Author's response to reviews

Title: When care situations evoke difficult emotions in nursing staff members: an ethnographic study in two Norwegian nursing homes

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Author's response to reviews: see over
Dear Editor in Chief Anto De Pol

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Thank you for the valuable comments and reviews of our manuscript “When care situations evoke difficult emotions in nursing staff: An ethnographic study in nursing homes of staff commitment to nursing home residents” (revised title: “When care situations evoke difficult emotions in nursing staff members: an ethnographic study in two Norwegian nursing homes”). We have considered the reviewers’ comments and we are pleased to resubmit a revised article with the following changes (marked in red), made point-by-point according to the referees’ suggestions.

Reviewer 1

Thank you for the opportunity to review this manuscript. Despite the topic is very important and interesting, the method section need to be revised thoroughly by the authors. Please consider the following comments in its revising.

Please explain the reason for choosing ethnography as a research methods. The data collection process is described in more detail. \textit{We agree, and the data collection is now described in more detail.}

It is not clear in what approach the data analysis is done. Please specify the method of data analysis. It is unclear how the concepts have been obtained how you interpreted the relationships between them to reach a main variable. \textit{In the revised version of the manuscript, we have explained the reason for choosing ethnography as the methodological approach. Further, we have described the data collection process in more detail, as well as our analyses.}

Reviewer 2

A very interesting study. I have made review recommendations below to add clarity and reinforce some of your major findings. I think one of the major contributions of your paper is extending Lawler’s (1997) notion of the problem with language. Bodily issues in nursing are considered private and unspeakable. You have extended this thinking to patient/resident behaviours. The problem of having a poor and undeveloped language is the manner in which it limits our abilities to acknowledge this important work and the complex intersection social norms that are being maintained. Importantly, the nursing staff refrained from talking about these difficulties openly and this may be a result of medical socialization (of which there is a body of literature you could reference). By increasing the visibility of this work, you are helping to acknowledge the challenge and taken-for-granted nature of this work. In addition, the manner in which nursing home staff are resourced to therapeutically respond may have implications for their ongoing relations with residents as they appear to be in a conflicted position (punitive isolation versus social engagement of residents).

Major Compulsory Revisions

1. Title: The title might be simplified. Consider – “When care situations evoke difficult emotions in nursing staff: An ethnographic study in two nursing homes”. One reason to simplify is that your original title does not include all three categories of findings. You really
only need the main category. Thank you very much for your valuable comments, which have been helpful in order to improve the manuscript. The title has been simplified according to your suggestions.

2. Abstract background: The second sentence regarding persistent resident behaviours might be reworded to acknowledge the cognitive and physical changes accompanying ageing and disability that contribute to behaviours considered socially unacceptable, such as incontinence, striking staff, and spitting. The sentence has been reworded.

3. Abstract methods. The first and second sentence are repetitive as they both acknowledge two nursing homes being the context. I would simplify the first sentence to say, “This article draws on ethnographic data to describe how nursing home staff manage unpleasant resident behaviours”. The sentence has been simplified.

4. Abstract results and discussion: Do you mean that the staff reported feeling conflicted by the need to isolate residents exhibiting unpleasant behaviour? Did they fear that they may be harming the resident in some manner by doing so? We agree that this section was unclear, and the section has now been revised.

5. Background, first paragraph: The last sentence about tacit behaviour is floating unmoored as it introduces a new concept (tacit knowledge) without defining it for the reader. I would delete this sentence. I think your main point in this paragraph is the taken-for-granted nature of bodily work; it is often thought of as an unskilled or simple task. This conceptualization of nursing may overstep complex approaches to manage appearance and behaviours at the individual and group level. The sentence has been deleted.

6. Background, second paragraph: I would consider directly speaking to the cognitive and physical impairments that characterize the nursing home population. Your immediate move into behaviours does not make sense without this background explanation. Otherwise, it sounds as though nursing home residents are simply a poorly behaved group. The point is that they cannot routinely inhibit aggressive or inappropriate behaviours due to important cognitive changes. Moreover, control over bodily functions renders routine social interaction (e.g., meal times) potentially embarrassing and unpleasant for others. We agree, and a description is added to the paragraph.

7. Background, third paragraph: I would rework this paragraph to say that various theorists have shaped our understanding of disgust or aversion accompanying the physical care of ageing and seriously ill populations. Here, I would consider adding reference to Kristeva (1991, 1997) given her analogous concept of ‘abjection’ when encountering diseased and exudative bodies. The private work of the body is normally undertaken by the individual and concealed in the home. The loss of autonomy in these matters constitutes a major social loss and can lead to estrangement or rejection. This thinking might helpfully link up with your observation of social isolation of particular nursing home residents. Thank you for this valuable comment; we have reworded the whole paragraph and added references to Kristeva.

8. Background, third paragraph, lines 46-49. This is an important paragraph leading into your methods as it creates an argument for ethnographic inquiry. The sentence saying, ‘determined by nature and the nature of the relationships among staff and the relationships between nurses and their elderly residents’, is unclear to me. There is too much to unpack here. Can you collapse the discussion to address the tolerance of aversion – in other works, its absorption by
staff? Clearly this is socially sanction (required) by regulation, policy and professional ethics. Nevertheless, many authors (Benner, Lawler, Kristeva) have pointed to the lack of suitable language to articulate how clinicians do this. This has implications for theoretical and practical training of nursing staff whereby these experiences can be validated and built upon as important clinical expertise. We appreciate this valuable comment. The paragraph has been revised according to your suggestions.

9. Methods section, first paragraph: I would consider adding a reference here by Sandelowski and Leeman (2012) to further support your assertions about using ethnographic fieldwork to learn and advance thinking about unexpected situations that may otherwise be considered mundane. A potential orienting framework is that of Dorothy Smith (1999, 2005) whereby such events are considered ‘work’; they require time, thought, and a material response that may comprise skill and expertise. This way of thinking more purposefully about the handling of difficult events reorients the focus to the manner in which people are resourced to respond (e.g., punitive isolation of patients versus social engagement). Staff may need more help. We agree, and have added the reference of Sandelowski and Leeman to further support our choice of ethnography.

10. Context and ethical considerations: Were the research sites (nursing homes) urban or rural? How many residents lived in each? Did you have waiver of consent from the research ethics committee to observe the residents interacting with staff? Thank you for commenting on this. We have now added more information about the nursing homes, as well as explained in details regarding the ethics.

11. Data collection: How long was each observation period? Did the researcher engage in the actual nursing work (participant observation) or strictly observe? Was reflexivity engaged as a means of enhancing the data? Were interviews transcribed verbatim? Were care policies and procedures collected for analysis? We have added more information about the observation periods, engaged. Reflexivity was important during the analyses, and we have rewritten the section to explain this. Information concerning our document analysis has also been added.

12. Analysis: Were developing notes and concepts circulated and discussed by the collected authors? Your reference to Hammersley & Atkinson (2007) only addresses the careful reading of the raw data. Were your step-wise conceptualizations informed by any other recommended analysis methods? If so, do place a reference. Our main inspiration regarding our step-wise analysing process has been from Hammersley & Atkinson, we therefore have not added other references.

13. Results – Consciousness: The statement that it was difficult for staff to ‘admit how there were affected by these behaviours’, is important. Admission is a funny term though, as it almost implies guilt. I wonder if the word ‘express’ might be better? I think the analytic opportunity here is to better acknowledge the detached professional demeanour that was being maintained by staff. Words were not readily available (or professionally appropriate) to express how staff were instinctively troubled by the residents’ behaviours or bodily states. But, they are most certainly under pressure to correct that behaviour by other nursing home residents and professional rules; they have to demonstrate a degree of control over others. A great number of intersection expectations are at work here. We totally agree and has removed the term ‘admit’ throughout the paper and replaced with the term ‘express’.
14. Discussion - First paragraph: Again, I would reconsider using the term, ‘express’ rather than ‘admit’. I would reorganize the third sentence to say more clearly that staff were able to speak about the manner in which their professional obligations placed them in conflict; isolating patients could potentiate harm. Please see the comment above, #13.

15. Discussion – Third paragraph: the statement, ‘excrement or sputum are determined’, is unclear to me. Keep in mind that you have not provided an example of excrement being a problem in your interview narratives. Are you trying to say that the importance of cleaning bodily fluids or correcting aggressive behaviour was not considered exceptional work? It was diminished in its verbal expression? We agree and have removed the word ‘excrement’.

16. Discussion – Third paragraph: The sentence reading, ‘this would probably have given the staff member a feeling of being unable to manage her job’ is speculative. I would delete this sentence as it is not necessary. The remaining paragraph is talking about a sense of competency emerging from the work of cleaning and absorbing difficult emotions in the nursing home. Not being overtly overwhelmed seemed to maintain a larger social order. A detached professional demeanour was important to maintain. Everything had to move forward quickly. It is possible that remaining clam and detached was used to protect the residents from shame and rejection. Therefore, it might be argued to be a therapeutic response. According to the reviewer’s recommendations, the sentence has been deleted.

17. Discussion – Fourth paragraph: In the first sentence, the term ‘proper manner’ may not be fully understood by international readers. What you could say is, “Our study reveals that it is important for nursing home staff to manage their work in ways that maintain complex norms of social comportment.” You could more clearly express that this places the staff in a conflicted position as the use of isolation may be a source of distress for the resident. The detached professional manner in which staff were socialized to intervene elided the complex emotions they experienced. Furthermore, the resource limitations within the home limited their capacities to respond in ways that may be therapeutic. We agree, and the sentence has been reworded according to your suggestion.

18. Discussion – last paragraph: I would shorten this paragraph by removing the last sentence as it overemphasizes Bourdieu as an analytic lens. You did not introduce Bourdieu at the onset of your paper and so it comes as a bit of a surprise that a whole paragraph is dedicated to his thinking. Perhaps reword the remaining sentence immediately prior to say that a larger set of rules and norms are being enacted that may be very difficult for staff to fully identify and express, even when they are invited to do so. The sentence has been removed and the remaining part has been reworded.

19. Strengths and limitations: The presence of the researcher in the care environment may have altered events observed. You did not discuss gender theory which may offer added insights on nursing work in this domain. We appreciate your concerns and suggestions. However, we chose not to add this due to assumptions that also other theoretical perspectives could add insight to our findings.