

THE PREJUDICE OF LANGUAGE: EFFECTS OF WORD CHOICE ON IMPRESSIONS FORMED BY NURSES

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The language which nurses use to report to other nurses about their patients may have a significant impact on the impressions formed by the nurse and on the subsequent nurse/patient relationship. Not only intended but also unintended messages may be transmitted through the reporting nurse's choice of words and may create faulty pre-judgements of the patient and impede the nursing process. For this reason, communication between nurses about patients is an important focus for nursing research.

An important part in socialization to any profession is the adoption of a common language. According to Yearwood-Grazette (1978) many professions devise exclusive languages, not understandable to those outside the group. Such technical language enables quick, concise communication. In nursing there are many examples of the type of code words to which Yearwood-Grazette refers. "Complain" may be used in patients' charts instead of more neutral words such as "states" or "reports." This may result in a negative bias toward the patients.

PURPOSE OF THE STUDY

The purpose of this study was to explore the impact of the word "complain" in communications on selected impressions formed by nurses and nursing students.

The denotative (dictionary) meaning of "complain" is "to express grief, pain or discontent; to make a formal accusation or charge" (Webster, 1971). The connotation accepted in the larger culture may be similar. However, one connotative meaning, specific to the medical and nursing worlds, takes from the definition above only the concept of expression, or reporting, and omits implications of dissatisfaction.

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IMPORTANCE OF STUDY

Prior to direct contact with a patient, three sources of information are available to the nurse: the chart, including the nursing notes; change of shift report; and informal information sharing among the staff. Because the nurse must assume care quickly and as assessment of a patient's frame of mind is an integral part of the nurse's effectiveness as a therapeutic helper, the influence of inappropriate descriptions of patients at this stage is critical in relation to her subsequent actions.

LITERATURE REVIEW

Communication has been described as ". . . the process by which we understand others and in turn endeavor to be understood by them. It is dynamic, constantly changing and shifting in response to the total situation" (Andersen, 1959).

In the area of professional communications, Cassell has been an important contributor. He differentiated between the denotative meanings of words which make basic communications possible and the connotations, or associations words evoke. "Beyond their frozen dictionary definitions," Cassell said, "words are extraordinarily versatile carriers of meanings. In any (verbal) communication . . . formal definitions serve as little more than a scaffold. The substance of the exchange depends on the immediate circumstances, the identity and intentions of the speaker and the perceptions and experience of the listener" (Cassell, 1980). Cassell stressed the importance of follow-up questions to clarify meanings and set the interaction on the right path. Such a safeguard is, unfortunately, seldom available in written communication.

Previous research also suggests that nurses may stereotype according to diagnosis. Larson (1977) found that patients with socially unacceptable diagnoses were characterized by nurses as less sincere, and less interested in learning than patients with more socially acceptable diagnoses.

No previous research on the unintentional introduction of bias toward a patient created by nurse-to-nurse communication was identified in the literature. Previous research has established, however, that nurses are influenced according to their interpretation of a patient's behavior, particularly as it relates to the reporting of pain. Rosenthal and her associates (1982) found that "good" patients are seen as those who are not labelled as unpleasant. Lorber's study revealed stereotyping of patients as "willful, problem" patients to the extent they were seen as emotional, complaining or uncooperative (1975, a). Even unintended suggestions that a patient is "complaining" may promote negative labelling.

METHOD

Subjects

The study had two phases, involving separate groups of subjects. The first group consisted of third year student nurses in the baccalaureate program of the College of Nursing at the University of Saskatchewan. The 66 students ranged in age from 20 to 43 and all were female. They provided a sample of convenience.

The second sample included 114 female registered nurses, employed in general duty nursing at the University Hospital. Their experience in nursing ranged from 4 months to 18 years, and their ages from 20 years to over 40. Their educational background, work experience and work setting varied.

Variables

The independent variables selected for study were the frequency of use of the word "complain" in nurses' progress notes. The dependent variables that were identified were health teaching by nurses; the nurses' perception of the psychological dimensions of patient pain; the amount of pain nurses anticipate patients will experience; the likelihood of the nurse wanting to get to know the patient personally; self selection of the patient by the nurse and the extent to which the nurse will conclude that other nurses will describe the patient as difficult or demanding.

Two extraneous variables were considered: order of presentation of case studies and patient characteristics. In the registered nurse group, type of educational preparation, work experience and area of employment were also considered.

Hypotheses

The patient characteristics included in the hypotheses were considered as dimensions of a general bias regarding the patient; for example, a "good" patient may be regarded by nurses as being cooperative and receptive to health teaching, as having less psychological component to pain, and so on.

The following hypotheses were tested:

- I. To the extent patients' behavior is described as "complaining," those patients will be less often assessed to be accepting of health teaching than those whose behavior is described in more neutral terms.
- II. To the extent patients' behavior is described as "complaining," those patients will be more often assessed to have a greater psychological component to their pain than those whose behavior is described in more neutral terms.

- III. To the extent patients' behavior is described as "complaining," those patients will be assessed as experiencing less pain than those whose behavior is described in more neutral terms.
- IV. To the extent patients' behavior is described as "complaining," those patients will be less often chosen as people the subjects would like to get to know personally than those whose behavior is described in more neutral terms.
- V. To the extent patients' behavior is described as "complaining," those patients will be less often chosen as patients the subjects would like to be assigned to care for than those whose behavior is described in more neutral terms.
- VI. To the extent patients' behavior is described as "complaining," those patients will be more often chosen as patients the subjects concluded other nurses would describe as difficult, demanding patients than those whose behavior is described in more neutral terms.

Research Instrument

The research instrument used to collect the data consisted of case studies, providing information on three fictitious female patients. The information included patient data, medical diagnosis, health history, and description of their present state. The patients were similar: all were in their early forties, lived in small towns distant from an urban centre, and were experiencing uneventful recovery following abdominal surgery. The diagnoses for the three patients were: severe biliary colic, subdiaphragmatic abscess, and perforated appendix. According to the notes, bowel sounds had returned for all three patients, they had begun to take oral fluids and were tolerating being out of bed for longer periods. All three were receiving intravenous therapy, intravenous antibiotics and Meperidine HCL (Demerol) 75mg q3-4h prn for pain.

For each of the three patients, three sets of nurses' progress notes were constructed, covering the period from immediately prior to surgery to the present. In the first set, in the six instances where the use of the term "complaining" or "c/o" was possible, "neutral" expressions were employed, such as "Patient states she has nausea" or "Patient reports severe right upper quadrant pain." In the second set of progress notes, in three of the instances where neutral terms had previously been used, "complaining of" or "c/o" was substituted for the more neutral phrases. In the third set of progress notes all six descriptions of discomfort used some form of the term "complain." Except for the six areas described, the three sets of notes were identical. Three sets of progress notes were written for each of the three patients.

Test Administration

Prior to the test administration, subjects were told the study had to do with impressions nurses form about patients. Each subject received a questionnaire (Appendix), the background notes on all three patients, and, for each patient, one form of the progress notes. The packages were so constructed that for one subject, Patient A would be presented as the one whose progress notes contained the high frequency of the use of the term "complain," while for another subject, Patient B might have the highest frequency of the use of the term "complain." In this way individual patient differences were minimized. Order of presentation of the patients was also varied, so one subject would be asked to read Patient A at first, the next Patient B, the next Patient C. This also meant that there was variation as to whether "medium" or "low" "complaining" frequencies were presented first. Analysis included testing for the effects of individual patient characteristics and order of presentation.

After reading the story the subjects completed a questionnaire which had been assessed for face validity and content validity by a panel of six practising registered nurses. Twelve senior nursing students were used to pretest the instrument and revisions were made. To reduce "test wisdom" among later subjects, participating nurses were asked not to talk over the research until the following day, by which time all of the testing had been completed. A check revealed two subjects who knew about the study and their questionnaires were discarded.

Reliability and Validity of the Tool

A major constraint of the project was the limited time of access to subjects: both the students and the registered nurses were released from their other activities for one session only, not to exceed 30 minutes. Consequently, length of the questionnaire was limited and the reliability checks of "split half" and "test-retest" were therefore precluded. A reliability measure was possible, however, in Cronbach's alpha, using the assumption that the items were indicative of one underlying dimension, such as a general bias concerning the patients. Cronbach's alpha produced a measure of internal consistency for each of the "low complaint," "medium complaint" and "high complaint" test situations. For both the nursing students and registered nurses, the value for the "low complaint" situation was low, being .26 and .09 respectively. On the other hand, for the "medium complaint" situation, the values were .61 and .73 respectively; and for the "high complaint" situation .58 and .63 respectively.

Findings

To analyze the influence of the term “complain,” questionnaire responses were recoded according to whether the patient indicated by the subject represented the low, medium or high instance of the word “complain” in the nurses’ notes, in that particular subject’s package. To investigate the research hypotheses and examine for interaction between the different factors (complaining, order, patient characteristics), a series of two-way analysis of variance were used. After determining that the interaction was not significant, one-way effects were explored. Where a statistically significant relationship was demonstrated at a level of $p = .05$, the Scheffe comparison of means test was employed to determine the source of the significant difference.

Student Nurses

Table 1 shows the relationship between the use of complain, order of presentation of patients and description of patients to the six dependent variables. The variable of the use of “complain” in relation to descriptions of the patient in nurses’ notes was shown to be related for all items except amount of pain.

Table 1

Level of Significance of F Between Complaining Term, Order of Presentation and Patient and Questionnaire Items, Student Sample

Questionnaire item	Influence tested		
	“Complain”	Order of presentation	Patient
Accepting of health teaching	.00*	.94	.00*
“Psychological” component of pain	.00*	.14	.37
Amount of pain	.91	.09	.03*
Choice to “get to know”	.00*	.34	.00*
Choice to be assigned to care for	.02*	.53	.00*
Likely to be assessed by others as being “difficult”	.00*	.68	.03*

* statistically significant at $p = .05$

Hypotheses I, II, IV, V, and VI were all supported. When patients' behavior was described as "complaining," students assessed them as less likely to be responsive to health teaching than those patients whose behavior was described in more neutral terms. A relationship was demonstrated between the frequency of use of the word "complain" in the progress notes and the assessment of a psychological component to the patient's pain. There was also a relationship demonstrated between the likelihood that students would select patients to care for, or choose to get to know, and the incidence of the use of the word "complaining" in the progress notes. Further exploration using the Scheffe test revealed that for each of the five hypotheses supported, the differences between the low complain and high complain patient situations were significant.

To the researchers the most interesting finding was that a positive relationship existed between the frequency of the use of "complaining" in the progress notes and the students' judgment that other nurses would assess the patient to be "difficult." The "high complaint" group, that is, those progress notes where six instances of the word "complaining" were introduced, accounted for the significance of the overall relationship when the Scheffe test was utilized to examine intergroup relationships.

Hypothesis III was rejected. The students were not influenced in their response when assessing the amount of pain experienced by the patient by the number of times the word "complaining" was used in the progress notes.

Registered Nurse Sample

The registered nurses in the sample showed a relatively high degree of "immunity" to culture-wide connotations of the use of the word "complaining." The findings for this group are presented in Table 2. Four of the six hypotheses were not supported.

Hypotheses II and VI were supported. The registered nurses did assess patients as having a higher psychological component to their pain when they were frequently described as complaining. They also saw these patients as more likely to be assessed as being "difficult" by their colleagues. One inference here is that this reflected the nurses' own feelings toward the patient.

The remaining hypotheses were not supported. The use of the word "complaining" did not influence the nurses' perceptions, choice of assignment or desire to get to know the patient better.

Table 2

Level of Statistical Significance Between Complaining Term,
Order of Presentation, and Patient and Questionnaire Items,
Registered Nurse Sample

Questionnaire item	Influence tested		
	"Complain"	Order of presentation	Patient
Probable accepting of health teaching	.29	.66	.00*
"Psychological" component to pain	.01*	.94	.22
Amount of pain	.12	.36	.00*
Choice to "get to know"	.44	.79	.00*
Choice to be assigned to care for	.72	.73	.00*
Likely to be assessed by others as being "difficult"	.04*	.11	.00*

*statistically significant at $p = .05$.

Order of Presentation

No significant difference was shown between the order of presentation of the patients and either the student nurses' or graduate nurses' responses.

Patient Characteristics

One patient situation, that of Mrs. Dickson, hospitalized with a subdiaphragmatic abcess, was assessed by both groups as being less accepting of health teaching, most often chosen as the one with the greatest "psychological" component to her pain, least often chosen as the person they would want to get to know, or want to be assigned to care for, and most often assessed as the patient likely to be judged by others to be a "difficult" patient. Neither students nor graduate nurses differentiated her from the others in relation to her actual pain.

DISCUSSION

In general, the results suggest student nurses may be substantially influenced by the nursing code term "complain," and whether or not others describe patients as "complaining" in the profession-specific context, students may interpret the remark with meaning from the larger culture. Graduate nurses showed a greater degree of immunity to the influence of the term. More research would need to be undertaken to determine the reason for this. However, it is interesting to note that, compared to the student sample, a relatively high item non-response was shown in the registered nurses' questionnaires, reaching 17% on one item. This could suggest an inability to discriminate between the patients according to the given criteria, which might also imply a greater immunity of the nurses to the "complain" phrase. During the test administration some subjects commented: "but I just can't choose between these patients" or "There isn't any basis for choice here."

Further research is also needed to determine the reason for the effect of the patient characteristics demonstrated in relation to the one case study.

CONCLUSION

In contrast to the student nurses, the registered nurses' responses (and non-responses) suggest that when coming into contact with "complaining" terms, they largely ignored culture-wide connotations of the expressions and interpreted non-judgment producing meanings. Even young and relatively inexperienced registered nurses showed a higher degree of immunity to the code phrase than did students. The protection was not complete, however, for the registered nurses. The use of "complain" did appear to promote an assessment of greater "psychological" component in the patient's pain, and a conclusion that other nurses would label that patient to be difficult and demanding.

A similarity between the groups was found regarding the relation between "complain" and assessment of the amount of pain being experienced by the patient. Neither the students nor the nurses seem to have been greatly influenced in their assessment of degree of pain by frequency of "complain" in the nurses' notes, although they were by patient characteristics.

Regarding patient characteristics generally, the results support previous work, indicating that, whether the practising care giver is a student or a registered nurse, stereotyping of patients may occur according to at least one characteristic of the patient background. For both students and registered nurses, on the other hand, patient

characteristics did not appear to bias the assessment of the "psychological" component to the patient's pain. Presumably individual characteristics and behaviors provide more important bases for such a conclusion than does diagnosis.

Limitations of the Study

The findings of the research must be interpreted with consideration of the low values of Cronbach's alpha found in the "low complaint" test situation. However, it may be that the low values only reflect that there was no element in that test situation to provide consistency. Further, the assumption was made that the questionnaire items reflected dimensions of a general underlying characteristic, a bias regarding the patient. To the extent the assumption is not warranted, the use of Cronbach's alpha as an indication of internal consistency is not justified.

A possible limitation for any research of this kind is that the conditions of the study were to an extent artificial and not clinical since real nurse/patient situations were not used.

Implications for Nursing Practice

For both practising student and graduate nurses, the message from the present research is clear: where code phrases are not specific to the sub-culture and may have different meanings in the non-nursing world, clarification of meanings is essential. In this particular case, neither students nor graduate nurses were completely free of bias toward patients where "complaining" was used in place of a neutral term.

The present research involved written communication. As to whether bias would be found if spoken messages were used will have to await further research; however, reason would suggest code terms should be applied with caution in all references to patients.

The present study dealt with "first impressions" formed on the basis of patient characteristics or the language used by reporting nurses. The fact that such judgments may be altered on contact with the patient does not diminish the importance of minimizing those situations in which faulty pre-judgments arise. To the extent objective patient assessment is valued in the patient care setting, stereotyping should be avoided.

A vital related task for teachers is to impress on students the importance of clear, specific communication.

Implications for Further Research

The present study dealt with bias introduced through the reader's "unconscious" interpretation of the word "complain." In further research, an item such as the following might be included: "Do *you* think it makes a difference to your perception of the patient if the chart uses terms as 'complains' or 'c/o' as opposed to more neutral terms?" In this way, any relation between the bias shown in responses to the other items and expressed attitudes regarding use of the term could be explored.

Further research could pursue other concerns related to the project. Subsequent study on the effect of such terms as "complain" may be simplified through the use of more similar patient characteristics, such as omitting use of the patient's full name and town of origin and using the same diagnosis for all patients. Further research is needed to ascertain which of the characteristics in the patients' background data were responsible for the patient-related bias on nursing impressions found in the present study.

The patients "constructed" for the research were all females, to avoid bias related to gender. Further research might test for different expectations or interpretations regarding "complaining" behavior based on whether the patient is male or female.

Future studies may also fruitfully explore the student/registered nurse differences found in this study, specifically in relation to how "complain" affects their degree of attraction to the patient as patient or a person, and their assessment of the patient's probable acceptance of health teaching. Along the same line, examination of the relationships between pain assessment and the registered nurse's age and number of years since graduation may prove fruitful.

The present study demonstrated the use of one nursing code term and its effect on impressions nurses formed about patients. Further research is indicated to determine other phrases which may carry unintended meanings. Moreover, the role of oral communication and non-verbal language may be explored.

Examination of the extent to which a nurse's prejudging of patients has a negative effect on subsequent patient care is beyond the scope of this study. Further research is indicated to explore the relationship between the attitudes held by nurses and the quality of care.

Appendix: The Questionnaire

PLEASE ANSWER THE FOLLOWING QUESTIONS, COMPARING THE PATIENTS IN THE FOLLOWING AREAS.

How accepting would these patients be to health teaching compared to each other?

Most accepting _____ Least accepting

How much of a "psychological component" is there to each patient's pain, compared to each other?

Greatest psychological component to her experience of pain _____ Least psychological component to her experience of pain

Which of the patients is likely experiencing the *most* pain, compared to the others?

Most pain _____ Least pain

Which of the patients would you most like to get to know as a person, if possible?

Most like to get to know _____ Least like to get to know

Which of these patients would you rather be assigned to care for?

Most rather _____ Least rather

Which patient is likely to be prescribed by nurses as being a "difficult" or "demanding" patient?

Most "difficult" _____ Least "difficult"

The registered nurses were asked:

Do you practise nursing full time or part time? (State hours per week)

How long a shift do you work primarily?

What is your basic educational preparation for nursing practice?

How many years nursing experience have you had since graduation?

How old are you?

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RÉSUMÉ

Langage et préjugés: les effets du choix des termes sur les impressions que se font les infirmières

Le langage utilisé par les infirmières pour fournir à leurs collègues des renseignements au sujet des malades peut avoir un effet significatif sur les impressions créées sur l'auditeur ou le lecteur, ainsi que sur les rapports infirmier-malade qui suivront. La présente étude vise à examiner l'effet de l'expression "se plaindre" utilisée dans les rapports des infirmières. On a présenté à 66 candidates au baccalauréat et à 114 infirmières diplômées des renseignements écrits sur trois malades fictives, dont le diagnostic était semblable et les rapports identiques, sauf pour l'emploi de termes se rapportant à "se plaindre" dans les observations des infirmières au dossier de la malade. On a demandé aux sujets d'évaluer les malades, selon une échelle basée sur l'intensité probable de la douleur, l'importance de "l'élément psychologique" dans la douleur, et ainsi de suite. Les résultats ont démontré que les infirmières étudiantes manifestaient une plus grande sensibilité aux "plaintes" que les infirmières diplômées. Le diagnostic des malades a influencé les impressions des deux groupes. Les conséquences sur l'exercice des soins infirmiers et sur la recherche font l'objet de la discussion.