The Meanings of Invitation in Caring and Nursing Research—A Scoping Review

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Introduction

Invitation is a central phenomenon in many care practices. As patients, we are invited to screenings or to physical check-ups. These invitations can be made by letter or by a phone call. Constanza et al. (2020) have found that telephone counselling and reminder calls are not effective because women who receive an invitation to mammography might feel that the screening is unnecessary and that the invitation is not welcoming. As a patient, we want to be warmly invited to care measures as well as to the actual reception at the care unit. According to Geanellos (2005), this is not a matter of course and many patients describe how they feel unwelcome, unaided, and unsafe because of the unkindness of health care personnel. Dzul-Church et al. (2010) have discovered that patients without the social support of relatives and friends are extra vulnerable to feel unwelcome. This sensitivity in relation to invitations is often the result when people have few human contacts in addition to care relationships in health care practice.

From a caring science perspective, invitation is a fundamental concept. Eriksson (Lindström et al., 2018; Gullet & Koskinen, 2020) emphasizes in her caritative caring theory that invitation has a deep meaning in terms of welcoming patients to a caring relationship and a caring communion. Invitation to a caring communion relates to a homelike place of hospitality where the patient can rest and be the guest of honour. Invitation is associated with the patient's dignity and the caregiver's responsibility. Boykin and Schoenhofer (2020; Purnell, 2018) state that a direct invitation is needed to open a true caring relationship between the nurse and the nursed one. The power of direct invitation in presence and intentionality extends to the humbleness of the nursing situation, uniting and guiding both the nurse and the patient. The nurse who deeply understands what it means to be human and who is willing to learn to live in a caring way hears the patient's unique and unpredictable call for nursing. Nurses' responsibility

cannot apply in pre-planned protocols, but is developed through intention, experience, and study in human situations.

Invitation is seen as a fundamental concept in caring science and a central phenomenon in health care practice with great importance for care and the caring relationship. At the same time, studies show that particularly vulnerable patients experience invitations as unwelcoming. Against this background, further research on descriptions and the meanings of invitation from a caring and nursing perspective is justified.

Purpose of the Study

The purpose of this study is to describe different forms, meanings or purposes of invitations based on research in the field of caring and nursing. This caring science study is interested in discovering how previous research describe invitation in a caring relationship and thereby offer new understanding and points of view into the meaning of the invitation in health care practice.

The research bases on Nordman's (2006) assumptions that the patient continuously appeals to the nurse in order to be invited to caring relationship and accordingly the nurse invites the patient. Hence, the thought is two-sided, that health care personnel invite the patient in order to create the caring relationship, and patient appeals in order to be invited to the caring relationship.

Research Method

Given that the purpose of the study is to describe how the invitation appears in previous research, the scoping study method has been chosen. According to the Joanna Briggs Institute (2017), scoping studies can include many kinds of evidence and research situations. The structure of this scoping study follows the recommendations of Arksey and O'Malley (2005) and Levac et al. (2010). The process consists of 6 stages: 1) developing research questions, 2) planning for the literature search, 3) selecting the studies, 4) mapping the data, 5) organizing the findings, summarizing, and reporting and 6) consultation.

Ethical Considerations

This scoping review complies with good scientific guidelines. According to Finnish research regulations, an ethical approval was not sought for this research, since all the data in this study is published material (Guidelines of the Finnish Advisory Board on Research Integrity, 2012).

Literature Search

The literature search was carried out in the peer-reviewed databases Cumulative Index to Nursing and Allied Health Literature and PubMed. The search took place during August 2018 to September 2019. The search was initially broad, and the search terms consisted of the following keywords and combinations: "invitation AND caring" and "invitation AND nursing". This search showed the importance of ethics and dignity; therefore, the following keywords and combinations that were chosen were "invitation AND ethics" and "invitation AND dignity". The search also led to some articles that are not relevant to the purpose of this study and therefore the search was reduced by the following keywords and combinations: NOT "administration", NOT "didactics", NOT "breast feeding", NOT "conference", NOT "debate" and NOT "veterinary". The search was performed with no limitations to the publication years to ascertain the possible change of interest in invitation. The eligibility criteria for the included studies were that they were scientific peer reviewed articles in English or Scandinavian languages. Time limitations were not defined because it was unknown when invitation became an object of study in caring and nursing science. The research methods in the included articles were both qualitative, quantitative and mix-method studies and discussed invitation or the problems in giving or accepting invitation by the health care professional or by the patient in the health care or nursing context in many ways.

The search of literature retrieved a total of 754 articles. After duplicates were removed 569 studies remained. The next step was reading titles which resulted in 201 chosen articles. After that, it was time to read the abstracts of those 201 articles which resulted in 63 selected articles. The last step was reading the 63 articles as full texts which resulted in a total of 20 chosen

articles. The main including criterion for the articles was that invitation and its meaning and purposes should be discussed. The process of the electronic database search is presented in figure 1.

Please, insert: Figure 1.

Mapping the Data

The analysis of the articles was conducted through a literature and conceptual mapping (Anderson, et al.,2008). Literature mapping and the description of studies is presented in table 1 and shows the origins, researchers, purposes, and methods of the studies. In total, 20 studies from 1990 to 2018 were conducted in 10 countries: Sweden (5), Finland (4), the US (4), the UK (2), Australia (1), Belgium (1), Malawi (1), Norway (1), Poland (1) and Turkey (1). Methods used were hermeneutical studies (6), phenomenological studies (2), trials (3), concept analysis (2), case (1), survey (1), mixed method study (1) and essays (3). The number of respondents varied from 1 to 19,542. Among the studies were two articles focusing on the wider results of doctoral dissertations, including several independent studies. In 18 studies, invitation showed up as an important tool for something valuable. One study discussed the concept and contents of invitation. In one article invitation was analyzed according to the psychological theory of planned behaviour. Four studies discussed invitation as a part of the SPIKES (Setting, Perception, Invitation, Knowledge, Empathy, Summary) protocol that has been developed by Buckman since 1984 for delivering knowledge to patients when there has been a failure, for example in the care of cancer. In the SPIKES protocol, a patient makes an invitation to receive information about a situation where there is no hope of becoming well.

Please, insert: Table 1.

The conceptual mapping follows the description of Anderson et al. (2008) and focuses on how invitation is used, in what meaning, by whom and for what purpose. Conceptual mapping is presented in table 2. Each study was asked who invited and how, who heard the invitation and

what the response was and for what purpose the invitation was made and what else was found in order to discover the purposes and contents of invitations.

Please, insert: Table 2.

Organizing the Findings, Summarizing, Reporting and Consultation

The first author analysed articles, found an order, summarized, and wrote down the results, while consultations include co-researchers' reading and contributions to the final result. The final stage is described in the results section.

Results

The results are described based on the literature and conceptual mapping. The phenomenon of invitation has gained interest in different contexts being identified in 19 of the studies while only one study focused on invitation as a concept. Results concerning the phenomenon invitation are presented through the following perspectives: Health care personnel invite the patient, Purpose of health care personnel's invitation, Patients' response to health care personnel's invitation, Patients invite, Purpose of patients' invitation and Health care personnel's response to patients' invitation. Invitation appeared mostly as a phenomenon in relation to health care personnel's and patients' invitations.

Invitation as Concept

The conceptual determination of invitation (Portaankorva et al., 2012) showed that the first dimension is an open invitation with attributes of proposing and recommending. The correct and humourless invitation can be perceived as a compulsion. The second dimension is a playful invitation characterized by features of attraction, temptation, and lure. The third dimension is a supporting invitation with strong direction and good arguments. The fourth is an enthusiastic invitation with unconditional motivation to build human relations. The fifth dimension is an altruistic invitation that insists nothing as counterpart. It is possible that all the five dimensions are present in the invitation or that one or two of them are emphasized more than others.

Health Care Personnel Invited

The result show different ways and forms of inviting. Invitation letters or leaflets were used by health care personnel to invite in 5 cases (Foster & Anderson, 1998; Mosleh et al., 2014; Nyondo et al., 2015; Van Roosbroeck et al., 2012; Wangmar et al., 2018), where the focus was on criticizing and developing the invitation letters and cards produced by health care professionals.

The articles describe different ways of inviting based on different care contexts highlighted. Laboratory technologists invited with a concrete call and presenting themselves and shaking hands (Holopainen et al., 2015). Clinicians and multi professional teams invited with a smile and a warm handshake and a friendly body language which showed that they were present (Madrigal & Patterson Kelly, 2018). Nursing staff invited older persons non-explicitly actively to seek further communication or new information in emotional needs in home care (Höglander et al., 2017). Caregivers' invitations consisted of a welcoming atmosphere, greeting and openness, availability and demonstrating genuine interest and engagement (Nyholm et al., 2018). Swedish maternity care was described as an inviting institution because of its availability, high quality, and general good image (Larsson et al., 2016).

Health care personnel as inviting part included nurses four times (Carlsson, 2007; Hilli & Eriksson, 2019; Nåden, 2004; Portaankorva et al., 2012), caregiver once (Nyholm et al., 2018), nursing staff once (Höglander et al., 2017), clinician and multi professional teams once (Madrigal & Patterson Kelly, 2018), laboratory technologist once (Holopainen et al., 2015) and institution once (Larsson et al., 2016). The results showed that invitation emerged from the concrete situation when the nurse sees that the patient needs help; in such a situation an invitation gives the patient a feeling of being at the centre of attention (Nåden, 2004). The inviting nurse's personality was highlighted as simultaneously strong and vulnerable. A nurse who presented an honest and a real invitation was also able to be touched literally and figuratively. (Carlsson, 2007.) A prerequisite to become an inviting nurse was to be in

connection with one's innermost self, one's home, or ethos, where one could gain understanding, feel sympathy and at-homeness. The connection with one's innermost self helped to give of oneself and created a caring relationship. (Hilli & Eriksson, 2019.)

Purpose of Health Care Personnel's Invitation

Research showed that purposes for invitations sent to patients were to call patients to rehabilitation after cardiac happenings in order to improve health and reduce mortality and morbidity (Mosleh et al., 2014), to gain early diagnosis in colorectal cancer to avoid suffering and deaths in complicated care (Wangmar et al., 2018; Van Roosbroeck et al., 2012), to discover the meaning of ability to understand health related literature in accepting the invitation and attending to screenings (Wangmar et al., 2018), and to protect unborn children against HIV (Nyondo et al., 2015). In addition, invitation leaflets' purpose in one study was to avoid cervical cancer deaths and at the same time manipulatively to obtain financial incentives to general practitioners who carried out the screening (Foster & Anderson, 1998). Research show that health promoting programs and screenings have generally good and caring purposes and that should be communicated through invitation to becoming participants. The caring purpose should be present in the invitation cards, letters and in other kind of inviting expressions which should include gentle motivation, easy information, and essential facilitating sets as far it is possible.

Research also shows a deeper meaning and purpose in the invitation. When care personnel invited patients to a caring relationship, the invitation strengthened the human being's dignity (Portaankorva et al., 2012; Nyholm et al., 2018). Through care personnel's invitations and a professional encounter, the patient was seen as a human being (Holopainen et al., 2015). Even a violent situation could be managed through inviting the patient to a caring relationship (Carlsson, 2007). The invitation was confirming, encountering the actualization of the caring values, the act of good will and aesthetic communication (Nåden, 2004). Invitation as an ethical value supported ethical sustainability and ethical values such as dignity, responsibility, and respect

(Nyholm et al., 2018). Invitation emerged e.g. in the context of maternity care as a promise to be received and cared for. If the promise to be received was seen as conditional, the patient's uncertainty and anxiety increased. (Larsson et al., 2016.) In multi-professional teamwork, invitation emerged as open and honest information for shared decision making (Madrigal & Patterson Kelly, 2018). Nursing staff responded non-explicitly inviting and actively giving space for conversations to express and handle emotional stress of older people in home care (Höglander et al., 2017).

Patients' Response to Health Care Personnel's Invitation

Patients responded in different ways to health care personnel's invitations and it appeared that the design of the invitation is significant. Pregnant women responded to invitations by contacting the established maternity care and taking it as a matter of course and as an unconditional promise (Larsson et al., 2016). Invitations from multi professional team caused patients and their next of kin to respond with a wish to have a sincere relationship (Madrigal & Patterson Kelly, 2018). Male partners partially agreed to the invitation by attending with their spouses to programs preventing mother to child transmission of HIV when the invitation card was well planned and produced. Invitation cards were here more effective than a spoken invitation. (Nyondo et al., 2015.) One study showed that despite having worked out attractive invitation cards and letters, half of the target population did not accept the invitation (Van Roosbroeck et al., 2012). Bigger populations of risk groups agreed to the invitation by attending a colorectal screening program when the invitation letter was completed with a faecal sampling set and an information leaflet and many options to obtain further information (Van Roosbroeck et al., 2012). Patients who had undergone a heart attack agreed to the invitation to a rehabilitation program when the invitation letter and leaflet were based on a psychological theory of planned behaviour that includes subjective norm in wording, perceived behavioural control, perceived controllability of the condition and consequences of the condition and attitudes towards the behaviour (Mosleh et al.,

2014). Women who attended cervical screening without proper information of the course of the test felt that the invitation minimized their autonomy (Foster & Anderson, 1998). Participants to the colorectal cancer screening attended regardless of their ability to understand health related literature. Research showed that some participants did not like invitation by letter, that letters could be hard to understand and recommended that invitation letters should draw sufficient attention but not contain too much text. Patients paid attention to a patronizing attitude in letters, unclear incentives, or negative wording. (Wangmar et al., 2018.)

The research show that patients accepted the invitation when the invitation was well prepared and trustworthy, and the patients' best was well communicated expressing caring attitude of the inviters. The invitation to the screenings and to health promoting activities can be an invitation to the caring relationship. Research showed that the invitation was of great importance to patients and that they responded to nurses' invitations by accepting the touch of warmth and authenticity (Carlsson, 2007). Invitations induced a feeling of safety, protection, respect and at-homeness and of being whole as a human being (Hilli & Eriksson, 2019). Patients felt welcome if everything was prepared for them and carers' engagement was recognizable (Holopainen et al., 2015).

Patients Invited

Patients often invited health care personnel voluntarily and vulnerably (Petticrew, 1990) with the desire to obtain answers to questions and to be able to discuss (Tahseen, 2013). In SPIKES protocol cases, patients' invitations revealed willingness to discuss therapeutic failure (Morgans & Schapira, 2015) in order to obtain information about the situation (Ozyemisci-Taskiran et al., 2018), and to point out, before the beginning of the conversation, how much information is desirable (Marschollek et al., 2018).

Purpose of Patients' Invitations

With their invitations, patients wanted to find a relation to the health care personnel and to have time to share their experience of suffering (Petticrew, 1990). Patients called the nurse into the space between because the nurse is needed to do something important (Tahseen, 2013). In the SPIKES protocol, the patient's invitation was an important moment, where the physician obtained the patient's invitation for information and knowledge concerning the prognosis and further medication or ending it as ineffective. Studies showed that despite a personal invitation, it is not always easy to understand the patient's invitation, the invitation remains one-sided. (Morgans & Schapira, 2015; Ozyemisci-Taskiran et al., 2018; Marschollek et al., 2018.)

Health Care Personnel's Response to Patients' Invitations

Health care personnel described patients' invitations and calls as a privilege (Petticrew, 1990). In the SPIKES protocol, patients' invitations (I) triggered the health care personnel's response for sharing information and knowledge with the patients. Information should be tailored and revealed gradually and according to patients' wishes. (Morgans & Schapira, 2015; Ozyemisci-Taskiran et al., 2018; Marschollek et al., 2018.) In one study (Kayrouz et al., 2017), a psychologist responded to the patient's invitation by showing eagerness in accepting the patient's perceptions of mental problems in a cultural perspective.

Discussion

Researchers have developed invitation methods and pondered why target populations will not participate in screenings despite proper invitation letters. Research on patients who feel unwelcomed has been conducted (Dzul-Church et al., 2010; Geanellos, 2005; Constanza et al., 2020) and that is why it is important to study invitation. Invitations seem to accomplish something very important in the medical or nursing protocol effectively and cost-effectively and to sustain or support the human being's dignity in nursing practice and caring relationships.

Invitation is highlighted in studies about ethics (Lindström et al., 2018; Gullet & Koskinen, 2020), ethical sustainability (Nyholm et al., 2018) and nursing as an art (Nåden, 2004). How the

invitation is made seems to have a great importance. Invitations should be gentle, pleasant and welcoming, and the human being should be seen and the personnel present. If not, it may not be an invitation at all. Invitations should communicate nurses' responsibility and good will, because their motive for the invitation is compassion (cf. Nordman, 2006; Watson, 2003). Health care personnel invites patients effectively to different health care programs (Nyondo et al., 2015; Roosbrooeck et al., 2012; Moshleh et al., 2014; Wangmar et al., 2018) but it seems that patients at the same time wait for an invitation to a caring relationship where they can feel safe and whole, and experience presence, respect and dignity (Hilli & Eriksson, 2019; Petticrew, 1990; Portaankorva et al., 2012). Health care personnel should recognize this patients' need. Patients may accept an invitation regardless of their ability to understand health related text (Wangmar et al., 2018. Thus, an invitation is more than just welcoming with a few words and explaining the protocol. A welcoming body-language and warmth (Madrical & Patterson Kelly, 2018) are ways by which we show kindness and fellowship and being parts of each other's life (cf. Watson, 2003) which indicate caring relationship.

Conceptually, at-homeness and altruistic invitations have the same basis. Patients, in vulnerability, carefully observe the quality of invitation which may be open, authentic, supporting, and trustworthy. An invitation can also be too supporting, almost obliging, or it may be such a playful invitation that the patient sees manipulation and suspects ulterior motives. Playfulness may also show up with warm humour and the inviter's self-irony. An invitation may also be enthusiastic with great intensity or an invitation that is unconditional. Patients want to maintain their dignity and consequently health care professionals must pay attention to the quality of invitation. Invitation letters, too, must guarantee the patient's ethical freedom without any judgement in case the patient says, "no thank you". (Cf. Portaankorva et al., 2012, 26.) An altruistic invitation should be forwarded through invitation letters for screenings and health care programs, too.

The research confirms patients' invitations and how patients may choose who deserves the permission to care for them (Nordman, 2006; Rundqvist, 2004). A patient's invitation is important to obtain because it gives the health care personnel permission to enter a sensitive area between patient and carer (Tahseen, 2013). Carers who are responsible, courageous, willing to offer something of self and listen will be able to induce a patient's invitation (cf. Arman et al. 2004; Boykin & Schoenhofer, 2020; Karterud, 2006). Patients evaluate the health care professional's invitations and choose to agree or disagree (Madrigal & Patterson Kelly, 2018; Kayrouz et al., 2017). The quality of the invitation reveals the ethics of the inviter (Gullet & Koskinen, 2020). The nurse can recognize a patient's invitation as a silent plea (Rehnsfledt, 1999), and if the nurse withdraws into routines and is not really inviting, the patient will soon be aware of it. Healthcare professionals, on the other hand, are not always aware of how well patients notice caregivers' choice to receive the patient or not. (cf. Arman et al., 2004) The invitation is sometimes presented more from the health care personnel's perspective than from the patients. The SPIKES protocol recognizes the patient's individual and unique world and tries to understand the patient's perception.

An important result of this scoping review is that the invitation is an ethical key when creating a caring relationship regardless of the context or whether the invitation takes the form of a letter, telephone call or physical contact. This result is in line with the theories of Eriksson and Boykin and Schoenhofer, which point out invitation's fundamental position in caring and nursing (Cf. Lindström et al., 2018; Boykin & Schoenhofer, 2020). The results also indicate that a kind and thoughtful invitation is of importance for human dignity. Therefore, an interest is aroused in further research concerning the significance of invitation related to human dignity. Another interesting aspect to explore further is the importance of the invitation to the caring community in terms of how people participate in screenings and thus the connection to health and recovering.

Limitations of this study relate to difficulties in defining the boundaries for the literature search (O'Brien, et al., 2016). The scoping review was implemented in caring and nursing research in two databases, CINAHL and PubMed, because invitation in caring science was the object of interest. The results could have been different if more than two databases or different databases had been used. Still, our choices and decisions resulted in analyzing 20 methodically different articles in different areas of health care.

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