communicative Action: Applying Strong Theory in Survey Research

Jane F. Sumner, Ph.D, RN, APRN, BC has been investigating caring in nursing for many years because of her varied experiences in practice over 48 years. Her original nursing education was in New Zealand and her 3 university degrees are from the US. For the last 19 years she has been a nurse educator

William P. Fisher, Jr, PhD with over 25 years professional experience, Dr. William P. Fisher, Jr. has developed a complementary array of skills focused on improved information quality and systems in health care and education. He is internationally recognized for contributions to both ends of the theoretical-philosophical to practical-analytic spectrum. Dr. Fisher's recent work explores possibilities for and projects likely consequences of equating tests and surveys measuring the same constructs, so that all instruments in an area measure in the same unit of comparison and with known uncertainty characteristics.
Caring in Nursing as Communicative Action: Applying Strong Theory in Survey Research

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What is Nursing Today?
What is Caring?
Are Nursing and Caring Synonymous?
Is Nursing Moral?
Is Caring Moral?
Can Caring in Nursing be Practiced?

What are the Ontologic, Epistemologic, and Moral Dimensions of Caring in Nursing?
How does one separate values & beliefs and behaviors of caring in nursing?
What is “Deep Care” and “Identity Constituting Care?”
Jurgen Habermas (1995)

THEORY OF COMMUNICATIVE ACTION AND MORAL CONSCIOUSNESS

A theory concerned with normative interactions between individuals

Morality is concerned with balancing Individual Right and the Common Good

INDIVIDUALS ONLY MATURE WITH SOCIALIZATION. THIS IS WHAT CAUSES VULNERABILITY WHICH RESULTS IN THE NEED FOR “CONSIDERATENESS” (Habermas, 1995)

The Moral is “Considerateness” for Human Vulnerability

Constituents of Habermas’ Theory

NORMATIVE CLAIM TO TRUTH
   Factual, Rational Knowledge
NORMATIVE CLAIM TO TRUTHFULNESS
   Intrasubjective World
NORMATIVE CLAIM TO RIGHT
   Intersubjective World

3 LEVELS OF MORAL MATURITY
   Preconventional
   Conventional
   Post Conventional
Stages

Theory Development
Concept Analysis
Testing Theory- Instrument Development
Testing Instrument

The Relationship between Patient and Nurse is One of Intersubjective Connections

It is a MORAL LIFEWORLD OF INTIMACY

The Nurse with Specialized Knowledge, Assumes a Duty to Care for the Sick and Protect the Vulnerable
The Patient has an Exquisite Vulnerability (BUT the Nurse is Vulnerable too)

Assumptions:

Nurses and Patients have Underlying Vulnerabilities and Needs, with Emotional and Cognitive Responses, that are inherent within their Assumed Roles of Nurse and Patient
Jane Sumner, (2000)
Moral Construct of
CARING IN NURSING
As COMMUNICATIVE ACTION
Patient: Personal Self
Illness Self
Nurse: Person Self
Professional Self
3 Knowledges: Theory, Practice, Experience

Interaction
OPEN
Bi-Directional Communication which is
Flexible, Changeable, Constant
Nurse “hears” verbal and non verbal clues of
patient. Being sensitive to what is not being
asked. Trying not to prejudge. Recognizes
need in self to be validated in the role of
nurse
Patient Being willing to “tell” more than illness
need. Sharing honestly, not accepting
passively what is to be done

With Negotiated Discourse between Nurse and
Patient there is
<physis>
Or
Self Blossoming
Validation
Ergo
Caring in Nursing
Next Steps for Instrument Development

CONCEPT ANALYSIS

Method
Morse’s (1995) utilization of qualitative techniques

Modified Prototype Analytical Method due to
Definitional Criteria

Primary Elements present, may be
manifested differently
• Concept Clarification
• Definitional Criteria: Probabilistic View
• Inherent Expectations
• Defining or Essential Features
  • Categories

Next Step
How does one measure Caring in Nursing?

How does one separate the “logos” or the concept from the things or behaviors that represent it [or the noun and gerund]?

Achieved by qualitative mathematical clarity
“Mathematical Transparency”

[ see through numbers or symbols to the concept behind] (Fisher)

Caring in Nursing Instrument
Total 194 items:
- Nurse items: personal self, professional self, with cognitive & emotion items
- Patient items: personal self, illness self, with cognitive & emotion items
Interaction items: based on stages of moral maturity, delineated as immature initial stage, middle maturing stage, and late maturing stage
- includes items of partnership and contract
Nurse Items & Patient Items:
6 category rating scale
Very Strongly Agree to Very Strongly Disagree

Interaction Items:
5 category rating scale
Very Early, Early, Later, Much Later & Not At All
[Early combined with Later, Much Later combined with Not At All]

Aim: consistently measure the abstract concept across different samples of the same population.
“Ordinal, nonlinear responses transformed into interval, linear measures”
Spaces between items are estimated from data informed by theory, & tested for invariance across samples of people measured

Do “all items work together to measure a single variable?” (Bond & Fox, 2001/2007)
Are raw scores merely described or counted?
Are raw scores ordinal or ratio/interval?
What about mathematical transparency?
RASCH (1960) 
Probabilistic Conjoint Measurement Model
Rigorously quantitative variables are “always and everywhere structured by the repetition of a single unit along a measurement continuum” * 
(Fisher, 1997)
Data fitting the model provide the same kind of objectivity as in “physical measurement” i.e. temperature [*controversial]

Next Step
Emerging Subscales:
The Caring Identity (44 items) 
Measurement Reliability .98
The Patient Focus (38 items) 
Measurement Reliability
The Professionalism Scale (11 items) 
Measurement Reliability
The Nursing Practice (28 items) 
Measurement Reliability

The Nurse-Patient Interaction [3 subscales]
Trusting Partnership (20 items) 
Measurement Reliability
Communicative Mutuality (10 items) 
Measurement Reliability
Responsibilities of Care (15 items) 
Measurement Reliability
Instrument Data Support Theory!
Next Steps

Over to William Fisher