

Development of a Substantive Theory of Nurse Caring

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Abstract

The aim of this research was to develop a substantive theory of nurse caring. The specific objectives were to identify nurse caring behaviors and interactions and patient health outcomes. Because caring is a socially constructed process, grounded theory methodology was used in this study. Fourteen chronically ill elderly hospitalized patients participated in audiotaped interviews about nurse caring. A new theory of caring, personalized nurse caring, emerged with three phases: connecting as family, conveying genuine concern, and taking care of needs. Positive patient health outcomes were identified. Caring for patients in a personalized, family-like manner has nursing practice, pedagogical, and research implications.

Key Words: Caring, nurse caring, evidence-based, health outcomes, grounded theory, substantive theory development, qualitative

Introduction

Caring is the hallmark of effective nursing practice and is accordingly a desirable characteristic of all nurses. In fact, caring is a descriptor frequently used by nurses and within the profession to characterize what nursing is all about. Nurse scholars have written about caring; its value, its essential nature to nursing, and its centrality to our science (Boykin & Schoenhofer, 1993, 1997, 2001; Leininger, 1978; Smyth et al., 1990; Watson, 1979, 1985, 1990, 2002). Professional organizations (National League for Nursing, 2002; Pev Health Professions Commission, 1995) and program evaluators (American Association of Colleges of Nursing, 1998) identify caring as a necessary outcome for nursing graduates. However, even with the continued emphasis on caring as a fundamental aspect of nursing, there remains a gap between the various definitions of caring and what is known about the implementation and outcomes of caring.

Background

Interpersonal relations in nursing (Peplau, 1952) and the theory of human car-

ing (Watson, 1979) are two nursing theories that significantly inform our understanding of nurse-patient communication. The works of Sullivan (1940, 1953), Fromm-Reichman (1950), and George Herbert Mead (1934) influenced Peplau's theoretical model of nursing as an interactive process. In her theory, nursing is viewed as a human relationship between someone sick or in need of health services and a nurse who can recognize and respond appropriately to the need. Importantly, Peplau's theory not only focuses on helping patients to identify their needs and applying human relations principles to patient problems, but also on the nurse understanding his/her own behavior.

Watson's (1979, 1985) theory of human caring derived from the psychological philosophical world-view and specifically by the works of Rogers (1951, 1957) and Carkhuff (1969, 1971) who examined the therapeutic counseling relationship. Rogers (1957) identified love as an essential element in any helping relationship, equated love with acceptance and deep understanding, and acknowledged these characteristics as indicators of caring behaviors. Watson's theory of human caring recognized the importance of the nurse-patient relationship derived from trust, respect, and empathy and communicated through displays of understanding and acceptance. When feeling

accepted and understood, a patient will most likely identify a nurse as a caring person (Watson, 1990).

Previous studies on caring focused on patient descriptions, perceptions, or perspectives of caring or non-caring behaviors (Brown, 1986; Finch 2006b; LaCrosse, 1975; Mayer, 1986; Riemen, 1986; Wallston & Weitz, 1975). While patients identify nurse caring with task or skill competency, attentiveness, and empathy (Bottorff & Varcoe, 1995; Fredriksson, 1999), nurses report the importance of being involved with a patient's world of experiences (Gaut, 1986; Keller & Baker, 2000; Olson, 1993) and the need to accurately know the patient (Finch, 2004; Swanson, 1991, 1993, 1999; Tanner, Benner, Chesla, & Gordon, 1993).

Still, with extensive research on the nurse-patient relationship (Hartrick, 1997; Orlando, 1961; Peplau, 1952; Watson, 1979) and the communication within that relationship (Finch, 2005, 2006b; Jarrett & Payne, 1995; Kasch & Lisnek, 1984), little is known about the exact nature of nurse caring that occurs within a specific patient-nurse dyadic context. Furthermore, there have been no known studies that systematically examine the caring construct from the nurse-patient dyad perspective with the purpose of developing theory. Thus, it was within a nurse-patient relationship dyad context that nurse caring was scientifically examined as a means to clarify and validate the caring phenomenon; a clarification that is critically needed as a source of support for evidence-based nursing practice, in order to explain its essence, and to better predict and evaluate associated actual and perceived patient health outcomes.

As part of a larger grounded theory study that examined both nurses' and pa-

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tients' perspectives of nurse caring (Finch, 2006a), this manuscript focuses on elderly patients' perspectives of nurse caring and the subsequently developed substantive theory of nurse caring. The specific aims of the study were to identify nurse caring behaviors, what comprises caring interactions between patient-nurse dyads, and actual and perceived positive health outcomes of chronically ill patients associated with nurse caring. The overall objective of the study was to develop a substantive theory of nurse caring empirically derived from the data.

Method

The design for this study was grounded theory methodology (Glaser & Strauss, 1967) using constant comparative analysis of semistructured interview data collected from nurses and patients. Grounded theory was specifically suited for this research because it is a method used to explore the social psychological processes that present within human interactions, which is applicable to nurse-patient communication. Also, grounded theory methodology is useful to develop explanations of key social processes such as caring in nursing, which is derived from or grounded in empirical data (Hutchinson, 2001).

Subjects and Setting

Patients who were able and willing to discuss the caring topic constituted a theo-

retical sample of participants. Prior to this study, there were no known grounded theory studies that examined same patient-nurse dyads in terms of perceived or conveyed caring behaviors, caring interactions, and patient health outcomes.

Procedures

The institutional review boards of the university where the researcher is employed and the hospital facility approved this study. Potential participants were informed of the study by a staff nurse case manager who acted as an independent screener. Patients were asked to participate in this research if they met the following criteria: (a) had a caring experience with a nurse within the past 3 months, (b) were able and willing to describe that experience, (c) were able to identify the nurse, (d) had a chronic illness, and (e) were English-speaking.

The total number of patient participants was initially planned to be 12. However, according to Hutchinson (2001), sample size should be determined by data generated and analysis. As the study progressed, additional participants were added based on the emerging concepts in order to adequately explore the dimensions and variations of caring that emerged along the way (Glaser & Strauss, 1967; Strauss & Corbin, 1990, 1998). Thus, data collection was expanded to provide the inclusion of patient participants that gave the most comprehensive appraisal and permitted elucidation and

refinement of the caring phenomena in nursing and continued until saturation of conceptual information was obtained and no new data emerged. The final number of patient participants was 14.

Before the interview began, each participant was again informed about the study. The investigator provided time for questions and answers, after which the consent form was read to each participant and informed consent was obtained. Next, the researcher provided patients with a definition of caring by Smyth et al. (1990), which was put into words that were understandable for a lay person. This definition helped to focus attention on the nurse's caring for and caring about the patient.

Data Collection

The researcher conducted semistructured interviews that were audiotaped and transcribed verbatim by an experienced transcriber. Since this was a grounded theory study, the researcher was the primary instrument (Glaser & Strauss, 1967; Speziale & Carpenter, 2003). Grand Tour Questions, presented in Table 1, guided the discussion with the patient about caring interactions with the nurse and what behaviors were important in conveying caring. The investigator probed more deeply for additional information deemed important to fill in gaps and further explicate the caring construct during data collection. Each interview was conducted in a private environ-

Table 1
Grand Tour Questions

1. What was important in your interaction with the nurse?
2. Of all that was important, what was it that your nurse did that most conveyed caring to you?
3. What was the nurse trying to influence related to your health?
4. What is different in your health because of this caring interaction with the nurse?
5. What were your thoughts and behaviors during your interaction with the nurse?
6. What enhanced your interaction with the nurse?
7. Was there anything about the environment that enhanced your interaction with the nurse?

ment and lasted an average of 30 minutes.

Data Analysis

Congruent with grounded theory methodology (Glaser & Strauss, 1967), supplemental field notes were written immediately following each interaction to document descriptions of what was experienced and observed during each interview, the investigator's feelings and reactions to what was observed, and field-generated insights. This process provided the beginning interpretations of data.

Two clinical researchers jointly coded and analyzed the data. Data analysis consisted of identifying, coding, summarizing the concepts and themes, and memoing consistent with the rigorous processes established by Glaser and Strauss (1967). Each interview question was analyzed to identify subthemes (see Table 2). Subsequently, each interview was analyzed as a whole to identify subthemes. Comparisons were made between interviews and a list of common subthemes was compiled and categorized into larger themes. The list of subthemes and themes was reviewed for completeness and verified for accuracy using the constant comparative method of data analysis (Glaser & Strauss).

The primary investigator then compiled lists of descriptions of caring behaviors and descriptions of caring interactions that emerged from the themes and subthemes from all interview data. These data were reviewed for completeness and verified for accuracy again using the constant comparative method of data analysis (Glaser & Strauss, 1967).

In addition, throughout the data analysis process, as thoughts, ideas, and concepts emerged from the data, memoing (Glaser & Strauss, 1967) was conducted to preserve rational ideas, intuitions, and abstractions. Insights derived provided a clearer and broader understanding of the ways patients perceive nurses' conveyance of caring through specific nurse caring behaviors and interactions and of healthcare outcomes in-

fluenced by nurse caring. After complete analysis of all data, a substantive theory of nurse caring of chronically ill, elderly patients emerged.

Findings

Fourteen patient interviews were conducted over a 7-week period. The sample included seven men and seven women aged 52 to 89 with a mean age of 73.5 years. In this sample, eight were African American and six were Caucasian. Study findings relative to patient-perceived nurse caring behaviors, caring interactions, and health outcomes along with the newly identified substantive caring theory comprised of three sequential phases are presented.

Caring Behaviors

The first aim of this study was to identify nurse caring behaviors. From the data, four behaviors were perceived by patients as those that convey nurse caring: (a) responding when needed and without being prompted, (b) doing extra "little things," (c) following through, and (d) taking care of needs.

Patients reported that nurses who responded when needed and without being prompted conveyed the sense of being available to meet their needs and conveyed genuine interest in their well-being. Additionally, patients reported feeling cared for and cared about when nurses checked on them without being asked, that is, on their own initiative. Nurses who did extra "little things" for the patient, such as bring a cup of coffee, an extra blanket, or read a poem, conveyed caring. Patients also reported they developed trust and consequently a feeling of being cared for and cared about when nurses kept their word and followed through with what had been promised. Finally, nurses taking care of needs, both physical and emotional, conveyed caring to patients. Specific examples of taking care of needs included being attentive to physical needs (providing wound care, preventing infections, controlling bleeding), providing

personal care (bathing, toileting, feeding), and being sensitive to interpersonal needs (communicating, listening, being present).

Caring Interactions

The second study aim was to identify what comprises caring interactions between patient-nurse dyads. The findings indicated that patients' perceptions of caring interactions with nurses occurred when nurses conveyed the caring behaviors, previously discussed, along with communicating the desire to want to connect with the person (genuinely wanting to know about the patient as a person) and the display of attitude perceptiveness (anticipating patient needs and planning for meeting these needs in ways that conveyed a personal level of genuine caring).

Patients reported an important aspect of conveying caring behaviors and experiencing caring interactions as being the context in which nurses' work occurred. Patients perceived that nurses who conveyed caring behaviors (responding when needed and without being prompted, doing extra "little things," following through, taking care of needs) and had caring interactions with them (connect with the person, display attitude perceptiveness) enjoyed their nursing work, were genuine and authentic in their communication, gave their best, and used appropriate humor. An additional finding was that patients were often surprised by the extent of nurses' concern and interest in them.

Health Outcomes

The third study aim was to identify actual and perceived positive health outcomes of chronically ill patients associated with nurse caring. Patients reported positive health improvements experienced in both physical and emotional health when nurses displayed caring behaviors toward them and had caring interactions with them. Examples of actual positive physical health outcomes as a result of implemented caring behaviors and caring interactions included

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Table 2
Subthemes, Themes, Concept Explication Example

Grand tour question	Subthemes	Themes	Concepts
What was important in your interaction with the nurse?	<p>Came when I needed her</p> <p>Always just right there; if she can't come, she sends word or calls to tell me she'll be there as quick as she can</p> <p>Miss her when she is not here</p> <p>Accept her as part of my family</p> <p>Talk to each other</p> <p>Stands and listens to my problems</p> <p>I listen to her</p> <p>We just got close</p>	<p>Patient feels nurse treated her as a family member</p> <p>Cared for breast wound and chest tube wound carefully; talked while she did wound care</p> <p>Concerned</p> <p>Trusts me and I trust her</p> <p>Cannot count on the future; nurse helped her deal with that</p> <p>Feels at home; nurse is there when she needs her</p> <p>Nursing actions important; she did them competently</p> <p>Senses what patient needs</p> <p>Nurse smiles</p> <p>Nurse trust</p> <p>Nurse talks with patient</p> <p>Nurse sat on bed</p> <p>Listens to patient; patient listens to nurse; they share</p> <p>Talked about children</p> <p>Misses nurse when she is not there; like family; a family-like connection</p> <p>Responds to requests in a timely fashion or sends word if there will be a delay</p>	<p>Taking care of needs</p> <p>Did extra "little things"</p> <p>Responded when needed</p>

prevention of skin breakdown, discontinuation of arterial bleeding, decreased number and length of panic attacks, and increased physical comfort. Examples of patient perceived positive health outcomes resultant from nurse caring behaviors and interactions included improved appetite, promotion of wound healing, and improved physical strength. A significant emotional health patient outcome of nurse caring behaviors and interactions was the improved understanding of treatment and disease processes. Patient perceived emotional health outcomes of nurse caring included enhanced feelings of calm and relaxation, promotion of positive thoughts and feelings of encouragement, and an improved outlook on life.

Substantive Nurse Caring Theory

The overall objective of this study was to develop a substantive theory of nurse caring empirically derived from data (see Table 3). Personalized nurse caring was the overarching caring feature important to elderly patients' interactions with nurses and became the organizing central construct in this new caring theory. Personalized nurse caring is supported by six concepts, synonymous with the four identified nurse caring behaviors (responding when needed and without being prompted, doing extra "little things," following through, and taking care of needs) and the two types of caring interactions (connecting with the person and displaying attitude perceptiveness) described and desired by elderly patients. Within this caring theory, there are three distinct, se-

quential, and contextually situated phases that define a caring nurse as perceived by patients: (a) connecting as family, (b) conveying genuine concern, and (c) taking care of needs.

Phase 1: Connecting as family. The need to develop a close connection with their nurse, or connecting as family, is viewed as the necessary first step toward establishing the caring relationship and is the first phase in the caring theory. It is in this phase that caring behaviors and interactions are expressed by the nurse toward the patient as previously described.

Phase 2: Conveying genuine concern. After developing the family-like connection, patients perceived their nurses were

able to communicate caring to them through “authentic actions and interactions” (that is, being genuinely concerned and present in the communication experiences). This phase in the theory of personalized nurse caring is known as conveying genuine concern, which, for patients, was clearly an important and significant aspect of nurse caring. Similar to family members who are often trusted to be real and genuine in actions and interactions with each other, these nurses conveyed to their patients that their interest was “real and reliable” and that the care being delivered derived from a sincere desire to “give their best” in order to provide exactly what was needed to meet the patient’s needs.

Phase 3: Taking care of my needs. With the implementation of the third phase, taking care of my needs, patients felt that their physical and emotional needs were important, such that their nurses earnestly wanted to provide the exact type of nursing care needed. Patients believed their nurses were able to provide individualized patient interventions (just what I needed) based on the ways of being with the patient established through connecting as family and conveying.

Genuine Concern

Thus, the relationship statement that most accurately explains, describes, and predicts the concepts, processes, and outcomes of the newly developed substantive caring theory is: there is a positive relationship between connecting as family, conveying genuine concern, taking care of my needs and personalized nurse caring with subsequent actual and perceived positive patient health outcomes.

Definition of Caring and Discussion

From this grounded theory study, three phases of caring emerged: (a) connecting as family, (b) conveying genuine concern, and (c) taking care of needs. After examining the totality of findings, the following defini-

tion of caring was derived: caring is an authentic way of being with a person for whom there is a family-like connection, genuine concern, and personalized knowing.

Patients reported looking forward to their nurses who responded when needed, interacted spontaneously, were pleasant when communicating and providing care, and had an easy and comfortable approach with patients. These findings are congruent with previous studies of patient preferences of preferred nurse behaviors (Finch, 2006b). Further, patients wanted nurses who did not argue, were not aggressive, responded when called, and provided quality care while trying to help them to achieve an optimal level of wellness. Nurses who were available to patients and conveyed an interest in them promoted the development of a truly caring nurse-patient relationship. Elderly patients articulated being cared for and cared about when nurses responded to their requests and at times did so even without being called or prompted. Nurses who were sensitive toward and looked after their patients as individuals, wanting to know what was important to them, communicated a perceptive attitude that made patients feel welcomed and at home as would a family member. In all, patients wanted nurses to help them to be comfortable and “feel at home” as much as possible while in the hospital environment.

Doing extra “little things” to communicate caring revealed nurses who put forth additional efforts to joke and smile, to provide a comforting hug, to spend time talking about what was on the patient’s mind, to provide token objects of affection (in one case a small bear; in another, a carefully selected poem of encouragement), or to perform particular tasks that conveyed special care, concern, and attention. Doing these extra things were nurses’ attempts to strengthen and personalize the nurse-patient relationship. This finding supports “good nursing” reported by Davis (2005) and Finch (2006b) who noted that patients want

nurses to be present by being kind, gentle, attentive, sincere, and available.

Following through by nurses meant keeping their word and doing what had been promised, which allowed the development of patient trust within the nurse-patient relationship. Nurses who followed through with what they said they would do communicated caring for and caring about patients. Data revealed that prompt action by the nurse conveyed to patients a sense of being available for and a genuine interest in overall patient health and well-being.

Taking care of needs was identified by patients as a component of nurse caring that included caring for both physical and emotional needs and combined caring behaviors with specific nursing interventions. Patients’ physical and emotional needs necessitated such interventions as dressing wounds, applying pressure to control bleeding, administering medications, bathing, toileting, feeding, being present, and spending time listening and talking. Instituting identified caring behaviors and caring interactions allowed nurses to connect as family with and convey genuine concern toward their patients; the two phases in the caring theoretical framework that allow nurses to get to know the patients wholly and in ways that foster implementation of individualized nursing interventions to take care of needs. These findings support the work previously reported by Sumner (2004) who noted nurses desire to thoughtfully and considerately provide care to patients and Finch (2006b) who identified that patients want nurses to interact in a caring manner yet behave with professionalism and competence in providing care for them.

Nurses who interacted in ways that connected with person and displayed attitude perceptiveness were perceived by patients as wanting to know and wanting to be with them. Finch (2004) noted that a nurse should be authentic, open, and honest in patient communication with awareness of each patient’s uniqueness while striving for an environment that promotes the sharing of

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Table 3
Personalized Nurse Caring Theory

Phase 1: Connecting as family	Phase 2: Conveying genuine concern	Phase 3: Taking care of needs
<p>Caring behaviors</p> <ul style="list-style-type: none"> Responding when needed and without being prompted Doing extra "little things" Following through Taking care of needs <p>Caring interactions</p> <ul style="list-style-type: none"> Connecting with the person (wanting to know the patient) Displaying attitude perceptiveness <p>Context</p> <ul style="list-style-type: none"> [Nurse] Enjoying the work [Nurse] Being genuine [Patient] Being surprised by concern and interest 	<p>Caring behaviors</p> <ul style="list-style-type: none"> Communicating authentic actions and interactions Being real and reliable Giving their best <p>Context</p> <ul style="list-style-type: none"> [Nurse] Enjoying the work [Nurse] Being genuine [Nurse] Using humor [Patient] Being surprised by concern and interest 	<p>Developing and implementing individualized interventions:</p> <ul style="list-style-type: none"> - Physical needs - Emotional needs <p>Context</p> <ul style="list-style-type: none"> [Nurse] Enjoying the work [Nurse] Being genuine [Nurse] Using humor

specific concerns. It is with this level of interaction the nurse comes to accurately know and understand the patient.

Implications

This informed knowledge of caring within this nurse-patient context provides a meaningful contribution to nursing practice, education, and research by providing a congruent and compatible way of knowing about the caring phenomenon explicated in personalized nurse caring, the new nurse caring theory, that can be used to describe, explain, predict, and prescribe the most appropriate nursing care.

Nursing Practice

Specifically, the application of the theory of personalized nurse caring, within the practice of nursing, will provide practicing nurses with new theoretical knowledge about caring that can be used to improve and enhance their current and future practice. Having knowledge of the caring behaviors and the types of communication interactions that are important to patients, nurses will be able to foster ways of being with patients that promotes mutuality while

establishing the respected nurse-patient relationship and will improve outcomes in patients who will benefit from nurses' caring attitudes and responses.

This new substantive theory of caring in nursing supports a foundation for evidence-based practice. Utilization of personalized nurse caring theory-based nursing interventions, including the caring behaviors that have been systematically and scientifically derived, will provide evidence on which to plan, implement, and evaluate the most appropriate and individualized nursing interventions for patients. Furthermore, knowledge of the caring construct from this theoretical perspective can encourage nurses at all levels to insist on practice environments that are conducive to and foster interactions and expressions of caring toward patients and allow for connecting as family, conveying genuine concern, and taking care of needs.

Nursing Education

The application of the theory of personalized nurse caring within nursing education will promote the incorporation of caring communication into nursing curric-

ula as a way to engage nursing students in the display of caring attitudes and behaviors toward patients. Personalized nurse caring theory can be used to develop pedagogical strategies that can be utilized to instruct nursing students in ways to communicate with and convey caring behaviors to patients. Thus, novice students, who are taught about and exposed to patient communication situations, can begin to experience and incorporate the use of accurate caring behaviors and caring interactions into their own communication repertoire with patients early in the educational process. Such an educational approach clinically applied will assist in the promotion of accurate understanding of patients that can result in more personalized nursing care. Additionally, the application of this theory of caring by nursing faculty will promote role modeling of caring behaviors and professional interactions with patients, students, nurses, and other health team members.

Nursing Research

Finally, from a nursing research perspective, caring has and will continue to be

an essential element of nursing. Just as it is crucial that nurse scientists continue to question and search for that which brings clearer understanding to nursing practice and the discipline as a whole, it is also vital to examine and apply that which we know in order to ask new questions, uncover new knowledge, and provide for more rigor within our profession. Hence, even though the theory of personalized nurse caring provides illumination of nurse caring knowledge that is grounded in data, it should fall within that domain of examination.

Study Limitations

Although this study is limited at the present time in terms of generalization to other populations, it has been strongly suggested that theories developed through grounded theory are accurate, relevant, and useful (Glaser & Strauss, 1967). Although consideration was given methodologically to facilitate patient recall, memory may be distorted by passage of time and data may be tainted. Thus, this study was also limited by the use of recall data.

Future Research

Continued research that incorporates testing of the elements of the personalized nurse caring theory must occur in order to support and further authenticate this important theoretical contribution to the art and the science of nursing. Specifically, future explorations of the theory of personalized nurse caring are needed to verify the caring concepts, validate caring behaviors, and confirm patient outcomes by conducting studies in a variety of healthcare settings, incorporating diverse patient and nurse populations, and employing a variety of research methodologies. Finally, continued systematic, disciplined, and rigorous study of this substantive theory will lead to formal theory development that can be utilized to scientifically examine the caring construct in multiple dimensions and in diverse application situations.

Conclusions

While the nurse-patient relationship provides the foundation for nursing, it is the caring aspect of that relationship that is the fundamental component that remains the essence of what nursing and nursing practice is all about. Patients are well-aware of and able to articulate the types of interactions they prefer to have with nurses and the behaviors that specifically convey caring to them. As primary caregivers to patients, nurses must be aware of the significance of their interactions with patients because of the ultimate impact on patient outcomes. It is cogent to suggest that the empirically derived personalized nurse caring theory be utilized by nurses and those interested in nursing to better understand, develop, and support this most sacred relationship that occurs between a patient and a nurse.

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