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The Impact of Nurses' Religiosity on their Willingness to Relinquish Relational Control in Conversations with Patients about End-of-life Care

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Relational Control Theory

- The study is grounded in relational control theory, which suggests that conversation partners give and claim control of the conversation by how they behave during the interaction.
- Relational control assumes that all messages in a conversation communicate both a piece of information and something about the nature of the relationship between the two conversation partners.
- For example, if a conversation partner responds to a question with another question, that partner may be trying to claim control of the conversation by redirecting it.
- If a conversation partner only speaks in response to the other partner and makes no effort to initiate a direction in the conversation, he or she is giving control to the partner.
- The dimension of control is defined by Tidball and Rogers as "establishing the right to define, direct, and delimit the actions of the dyad as the current moment." (1987, p. 126).
- Control must be continuously negotiated in changing condition.
- Control can be measured by redundancy, dominance and power.

Approach to Measuring Relational Control

Relational Control Variables (from Burgan and HITE)

- Attempt to relieve the patient.
- Do not attempt to relieve the patient.
- Try to control the interaction.
- Do not try to control the patient.
- Give the upper hand in the conversation.
- Want to stick to the main purpose of the interaction.
- I am very well-stated.
- I am more interested in working on the task at hand than having a social conversation.

Additional Relational Control Variables (by author)

- Would you want a patient to interrupt if it suggested a treatment contrary to his or her religious beliefs?
- How would you feel about discussing religious topics unless the patient brought it up first?
- Would you feel comfortable discussing religious topics if the patient brought it up first?

Hypothesized Model

Provider’s desire for patient control

Provider's desire for patient control (covariate)

Religion

Empathy for patient

Willingness to relinquish relational control (covariate)

Change from childhood to current religious background

Hypothesis 1

Nurses who are high in intrinsic religiosity will display more empathy toward patients.

Hypothesis 2

Nurses who are high in empathy will be more willing to relinquish relational control in conversations with patients about end-of-life care.

Hypothesis 3

Nurses who are high in intrinsic religiosity will exhibit more willingness to relinquish relational control in conversations with patients about end-of-life care.

Hypothesis 4

When empathy is introduced as an intervening variable, the relationship between intrinsic religiosity and willingness to relinquish relational control will be decreased.

Survey results

- Both higher intrinsic religiosity and higher levels of empathy positively affected the respondents’ willingness to give control to patients in certain contexts.

Suggestions for clinical practice

- Relational control in medical contexts is not as simple as teaching nurses to give patients control, but in a matter of who is communicating, what is being communicated, when communication takes place and recognizing when it is appropriate to let patients take control.

- The effect of empathy on willingness to give the patient control demonstrates the importance of empathy in a clinical setting and helps make the case for empathy training for both nurses and physicians.

- The effect of intrinsic religiosity does not mean that employers should start encouraging nurses to be religious, rather, it demonstrates that there is no reason to fear a nurse’s religious beliefs.

- A nurse’s religious beliefs can enhance the clinical experience without the nurse trying to impose his or her beliefs on the patient as the nurse works to make sure the patient’s religious beliefs are upheld.

Future research

- Future studies of relational control in medical contexts should make use of variables that pose clinical scenarios of going and taking control, rather than existing variables which do not account for a respondent’s professional persona.

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