Specifying Affective Behavioral Indicators in Nursing

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It is becoming increasingly common to find teaching and learning objectives classified in cognitive (knowing) and performance domains. The knowledge, comprehension and application levels of the cognitive domain appear with great frequency in nursing curriculum objectives. With the introduction of a behavioral emphasis, motor skills are being analyzed and specific behaviors identified for many skills. This kind of specification has greatly facilitated the measurement of learning achievement in both of these general learning domains.

However, in the affective (feelings, emotions) domain this same specification and rigor in the measurement of learning does not usually occur. Measurement of the behaviors in this domain is complicated since both verbal and non-verbal learning are involved. In the past we were satisfied with using rather global phrases for affective objectives such as "assists patient to cope with stress", "uses therapeutic touch in nursing care", and "develops a nursing ethic". In a few cases elaborate attempts have been made to measure some aspects of affective learning, such as values consistent with nursing behavior. In one instance nursing students were shown the film "Mrs. Reynolds Needs a Nurse" while their galvanic skin responses were simultaneously measured. Though such a technique does measure individual variations of learning in the affective domain it is not practical other than in experimental settings.

To facilitate a practical approach to the measurement of affective objectives, this paper presents a model which can serve as a guide in developing the objective and in specifying both the verbal and non-verbal indicators of the achievement of that objective. Two examples of nursing associated with the affective domain are given to illustrate the use of the model: the first on dealing with approaching death and the second on learning therapeutic touch.

AFFECTIVE DOMAIN IN GENERAL AND IN NURSING

The first step in developing measurable affective objectives is to classify behaviors in the affective domain. In the terms used by

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TABLE 1 — COMPARISON OF AFFECTIVE TERMS.

Affective Domain Terms	*General Terms*	*Nursing Terms*
Receiving	Asks, Describes, Identifies, Locates	Observing, Noting.
Responding	Answers, Discusses, Presents	Reflecting, Supporting.
Valuing	Differentiates, Explains, Forms	Committing, Internalizing
Organization	Adheres, Arranges, Combines	Planning, Setting priorities, Coping.
Value Complex	Discriminates, Displays	Intervening, Demonstrating, (repertoire of nursing behaviors)

Krathwohl, et al. (1956) the first column of Table I sets forth behavior levels in the affective domain. The second column shows terms commonly used to characterize each level; and the last column specifies some common nursing terms appropriate for each level. Identifying descriptive words is useful in that it gives us a working vocabulary for describing behavior.

Let us use an example of a nurse with a patient in stress to illustrate this classification. The nurse must first note or observe the patient behavior — level 1 of the affective domain. Then a nurse might begin to interact with the patient by reflecting/supporting certain of the behavioral manifestations of stress — level 2. The nurse may begin to develop some degree of combined or internalization of the values associated with these behaviors — level 3. Planning, setting priorities and determining ways of coping with the stress would be part of the organization stage — level 4. When a given repertoire of nursing behaviors has become part of his/her value complex the nurse can selectively choose to use one or another intervention according to evidence of need — level 5.

It is apparent that the affective domain necessitates learning on both verbal and non-verbal levels. Values are shown in both verbal and emotional responses. Thus objectives need to include both levels. Rubeck's Model for Non-Verbal and Verbal Assessment of Affective Learning (1975) can serve as a guide in specifying objective indicators for both levels. This model is represented by six basic steps:

1. State the rationale
2. State goals
   —Organize goals

3. List behavior
   —Organize within goal categories
4. Write instructional objective (affective)
5. Formulate indicators
   a. Verbal
   b. Non-verbal
6. Evaluate
   —Reuse.

USING THE MODEL.

Two situations illustrate how nursing content can be related to the model. One situation deals with dying patients; the other illustrates the model applied to learning some affective aspects of theraputic touch.

Situation 1. Approaching Death

A graduate student brought the following situation to her instructor, requesting help in dealing with her own and her patient's feelings.

> Patient Bill N. was 27 years old with a wife and two children. Until about six weeks ago, he had been working as a logger. Following a cold he developed a urinary infection which quickly became a severe case of glomerular nephritis. When the student met him, he had been having peritoneal dialysis with only palliative results. One conversation with the nursing student was as follows:
>
> P. I'm not going to get to go home!
>
> N. Not going to go home?
>
> P. They tell me my kidneys are really bad. They finally got that report back. The doc says I've only got a couple of months unless they can get me on that kidney machine. They say my chances are not good.
>
> N. That's quite some news.
>
> P. I guess doctors must have to be pretty impersonal. They can't have feelings and tell people this kind of news all the time. It would be too hard on them. I've just gotta get on that kidney machine. They say though, that because of my eyes, I'm not a very good candidate. People on the machines are only supposed to have a kidney problem and be able to be rehabilitated with the help of the machine. They can't just let a fellow die though, can they? If I knew I couldn't get on, I might just as well eat myself to death and die right now.

Students who must work with dying patients should have some specific objectives in the affective domain. It is imperative that instructors have teaching objectives and ways of measuring student

behavior and progress in responding to sensitive and emotional situations such as approaching death. Using the model, an instructor can state objectives and identify indicators of progress. The model is applied to one possible objective here:

Model Applied to Approaching Death Situations

I. Rationale

Nursing students must be able to interact with patients facing imminent death.

II. Goal

The nursing student will be comfortable when interacting with a patient who has just been told he has only a short time (few weeks) to live.

III. Behavior Indicators

Comments about death
Talks with patients about death
Talks with patient's family about death
Requests assignment to patient approaching death
Shares personal feelings regarding death
Talks with minister, priest, chaplain regarding religious aspects of death
Talks with staff about death
Reads professional and non-professional literature on dying
Presents conference on dying patient's perspective.

IV. Affective Objective

Student will comfortably and appropriately continue a patient care assignment, interacting and caring for at least one patient until his death.

V. Affective Indicators

Verbal	*Attends*	*Non-Verbal*
Engages in conversation with dying patient.		Arranges conversation so topic of death can be discussed openly.
	Responds	
Discusses dying experience with patient.		Enters room of dying patient.

Verbal		*Non-verbal*
	Controls	
Discusses subject of death when opening occurs.		Observes patient and perceptively guides conversation to and from topic of death, responding to patient cues such as tears or anger.
	Includes	
Brings related understanding of information regarding death to patient.		Takes patient to visit other patients approaching death.
Assists patient to participate in group discussing dying.		May take patient to cemetery or mausoleum for visit, depending on patient need.
	Supports	
Speaks out about dying in positive way		Allows patient to pick time and amount of discussion desired on death
	Perseveres	
Continues to work with patient till death		Voluntarily requests assignment to another patient approaching death.

Situation 2. Therapeutic Touch

Another area involving affective learning relates to developing and using the sense of touch. Hall (1966) has suggested that there are different areas related to personal space which affect touch. He has identified an intimate zone defined as the space within arm's length. This space, he notes, is usually reserved for lovemaking, comforting, and protecting. It is also the area into which the nursing touch must penetrate. Durr (1971) suggested that ". . . nursing activities such as bathing, massaging, positioning, and administering medications have been seen primarily in terms of their immediate, tangible effects. The tendency has been to ignore the communicative function of touch and closeness. . . ". Krieger (1975) is currently attempting to explore the effects of therapeutic touch.

Much of the beginning nursing student's learning related to touch is happenstance. While the student is unconsciously aware of the

usual taboos of touch and space proximity, certain nursing activities will immediately force the student to violate these taboos. At the same time the student is asked to discriminate between various sensations conveyed by touch including pain, temperature, erotic touch, and therapeutic touch — including massage, percussion, and palpation.

In first nursing experiences, these variations are difficult for the student to differentiate. The student usually attempts to learn the differences by "gingerly" touching the patient with a washcloth when bathing. Usually the instructor modifies this behavior by encouraging the student to "rub briskly to stimulate circulation." Some patients attempt to help the student learn aspects of therapeutic touch by rebounding from an icy hand starting a backrub with a startled grimace and jokingly commenting, "cold hands — warm heart."

Specifying behaviors in the affective domain would facilitate learning to therapeutically touch patients.

Model Applied to Therapeutic Touch

I. Rationale

The act of touch is an integral part of nursing intervention and must be used judiciously between nurse and patient, health team and patient, and health team and nurse as a fundamental mechanic of communication, and as an important means of communicating emotion and ideas (Barnett, 1972).

II. Goal

The student will be able to meaningfully and therapeutically touch another person.

III. Behaviors

Comfort
Massage
Percussion
Palpation
Therapeutically touch all ages of both sexes.

IV. Affective Objective

During nursing experiences the student will freely and comfortably touch a patient in a therapeutic manner.

V. Affective Indicators

Verbal	*Non-Verbal*
Attends	
Asks a question about touch.	Observes another nurse performing a nursing procedure involving touch.

Verbal		*Non-Verbal*
	Responds	
Discusses various types and responses to touch.		Experiments with subjective responses of patients to varied types of touch.
	Controls	
During learning experience, requests to perform a procedure involving touch.		Correctly performs a procedure involving touch, e.g,. taking pulse.
	Includes	
In daily conversation discusses effects of touch.		Uses touch freely as a means of non-verbal communication in therapeutic and non-therapeutic situations.
	Supports	
Carefully differentiates between kinds of touch and types of responses.		Selects touch frequently and appropriately as an effective method of communication.
	Perseveres	
Teaches another about therapeutic use of touch.		Continues to use touch in situations when it is appropriate even though patient might exhibit initial reluctance.

Evaluation of the achievement of the objective is the final step. A simple frequency count may be the easiest objective measure. If the objective has eight verbal indicators and six non-verbal indicators and the learner evidences ten of the fourteen possible indicators, a level can be established. The mean for one group might be eight, and for another, six or ten. It is apparent that some indicators necessitate long-term evaluation and will require weeks, months or years to assess adequately.

Many other examples of nursing learning could be classified in the affective domain. Measuring the development of values and related nursing-valued responses requires diligent specification. Identifying

indicators of behaviours that exemplify internationalization of these values is essential for measurement of values inherent in learning the *art* of nursing.

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SPECIFYING AFFECTIVE BEHAVIORAL INDICATORS IN NURSING: A RESPONSE

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Quiring and Rubeck address an important yet underdeveloped aspect of nursing education: the specification and measurement of learning in affective areas. Unfortunately, I do not find that the model presented helps expand my ability to construct affective objectives, for several reasons.

First, not enough information is provided about the model to enable the reader to apply it satisfactorily; for example, no criteria are described for including statements under each category. The examples relied upon to convey this information are not sufficient for me. Rubeck's original article (1975) on the model offered different criteria than this paper does.

Second, and more important, the conceptual basis for this model is not clear. I felt there was an implied relationship with Krathwohl, Bloom and Masia's *Taxonomy* in the affective sphere (1956), but Rubeck does not refer to this material in his original work. Nevertheless, the lower end of the continuum in the *Taxonomy* (receiving, responding, valuing, p. 37) is congruent with Rubeck's indicator categories (attends, responds, controls, includes, supports, perseveres) and by reviewing the rationale for selecting these terms in the

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