Emotional support in palliative care nursing: a concept analysis

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(A thesis submitted in partial fulfilment of the requirements of The Robert Gordon University for the degree of Master of Science (By Research)

October 2010

ABSTRACT

This thesis reports a study that aimed to examine the use of the term emotional support within palliative care nursing. The term 'emotional support' appears frequently in the nursing literature, however, there is no clear definition of what it is and its application in nursing practice. Thus resulting in a vague and ambiguous term, raising concerns about the evidence underpinning such practice. Palliative care nurses are expected to enable patients, families and carers to cope with their situation by showing compassion and sensitivity. However, the lack of research evidence to clarify the meaning of the term emotional support in their work remains unclear, with little evidence available in the literature by way of attempts to clarify this confusion. This research study set out to address this gap in relation to palliative care nursing.

The methodological approach of concept analysis was adopted to help identify, clarify and define the characteristics of the term emotional support in palliative care nursing. The data was collected by means of a literature review, underpinned by a search strategy of relevant databases using key words. Data analysis followed the Walker and Avant (2005a) approach and the main findings showed eight defining attributes for the term emotional support in palliative care nursing. These were 'Feelings and Emotions', 'Communication', 'Understanding', 'Caring', 'Providing Information', 'Being There', 'Listening', and 'Support'. The defining attributes were then used to construct model, borderline, related and contrary cases to illustrate what emotional support is and what it is not. The thesis concludes that emotional support is an umbrella term which calls on a wide range of nursing skills, behaviours and actions resulting in a multidimensional approach. Further empirical research is needed to explore its multidimensional form and to inform evidence based palliative care nursing practice.

Key Words: *emotional support; palliative care nursing; concept analysis.*

DECLARATION

I, the undersigned, declare that this thesis has been constructed entirely by me, and that no material contained in the thesis has been used in any other submission for an academic award. All quotation marks and their sources are acknowledged.

Signed:

Date: 4th October 2010

ACKNOWLEDGMENTS

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**CHAPTER ONE: INTRODUCTON & BACKGROUND TO RESEARCH STUDY
AND PROBLEM TO BE INVESTIGATED.**

1.1   Introduction

This chapter introduces the reader to the purpose and subject matter of the
thesis, and explains why an analysis of the term 'emotional support' in palliative
care nursing is necessary.   A brief overview of palliative care is provided to
inform the reader about the context of the study and the main research question.
Clarification of the researcher's own personal position is presented with reference
to the selected research method of concept analysis for this project, and the
structure of the thesis.

1.2   Background to study

The World Health Organisation provided a definition for the term palliative care in
1989. It has since been updated and remains the most accepted and used
definition to date:

"Palliative care is an approach that improves the quality of life of patients and
their families facing the problem associated with life-threatening illness, through
the prevention and relief of suffering by means of early identification and
impeccable assessment and treatment of pain and other problems; physical,
psychosocial and spiritual" (World Health Organisation 2002, pg 6)

The provision of palliative care can occur in virtually any care setting as the
definition provided above demonstrates that any patient with a life-limiting illness
whether cancer related or not, should be able to access appropriate services
(Department of Health 2008; Scottish Government 2008b).   The term palliative
care is often applied when curative treatment options are no longer an option.
However, while these patients may then be facing the end stages of their illness it
does not necessarily mean they require end of life care as palliative care is
becoming more closely integrated with the acute care of people with a chronic
life-limiting illness (O'Connor and Aranda 2003). Therefore, in the context of this

study, the term palliative care nursing applies to any nurse who deals with patients, their families and carers with a life-limiting illness, whatever the care setting.

Palliative care nursing is delivered by a range of nurses, including trained and untrained, as well as generalist and specialist nurses in various settings which may include the patient's own home, a community hospital or a specialist unit. Subsequently, the nurses involved in delivering palliative care may have varying skills and abilities with differing levels of expertise which combine knowledge, skills and compassion that is sensitive, hopeful, meaningful and dynamic (Becker and Gamlin 2004).

The term 'emotional support' can be found in various sources of literature relating to palliative care nursing such as core textbooks, journal articles and policy documents. Although the term is used frequently, there would appear to be an assumption that nurses have an understanding of what it means and how it is applied in nursing practice. Despite the expectation of palliative care nurses to provide emotional support in the context of their work, there is a lack of understanding, clarity and meaning of what it is and is not.

This gap in palliative care nursing knowledge to underpin the practice of providing emotional support, calls for clarity of what constitutes emotional support in the context of palliative care delivery to patients, so that the identified needs of the patient and his or her family are effectively and holistically addressed. Furthermore, an examination of emotional support as a concept used in palliative care nursing is needed, in order to delineate its multi-dimensional elements, so that further theory development to underpin palliative nursing care provision and development is not impeded. Therefore, in order to add to the understanding of this concept, the researcher proposes an examination of the existing literature is required using a concept analysis approach.

1.3   Problem to be investigated

The term 'emotional support' appears to have evolved as a concept in nursing practice, with no clear definition of its use as a whole.   Rodgers and Knafl (1993) suggest that conceptual problems arise when there is vague terminology and ambiguity regarding the definitions of important concepts and inconsistencies among theories.   The impact of these conceptual problems in relation to emotional support results in a lack of understanding of what it is and who is able to provide it.

The value of emotional support remains difficult to determine, while confusion surrounds its meaning and application in practice.   The researcher recognises that the term emotional support may be applied across nursing practice in general. However, for the purposes of this study, the area of investigation will be limited to the use of the term emotional support in palliative care nursing, as this is the researcher's area of practice and expertise.   The main research question for this study is:

- What is the conceptual meaning of the term emotional support in palliative care nursing?

1.4   Researcher's perspective

My own career as a registered nurse began in 1989, gaining experience over the next few years working in a variety of surgical wards in acute hospital settings. Whilst working in these wards, I became involved in the nursing care of patients having surgery as a result of a cancer diagnosis.   This included dealing with patients facing a diverse range of issues such as a new diagnosis of cancer, undergoing curative or palliative surgery and facing treatment for recurrence of their disease.

The knowledge, skills and experience I gained during this time, resulted in successfully acquiring a senior nursing post within the local specialist palliative

care unit which provided me with an opportunity to work exclusively with patients, families and carers in this specialist setting. Although, this post provided vast learning opportunities to develop clinical skills and knowledge relating to palliative care, the managerial requirements of the role resulted in diminishing direct patient contact. Therefore, by obtaining a post as a Clinical Nurse Specialist in palliative care, I was then given the opportunity to restore the balance by managing a clinical caseload with other aspects of the role.

While working in the speciality of palliative care, I became increasingly aware of the use of the term emotional support to describe an element of nursing care. The role of Clinical Nurse Specialist involves supporting and working with nurses in primary and secondary care, all of whom frequently use the term emotional support. In fact, one of the highest reasons for patient referral to Macmillan Clinical Nurse Specialist teams (Corner et al. 2003; Skilbeck et al. 2002) is to request emotional support for patients, their families and carers. Data collated locally by our team of community Macmillan Clinical Nurse Specialists also supports these statistics (data available from 2005 to 2009).

Despite the frequent use of the term, when asking colleagues to describe their understanding of emotional support, they struggle to articulate what it means to them as nurses. Therefore, I began to question the use of the term emotional support in the field of palliative care nursing. When did the term originate? What does the term mean to nurses? What has the term emotional support come to represent in palliative care nursing? Consequently, these questions and my own experiences provided the rationale to take forward this subject for further enquiry.

1.5 Structure of thesis

This first chapter provides background information for the topic being examined and sets out the main research question which drives this enquiry. Following on from this, Chapter 2 considers the research methodology and discusses the selection of concept analysis as a suitable research method for this study.

Chapter 3 gives an account of how the selected research method was applied and the literature used to examine the use of the term emotional support and its application in palliative care nursing. Chapter 4 presents the research findings. Finally, Chapter 5 presents the discussion, study limitations, conclusion and recommendations as a result of undertaking this study. The timeline for undertaking this research study by the researcher is presented in appendix one.

CHAPTER 2: BACKGROUND TO RESEARCH METHODOLOGY AND SELECTED METHOD

2.1 Introduction

This chapter is divided into two parts. The first part gives an overview of the main research paradigms used in nursing research. The second part presents background development and description of the selected research methodology of concept analysis. This includes discussion regarding its relevance to the present study and the historical origins and philosophical assumptions of concept analysis, including theory development in nursing. The three main concept analysis approaches are illustrated and a justification is provided for selecting the Walker and Avant (2005a) concept analysis approach for this project.

Part 1 Background to Research Methodology

2.2 Research paradigms

Paradigms relate to the beliefs and values that a particular research community shares about the types of phenomena which can or cannot be researched and the relevant methodologies selected (Parahoo 1999). This implies that paradigms provide the philosophical, theoretical, instrumental and methodological basis for doing research. Within the research process, the researcher's beliefs influence the way he or she approaches the research design, collects and analyses data, and how the results are presented. In light of this, it is important that the researcher has an understanding of the philosophy of the chosen research paradigm for his or her study. There are two major philosophical perspectives which attempt to demonstrate in a systematic manner how best to create scientific knowledge.

According to Cormack (2000) the essential nature of research lies in its intent to create new knowledge through a process of systematic enquiry governed by scientific principles. These principles are often described as a basic set of beliefs which help to guide the individual researcher to embrace either a quantitative,

qualitative or mixed methods approach in their research (Creswell 2009). There are fundamental differences between quantitative and qualitative approaches that can be found in the philosophical assumptions which underpin each approach.

Although, the term paradigm is used here as an umbrella term to describe the beliefs and assumptions of each research approach, other authors may use different terminology. For example, Creswell (2009) uses the term worldview rather than paradigm. Despite the differences that exist in the philosophical underpinnings of these research approaches, quantitative approaches are not superior to qualitative approaches and vice versa, the issue lies with the topic to be studied and the aim and objectives of the study. According to Cormack (2000) the principle is to find the methodology that provides the 'best fit' for the study.

2.3 Quantitative approach

The quantitative approach is based within what is described as a positivist paradigm. Positivism is rooted in a traditional scientific approach where researchers believed that the controlled testing of variables and cause-and-effect relationships could be determined and the truth established (Moule and Goodman 2009). Within this paradigm, there is a fundamental assumption that there is a reality out there that can be studied and known; as nature is ordered and not haphazard or random (Polit, Beck and Hungler 2001).

Creswell (2009) suggests the positivist paradigm has a deterministic philosophy as problems are studied to reflect the need to identify and assess the causes that influence outcomes, as well as having a reductionistic philosophy, where the intent is to reduce the ideas into a small, discrete set of ideas to test. This is demonstrated through deductive reasoning which is used in quantitative research to deduce how the theory works and identify causal relationships through controlled testing or experimentation (Moule and Goodman 2009).

2.4 Qualitative approach

Qualitative research was developed as an alternative research approach for conducting disciplined enquiry. This research approach is used to explore questions around life experiences, beliefs, motivations, actions and perceptions of patients and staff with the aim of supporting interpretation and understanding of human experience (Moule and Goodman 2009). This contrasts with quantitative research approaches where the inquiry is driven by a more fixed design and testing of hypotheses.

Qualitative research is considered to fall within what is described as a naturalistic paradigm which takes the position of relativism; believing that if there are always multiple interpretations of reality that exist in peoples' minds, then there is no process by which the ultimate truth or falsity of the constructions can be determined (Polit, Beck and Hungler 2001). This is demonstrated by the use of inductive reasoning, a process of starting with the observations and details of an experience, and our observations of something, that are used to develop a general understanding of phenomena (Moule and Goodman 2009).

However, it should be noted that inductive reasoning is not unique to qualitative research and may also be used in quantitative research when the aim is to develop concepts and themes. Within the qualitative approach there are many differing methods which exist. The three main methods used are grounded theory, ethnography and phenomenology. A brief description of each is summarised here.

Grounded theory is a strategy of inquiry in which the researcher studies an intact cultural group in a natural setting over a prolonged period of time by collecting, primarily, observational and interview data which leads to the generation of theory (Creswell 2009). Ethnography is an approach which is used to describe and interpret how the behaviour of people is influenced by the culture they live in; this would be seen as part of an inductive approach, where specific observations

and details of an experience are used to develop a general understanding of phenomena (Moule and Goodman 2009). Phenomenology can refer to a research method, a philosophy and an approach which attempts to understand human behaviour by describing and interpreting human experience within the context of that experience and that meaning and truth can be drawn from people's lived experiences (Moule and Goodman 2009).

Both quantitative and qualitative research approaches have their own strengths and limitations in doing research which has resulted in opposing views. It is often the philosophical views and beliefs of the researcher which guides the selection of the research approach. More recently, there is recognition of the need to use a range of approaches to address the questions of nursing research (Moule and Goodman 2009). The incorporation of both quantitative and qualitative approaches is referred to as a mixed method approach.

The table overleaf provides a summary of the main philosophical assumptions which underpin each research paradigm:

PHILOSOPHICAL QUESTION	Positivist Paradigm Assumptions	Naturalistic Paradigm Assumptions
ONTOLOGIC *(What is the nature of reality?)*	Reality exists; there is a real world driven by real natural causes.	Reality is multiple and subjective; mentally constructed by individuals
EPISTEMOLOGIC *(How is the inquirer related to those being researched?)*	Inquirer is independent from those being researched; the findings are not influenced by the researcher.	The inquirer interacts with those being researched; findings are the creation of the interactive process.
AXOILOGIC *(What is the role of values in the inquiry?)*	Values and biases are to be held in check; objectivity is sought.	Subjectivity and values are inevitable and desirable.
METHODOLOGIC *(How is knowledge obtained?)*	Deductive processes Emphasis on discrete specific concepts Verification of researchers hunches Fixed design Tight controls over context Emphasis on measured, quantitative information; statistical analysis Seeks generalisations	Inductive process Emphasis on entirety of some phenomenon, holistic Emerging interpretations grounded in participants' experiences Flexible design Context bound Emphasis on narrative information; qualitative analysis Seeks patterns

Table 1: *Major Assumptions of the Positivist and Naturalistic Paradigms* (Polit, Beck and Hungler, 2001, Chapter 1, p13)

The research approaches presented so far, although useful would not help in achieving the purpose of the present study. Kettles and Woods (2006) argue that a concept analysis approach fits with the naturalistic paradigm, while others suggest some concept analysis approaches, including the Walker and Avant approach, fit with the positivist paradigm (Morse et al. 1996; Beckwith, Dickinson

and Kendall 2008). The researcher acknowledges that the paradigmatic assumptions and epistemological position of concept analysis is not always clear and that further work is required to add credibility to this research approach (Cutliffe and McKenna 2005). Nonetheless, concept analysis as a method of enquiry is capable of contributing to increasing the body of knowledge, which is important for professional groups, in order to understand their own vocabulary (Baldwin and Rose 2009).

The Walker and Avant (2005a) concept analysis approach helps in the identification, clarification and meaning of words and requires the same skills and level of rigour as any other research method (Baldwin and Rose 2009).

2.5 Personal position

The researcher acknowledges that the discussion so far has been regarding fairly stereotypical descriptions of research paradigms. As a novice researcher with limited knowledge and experience of nursing research, this appeared to be the most logical place to start in order to understand the world of research and to form a baseline of understanding to build upon. While being aware of this and research paradigms or worldviews, the naturalistic paradigm corresponds at this time most closely with the researcher's own values and beliefs, taking into account previous experience and encounters with research projects. The researcher believes that the research approach selected for individual projects should adhere to a 'best fit' model in order to enable the research question to be answered.

Watson et al. (2008) suggest that the research question ultimately chooses the design or approach to be used as it becomes obvious during the initial planning stages. Therefore, the researcher should avoid being biased towards the research approach to be used until the research question and goals are clear. Watson et al. (2008) imply this process may be simpler for a novice researcher,

as experienced researchers tend to phrase their research questions to favour their preferred method and area of expertise.

2.6 Theory development

The area of interest for this research project relates to the term emotional support and how it is used in nursing practice and theory within palliative care nursing. Theory is a systematic explanation of an event in which constructs and concepts are identified and relationships are proposed or predictions made (Morse and Field 1996). Walker and Avant (2005a) suggest that interest in theory development emerged for two reasons. First, by developing nursing's distinct body of knowledge, this would help to establish nursing as a profession. Second, theory may help nurses grow and enrich their understanding of what practice is and what it can be. The first evidence of academic endeavours aimed towards formalised concept analysis in nursing was from the seminal work of Dickoff and James (1968) on theory construction. It is believed this influenced subsequent nursing theorists and the ways in which these epistemologists thought about the development of nursing theory. This propelled the development of nursing's theory base in the remainder of the 20th century and resulted in four levels of theory development which are summarised here:

- **Metatheory -** focused on philosophical and methodological questions related to the development of a theory base for nursing. For example, analysing the purpose and level of theory needed in nursing.

- **Grand Level Theory** - consisted of global conceptual frameworks defining broad perspectives for practice and ways of looking at nursing phenomena based on these perspectives.

- **Middle Range Theory** - emerged to fill the gaps between grand nursing theory and nursing practice theory by providing the specificity needed for usefulness in research and practice. For example, by describing a particular phenomenon.

- **Practice Theory -** developed from nursing metatheory as a distinct type of theory for nursing as a practice discipline. The essence of practice theory was a desired goal and prescriptions for action to achieve that goal.

Although, these four levels of theory development in nursing are represented as separate entities, the diagram below demonstrates how each level influences and links with the other:

METATHEORY LEVEL

Clarifies   *Provides material*

for

GRAND THEORY LEVEL

Guides   *Refines*

MIDDLE-RANGE THEORY LEVEL

Directs   *Tests in practice*

PRACTICE THEORY LEVEL
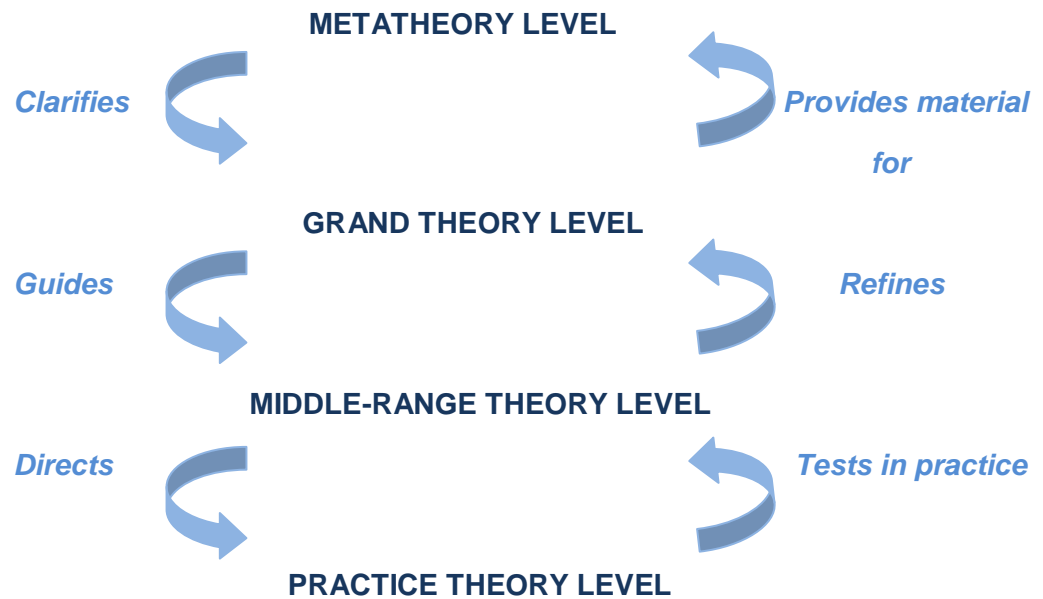
Diagram 1: Linkage among levels of theory development (Walker and Avant 2005a)

There are several other models of theory development which exist.   For example, Fawcett (1993) uses a model which sets out what she describes as the "components of contemporary nursing knowledge", namely, meta-paradigms, conceptual models, theories and empirical indicators. In recent years, both grand theory level and conceptual models have been criticised for difficulties with regards to theory testing and considered by some as being of limited use in nursing and somewhat out of vogue (Walker and Avant 2005a; Beckwith, Dickinson and Kendall 2008). The present research purpose is not on testing hypothesis of emotional support as a concept, but on gaining clarification and understanding of this term in palliative care nursing. It is the limitations of the quantitative approach that led the researcher to look at other research paradigms.   Concept analysis is relevant to the present study in order to help guide and refine theory development at the middle range theory level (Walker and Avant 2005a).

Part 2 – Selected Research Methodology

2.7 Origins and historical background to concept development

The work of prominent philosophers, Descartes, Locke and Kant brought attention to the importance of concepts concerning knowledge in general. This included various ways in which concepts were acquired, the suggestion that vague or ambiguous concepts impeded the development of knowledge, and the variety of types of levels of concepts that existed (Rodgers and Knafl 1993). Therefore, historically the popular view of concepts and concept analysis has been based on a philosophical position known as essentialism (Rodgers and Knafl 1993). Essentialism is considered an existential philosophical position concerning what it means to be a human being and is also closely related to another significant philosophical stance - naturalism (Daly, Speedy, Jackson and Derbyshire 2002).

Rodgers and Knafl (1993) suggest that the philosophical discussion of concepts has presented views which oppose this and concepts are now considered as dynamic rather than static; "fuzzy" rather than finite; context dependent rather than universal; and as possessing some pragmatic utility rather than an inherent "truth". This point of view is compatible with the belief that concept development is an ongoing process which requires to be refined again and again as there is often no precise beginning and end point (Rodgers and Knafl 1993; Morse et al. 1996; Walker and Avant 2005a). These factors have subsequently influenced the concept analysis models which are in use today.

Concept analysis is considered a relatively new research approach, method or process and is not an approach which is universally accepted (Cutliffe and McKenna 2005). One of the first approaches to be used was developed in the 1960's by a teacher for his high school pupils as a methodological guideline for analysing concepts (Hupcey et al. 1996). Beckwith, Dickinson and Kendall (2008) argue that several concept analysis frameworks have been derived from

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the work of one author, namely Wilson (cited in Walker and Avant 2005a) who has been highly influential. Examples include concept analysis approaches by Chinn and Kramer (1991) and Walker and Avant (2005a). Recently, there has been a shift away from Wilsonian methods and other approaches (Rodgers 1989; Morse et al. 1996a) to concept analysis have evolved. Three examples of concept analysis approaches are discussed later in this chapter.

2.8 Definition of concept analysis

The term concept analysis refers to the process of unfolding, exploring and understanding concepts for the purposes of concept development, delineation, comparison, clarification, correction, identification, refinement and validation (Rodgers and Knafl 1993; Morse et al. 1996; Walker and Avant 2005a; Kettles and Woods 2006). The goal of concept analysis is to help identify the shared meanings of concepts, which are imaginative and have both logical and psychological dimensions (Mountain and Turner 2007). It is therefore understandable that nursing has embraced and utilised a range of concept analysis approaches to extend nurses understanding of concepts such as hope (Castledine 2000), caring (Brilowski and Wendler 2005) and comfort (Lowe and Cutliffe 2005).

Various authors, such as, Chinn and Kramer (1995), Morse et al. (1996a) and Penrod and Hupcey (2005) have developed a number of concept analysis models each using their own distinct approach, methods and techniques. Kettles and Woods (2006) describe concept analysis as a qualitative research approach, which is used as a method of defining a concept, which may be laden with assumptions and where a demonstration is needed of how the concept is applied to the clinical setting.

The approach and methods used vary depending upon the author and their own beliefs. The view of Morse et al. (1996a) suggest that concept analysis

techniques may be used to evaluate the level of maturity or the level of development of concepts in nursing in order to :

- identify gaps in nursing knowledge

- determine the need to refine or clarify a concept when the concept appears 'sloppy' or appears to have multiple meanings

- evaluate the adequacy of competing concepts in their relations to phenomena

- examine congruence between the definition of the concept and the way it has been operationalised

- ascertain the fit between the definition of the concept and its clinical application.

This differs from Walker and Avant (2005a) view, indicating that concept analysis is ultimately only a careful examination and description of a word or term and its uses in the language, coupled with an explanation of how it is "like" and "not like" other related words or terms. Despite criticism from various authors (Paley 1996; Beckwith, Dickinson and Kendall 2008; Risjord 2008), there appears to be general agreement that concept analysis can be useful in refining ambiguous concepts in a theory (Rodgers and Knafl 1993; Walker and Avant 2005a; Baldwin and Rose 2009). Therefore, a common aim is to provide a precise operational definition that will accurately reflect its theoretical base.

2.9 Concept analysis approaches:

There are a number of formal 'academic' approaches to concept analysis and these are still considered to be relatively young, consequently, additional methodological development is necessary (Cutliffe and McKenna 2005). However, when it comes to categorising these approaches there are divergent views regard which methods or approaches are considered to be based on a quantitative or qualitative approach (Morse et al. 1996; Cutliffe and McKenna

2005). For the purposes of understanding the selected research method, three concept analysis approaches by the following authors are discussed Rodgers (1989), Morse et al. (1996), and Walker and Avant (2005a).

2.9.1 Rodger's evolutionary concept analysis model

Rodgers (1989) asserts that researchers had not fully operationalised the implications of contemporary philosophical positions in actual methods analysis, as an adherence to essentialism had compromised the significance and utility of attempts to clarify and develop concepts in nursing. The concept analysis approach proposed by Rodgers (1989) is known as the 'evolutionary view' and does not focus on being reductionist or have rigid boundaries (Rodgers and Knafl 1993). This approach to concept analysis involves the process of abstraction, clustering and association of the concepts with a word or means of expression, while also taking into account the social context in which the person interacts. The 'evolutionary view' by Rodgers (1989), is part of a process of concept development where there is a dynamic cycle with three distinct influences: that of significance, use and application (Cutliffe and McKenna 2005).

Lyth (2000) employed this approach for a concept analysis of clinical supervision. The literature review resulted in five main areas (clusters) which related to the use of clinical supervision in nursing. He went on to discuss the attributes of the concept which were the apparent benefits of clinical supervision and acknowledged that each benefit required further research to support this. When considering the antecedents, he suggests three main areas which were necessary for the effective implementation of clinical supervision and expands further on each of these areas within the paper. The consequences relate to the alleged benefits which clinical supervision may bring, although Lyth (2000) recognises that these benefits have yet to be demonstrated clearly. A model case is presented to demonstrate the requirements for an effective clinical supervision relationship.

In conclusion, Lyth (2000) provides a definition for clinical supervision as a result of his concept analysis but acknowledges the difficulties of clarifying a vague, ambiguous concept and relates this mainly to the use of clinical supervision in a variety of practice settings.

The terminology used in this approach is similar to that of Walker and Avant's (2005a) concept analysis approach, as both are derived from the work of Wilson (cited in Walker and Avant 2005a). Lyth's (2000) paper gives the reader a broad overview of how the concept of clinical supervision is used, along with its application in practice and its potential benefits. The aims of the concept analysis are clearly set out by the author but seem quite ambitious and are dependent upon clarification being achieved. This is incongruent with Rodger's (1989) view that aiming for a high level of clarity may be unnecessary as it is accepted that many concepts adapt and change over time. Nonetheless, Lyth (2000), states that he hopes the paper will stimulate further study and discussion around the concept of clinical supervision.

Rodgers (1989) 'evolutionary view' approach to concept analysis is criticised for not being clear regarding the process to identify the defining attributes of the concept (Paley 1996; Beckwith, Dickinson and Kendall 2008; Risjord 2008). While praising the approach for the use of qualitative methods, Hupcey et al. (1996) question the value of obtaining a 'cross-sectional' view when it is generally accepted that concepts are constantly changing. Morse (cited in Cutliffe and McKenna 2005) also argues that Rodgers approach is empirical in origin, uses reductionism to detect constituents of the concept, simplifies the complexity of the concept analysis and produces insignificant results.

2.9.2 Morse et al - Principle based concept analysis approach

The work of Morse et al. (1996) has been influential regarding concept analysis and its role within concept development. Morse et al. (1996a p.255) developed the principle-based concept analysis approach based on the belief that concept

analysis is "a process of inquiry which explores concepts for their level of development or maturity as revealed by their internal structure, use, representativeness, and/or relations to other concepts". An essential aspect of this approach relates to the level of maturity or level of development of a concept. The six step approach used by Morse et al. (1996) differs from other approaches in that it does not promote a linear process and encourages revisiting steps to ensure the analysis is rigorous. A comprehensive review of the literature is the first phase, followed by strategies to undertake concept development, concept delineation, concept comparison, concept clarification, concept correction and concept identification. The strategies employed are dependent upon what is found in the literature but also involves using qualitative data from real life incidents, events and incidents in an inductive manner (Cutliffe and McKenna 2005).

Morse et al. (1996) believe there are four overlapping philosophical principles which should guide concept analysis. These are summarised as follows:

- **Epistemological principle**: Concepts should be clear and distinct, that is, clearly defined and well differentiated from other concepts.

- **Logical Principle**: Concepts should be coherently and systematically related to other concepts.

- **Pragmatic Principle**: Concepts should be applicable to the world or operationalised.

- **Linguistic Principle**: Concepts should be appropriate to their use in context.

A paper by Penrod and Hupcey (2005) sets out this approach in more detail and proposes that this method is superior in providing evidence to support subsequent inquiry into the concept of interest. Nonetheless, Cutliffe and McKenna (2005) argue that a lack of consensus regarding a concept is not necessarily an indication of immaturity, as maturity may never be achieved.

Despite the differences in beliefs and methods underpinning the range of concept analysis approaches discussed here, there are areas of agreement in relation to concept analysis approaches as a whole. It is generally accepted that concepts will change over time and that completion of a concept analysis project rarely produces a 'finished product' (Rodgers and Knafl 1993; Morse et al. 1996; Cutliffe and McKenna 2005; Walker and Avant 2005a)

2.9.3 Walker and Avant concept analysis approach

While the previous two methods are applicable, the researcher has selected the Walker and Avant (2005a) concept analysis approach for this project, as its original purpose to aid beginners to understand and master concept analysis as a research approach is fitting from the researcher's perspective of being a novice. The prevalent use of this approach remains obvious within the nursing literature and while being aware of the criticisms as discussed earlier, the researcher believes this approach will help to advance our understanding of how the term 'emotional support' is used in palliative care nursing.

The concept analysis approach by Walker and Avant (2005a) first presented in the 1990's is deemed suitable for enabling the term emotional support to be analysed. This approach is a literature based review that uses an eight step method which is a modified and simplified version of the classic concept analysis approach developed by Wilson (cited in Walker and Avant 2005a). Walker and Avant (2005a) strategies for theory construction are based upon the elements of theorising (concepts, statements and theories) and basic approaches to theory construction (synthesis, derivation and analysis). The combination of these elements and approaches has resulted in nine distinct strategies for theory development with concept analysis being one of these strategies.

Walker and Avant (2005a) maintain that the purpose of concept analysis is to examine the structure and function of a concept through a formal linguistic exercise, that is achieved by examining and describing a word or term and how it

is used, along with an explanation of how it relates to other words or terms, including actual and possible uses. They suggest that concept analysis has various advantages including the provision of theoretical and operational definitions for use in theory and research, as well as clarifying those terms in nursing that have become catchphrases and subsequently lost their meaning.

Within the nursing literature, there is evidence this method has been applied extensively by researchers because of its linear approach and simplicity (Baldwin and Rose 2009). However, the use of this approach by novice researchers is considered problematic as their lack of knowledge and experience often results in the selected concepts yielding little in the way of new information (Morse et al. 1996). Furthermore, Hupcey et al. (1996) also argue that the extensive use of this approach has resulted in the failure to communicate the essential intellectual work of concept analysis, and as a consequence the validity of the method is questioned.

Paley (1996) states that attempting to clarify concepts is a vacuous and arbitrary exercise as many terms in nursing are vague and ambiguous, arguing that the approach proposed by Walker and Avant (2005a) often results in researchers misunderstanding the relationship between concept and theory, as the approach is based upon untenable assumptions. However, Baldwin and Rose (2009) argue that concept analysis can provide clarity for practice development as policy changes, by helping with theory development and testing, as well as contributing to professional knowledge and practice development.

Walker and Avant (2005b) acknowledge the general criticisms levelled at their approach to concept analysis and report that it was never their intention to subscribe to the tenets of positivism or to be reductionist, and argue that in order to overcome some of these criticisms, researcher's should ask themselves the following questions before using this approach:

- Will a concept analysis of this concept contribute to my personal understanding of nursing phenomena in which I am deeply interested?

- Will a concept analysis of this concept advance the understanding of a phenomenon embraced by the discipline of nursing and will its clarification ultimately enrich nursing practice?

In addition, Walker and Avant (2005b) suggest that it is the responsibility of the reviewers' and editors' receiving manuscripts containing the application of their concept analysis approach to consider their value and contribution to nursing theory before publication. An outline of the stages of Walker and Avant (2005a) method of concept analysis is presented:

1. Select a concept of interest

2. Determine the aim(s)

3. Identify all uses of the concept *(implicit/explicit)* which in turn requires an extensive literature review

4. Determine the defining critical attributes *(e.g. what characteristics demonstrate the concept)*

5. Construct a model case

6. Construct additional cases

7. Identify antecedents and consequences *(antecedents are those events or incidents that must be present for the concept to happen and consequences are the outcomes arising from the concept being present)*

8. Define empirical referents *(how the concept can be observed and measured)*

2.10 Relevance of concept analysis to the study

Walker and Avant (2005a) concept analysis approach is deemed suitable for examining the research question as it enables the epistemological and ontological directions for doing research, in providing specific ways in which to

engage with the research process that forms the beliefs and assumptions of concept analysis as a research method. Concept analysis has been acknowledged as being relevant to nursing research (Morse et al 1996, Kettles and Woods 2006) and has relevance to the present study. The intention of the researcher is to enable clarification, understanding and meaning of the use of the term emotional support in palliative care nursing.

Therefore, the researcher believes that concept analysis offers a useful pathway to accomplish the purpose of the present study. This approach is adopted to enable the aim and objectives of the research study to be achieved in line with Burns and Grove (1997) and Cormack (2000) assertion, that, the adopted approach for studying any topic is influenced by the research question, issues to be explored, and that the methodology selected should be one that provides the 'best fit' for studying the particular topic in question.

In adopting Walker and Avant's (2005a) concept analysis approach this implies that the present study seeks to explore the use of the term emotional support in order to give clarification to its attributes, antecedents, consequences and usage in palliative nursing care. Walker and Avant (2005a) assert that language is used as a means of expressing a concept by using terms or words to describe it. The word term is defined when used as a noun as "a word or phrase used to describe a thing or to express an idea" (Compact Oxford Dictionary and Thesaurus 2006 p946).

In contrast, the definition for the word concept when used as a noun is "an abstract idea" (Compact Oxford Dictionary and Thesaurus 2006 p178). When considering the use of the word concept in relation to nursing theory development, a concept is described as "a mental image of a phenomenon, an idea, or construct in the mind about a thing or an action" (Walker and Avant 2005a p26). For the purposes of this research study, the researcher has

selected to refer to emotional support as term rather than a concept until the findings from the concept analysis are analysed.

Nurses' experience in working in palliative care nursing and their use of the term 'emotional support' needs to be studied with appropriate research methods or approaches. The researcher asserts that the value of concept analysis in palliative care nursing relates to its ability to enable nurses working with palliative care patients to have clarification and understanding of the meaning and use of emotional support as a concept in their work.

Concept analysis has been used successfully to gain clarification, understanding and meaning of concepts in nursing such as, presence (Hessel 2009), knowing (Bonis 2009), emotional labour (Huynh, Alderson and Thompson 2008), and caring (Brilowski and Wendler 2005). These studies have contributed to our understanding, clarification and meaning behind such concepts, and have significantly informed nursing practice. The researcher's interest in adopting concept analysis for this study comes from her conviction of the need for nurses working in palliative care nursing to have clarification, and a better understanding of the use of the term emotional support in their day-to-day work with patients, their families and carers.

2.11 Summary

This chapter has provided an overview of the identified underpinning assumptions and beliefs of Walker and Avant's (2005a) concept analysis approach as a research methodology. While the philosophical assumptions of this approach are not made clear, Walker and Avant (2005a) propose that their work on theory construction is based on producing theory at the middle-range theory level (see diagram 1). Justification for adopting the selected method and its relevance to this study is posited. The researcher has asserted that the philosophical assumptions of concept analysis fit with the present study purpose

to examine the term emotional support, what it is, its antecedents, attributes, characteristics and consequences. Such insight into what the term emotional support means can help to advance our knowledge base for palliative care nursing practice.

CHAPTER 3: RESEARCH DESIGN

3.1 Introduction

This chapter gives an account of the application of the Walker and Avant (2005a) concept analysis approach utilised, the means of data collection and analysis of the concept of emotional support, approaches taken to ensure ethical and methodological rigour of trustworthiness of the study are presented. The findings of the study are presented in Chapter 4.

3.2 Research aim, objectives and question

The aim of this study was to examine emotional support as a concept within palliative care nursing.

The objectives were:

- To examine the use of the term emotional support in palliative care nursing by literature review.
- To delineate and clarify the term emotional support, its definitions, uses, antecedents, defining attributes, consequences and meaning.
- To draw on existing theory and the use of concept analysis to construct a definition of the term emotional support.
- To heighten awareness and give meaning to the conceptual understanding of what emotional support represents and its application in palliative care nursing.

3.3 Method

This study focused on the clarification and delineation of the term emotional support. Therefore, the selection of an appropriate research method is necessary in order to achieve the aim and objectives of the study. Within the qualitative research tradition, concept analysis is an approach, which is described by Kettles and Woods (2006) as a method of defining a concept, which may be

laden with assumptions and where a demonstration is needed of how the concept is applied to the clinical setting. Several concept analysis approaches are available, however in order to achieve the aim and objectives of this research project, the author has selected the Walker and Avant (2005a) approach for concept analysis.

This approach was adopted to help identify, clarify and define the characteristics of the term emotional support in palliative care nursing. The Walker and Avant (2005a) concept analysis approach is a simplified version of the classic concept analysis procedure designed by Wilson (cited in Walker and Avant 2005a). The approach has been praised for its easy, straightforward approach, which is helpful for novices to concept analysis. The researcher's decision to use concept analysis is influenced primarily by the lack of clarity of what emotional support is and what it is not, as well as considering the strengths and limitations of other concept approaches. The relevance of concept analysis for this study lies in facilitating a better understanding of the meaning, the attributes, the consequences and the antecedents of the term emotional support and when it is used in palliative care nursing practice.

3.4 Search strategy for literature

The initial stages of this research study included a scoping exercise in published material relating to palliative care nursing to ascertain what was available. Following selection of the chosen research method, the first step in undertaking a concept analysis requires the researcher to identify data bases to search and undertake a systematic review of literature on the chosen topic. A series of searches of databases (CINAHL, PSYCHINFO, and MEDLINE) was undertaken. The key words used were 'emotional support', 'nursing' and 'palliative' with the use of 'AND' between the key words. This yielded the following results for each key term (1) Nursing – 272 629 hits (2) Palliative – 36 202 hits (3) Emotional Support - 5073 hits and then (4) Key terms combined - 52 hits.

To help identify relevant articles, all available titles including abstracts were reviewed. Literature that specifically makes use of the term emotional support was deemed to be relevant. In order to maximise the opportunity for gaining a global perspective, the inclusion criteria were set to accept;

(a) Available sources of published literature that could be accessed, in order to achieve a broader view on the use of the term emotional support,

(b) Only papers published in the English language from various countries to give a global perspective,

(c) No set time limit in order to explore the development of the term over time, and a clear use of the term,

(d) Only pertaining to adults.

Papers were excluded in the analysis if the abstract and title do not contain the words 'emotional support'. The rationale for excluding these papers relates to the fact that if such papers lacked the term emotional support in the abstract or title then no further information on the term emotional support, its definition and how it is practised was likely to be discovered from these papers. Additional searches were also undertaken in book chapters and articles in so far as the contents relate to the term emotional support in palliative care nursing.

Further searches were undertaken for the term 'emotional support' in various online resources including Merriam-Webster's online dictionary, Roget's Thesaurus, the Oxford compact dictionary and www.wikipedia.com but yielded no results. In order to gain some insight, the terms emotional and support were then also examined separately in the same online resources.

The various databases and the related sources searched yielded thirty four results (see Table 2 pg 31 - 34). Of these, twenty one were research studies, two were literature reviews and five were clinical reviews which considered or

included the term emotional support. The remaining results were from books (four) and websites (two) relating to palliative care and using the term emotional support. No published reports of a concept analysis on emotional support could be located.

There appears to be a tacit acknowledgment of what emotional support is, as frequently there is no definition or explanation provided for the term. Despite the fact that the term emotional support is prevalent in palliative care nursing literature, there still appears to be uncertainty surrounding the term. The results were considered further based on their quality using a guide for critically appraising research articles (Carlson, Kruse and Rouse 1999).

3.5 Additional search strategy

In addition to the information above, the researcher employed an additional search strategy, to further enhance understanding of the term emotional support. This involved facilitating sessions with (1) a multi-disciplinary group from primary and secondary care and (2) a group of clinical nurse specialists from primary and secondary care. The aim of each session was to gather information from participants regarding their views on the use of the term emotional support in their practice. The findings from these sessions are discussed in Chapter 4.

3.6 Analysis of literature / data collected

In using the Walker and Avant (2005a) concept analysis approach, the purpose of data analysis is to help identify as many uses of the term, its meaning, antecedents, attributes and consequences. The construction of model and other cases also help to set the term apart from what it is not. The literature collected was analysed according to the concept analysis approach of Walker and Avant (2005a). The analysis was done with the use of Microsoft computer software to enable the management of collected data. Each of the searches of the available literature were printed off and retained for comparison. From the beginning of the

research study, the software package RefWorks was used to store references, thus providing a record of all material accessed and sourced for the study.

To analyse and record the entire material sourced specific to the concept analysis, a spreadsheet was devised using Microsoft Excel. All sources of material recorded were assigned a unique identification number on the excel spreadsheet as well as separate identification number from the RefWorks software programme.

The spreadsheet was also used to record how the concept was used within the literature sourced, which supports step 3 of the Walker and Avant (2005a) concept analysis approach. This included recording information in relation to the term emotional support, such as, if a definition was provided and in what context the term was used. This information provided the basis for the first steps used in the method concept analysis. The collected data were coded onto the computer with a colour coded index to help identify the 22 research papers, 2 literature review papers, 5 clinical review papers, 1 case study, 4 book chapters and 2 internet site sources (see Table 2 overleaf).

Each paper included in the analysis was read individually in order to gain a feel of its perspective on the concept of emotional support. This process was applied to all literature to determine the definitions, antecedents, attributes, consequences, related concepts and surrogate terms which were identified and coded. Following this, themes emerged from the analysis to help categorise the use of the term emotional support. This whole process of reading and analysing the contents of the literature collected and how the concept of emotional support is used and the categorisation of it into relevant themes was a repetitive and iterative act.

Table 2: *Summary of Literature Reviewed*

Author(s)	Category	Source	Title
Pearlmutter, D.	*Research Study*	*Journal*	Emotional Support Is ... A descriptive survey
Lowden, B.	*Research Study*	*Journal*	Introducing palliative care: health professionals' perceptions
Papadimitriou, M., Argyrou, E., and Paleogianni, V.	*Research Study*	*Journal*	Emotional support of cancer patients: The nursing approach
Forbes, S., Bern-Klug, M., and Gessert, C.	*Research Study*	*Journal*	End-of-Life Decision Making for Nursing Home Residents with Dementia
Teno, J.	*Research Study*	*Journal*	Patient-Focused, Family Centered End-of-Life Medical Care
Katz,J., Sidell, M., and Komaromy, C.	*Research Study*	*Journal*	Dying in long-term facilities: Support needs of other residents, relatives and staff
Wenrich, M et al.	*Research Study*	*Journal*	Dying Patients' Need for Emotional Support and Personalized Care from Physicians: Perspectives of Patients with Terminal Illness, Families and Health Care Providers
Kuppelomaki, M.	*Research Study*	*Journal*	Emotional support for dying patients -the nurses' perspective
Krause, N.	*Research Study*	*Journal*	Lifetime Trauma, Emotional Support, and Life Satisfactions Among Older Adults
Finfgeld-Connett, D.	*Research Study*	*Journal*	Clarification of Social Support
Kennedy, C.	*Research Study*	*Journal*	District nursing support for patients with cancer requiring palliative care

Chapple, A., Ziebland, S., and McPherson, A.	***Research Study***	***Journal***	The specialist palliative care nurse: A qualitative study of the patients' perspective
Eriksson, E., Arve, S., and Lauri, S.	***Research Study***	***Journal***	Informational and emotional support received by relatives before and after the cancer patient's death
Barnes, S et al.	***Research Study***	***Journal***	Characteristics and views of family carers of older people with heart failure
Johnston, Band Smith, L.	***Research Study***	***Journal***	Nurses' and patient's perceptions of expert palliative care
Teno, J et al.	***Research Study***	***Journal***	Association Between Advance Directives and Quality of End-of-Life Care: A National Study
Wong, M; Chang, S.	***Research Study***	***Journal***	The experiences of Chinese family members of terminally ill patients - a qualitative study
Casarett, D et al.	***Research Study***	***Journal***	Do Palliative Consultations Improve Patient Outcomes?
Spears, J.	***Research Study***	***Journal***	Emotional Support given by ward-based nurses to sarcoma patients
Rhodes, R et al.	***Research Study***	***Journal***	Bereaved Family Members' Evaluation of Hospice Care: What Factors Influence Overall Satisfaction with Services?
Okamoto, K; Harasawa, Y.	***Research Study***	***Journal***	Emotional Support from family members and subjective health in caregivers of the frail elderly at home in Japan

Author(s)	Category	Source	Title
Gardner, K.	*Literature Review*	*Journal*	Supportive Nursing: A Critical Review of the Literature
Skilbeck, J; Payne, S.	*Literature Review*	*Journal*	Emotional support and the role of Clinical Nurse Specialists in palliative care

Author(s)	Category	Source	Title
Cain, J., Hood-Barnes, J., and Spangler, J.	*Clinical Review*	*Journal*	Myelodysplastic Syndromes: A review for Nurses
Feocco, C.	*Clinical Review*	*Journal*	The Use of Expandable Metallic Stents in Patients with Esophageal Cancer: A Case Report
MacMahon, D.	*Clinical Review*	*Journal*	Parkinson's disease nurse specialists: An important role in disease management
Green, A.	*Clinical Review*	*Journal*	A Person-Centered Approach to Palliative Care Nursing
Anderson, J.	*Clinical Review*	*Journal*	The Impact of Using Nursing Presence in a Community Heart Failure Program

Author(s)	Category	Source	Title
Lloyd-Williams, M.	*Chapter*	*Book*	Psychosocial issues in palliative care
Payne, S., Seymour, J., and Ingleton, C. (Eds)	*Chapter*	*Book*	Palliative Care Nursing: Principles & Evidence for Practice
Tadman, M., and Roberts, D.	*Chapter*	*Book*	Oxford Handbook of Cancer Nursing
Aitken, A.	*Chapter*	*Book*	Community Palliative Care: The Role of the Clinical Nurse Specialist

Author(s)	Category	Source	Title
Macmillan Cancer Support	*Website*	*Patient Leaflet & Webpage*	Home Page - www.macmillan.org
Marie Curie	*Website*	*Webpage*	Home Page -www.mariecurie.org

3. 7   Literature review

The provision of support for patients, families and carers is considered as a key aspect of palliative care nursing (WHO 2002).   In recent years, the term emotional support has become increasingly prominent within the nursing literature, yet, there is a lack of consensus and clarity regards its meaning when applied in nursing practice.   This illustrates some of the challenges as to the consideration of emotional support as a concept.

3.7.1 Use of the term emotional support in palliative care nursing literature.

The literature sourced and reviewed for this study provided the material for the selected method of concept analysis.   Within the literature reviewed, the discussion regarding the term emotional support varied greatly.   The papers which did provide a definition for emotional support appeared to lack a general consensus on its meaning (Pearlmutter 1974; Gardner 1979; Skilbeck and Payne 2003; Kuppelomaki 2003; Lloyd-Williams 2003; Payne, Seymour and Ingleton 2008; Finfgeld-Connett 2005; Eriksson, Arve and Lauri 2006; Tadman & Roberts 2007; Aitken 2009).   Other papers merely implied a shared understanding and used the term with no definition or explanation (Cain, Hood-Barnes and Spangler 1991; Feocco 1995; Forbes, Bern-Klug and Gessert 2000; Katz, Sidell and Komaromy 2001; Krause 2004; Teno et al. 2007; Rhodes et al. 2008) but implied that emotional support was an important role for nurses delivering palliative care. The gaps identified in the literature indicate there is a taken for granted assumption by authors that the reader of their paper already understands what the term means within the context in which it has been used.

A paper by Skilbeck and Payne (2003) critically examined the literature on emotional care and support for patients with advanced cancer requiring palliative care.   Their aim was to increase understanding of how clinical nurse specialist's and patients interacted and worked together to produce emotionally supportive

relationships. From the researcher's own perspective this paper was pivotal in the selection of this topic for her research study.

The literature review method used by Skilbeck and Payne (2003) was of an informative and narrative type, with a meta-analysis of data to help summarise the state of knowledge at that time. Meta-analysis is described as a technique which quantatively combines and integrates the results of multiple studies on a given topic (Polit, Beck and Hungler 2001). The literature search strategy for the review by Skilbeck and Payne (2003) included key words such as : 'emotional support', 'emotional care', 'end of life', 'palliative', 'terminal illness', 'advanced cancer', 'Clinical Nurse Specialists', 'emotional labour'.

Skilbeck and Payne (2003) began by briefly discussing studies which had shown that emotional support was considered an essential part of the CNS role (Seymour et al. 2002; Clark et al. 2002). The high incidence of referral to clinical nurse specialists for emotional support was attributed to several factors. For example, the development of holistic care which had led to an increase in the recognition of the importance of psychosocial factors in nursing care. As well as, organisational issues which had prevented nurses from providing patients with individualised attention (Skilbeck and Payne 2003).

From their literature reviewed, Skilbeck and Payne (2003) found that communication was one of the most important aspects of nursing care regards improving outcomes for patients with cancer and their families who experienced psychological and emotional distress. The association between the term 'emotional support' and communication is discussed further later in this chapter. Skilbeck and Payne (2003) also highlighted that patients and staff do not necessarily agree on which behaviours were considered to be emotionally supportive. Nevertheless, interventions which maintained physical comfort, provided information and offered advice were valued more by patients and their families than nursing interventions which encouraged expression of feelings.

Skilbeck and Payne's (2003) literature review also considered the term caring, to determine if there were any associations between caring and emotional support. Nursing activities such as, providing comfort, reassurance, empathy and getting to know the patient were cited as necessary for nurses to develop emotionally supportive relationships, all of which are also considered to be fundamental aspects of nursing practice and even in some cases concepts in their own right. This issue questions whether the existing definitions for the term emotional support in nursing are truly applied in palliative nursing practice.

The main conclusion drawn from the review by Skilbeck and Payne (2003) is the common use of the term emotional support in nursing literature with no shared understanding of what the term means. From this researcher's perspective, this study helped to corroborate the present confusion which surrounds the term emotional support. Skilbeck and Payne (2003) made several recommendations regarding further work, for example, examining emotional support in different care settings and how emotionally supportive relationships develop. However, while recognising the potential value in such projects, the researcher believes the confusion surrounding the use of the term emotional support in palliative care nursing should be addressed first through a concept analysis approach.

3.7.2 Emotional support and research studies

The papers discussed in this section consider the provision of emotional support from the perspectives of professionals, patients and families or carers.

A small study undertaken by Lowden (1998) examined the perceptions of healthcare professionals regarding the timing of the introduction of palliative care. The study population consisted of general practitioners (GP's), district nurses and hospital medical and nursing staff working in the same locality. The method used to gather data took the form of questionnaires which were then analysed for content using a specific content analysis technique which was validated by an independent judge.

The study looked first at the meanings which respondents attributed to the term palliative care. Six meanings were identified; symptom control, terminal care, incurable illness, emotional support, quality of life and life-threatening illness. Lowden's (1998) study findings showed that emotional and psychological problems were the symptoms most frequently associated with palliative care after pain management. There was general agreement among the respondents that symptom management and the emotional well-being of patients and families were of prime importance.

Nurses were found to support earlier referral to palliative care services and this appeared to be linked to an emphasis on emotional support, a finding supported later in studies by Skilbeck and Payne (2003) and Skilbeck et al. (2002). Interestingly, Lowden (1998) suggested that hospital staff placed more emphasis on emotional support as they were present at diagnosis and were more likely to note anxiety and psychological problems than GP's. There is little justification for this assumption other than the presence of staff at diagnosis with no other evidence provided to support this statement. Lowden (1998) also suggested that the early timing of referrals to palliative care services allowed relationships to develop and the service to be viewed positively.

Kennedy (2005) looked at the role of district nurses in the specific area of caring for patients with cancer who required palliative care. A case study approach was used to collect data through observation of the district nurses visits, immediately followed by an interview with questions related to the interventions carried out. The tape-recorded interviews and field note data were coded thematically and inductively using qualitative analysis software. Further data analysis used an interpretive strategy to identify meanings and content.

The findings from the study by Kennedy (2005) indicate that district nurses felt that getting to know the patient and the family was necessary in order to provide emotional support. In addition, the nurses also viewed their role as a supportive

one which included providing both physical and emotional support as well as involving other agencies when appropriate.

A study by Chapple, Ziebland and McPherson (2006) set out to explore the experiences of patients with a terminal illness, focusing on patterns of the work and role of specialist palliative care nurses. The data was collected using patient-led narrative interviews which were then fully transcribed followed by a thematic analysis with constant comparison. The results of the study showed that patients valued the work of specialist palliative care nurses especially regarding help on practical matters, providing information, emotional support, symptom control advice and help with communication (Chapple, Ziebland and McPherson 2006).

One of the sub-themes identified is categorised as 'talking and listening to people's feelings' and emotional support was identified by patients as having the 'opportunity to talk', 'be listened to' and 'voice their feelings'. One patient did imply she could receive this type of support from her family but this was in contrast with others in the study who found that family members did not always want to discuss matters that relate to death and dying. The study by Chapple, Ziebland and McPherson (2006) was helpful to the researcher as it presented patients views regarding the provision of emotional support by specialist palliative care nurses. Although, it cannot be assumed that the patient would have used this term if it had not been used by the interviewer as part of the interview.

Another study which captured views of non-professionals was carried out by Casarett et al. (2008) who set out to determine whether inpatient palliative consultation services improved patients' outcomes. The setting for this study was in the United States of America (USA) and incorporated medical centres, nursing homes and clinics which offered services from a multi-disciplinary team similar to the model for palliative care operating in the UK. The participants included in the study had received inpatient or outpatient care within the last month of life.

A telephone survey of family members was undertaken to assess nine specific aspects of care. The authors of the study categorised emotional and spiritual support as one of these aspects. From the main findings of the study, it is suggested that earlier consultations may have the most pronounced effect for communication and emotional support. Casarett et al. (2008) maintain that this was not surprising as an expectation of a consultation team's effectiveness requires a close rapport with patients and families which can take time to develop. Thus, inferring that, for emotional support to be provided, it is necessary to know the patient through developing a professional relationship. From the researcher's perspective, it is interesting to note that the authors chose to merge the terms emotional and spiritual support into one aspect of care. Several of the papers discussed within this section (Kennedy 2005; Lowden 2005; Chapple, Ziebland and McPherson 2006; Casarett et al. 2008) have viewed the nurse-patient relationship as an essential component required in order to provide emotional support.

3.7.3 Emotional support and association with other concepts

Only a few papers (Pearlmutter 1974; Skilbeck and Payne 2003; Kuppelomaki 2003; Okamoto and Harasawa 2008; Spears 2008) examined the use of the term 'emotional support' as a separate concept within the context of their study. However, the researcher found associations between the term emotional support and other concepts in other papers, for example, social support, supportive nursing, informational support and communication.

Emotional support is considered to be an integral part of the concept of social support (Cobb 1976; Gardner 1979; Krishnasamy 1996; Finfgeld-Connett 2005). With specific reference to cancer patients, Krishnasamy (1996) drew upon the taxonomies of social support developed by other authors, such as Cobb (1976) and House (cited in Krishnasamy 1996). Three distinct components of social support were identified; instrumental, informational and emotional support.

Krishnasamy (1996) found that support consisted of different actions and intentions, with different sources best able to provide different types of support in specific situations. In relation to emotional support, she briefly discussed behaviours which were considered to be emotionally supportive, for example, talking and listening. Krishnasamy (1996) concluded that the concept of social support remained a complex construct which continued to be poorly understood by many healthcare professionals.

A later paper by Finfgeld-Connett (2005) asserts that the term social support remains a ubiquitous term in nursing and lacks clarity as a concept. Therefore, Finfgeld-Connett (2005) set out to clarify the concept of social support through concept development using a model based on meta-synthesis. Meta-synthesis is a term used to describe an approach which involves the integration and comparison of findings from qualitative studies (Watson et al. 2008). The findings identified two types of social support: emotional and instrumental support. Finfgeld-Connett (2005) found the literature suggested that emotional support consisted of various comforting gestures which could help alleviate anxiety, stress, hopelessness and depression. Examples of such gestures included simply knowing someone was available, physical presence, listening, offering encouragement and sharing experiences. While social support was considered a nursing intervention, there was recognition of the important role of other support networks such as family, friends and other close associates. Finfgeld-Connett (2005) concluded that concepts such as caring and social support remain difficult to differentiate and that other methods such as concept analysis could be used to aid further clarification. However, a concept analysis by Williams et al. (2004) which evaluated definitions of social support found that there was a lack of consistency and contextual sensitivity from the use of such generic definitions in the nursing literature. Thus not providing any clarification regards social support as a concept.

One of the first papers which made the association between supportive nursing and emotional support was by Gardner (1979), who carried out a critical review of the literature from the early 1950's to the late 1970's pertaining to supportive nursing. Her rationale for this review was due to the fact that many nurses consistently stated that providing support for patients was one of the functions of their practice. Gardner (1979) found the meaning of support within the literature at that time was diverse and inconsistent. Therefore, the aim of her review was to help gain a better understanding of the definition of support in nursing and to elicit behaviours viewed by nurse authors as supportive.

The findings from the review by Gardner (1979), suggested that there were three overlapping categories of support; physical, social and emotional. She argued that nurses had previously discussed emotional support under other concepts such as empathy, reassurance and involvement as well as support. From the nursing literature, she found that emotional support was the most frequently written about aspect of support which justified it being viewed as a separate category. The provision of emotional support was thought of as a task that could be accomplished by all nurses. However, variables which could influence the nurse's ability to provide emotional support were acknowledged, for example, the nurse's knowledge, experience and skill, with a recommendation that the meaning of support in nursing needed to be clearer and more precise, in order to produce an operational definition (Gardner 1979).

Several papers within the literature reviewed by the researcher (Eriksson, Arve and Lauri 2006; Forbes, Bern-Klug and Gessert 2000; Teno et al. 2007, Rhodes et al. 2008), appear to make a clear association between providing patients and relatives with emotional support and informational support. The study by Eriksson, Arve and Lauri (2006) set out to describe relatives' perceptions of the receipt of support before and after the cancer patient's death in health care and in a hospice. The data collected used a structured questionnaire instrument with

a sample population of relatives of cancer patients who had died during a 2 year period before data collection. The final sample comprised 376 relatives with a response rate of 46%.

The study by Eriksson, Arve and Lauri (2006) lacks a clear definition for emotional support within the context of their study; emotional support was described as involving elements of supportive psychotherapy, which varied from actively dealing with issues, to simply being close to relatives. However, the study did not make clear the meaning of the term supportive psychotherapy, associated skills were cited, such as acceptance, listening and being there. These behaviours were deemed as emotionally supportive by patients and relatives. The study cites other papers which had shown that patients and relatives rarely received emotional support, yet one of the main conclusions of their study is that relatives received more emotional support than informational support which is somewhat confusing and contradictory. The main recommendations from the study was for nurses to more actively engage with relatives in order to provide informational support, show greater sensitivity and recognise relatives needs.

Despite Eriksson, Arve and Lauri's (2006) consideration of both terms in their study, the association between 'emotional' and 'informational' support, if there is one, is not clearly explained. From the researcher's perspective, there is evidence within the literature to show that there may be an association between emotional support and providing information which is discussed later in this chapter.

Finally, the literature reviewed also appears to make an association between communication and the provision of emotional support. Skilbeck and Payne (2003) stated in the findings from their literature review that communication was one of the most important aspects of nursing care in relation to improving outcomes for patients and their families who were experiencing psychological

and emotional distress. Further support comes from Payne, Seymour and Ingleton (2008) who agree that the provision of emotional support is one of the key aspects of effective communication. As a consequence it is not surprising that several of the authors place great emphasis on the development of the nurse-patient relationship as a precondition of being able to provide emotional support (Lowden 1998; Skilbeck and Payne 2003; Kennedy 2005; Casarett et al. 2008)

3.7.4 Emotionally supportive behaviours

Only a few of the papers reviewed for this study looked specifically at behaviours which could be deemed as being emotionally supportive. One of the earliest research papers which used the term emotional support was a paper by Pearlmutter (1974). This paper describes a study carried out in three large general voluntary hospitals in New York City. The aim of the study was to arrive at a definition of emotional support as determined by professional nurses. The methodology employed was a descriptive survey method using questionnaires. The analysis of the responses identified six categories of specific behaviours; (1) assessing (2) intervening (3) communicating (4) conferring and co-ordinating (5) referring and securing resources (6) recording. A further analysis resulted in the subdivision of the categories as well as identification of the rationales for the behaviours described. The study findings are discussed in much greater detail within the paper, but it is difficult to interpret how the categories were connected and interlinked.

The behaviours most frequently cited by respondents as being emotionally supportive involved receiving and eliciting the expression of feelings and concerns by the patient followed by providing information. However, Pearlmutter (1974) did recognise that the main limitation of the study was that there was no validation of the behaviours cited. Therefore, the behaviours cited by the respondents may have differed from their actual practice.

Although this paper was not specific to palliative care nursing, it has been included here as it provides an early example of a study which attempted to produce a definition for emotional support in nursing. Despite the failure to produce a definition, the study discussed numerous behaviours and categories which respondents viewed as being emotionally supportive. Pearlmutter (1974) concluded that the study was only an initial step in exploring the meaning of emotional support in nursing practice.

A later study by Wenrich et al. (2003), while not specific to palliative care nursing as such, looked at the emotional and personal needs of dying patients and the ways that physicians helped or hindered these needs. The researcher has included this study in the literature review as it considers the views of patients, relatives, health care workers and physicians (n=137). The study describes the use of focus groups to understand the important aspects of physician skills at providing end-of-life care. A trained focus group facilitator conducted the focus groups which were audio taped and transcribed verbatim. The transcripts were then analysed using principles of grounded theory. The researcher found the paper important as it is one of the first studies to discuss how emotional support could be provided at different levels.

Overall, twelve domains were identified, with emotional support ranked second after communication, demonstrating again the strong link between both. Wenrich et al. (2003) found four components emerged as being central to emotional support for patients, which were compassion, maintaining hope and a positive attitude, providing comfort through touch, and being responsive to patients' emotional needs. Wenrich et al. (2003) proposed a hierarchy of skills which represented different levels of support; basic, intermediate and extraordinary. There is a suggestion that intermediate and extraordinary skills require a greater level of involvement and individualised attention but there is no evidence provided within the context of the study to support this statement. Wenrich et al.

(2003) concluded that further work was required to determine how and to what extent emotional support in the medical care setting can influence patient satisfaction and improve the dying experience.

Another study on a much smaller scale by Spears (2008) explored the provision of emotional support by ward nurses as perceived by patients. The method used was a purposive sample based on a critical incident technique using semi-structured interviews. The small number of participants (n=5) was a major limitation for the study.

From the data collated Spears (2008) discussed broad themes which were identified as a result of the study. The most significant themes were the recognition of patients' feelings and their needs in relation to emotional support as well as the importance of the development of the nurse-patient relationship. Behaviours such as being there, listening and providing information as well as practical skills were referred to by the participants as being emotionally supportive including the important role of family and friends.

Spears (2008) makes several assumptions based upon the data collected for the study and the findings cannot be generalised due to limitation of the small sample size used. However despite these limitations, the data from the study by Spears (2008) is consistent with other comparable studies (Kuppelomaki 2003; Wenrich et al. 2003; Green 2006; Casarett 2008) which produced similar results. Spears (2008) concluded that the data from this study could be seen as a pilot for further research which would help to draw more solid conclusions, therefore, supporting the researcher's belief that the term emotional support remains misunderstood in nursing.

3.7.5 Emotional support for families and carers

One of the aims of palliative care is to address the support needs of families and carers as well as the patient (World Health Organisation 2002). Therefore, it was

not surprising to find papers in the literature which focused specifically on the needs of this group.

A study by Teno et al. (2001) found that emotional support was identified by both family members and experts as important prior to and after the patients' death. The study undertook a review of qualitative literature which included professional guidelines and other statements to identify common domains which were regarded as important elements of quality end-of-life care.

The first phase of the study summarised the themes identified from the review into domains. One of these domains was entitled psychological well being, which Teno et al. (2001) defined as the patient's experience with a range of emotions, from happiness and peacefulness to depression and anxiety which included "psychosocial" issues around dying and grief. This domain was cited in 93% of the literature reviewed, following the domain of physical well being which was cited 100%.

The second phase of the study was the use of focus groups consisting of bereaved family members. One of the five themes which emerged from the focus group was the belief that end-of-life care should involve providing family members with emotional support prior to and after the patient's death. The questions used within the focus group relating to emotional support asked participants what helped them deal with their feelings of anxiety or sadness. The use of this question does relate to a definition for emotional support by Cobb (1976) discussed earlier. Although, it is not clear if the term emotional support was actually used by the participants. Teno et al. (2001) concluded that there were similarities in the expectations of experts and family members regarding end-of-life care.

There is no explanation given for the use of the term psychological well being in the first phase of the study and the term emotional support in the second phase of the study. The term emotional support features frequently when discussing

the focus group data collected, yet, the term psychological well-being is used when discussing the literature review of expert opinion with no differentiation between the two terms used by the authors. Therefore, the reader is left in some doubt regards what differences exist between the two terms, if any.

Other studies have cited emotional support for relatives and carers as an important aspect of care (Barnes et al. 2006; Wong and Chan 2007; Katz, Sidell and Komaromy 2001). In fact, an end of life strategy by the Department of Health (2008, p74) to promote high quality care for all adults at end of life recommends that "the patient and his/her carers have access, in confidence, to expertise in counselling, psychological and spiritual care, to provide emotional support".

3.7.6 Use of the term emotional support in guidelines and other policy documents

The term emotional support has appeared within policy documents relating to palliative care for adults, such as 'Improving Palliative and Supportive Care for Adults with Cancer' (National Institute for Clinical Excellence 2004), 'End of Life Care Strategy; Promoting High Quality Care of All Adults at End of Life' (Department of Health 2008) and 'Living and Dying Well: a national plan for palliative and end of life care in Scotland (Scottish Government 2008a). The term is used with regards communication, information needs, support needs and available resources for patients, families and carers.

None of these documents provide any definition or explanation for the term 'emotional support'. Although, the guidelines produced by NICE (2004) are the only ones which recognise the role of family and friends in providing emotional support. Other national policy documents, relevant to palliative care nursing including 'Caring for Scotland: the strategy for nursing' (Scottish Executive 2001), 'Nursing People with Cancer in Scotland: a framework' (Scottish Executive 2004), 'Better Cancer Care: an action plan' (Scottish Government 2008b) make no reference to the provision of emotional support. Consequently, there appears to

be little uniformity in the use or application of the term emotional support in guidelines and policy documents.

3.7.7 Use of the term emotional support in other domains

This study has focused upon the use of the term emotional support primarily within the field of palliative care nursing. Therefore, the researcher felt it was appropriate to briefly consider examples of papers from other specialties which provided evidence of the term emotional support being used. A study by McComish and Visger (2009) looked at the domains of support provided in the postpartum phase by a "doula" (a lay birth attendant). Eleven domains of support were identified but emotional support emerged as the predominant domain. Within this context, the "doula" provided emotional support by actively listening, encouraging the expression of feelings as well as providing information which is consistent with the definitions of emotional support provided earlier. Other studies have used the term emotional support to varying degrees in a range of settings and contexts such as psychology (Moser and Dracup 2004), cardiology (Anderson 2007) and Parkinson's disease (MacMahon 1999).

The use of the term emotional support is not unique to healthcare professionals. There is evidence that local and national cancer charities use the term to describe services they provide to help patients and their families or carers, such as www.macmillancancersupport; www.mariecurie.org and www.clanhouse.org. Other non healthcare organisations also make use of the term emotional support to promote their service, for example, www.samaritans.org; www.supportline.org and www.victimsupport.org.uk.

3.8 Summary

This chapter has presented how the research design process was applied in this study and the range of themes which emerged in the literature reviewed. Approaches to maintaining ethical and methodological rigour has been shown

through the search strategy used for sourcing relevant literature and how the data was extracted and analysed including the criteria used for selecting the papers that formed the basis for the study. While several papers have made an assumption regarding the understanding of the term emotional support, others have focused upon actions and behaviours which have been considered as being emotionally supportive. There still exists a lack of consensus and agreement as to the true definition of emotional support, thus supporting the need for further clarification of the term in palliative care nursing. This has been achieved by applying step 3 of the Walker and Avant (2005a) concept analysis approach.

CHAPTER 4: RESEARCH FINDINGS

4.1 Introduction

This chapter presents the findings from analysis of the literature review, and follows the Walker and Avant (2005a) concept analysis approach as used in this study. A concept analysis using the Walker and Avant (2005a) approach requires the definitions and uses, attributes, antecedents and consequences of the concept to be presented, in addition to providing examples of model and additional cases to help clarify the concept in question. Furthermore, Rodgers and Knafl (1993) maintain that it is important to identify surrogate terms, as many terms could serve as articulations of a concept. However, Cronin and Rawlings-Anderson (2004) assert that this debate relates more to the use of language rather than with the concept itself, and indicated that this alleviates the need to construct borderline cases and contrary case. Nonetheless, it could be argued that how concepts such as emotional support are conceptualised could come to guide the methods and strategies used across diverse clinical care situations.

4.2 Definitions of emotional support

The term *emotional* is defined as an adjective: 'relating to emotions; arousing or showing emotion; easily affected or readily displaying emotion' (www.askoxford.com). Although, the term emotional is discussed here, it is originally derived from the word emotion, which is defined as:' the affective aspect of consciousness; a state of feeling; a conscious mental reaction (as anger or fear) subjectively experienced as a strong feeling usually directed toward a specific object and typically accompanied by physiological and behavioural changes in the body' (www.merriam-websterdictionary.com). The term *support* is used extensively in the English language as both a noun and a verb. The term when used as a noun is defined as to: 'bear all or part of weight of; give assistance, encouragement, or approval to; provide with a home and the necessities of life; be capable of sustaining life; confirm or back up; endure,

tolerate; supporting, of secondary importance to the leading role'
(www.askoxford.com). Therefore, when used as a noun, support is defined as
'the act of supporting; the state of being supported; one that supports;
maintenance, as of a family, with necessities of life'.

An early definition for emotional support found within the literature reviewed is
presented in the context of nursing in general:

> "To regulate giving affect, object relationship and gratification of the
> patient's care and comfort needs; providing and regulating a positive
> emotional climate, stimulus and interactions; to receive and elicit
> expression of feelings and concerns by the patient" (Pearlmutter 1974
> p16)

A critical review of literature by Gardner (1979) considered the term supportive
nursing and concluded that emotional support was one of three overlapping
categories of support.   Gardner (1979) provided a definition for emotional
support which also focuses on activities and behaviours related to the patient's
emotional well being which includes listening and encouraging the expression of
feelings.   Within the review, Gardner (1979) recognises the work of Cobb (1976)
who asserted that emotional support consisted of 'encouraging the open
expression of beliefs and feelings' which was believed to be a component of
social support'.

One of the few dictionaries to provide a definition for the term emotional support
can be found in Mosby's Dictionary of Medicine, Nursing and Health
Professionals (1998):

> "The sensitive, understanding approach that helps patients accept and
> deal with their illnesses; communicate their anxieties and fears, derive
> comfort from a gentle, sympathetic, caring person; and increase their
> ability to care for themselves" (Mosby 1998 p554)

The most recent example of the use of the term emotional support in the palliative care nursing context discovered by the researcher is:

> "To acknowledge how difficult it must be for patients, encourage them to talk, clarify their understanding of the situation and also give information that is relevant and when the patient is ready to accept it" (Aitken 2009 p67)

The definitions discussed here are taken from a variety of contexts which include general nursing, social support, supportive nursing and palliative care nursing. Few definitions for 'emotional support' were in fact cited within the palliative care nursing literature reviewed for this study. Moreover, emotional support as a term is used widely in the nursing literature reviewed, but considered on its own; it remains an ambiguous term resulting in difficulties understanding what exactly it means.
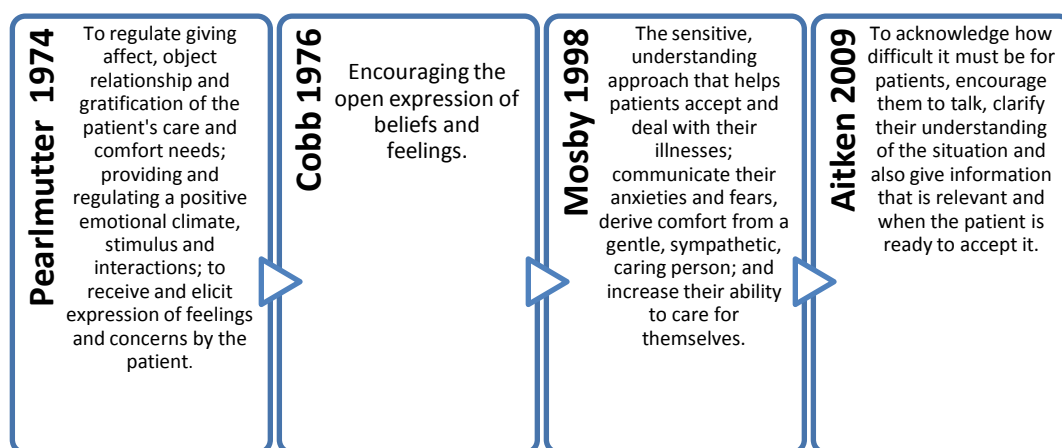
Pearlmutter 1974	Cobb 1976	Mosby 1998	Aitken 2009
To regulate giving affect, object relationship and gratification of the patient's care and comfort needs; providing and regulating a positive emotional climate, stimulus and interactions; to receive and elicit expression of feelings and concerns by the patient.	Encouraging the open expression of beliefs and feelings.	The sensitive, understanding approach that helps patients accept and deal with their illnesses; communicate their anxieties and fears, derive comfort from a gentle, sympathetic, caring person; and increase their ability to care for themselves.	To acknowledge how difficult it must be for patients, encourage them to talk, clarify their understanding of the situation and also give information that is relevant and when the patient is ready to accept it.

Diagram 2: *Comparison of definitions for the term emotional support.*

The definitions sourced offer some clarification of the origin and meaning of the term emotional support and show its etymological meaning of how it is used in commonly accepted ways in practice (Chin and Kramer 1995). However, these definitions of emotional support can be considered somewhat ambiguous and lack clarity regarding the core nursing elements involved. From the literature identified and analysed, there appears to be several conceptual interpretations of the term emotional support in palliative care nursing. This includes simple descriptions such as providing comforting gestures (Finfgeld-Connett 2005), the expression of positive feelings like love and concern (Tadman and Roberts 2007)

and listening and talking (Lloyd-Williams 2003) to more complex explanations relating to the provision of supportive psychotherapy (Eriksson, Arve and Lauri 2006) and screening for psychological problems or distress (Skilbeck and Payne 2003).

4.3 Uses of the term of emotional support

The use of the term emotional support can be found in nursing literature dating back to the 1970's. Within the palliative care nursing literature analysed, the significance of expressing feelings in relation to 'emotional support' has also been documented by several authors (Kuppelomaki 2003; Chapple, Ziebland and McPherson 2006; Eriksson, Arve and Lauri 2006; Green 2006; Tadman and Roberts 2007). Skilbeck and Payne (2003) found nurses appeared to place greater emphasis on interventions which encouraged the expression of feelings which contrasted with the views of patients. Other studies which have examined what 'emotional support' is from the patients perspective found other interventions were mentioned by patients including the use of humour and warmth (Spears 2008); talking, listening and voicing feelings (Chapple, Ziebland and McPherson 2006); showing compassion, maintaining hope and having a positive attitude (Wenrich et al. 2003) and spending time developing the nurse-patient relationship (Johnston and Smith 2006).

Nurses use the term emotional support in palliative care nursing to describe helping patients, families and carers. This is demonstrated in a range of skills and behaviours including engaging with and connecting with the recipient (Skilbeck and Payne 2003; Eriksson, Arve and Lauri 2006), being present (Kuppelomaki 2003; Wenrich et al. 2003; Johnston and Smith 2006), spending time with the recipient (Skilbeck and Payne 2003; Eriksson, Arve and Lauri 2006; Spears 2008;), listening (Gardner 1979; Finfgeld-Connett 2005; Johnston and Smith 2006; Chapple, Ziebland and McPherson 2006), talking (Gardner 1979; Chapple, Ziebland and McPherson 2006; Eriksson, Arve and Lauri 2006) and

providing information (Teno et al. 2001; Eriksson, Arve and Lauri 2006; Rhodes et al. 2008; Spears 2008).   For the purposes of this study, the researcher focused on the use of the term emotional support within the field of palliative care nursing. However, there is a wealth of evidence of the term being used across other nursing specialities, for example, midwifery (McComish and Visger 2009), gerontology (Krause 2004) and psychology (Moser and Dracup 2004).

4.4 Defining attributes of emotional support

The diagram below shows the defining attributes of emotional support which were identified as a result of the literature reviewed, using step 4 of the Walker and Avant (2005a) concept analysis approach. A further diagram which sets out the full analysis showing how the literature sources were assigned to each attribute can be found in Appendix 3.

Diagram 3: Defining attributes of the term emotional support in palliative care nursing.

A total of eight defining attributes were determined following the application of the initial steps of the Walker and Avant (2005a) concept analysis approach. The most prominent defining attribute identified relates to enabling recipients of emotional support to express their **feelings and emotions**. This attribute can be found in the nursing literature dating back to the 1970's with Pearlmutter (1974) suggesting that receiving and eliciting the expression of feelings could be seen as a nursing intervention which could benefit patients. The association between emotional support and the expression of feelings and emotions by others, including patients and carers is well documented and suitably corresponds with the uses of the term discussed earlier.

The next most prominent defining attribute relates to **communication**. The ability of nurses to facilitate discussion to enable patients to talk (Gardner 1979) and the use of effective communication skills (Gardner 1979; Katz, Sidell and Komaromy 2001; Skilbeck and Payne 2003; Johnston and Smith 2006) are cited as nursing skills which are necessary to provide emotional support. The defining attribute of **understanding** was also prominent within the literature reviewed, for example, the nurses' ability to demonstrate concern (Wenrich et al. 2003), show empathy (Kuppelomaki 2003) and recognise and respect individuals (Mosby 1998). The next defining attribute determined was **caring** which included demonstrating behaviours such as; comforting gestures (Skilbeck and Payne 2003), kindness and compassion (Wenrich et al. 2003) and a caring attitude (Mosby 1998).

The next three attributes were represented fairly evenly throughout the literature reviewed. **Providing information** included dealing with questions (Chapple, Ziebland and McPherson 2006), providing explanations (Wenrich et al. 2003) and offering advice (Skilbeck and Payne 2003). The attribute of **being there** was associated with nurses being able to spend time with patients (Kuppelomaki 2003) and the importance the patients attached to the presence of the nurse

(Johnston and Smith 2006). The attribute of **listening** was also cited in several of the papers reviewed (Chapple, Ziebland and McPherson 2006; Eriksson, Arve and Lauri 2006; Green 2006). Finally, **support** was also determined as an attribute of emotional support, for example by, promoting comfort (Gardner 1979) and encouraging the patient (Kuppelomaki 2003).

However, there is little evidence as to what is meant by and understood by the term emotional support, the definitions discussed earlier appear to support the view that it is a complex concept which is multidimensional and multifaceted. The defining attributes determined here also support the argument that emotional support is complex and difficult to define as the attributes in themselves can be considered as separate nursing concepts, some of which themselves remain poorly defined, such as caring (Cutliffe and McKenna 2005) and support (Davies and Oberle 1990).

4.5 Model and additional cases

A necessary part of the concept analysis process is the identification of 'cases' to provide an illustration and representation to aid further depth of understanding of the concept than just how it is defined (Kettles and Woods 2006). This section of the thesis fulfils steps 5 and 6 of the Walker and Avant (2005a) concept analysis approach. The model case is a "real life example of the use of the concept that includes all the defining attributes and no attributes of any other concept" and does not rely solely on abstract ideas gained from sourcing dictionaries and thesauri (Walker and Avant 2005a). In order to gain a better perception and understanding of the concept, the model case of the concept is described, and then explored, with borderline, related and contrary cases which are provided to enhance understanding of the concept being analysed. Within the cases illustrated in this thesis, the numbers highlighted in blue link to the associated defining attribute (see Diagram 3, pg 55).

4.5.1 A model case

For this purpose, the model case presented here is based on clinical experience, to represent the concept of emotional support. The patient called 'Hazel' (names have been changed throughout this section to protect anonymity and confidentiality) was referred by her General Practitioner (GP) to the Macmillan Nursing Service (see Box 1 overleaf)

.

Box 1. Model Case

The GP referred the patient following a consultation with Hazel, who had reported recent problems with insomnia and anxiety following her husband (Jim's) diagnosis of oesophageal cancer. During the consultation with the GP, Hazel expressed concerns regarding her ability to cope with normal day to day activities including her part-time job. The GP prescribed a short course of medications to help with her insomnia and thought that Hazel would benefit from additional professional support. Consequently, the referral made by the GP specifically requested the provision of 'emotional support' for Hazel from the Macmillan Nursing Service.

On receipt of the referral, the allocated nurse contacted Hazel and arranged a suitable appointment to meet at her home. At the initial meeting, after brief introductions, the nurse invited Hazel to tell her story regarding recent events (6). The nurse listened carefully (7) to Hazel and encouraged her to express her own fears and concerns (1) regarding her husband's illness. At that point, Hazel understandably became tearful and confessed she normally concealed her thoughts and feelings in order not to upset her family and friends.

Hazel discussed her concerns regards Jim's diagnosis and treatment, admitting that she had felt overwhelmed with all the information provided at the hospital consultations. Therefore, the nurse took this opportunity to confirm Hazel's understanding and dealt with her questions which arose as a result. The nurse acknowledged the gravity of Hazel's situation and reassured Hazel that her responses and concerns were normal (3 & 4).

During this discussion with the nurse (2), Hazel was able to identify that her main concerns were about how she could cope and be a support for her husband. Therefore, the nurse explored with Hazel what existing support networks she and her husband had, for instance, family and friends. The nurse informed Hazel what professional support was available as well as providing literature regarding other sources of support e.g. local support groups, voluntary organisations (8).

The nurse concluded the visit by asking Hazel if she had any other questions and whether she had found the visit beneficial. Hazel stated she had appreciated the information the nurse had provided (5) as well as the opportunity to discuss her own concerns and feelings. Consequently, Hazel was keen to meet again with the nurse and another visit was arranged.

The model case illustrated in Box 1 shows a typical nursing care situation as an example of where all of the defining attributes which are required to provide emotional support in palliative care nursing were present. The nurse drew on her communication skills to facilitate a dialogue with Hazel which allowed an open and honest discussion regarding her main concerns. This provided the nurse with the opportunity to support Hazel by being there, offering advice and providing information as appropriate.

4.5.2 A borderline case

A borderline case provides an example that contains most or even all of the defining attributes but differs substantially in one of them (Walker & Avant 2005a). The use of a borderline case shows how it is inconsistent with the concept under consideration thus helping to clarify thinking regarding the defining attributes.

Box 2. Borderline Case

Tom is a 68 year old gentleman who has recently been informed he has an advanced lung cancer and is due to commence a course of palliative chemotherapy. The community nurse has contacted Tom at home to arrange her first visit to introduce herself and obtain a pre-chemotherapy blood sample.

After brief introductions, the nurse chats with Tom about his recent diagnosis, while obtaining his sample. The nurse listens (7) to Tom talk of his shock at the news and how he finds it hard to comprehend what is happening (6). He becomes quite upset when discussing what the future may hold for him and he quickly tries to regain his composure. The nurse acknowledges what a distressing time it must be for him and his family and reassures Tom that the primary health care team are there to help and support him (2 & 8).

Tom agrees that he would like ongoing support from the nurse and a visit is arranged after his first treatment. She encourages him to contact her if he has any problems before the next visit and provides him with contact details for the nursing teams based at the practice and the out of hours nursing service (4 & 5).

The borderline case illustrated in (Box 2) demonstrates a situation where the majority of the defining attributes of emotional support are present. During this first visit, the nurse has attempted to demonstrate an understanding of Tom's situation by 'listening' and 'being there' for him. She also provides him with 'information' regarding the nursing 'support' which is available for him. The nursing care situation described here demonstrates the majority of the defining attributes of emotional support. However, neither the nurse nor the patient felt comfortable enough to discuss or explore Tom's feelings in any depth. Thus potentially influencing how the nurse interprets and understands Tom's situation.

4.5.3 A related case

Walker and Avant (2005a) describe a related case as an instance of the concept that is related to the concept being studied but does not contain all the defining attributes. Thus related cases demonstrate ideas which are very similar and may have names of their own (see Box 3 overleaf).

Box 3. Related Case

> *Sarah is a 52 year old woman who has arrived at the local community hospital to visit her husband, Andy. Andy was diagnosed with a malignant brain tumour 18 months previously and received treatment which resulted in changes to his cognitive function, mobility and personality.   Recent scans have shown progressive disease and he has recently been experiencing frequent seizures. Therefore, he has been admitted for assessment and to provide respite for Sarah. On her arrival, Sarah is informed that Andy is currently working with the physiotherapist so she waits in the room for him to return.*
>
> *The nurse enters the room and offers Sarah a cup of tea, while using the opportunity to ask how Sarah is (4). Sarah breaks down and talks of how difficult she finds it looking after Andy as his personality changes sometimes make her feel he is a very different man than the one she married. The nurse sits beside Sarah and asks her a few simple open questions which encourage Sarah to talk (2). Sarah discusses the negative impact of Andy's illness on their lives. The nurse maintains eye contact throughout and simply responds as appropriate to convey she has an understanding of Sarah's situation (6).   As Andy returns to his room, Sarah thanks the nurse for allowing her to talk openly, at which point the nurse leaves her to visit with her husband.*

The related case illustrated in (Box 3) provides an example of the concept empathy which Davis (1990) describes as actively listening, feeding back thoughts and feelings with sensitivity and accuracy. The nurse demonstrates empathy by trying to comprehend what is happening from Sarah's perspective. By acknowledging Sarah's feelings through verbal and non-verbal behaviour, she manages to convey her understanding of Sarah's situation.

4.5.4 A contrary case

A contrary case provides a clear example of the absence of emotional support and helps us to see in what ways emotional support is different from the model case (Walker and Avant 2005a).

Box 4. Contrary Case

> *George is an inpatient in the local palliative care unit. His condition has deteriorated over the last few days and he is now bed bound. The assessment by the senior nurse is that George will require a bed bath this morning. Therefore, two nurses have been asked to attend to George's personal care during their shift. The nurses assigned to George enter his room and inform him they will be helping him to wash. The two nurses chat with one another as they carry out his personal care, only communicating with George when his assistance is required.*

The example provided for this contrary case clearly demonstrates none of the defining attributes. The nurses involved focus on the completion of the allocated task and show no understanding or compassion for the patient or his situation. It could be argued the nurses are 'communicating' and 'being there' simply through their initial contact and presence. However, while the nurses are physically present they show no emotional connection with the patient and focus primarily on the allocated 'task'. Nursing is regarded as a therapeutic and interpersonal process (Peplau 1991) and the nursing situation described here would be in breach of nursing standards relating to nursing practice (NMC 2008) and the principles of palliative care (WHO 2002).

The model case and other cases presented here illustrate clearly the concept of emotional support as well as demonstrating the defining attributes identified. Therefore, the use of other additional cases, such as an illegitimate or invented cases which are used to demonstrate the concept of emotional support out of context have not been considered necessary by the researcher. Walker and Avant (2005a) acknowledge that these cases are not always necessary to complete the concept analysis process using their approach.

4.6 Antecedents and consequences

Following identifying the model case and additional case constructions, step 7 of the Walker and Avant (2005a) concept analysis approach is to identify the antecedents and consequences. This can help to further refine the defining attributes determined earlier, as well as clarify the rationale for the analysis and clinical setting where the concept is most likely to be found and used in everyday practice. In this thesis, the clinical setting relates to the provision of palliative care nursing in either the primary or secondary care setting.

4.6.1 Antecedents

The term antecedent is used to describe events or situations that must precede or occur prior to the occurrence of the concept (Walker and Avant 2005a). For emotional support to occur in palliative care nursing, the researcher identified four antecedents. The first understandable antecedent relates to the presence of the nurse and spending time with patients, families and carers (Kuppelomaki 2003; Finfgeld-Connett 2005; Johnston and Smith 2006, Green 2006; Casarett et al. 2008; Spears 2008) which will vary depending upon the context of the situation.

The second antecedent relates to the development of a relationship with the recipient, which is regarded as a fundamental precondition to the provision of emotional support by several authors (Pearlmutter 1979; Skilbeck and Payne 2003; Kuppelomaki 2003; Kennedy 2005; Spears 2008). A further antecedent identified by the researcher is the willingness of the patient, relative or carer to express their emotional needs and concerns (Teno et al. 2001; Chapple, Ziebland and McPherson 2006; Finfgeld-Connett 2005; Eriksson, Arve and Lauri 2006) which in turn provides the nurse with an opportunity to recognise the need for emotional support and respond appropriately. The final antecedent relates to the skills, knowledge and expertise of the nurse (Gardner 1979; Lowden 1998; Skilbeck and Payne 2003; Chapple, Ziebland and McPherson 2006) which will

influence their individual ability to respond to the recipients needs and provide emotional support.

4.6.2 Consequences

By contrast the term consequence is used to describe events or situations which occur as a result of the occurrence of the concept (Walker & Avant 2005a). In analysing the concept of emotional support, this requires the demonstration of events that occur as a result of emotional support being experienced / delivered. These consequences can be either a positive or negative experience. Positive experiences of the interaction between the nurse and the recipient (patient, families or carer) leave the recipient feeling appreciative of the opportunity to discuss their emotions and feelings openly (Pearlmutter 1974; Eriksson, Arve and Lauri 2006), cared for (Tadman and Roberts 2007; Casarett et al. 2008) and feeling better informed and enabled to adjust to their situation (Gardner 1979; Mosby 1998). The negative experiences from the patient's perspective may include the recipient being made to face potentially distressing facts and feeling unable to cope or adjust to their situation (Wenrich et al. 2003). From the perspective of the nurse, the negative experiences may include feeling unprepared or unwilling to provide emotional support due to lack of time and necessary skills (Katz, Sidell and Komaromy 2001; Skilbeck and Payne 2003; Kuppelomaki 2003) which leaves the nurse feeling they have failed to meet the recipients need for emotional support.

4.7   Empirical referents

The final step of the Walker and Avant (2005a) concept analysis approach is to identify the empirical referents for the defining attributes, which are categories of the actual phenomena that demonstrate the occurrence of the concept of emotional support. This stage of the analysis is useful in measuring the concept and validating its existence (Richmond and McKenna 1998, Walker and Avant 2005a). Moreover, Walker and Avant (2005a) maintain that empirical referents

are tools through which we can observe, and measure the success of the concept. Walker and Avant (2005a) also acknowledge that the empirical referents and the defining attributes can be identical which is the case in this study.

The attributes presented here are relevant not only to palliative care nursing but also in other fields of nursing practice. Emotional support can be defined in a range of ways which sets it aside from other types of support and by the way in which some attributes or skills are pertinent to it. As an example, providing information and listening as described earlier, are important to palliative care nursing but not specific to this specialised field of nursing alone, as they are applicable and relevant to all areas of nursing practice. Whereas helping to express 'feelings' and 'emotions' and 'being there' are of particular relevance to palliative care nursing with patients and families as nurses working in this field of nursing can be regularly faced with fairly profound questions, statements and thoughts regarding life and death.

4. 8 Study Groups

The research method selected for this project uses the Walker and Avant (2005a) concept analysis approach which includes a comprehensive review of the associated literature to help identify all uses of the term emotional support, as per step 3 of this eight step process (see pg 22). The researcher also facilitated two study groups, in order to gather additional information relating to the use of the term emotional support in palliative care nursing practice. The process of selection and how these groups were conducted are presented here, along with a summary of the information gathered from the participants.

The local specialist palliative care unit provides an ongoing programme of education sessions for healthcare professionals working in the local area. A session entitled 'What is emotional support?' was included in the programme which was advertised locally for staff working in primary and secondary care.

The participants at this session included nurses and other allied health professionals who then formed study group (1). A second study group consisted of clinical nurse specialists from primary and secondary care. These nurses had expressed an interest in the provision of emotional support at an earlier study day organised by the local hospital palliative care team. The participants of this group were invited to attend and allocated a place by the local hospital palliative care team staff. The researcher had no involvement in the allocation of places or any prior knowledge of those participants attending either session.

At the beginning of each session, the researcher informed each study group of her research project and that the aim of the session was to gather their views on the use of the term emotional support in palliative care nursing. A brief presentation was given by the researcher during each session (see appendix two) to help facilitate the study groups. Study group (1) were divided into two smaller groups and were invited to undertake a reflective exercise to generate discussion regarding examples of a situation where they felt they had observed or participated in the provision of 'Emotional Support'. This included considering and discussing the skills, behaviours and actions they had observed. Study group (2) were a smaller group and much more vocal and talkative than the first group. Therefore, the researcher decided not to split the group and simply asked the group to consider the exercise as a whole. The researcher used flip charts to record the participant's views and opinions during the sessions as well as having an independent observer who transcribed the main themes of the discussions within the study groups.

Diagram 4 overleaf summarises the skills, behaviours and actions which were discussed by the participants of both groups and deemed to be representative of what they considered to be examples of 'emotional support' in palliative care nursing practice. The examples provided in the diagram are also consistent with

the defining attributes of emotional support which were detailed earlier in this chapter.
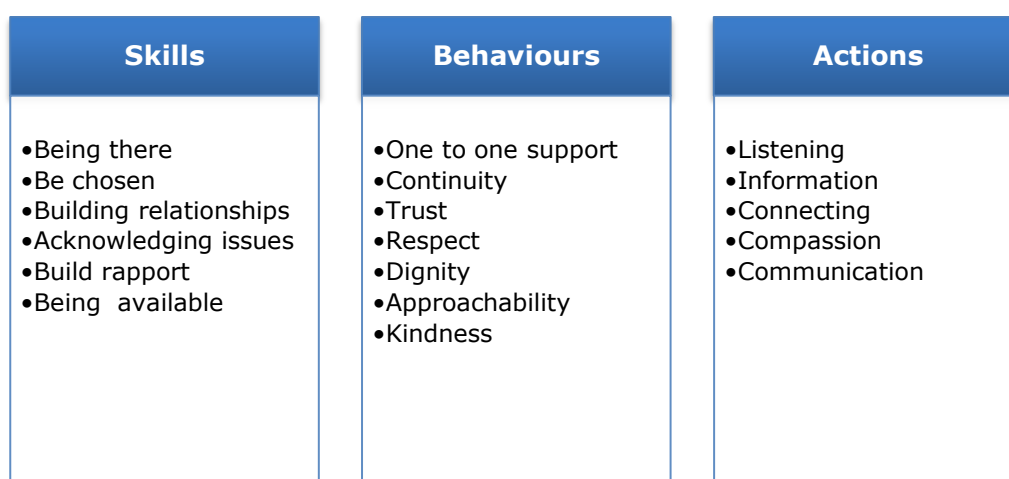
Skills	Behaviours	Actions
• Being there • Be chosen • Building relationships • Acknowledging issues • Build rapport • Being available	• One to one support • Continuity • Trust • Respect • Dignity • Approachability • Kindness	• Listening • Information • Connecting • Compassion • Communication

Diagram 4: *Summary of skills, behaviours and actions used in the provision of emotional support in palliative care nursing.*

Some participants stated they felt the term emotional support was "too big", while others suggested it was a much "softer" term in comparison with others, for example, psychological support. Both study groups also agreed that the term lacked clarity and has no definitive meaning in palliative care nursing practice. Therefore, the researcher asked the study groups to consider if it remains appropriate to continue to use the term emotional support in practice. Study group (1) appeared more apprehensive at this suggestion and were concerned what term could be used in its place. While study group (2) placed less emphasis on the use of the term emotional support and agreed that the use of the term 'support' alone may suffice in practice.

The views and opinions expressed by the participants in both study groups supported the researcher's own view that the term 'emotional support' remains vague in the field of palliative care nursing despite its frequent use. While the study groups may not be regarded as part of the Walker and Avant (2005a) concept analysis approach, the researcher believes the information collated

helped to corroborate how the term is currently used within palliative care nursing.

4.9 Summary

In concluding, this chapter has presented the findings from the selected literature which formed the basis of this concept analysis of emotional support in palliative care nursing. Model cases have been presented to help demonstrate the defining attributes which were determined. The discussion of these findings are presented in Chapter 5.

CHAPTER 5: DISCUSSION AND CONCLUSIONS

5.1 Introduction

This chapter discusses the findings that emerged from the concept analysis of the term emotional support in palliative care nursing. The discussion is based on key issues drawn from the literature reviewed which are used to challenge or substantiate our present understanding of the term emotional support as known in palliative care nursing. The conclusion and relevant issues to practice and future research are also presented, alongside the researcher's personal reflections of the research experience.

5.2 Definitions of the term emotional support

The definitions for the term emotional support discovered within the literature review include simple statements relating to the expression of feelings (Cobb 1976; Tadman and Roberts 2007) to more elaborate definitions (Pearlmutter 1974; Eriksson, Arve and Lauri 2006; Mosby 1998; Aitken 2009) which describe the term emotional support in greater detail. By comparing the definitions, the researcher found that assisting with the 'expression of feelings' and the ability to demonstrate 'understanding' were phrases frequently used to describe the term emotional support. However, other definitions appear to imply that the provision of emotional support by nurses involves a much more multidimensional approach. For example, Pearlmutter (1974, p 18) states that nurses "use a reasoned and deliberative intellectual process" to provide patients with emotional support by employing a range of behaviours, such as observing, listening and explaining. A more recent study by Kuppelomaki (2003) found that nurses also included empathy, consoling, encouraging, maintaining hope and discussing death as forms of emotional support.

Therefore, it would appear while some aspects of the term emotional support are agreed upon, there is not a general consensus among authors regards a definitive meaning. Within the palliative care nursing literature reviewed, the

researcher found no consistency in the definitions which were cited, despite the frequent appearance and use of the term emotional support. This confirms the researcher's initial observation that there is a taken for granted assumption that the reader understands the conceptual meaning of the term emotional support.

5.3 Uses of the term emotional support in palliative care nursing

The literature review considered the use of the term emotional support within the palliative care setting from a nursing perspective. The literature searches produced papers providing evidence of the term being in use in nursing practice since the 1970's. Although, in the palliative care nursing literature sourced, the use of the term appears to have become more prolific from the 1990's onwards. The shortage of early papers may be attributed to the fact that palliative medicine is still considered a relatively new speciality (Kinghorn and Gamlin 2001) and as a consequence, nursing literature specific to palliative care nursing is somewhat limited before the 1990's.

In the palliative care nursing literature reviewed, the term emotional support is often used to describe skills and behaviours which are collectively considered to be emotionally supportive for patients, families and carers. One of the most frequently cited characteristics of providing emotional support is helping recipient's to express their feelings and emotions (Kuppelomaki 2003; Chapple, Ziebland and McPherson 2005; Eriksson, Arve and Lauri 2006; Green 2006; Tadman and Roberts 2007). This is consistent with the definitions which the researcher discussed earlier in this chapter. However, other authors (Skilbeck and Payne 2003; Wenrich et al. 2003; Spears 2008) who considered the views of patients, families and carers found that the expression of feelings and emotions were not so highly rated. This difference in views confirms the ambiguity which surrounds the term and that nurses are unsure of what actually constitutes emotional support.

The range of nursing skills and behaviours cited as emotionally supportive is diverse and extensive. Examples include attending to patient's wishes (Kuppelomaki 2003), maintaining hope and a positive attitude (Wenrich et al. 2003), talking and listening (Chapple et al. 2006), responding to emotional needs (Eriksson, Arve and Lauri 2006) and reassurance (Spears 2008). Many of these skills and behaviours are not used exclusively in the provision of emotional support and are considered fundamental in nursing practice regardless of the care setting. Therefore, it is difficult to identify what specific skills and behaviours are employed by nurses to make the term emotional support unique in palliative care nursing practice.

The feedback from the study groups (see pg 66) helped to substantiate the initial findings from preliminary searches of the literature and the researcher's own experience that the use of the term emotional support in palliative care nursing is vague and ambiguous.

5.4 Defining attributes of the term emotional support in palliative care nursing

By using the Walker and Avant (2005) concept analysis approach, the researcher identified eight defining attributes which help to delineate and clarify the use of the term emotional support in palliative care nursing. The '**expression of feelings and emotions**' was one of the more prominent defining attributes identified and corresponds with several of the definitions discussed. The next most prominent defining attribute identified, '**communication**' is representative of nurses' ability to facilitate a discussion by using skills which enable patients, families and carers to talk. The next two attributes, '**understanding**' and '**caring**' provide nurses with an opportunity to demonstrate other nursing skills and behaviours such as respecting individuals (Mosby 1998), empathy (Kuppelomaki 2003) and compassion (Wenrich et al. 2003). The next three attributes '**providing information**', '**being there**' and '**listening**' are also examples of skills

and behaviours which are employed by nurses for the provision of emotional support. The identification of the final defining attribute of '**support**' was not surprising taking account of the use of the actual term 'emotional support'. The range of the defining attributes identified as part of the Walker and Avant (2005a) concept analysis approach support the researcher's view that the use and application of the term emotional support in palliative care nursing is multidimensional.

The analysis of the literature reviewed which provided the basis for determining each of the defining attributes can be seen in (appendix three). Although, some of the defining attributes identified were slightly more prominent than others, they were represented fairly evenly within the literature, with no obvious distinctive individual components. The researcher argues it is the association and integration of the defining attributes within the context of palliative care nursing which sets the term emotional support aside from other types of support in nursing. Several of the defining attributes identified as part of the Walker and Avant (2005a) concept analysis approach are considered to be fundamental aspects within nursing practice and stand alone as concepts within nursing practice, for example, caring and communication (Gardner and Wheeler 1981; Davies and Oberle 1990; Chinn 1991; Fallowfield and Jenkins 1999; Stevenson, Grieves and Stein-Parbury 2004). Therefore, further research is necessary to validate the defining attributes identified and ascertain whether it is the combination of these defining attributes which is representative of the term emotional support in palliative care nursing.

5.5 Antecedents & consequences

In order for emotional support to take place certain events or situations (antecedents) need to take place (Walker and Avant 2005a). The presence of the nurse and a willingness to engage are associated with the development of the nurse-patient relationship and considered essential for the provision of

emotional support in palliative care nursing (Skilbeck and Payne 2003; Kuppelomaki 2003; Kennedy 2005; Spears 2008). A study by Davies and Oberle (1990) acknowledges that the nurse as a person and the nurse as a professional cannot be separated as it is the integration of these roles which helps to establish a nurse-patient relationship. While, this research study recognises the presence of the nurse-patient relationship as an important antecedent, the model case actually describes an example where the nurse and the patient are only meeting for the first time. Therefore, the researcher asserts that the provision of emotional support may not be solely dependent upon an established relationship between the nurse and the recipient.

Another important antecedent of providing emotional support relates to the knowledge, skill and expertise of the nurse involved. Nursing knowledge and its development has been well documented over the last thirty years with key texts produced by authors such as Carper (cited in Rolfe 2001) and Benner (1984). Their work on how knowledge in nursing is developed and applied has been considered highly significant. However, in contemporary nursing it is generally accepted that knowledge incorporates many different types of knowledge, not just the traditional view of applying theoretical and practical knowledge in nursing practice (Cronin and Rawlings-Anderson 2004).

The researcher identified both positive and negative consequences as part of concept analysis undertaken. Clearly, a positive experience leaves the recipient feeling appreciative of the opportunity to discuss their emotions and feelings openly (Pearlmutter 1974; Eriksson, Arve and Lauri 2006), feeling cared for (Tadman and Roberts 2007; Casarett et al. 2008) and feeling better informed and enabled to adjust to their situation (Gardner 1979; Mosby 1998). In contrast, negative consequences include patients feeling unable to cope or adjust to their situation (Wenrich et al. 2003) and nurses feeling unprepared to provide

emotional support (Katz, Sidell and Komaromy 2001; Skilbeck and Payne 2003; Kuppelomaki 2003).

The antecedents and consequences identified as part of this concept analysis, typify the emphasis which is placed upon the nurse to provide emotional support. There is a clear expectation within policy documents and guidelines (WHO 2002; NICE 2004; Department of Health 2008; Scottish Government 2008b) that nurses working in palliative care should be involved in addressing the emotional needs of patients, families and carers. However, while such confusion surrounds the term, it is unclear how nurses are prepared and equipped with the skills to take this role on.

5.3 Implications for nursing practice

While this study has focused on emotional support in palliative care nursing, the findings and corresponding measures can apply to other areas of nursing work, and these ideas and findings may, therefore, be transferable and have wider application. Nurses' working within palliative care settings need to examine their understanding of concepts such as emotional support in order to ensure practice of this concept is based on sound evidence of what it is, its attributes, antecedents and consequences. Failing to understand the issues surrounding the provision of evidence based emotional support as an intervention in palliative care nursing can lead to doing more harm than good, raising issues with reference to patient autonomy and choice. The findings from this research study will help redirect nurses' work with patients, families and carers in the palliative care setting towards engaging in a shared understanding, instead of providing emotional support based on professional and personal assumptions.

In relation to the way forward from this study and in keeping with Baldwin and Rose's (2009) argument that concept analysis has the potential to enable practice development through concept clarification and meaning, the implications

from the findings of this research study for nursing practice and research are presented. The literature reviewed for this research study reveals there is an expectation placed on nurses working with palliative care patients to provide emotional support.

The model case described in Chapter 4 provides an example incorporating all of the defining attributes identified. There is a correlation between several of the defining attributes with other key concepts in nursing which makes it difficult to pinpoint what, if anything makes the term emotional support unique in palliative care nursing. Yet, the findings from the literature review and feedback from the study groups indicate the term emotional support is part of our vocabulary in palliative care nursing. There is a need for further work into the issues raised in this study on what exactly constitutes emotional support. The impact of emotional support provision for patients, families and carers, in the context of palliative care nursing, is well recognised. However, little research has been undertaken to examine and establish the nature and extent of nurses' knowledge and understanding of the evidence base for such practice. Furthermore, empirical research into emotional support with nurses working in palliative care and other specialised areas of nursing would be useful for professional and practice development, to enhance the quality of nursing care delivered. Further research within other settings, including other healthcare professionals, would also help to provide further clarification and understanding of the term emotional support in a wider context.

5.7 Study limitations

This study required a comprehensive review of the literature as part of the Walker and Avant (2005a) concept analysis approach. The researcher collated and analysed the data independently and the findings are based solely upon the researcher's own interpretation of the data. Although, the researcher's experience and qualifications within palliative care are credible, another

researcher's interpretation of the findings may produce some variation in the results.

The researcher has included an audit trail which demonstrates the systematic collection and documentation of materials (Polit, Beck and Hungler 2001). A summary of the data included in the research study and the analysis which identified the defining attributes are included within the appendices of this thesis. The literature searches conducted for this research study were also noted and retained. The initial literature searches yielded few primary research papers which had specifically studied emotional support in palliative care nursing. Therefore, the literature search for the study was expanded to include papers which used the term 'emotional support' in relation to palliative care nursing.

This research study has focused solely on palliative nursing care and the researcher has attempted to provide a thorough description of the research setting and the research process, in order to demonstrate the transferability of the findings from one context to another (Moule and Goodman 2009).

5.8 Conclusion

This section sums up the findings and discussion of the study. The aim of the study was to undertake a concept analysis of the term emotional support in palliative care nursing in order to identify, clarify and contribute to the professional knowledge within palliative care nursing. The selected methodology for this study was the Walker and Avant (2005a) concept analysis approach, as it allows for concept clarification, in order to help arrive at an understanding of the meaning of the concept (Baldwin and Rose 2009). The findings from the literature reviewed highlighted a lack of consensus on the definition of the term emotional support and raised questions for further research. The new insight and understanding from the study findings have shown that emotional support as practised by nurses working in a palliative care setting is based on personal and

professional expectations and assumptions, and not necessarily a research evidence base.

The evidence from the study has highlighted emotional support as being an umbrella term used to describe an interaction between a nurse and a recipient which focuses primarily upon addressing their emotional needs. The provision of emotional support in palliative care nursing uses a wide range of skills, actions and behaviours resulting in nurses using a multidimensional approach shaped by the needs of the presenting patients, families or carers and their situation. However, the study has also shown that the term emotional support does not appear to have any distinctive individual components. The findings from the study indicates that the provision of emotional support for patients, families and carers in the palliative care setting could not have been based upon sound empirical research evidence from nursing practice.

5.9 Recommendations

The researcher proposes that further research is necessary to validate the findings from this study and ascertain whether the defining attributes identified are in fact what makes the term emotional support unique to palliative care nursing. Therefore, the following recommendations are made:

- A further large scale research study to explore this area of nursing practice to elicit the views of nurses on their understanding of the term emotional support and its application in nursing practice.

- A comparative analysis of the use of the term emotional support in another nursing specialty, such as mental health nursing, which would help to validate the defining attributes identified.

5.10 Reflections from researcher's perspective

In October 2007, I commenced my studies by undertaking the first module of a PG Cert in Research Methods. At that time, I reflected on the use of the term 'emotional support' in my own clinical practice and found it was an area of interest I wished to develop on. I presented my initial thoughts and discussed these with my group as part of the PG Cert module (see appendix four). Provisional discussions with my supervisors and an initial search of pertinent literature found that the term emotional support was poorly defined and somewhat ambiguous. At this point, it became clear that an examination of the use of the term emotional support in palliative care nursing would form the basis of my study. With the support and guidance of my supervisors, the research method of concept analysis was selected. As a novice researcher, I had no particular preferences and therefore selected the Walker and Avant (2005a) concept analysis approach as the 'best fit' for my research study.

The process of undertaking this research study has resulted in a variety of feelings and emotions, relating to my own skills and ability. When I reflect back on my studies, I can see that I have gained new knowledge and skills pertaining to literature searching, critical appraisal and research methods amongst many others. At times, the writing up process has been a real challenge and on regular occasions caused me to question my own abilities. Fortunately, the topic of emotional support has remained of interest throughout, helping me to persevere and get to this stage.

At the outset of my studies, I believed that I would be able to provide the answers to all my questions regarding the use of the term emotional support in palliative care nursing. I now realise that I was somewhat naive and can accept that undertaking a research study at this level often only generates more questions which need to investigated or studied further.

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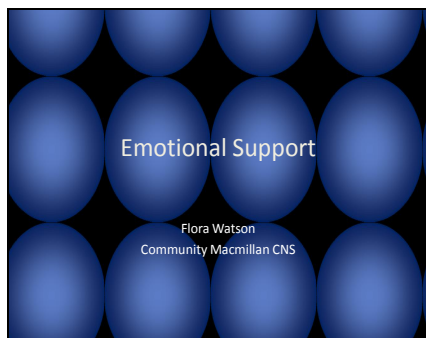
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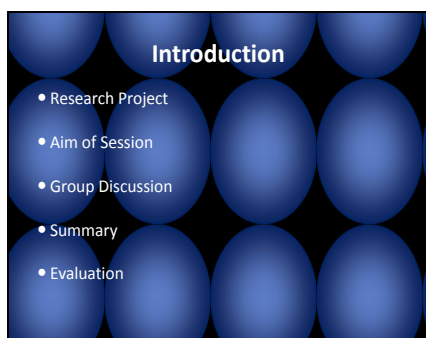WRIGHT, J., 2003. Critical Companionship part 2: using the framework. *Nursing Standard,* 18(10), pp. 33-38.

EMOTIONAL SUPPORT IN PALLIATIVE CARE NURSING: A CONCEPT ANALYSIS

TASK	2008						2009									2010					
	Start	End	Jul	Aug	Sep	Suspension in Studies	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Literature Search	07/08	07/09	XX	XX			XX	XX	XX	XX	XX										
Gather Literature	08/08	08/09		XX	XX						XX	XX	XX	XX							
Review Literature	09/08	10/09			XX		XX	XX	XX				XX	XX	XX	XX					
Apply Concept Analysis	08/09	10/09												XX	XX	XX	XX				
Writing Up	03/09	05/10										XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Submit Thesis		06/10																			XX

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Slide
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Emotional Support

Flora Watson
Community Macmillan CNS

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Slide

2

Introduction

• Research Project

• Aim of Session

• Group Discussion

• Summary

• Evaluation

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Slide

3

What is the difference in meaning between these terms?

• Psychological Support

• Pyschosocial Care

• Counselling

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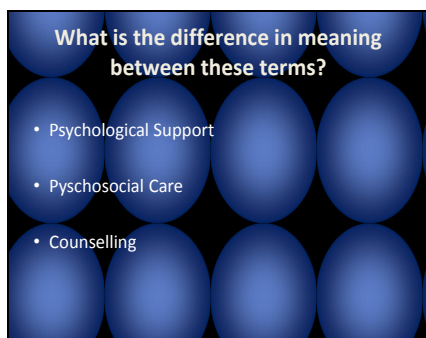
(Appendix Two: PowerPoint

Presentation Oct 2007)

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Slide 4

Definitions of 'Emotional Support'

- Expressing agreement with and acknowledging a person's feelings and encouraging open expression of beliefs and feelings
(Cobb 1976/House 1981)

- 'Emotional support consists of comforting gestures which are intended to alleviate uncertainty, anxiety, stress, hopelessness and depression'
(Finfgeld-Connett 2005)

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Slide 5

Reflective Exercise

Discuss examples of situations where you observed or participated in 'Emotional Support' being provided:

- Think of good and bad examples

- Consider what were the skills, behaviours or actions that provided 'emotional support'

- Summarise your discussions and feedback

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Slide 6

Emotional Support

- Who provides it?

- What limits the provision of Emotional Support?

- Can you learn to provide Emotional Support?

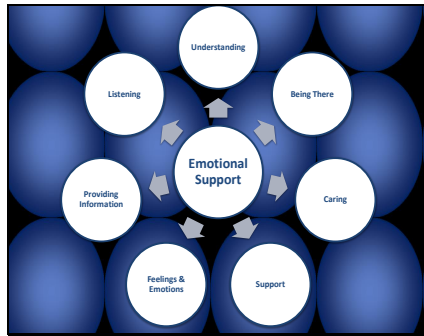- Is emotional support a fundamental part of nursing & healthcare?

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Slide 7

Research Project

- Concept Analysis of Emotional Support

- Literature Review

- Clarification of term

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Slide 8

Literature Review

- Found in early papers from 1970's

- Frequently cited within healthcare literature

- No clear definition

- General assumption the professionals 'know' what the term means

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Slide 9

Understanding

Listening

Being There

Emotional Support

Providing Information

Caring

Feelings & Emotions

Support

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Slide

10

Consider

- *Why are we using the term Emotional Support in nursing when such confusion exists?*

- *Do other terms equally describe 'emotional support?'*

- *Have nurses hijacked the term 'emotional support'?*

- *What does the term 'emotional support' mean to patients?*

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Defining Attributes of Emotional Support

Feelings & Emotions	Communication	Understanding	Caring	Listening	Providing Information	Being There	Support
• Pearlmutter, Rickel, Gardner,Teno (2001), Wenrich, Skillbeck &Payne, Kuppelomaki, Finfgeld--Connet, Chapple, Payne, Eriksson, Lloyd-Williams, Green, Todman &Roberts, Mosby	• Pearlmutter, Gardner, MacMahon, Forbes, Katz, Wenrich, Skilbeck & Payne, Chapple, Johnston & Smith, Green, Casarett, Lloyd-Williams, Aitken, Mosby	• Pearlmutter, Rickel, Gardner, Feocco, Katz, Wenrich, Skilbeck & Payne, Kuppelomaki, Casarett, Okamoto, Payne, Aitken, Mosby	• Pearlmutter, Feocco, Wenrich, Skilbeck & Payne, Kuppleomaki, Johnston & Smith, Casarett, Payne, Lloyd-Williams, Todman & Roberts, Mosby	• Pearlmutter, Rickel, Gardner, Kuppleomaki, Finfgeld-Connett, Eriksson, Green, Lloyd-Williams, Mosby	• Pearlmutter, Rickel, Gardner, MacMahon, Teno (2001), Wenrich, Skilbeck & Payne, Chapple, Okamoto, Aitken	• Pearlmutter, Gardner, Wenrich, Skilbeck, & Payne, Kuppleomaki, Finfgeld-Connett, Kennedy, Johnston & Smith, Green, Casarett	• Pearlutter, Rickel, Gardner, Feocco, Lowden, Wenrich, Skilbeck & Payne, Kennedy, Eriksson

Appendix Three: Defining Attributes of Emotional Support
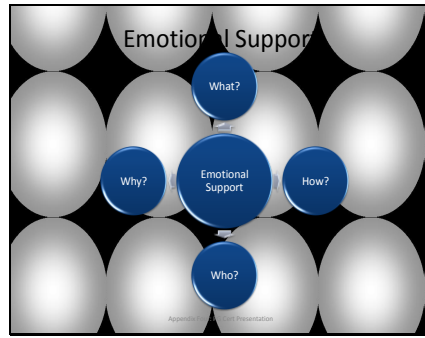
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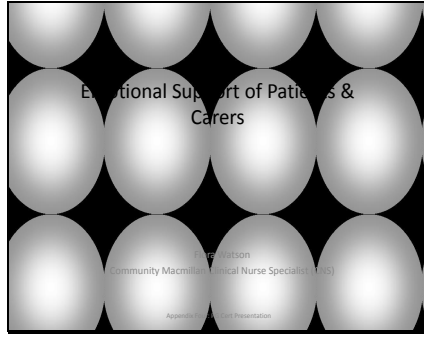
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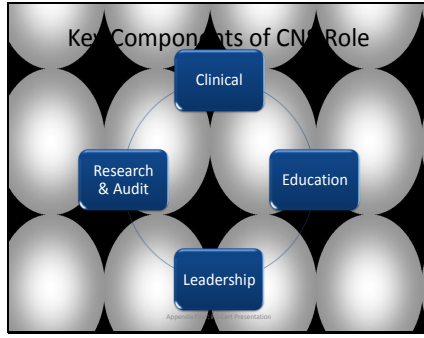
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(Appendix Four: PG Cert

PowerPoint Presentation Oct 2007)

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Slide
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