European Journal of Oncology Nursing 22 (2016) 95–102

Contents lists available at ScienceDirect

European Journal of Oncology Nursing

journal homepage: www.elsevier.com/locate/ejon

Managing socio-institutional enclosure: A grounded theory of caregivers' attentiveness in hospital care

Klaartje Klaver [a, *], Andries Baart [b]

[a] Department of Culture Studies, Tilburg University, The Netherlands
[b] Optentia Research Focus Area, North-West University, South Africa

ARTICLE INFO

Article history:
Received 14 October 2015
Received in revised form
7 April 2016
Accepted 14 April 2016

Keywords:
Attentiveness
Attention
Socio-institutional enclosure
Caregiving
Hospital
Grounded theory
Qualitative research

ABSTRACT

Purpose: Caregivers' attentiveness is vital for healthcare quality, yet existing research lacks a specific definition and neglects its different forms and aspects.
Methods: This paper presents a qualitative, grounded theory of attentiveness in hospital oncology care.
Results: Our data show nine types of attentiveness. We answer the question why a caregiver practices one type of attentiveness in a certain situation, and not another type. First, it appears to be of crucial importance whether attentiveness is essential for giving care in the opinion of the caregiver. Second, the focus of attention is essential. Care given by doctors and nurses is always ambivalent; on the one hand, it concerns the body, and on the other hand, it involves the person whom that body belongs to. What is the caregiver (mainly) focused on? The significance of socio-institutional enclosure emerged as a key theme within the findings.
Conclusions: Socio-institutional enclosure concerns the space a caregiver may or may not experience to break free from the preponderant institutional orientation towards the physical body of the patient. At the intersection of the influence of socio-institutional enclosure and the substance of the caregivers' concepts of care, three cultures are found that comprise the different types of attentiveness.

1. Introduction

Attentiveness in care is often dismissed as a bonus, something extra, or as something that one can be good at besides one's real work. Care ethicists however have shown that attention is part of the core business of medicine (Klaver and Baart, 2011). Attentiveness, or attention, has been defined as the quality of individuals to open themselves for the needs of others. Attentiveness meaning the noting of the existence of a need by assuming the position of another person, is seen as the first step to care, which should be followed by a responsibility to respond to this need (Tronto, 1993). Ethics of care researchers such as Conradi (2001), Baart (2005), and Klaver and Baart (2011) emphasize the recognizing meaning of attentiveness. Being attentive does not only have an instrumental function in care (to find out what is needed), but it can also have a good effect on itself. Research has shown (Evans, 2012; Cole-King and Gilbert, 2014) that in order to provide good care - that is good care in the experience of the patient - open attentiveness is of crucial importance. The attention of the caregiver should not always be focused on something functional (i.e. on the diagnosis). At times, care benefits from attentiveness just for the sake of attentiveness because it can create a relationship in which the patient may express himself. It is clear that being attentive is not a matter of individual caregivers but rather depends on several different factors in health care (Iles, 2014), and that it has important implications for the care patients receive. However, as attentiveness is often done tacitly or pre-reflexively, it is not easily accessible, and caregivers do not always refer to it as attentiveness (Klaver and Baart, 2011). To date there has been no published literature on empirical studies of this conceptualization of attentiveness in health care practices. This qualitative study was conducted to address this gap.

2. Methods

The aim of this study is to formulate a theory that describes attentiveness and its categories and properties as these unfold from the empirical data. This paper presents a grounded theory (Glaser and Straus, 1967) drawing on participant observation on an

* Corresponding author.
E-mail address: klaartjeklaver@gmail.com (K. Klaver).

http://dx.doi.org/10.1016/j.ejon.2016.04.002
1462-3889/

Oncology Department of a general hospital in The Netherlands. In grounded theory, theoretical concepts are developed during the research process, and there are no pre-formulated hypotheses. However, many scholars have questioned whether researchers can conduct grounded theory studies free from bias or preconceived thoughts (Miles and Huberman, 1994; Charmaz, 2006). We followed a qualitative strategy that used sensitizing concepts (Bowen, 2006) and a care ethical perspective (Klaver and Baart, 2011, Klaver et al., 2014) to analyse and code the data. The sensitizing concepts for this study were based on a discussion of the existing multidisciplinary literature on attentiveness, thereby exploring the different uses of the concept from a care ethical point of view (Klaver and Baart, 2011, Klaver et al., 2014). This provided the researcher with some initial 'feeling' for the broad and complex phenomenon of attentiveness. The care ethical perspective (Klaver and Baart, 2011, Klaver et al., 2014) acted as a theoretical lens (Charmaz, 2016) to organize themes into a coding framework. As a central tenet of care, the care ethical perspective involves understanding the relatedness of human beings. Furthermore, it recognizes situatedness and contextuality, and it is a political ethical discipline which means that it looks at the relationships between power and caring practices (Klaver et al., 2014). This theoretical lens particularly suits the complexities of care practices.

This study aimed at gradually working out a theory that provides an understanding of attentiveness in hospital care. Although it is debated widely, we agree with Glaser (2000) that the purpose of grounded theory is not to tell participants' stories, but rather to identify and explain conceptually an ongoing behaviour that seeks to resolve an important concern. Essentially, the findings of a grounded theory study are not about people, but about the patterns of behaviour in which people engage. The main concern conceptualised in the grounded theory may not have been voiced explicitly by participants, but instead abstracted from the data in which the concern was acted out all the time (Glaser, 1998). Characteristic of the approach is the use of the method of constant comparison.

Throughout this study, the researchers wrote several memos to compare and contrast themes and categories that emerge from the data. Furthermore, reflexivity was used to explore their own perceptions, experiences, and existing knowledge. The researcher perspective is thus interwoven into the analysis. The researchers were both trained as social scientists. Their training as researchers lies outside of a clinical setting. Every step of the analysis of the data was discussed by the two authors in order to achieve peer validation. The study was performed in a general hospital in the Netherlands and was approved by the Institutional Review Board of the hospital.

2.1. Data collection

Participant observation was carried out on the nursing ward, the outpatient basis, and the polyclinic of the Oncology Department. Participant observation was used because the main question of this study is not what participants understand by attentiveness or how they voice this explicitly; it rather seeks to understand how attentiveness is acted out all the time and occurs in the experiences of those involved. Because attentiveness is largely pre-reflexive and embodied, we have chosen for the method of participant observation. The process of participant observation includes more than just observation: it also includes natural conversations and short interviews of various sorts (Bernard, 1994). Participant observation is characterized by such actions as having an open, nonjudgmental attitude, being interested in learning more about others, being aware of the propensity for feeling culture shock and for making mistakes, the majority of which can be overcome, being a careful observer and a good listener, and being open to the unexpected in what is learned (DeWalt and DeWalt, 2002).

Purposive sampling was used to recruit caregivers. The inclusion criteria were that they were doctors or nurses but incidentally we also included nurse practitioners, physiotherapists, psychologists, and also cleaning and meal staff willing to participate in the study. The position as a researcher was made known to the participants under study. The focus of observation was on interactions in context between caregivers and patients, but the wider activities including meetings, peer consultations, and lunch breaks were also observed to gain insight into the social and organizational structure of care. All handwritten observations were immediately transcribed verbatim. The researcher each time observed a (half) day at one department and usually followed one caregiver at a time.

2.2. Data analysis

Data for analysis included transcripts of participant observation including natural conversations and short interviews of various sorts. The transcripts were coded in the software program Atlas. ti (version 6.2) using a Grounded Theory approach (Charmaz, 2006). Grounded Theory methods are designed to discover theory within textual data. In this study, after familiarization with the data as a whole, 22 cases were selected for comparison. This was not done all at once as data were collected and analyzed simultaneously. In the later stadium of the analysis, the theory that emerged was 'tested' by going back to the data already collected but not yet included in the analysis (outside the selection of 22 cases) in order to compare the data to more data. This could be considered a form of theoretical sampling which was used to (dis)confirm the insights regarding the most salient themes and categories that emerged from the earlier analysis.

The first step of the analysis involved initial coding (Charmaz, 2006). We wrote interpretative case descriptions of the data. Then, we switched to focused coding (ibid.). In order to enable a comparative analysis, the interpretative case descriptions were examined for their common elements. After that, the analysis involved theoretical processes of coding (ibid.). The common elements, or description categories, were summarized in a descriptive standard model of attentiveness (Klaver and Baart, 2016). This model makes it possible to describe being attentive adequately on the basis of inductive descriptions, through which the different cases of being attentive become mutually comparable. All cases were eventually described though this standard model. After that, analytical characteristics of being attentive were collected and clustered into patterns in a process of constant comparison. In the pattern-level analysis, respectively 16 types of attentiveness were identified. In any of these provisional types, a characteristic configuration of patterns was found. Those 16 types could be clustered further into 9 encompassing types, from which the main features were described and illustrated. Two things appeared to be of crucial importance in understanding why a caregiver practices one type of attentiveness and not another type. The first thing is whether attentiveness is essential for giving care in the opinion of the caregiver. The second thing is the object which the caregiver's attentiveness is mainly focused on. By combining these two, a figure was created in which the types of attentiveness could be situated (see Fig. 1). Four extreme positions were found (the corners of the figure), described, and illustrated by data fragments. Finally, the underlying questions were explored: why does a caregiver actually have those beliefs and experience those meanings? Why are these up to date and no other, or why are other less powerful? This led to the identification of ‘managing socio-institutional enclosure’ as the central process of attentiveness.