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Caring Science Education: Measuring nurses caring behaviors

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Abstract

In preparation for this DNP project and, in reviewing research and evidence-based practices it was found that there are limited research study articles available specifically focusing on caring science educational programs utilized as an intervention to inform and impact the nurses caring behaviors while caring for patients within a health care environment. There are multiple survey tools directed at the patient which assess the caring behaviors based on the patient's perception however, there are limited tools that examine the nurse's perception of their caring behaviors and their personal professional practice as it relates to caring science or relationship-based care and the change in clinical practice post intervention. This, along with the organizations continued commitment to advancing the art and science of the nursing staff through deepening their understanding of the theory of human caring, engaging their hearts and minds, deepening their understanding of the theory as the foundation for all professional nursing practices within the organization. This has led to the co-creation and delivery of a standardized Caring Science/Heart Science education program within an organization that has adopted Dr. Jean Watson's theory of Human Caring in 2010. The purpose of this article was to better understand the impact of the co-creation of the Caring Science/Heart Science standardized educational series in a large multi-site organization and the impact on the nurses' perception of their caring behaviors moving them from being to becoming in their personal nursing practices and, patient's perception of being "treated with loving kindness" following implementation of the standardized education program.

Keywords: nurse, caring theory, education, caring attributes, patient, perception.

Background:

The healthcare landscape has changed. Social, political, and economic forces of healthcare reform are challenging organizational viability. As hospital systems merge, creating mega systems, caring and administrative practices are often in conflict. To compete for viability in this new landscape, hospitals have moved from caring healing environments to business or economic models of caring institutions that focus on census instead of patients and, technology instead of touch or human connection (Watson, 2006). The largest workforce within the healthcare system, nurses are torn between the economic direction of the organization and the needs of the patient and their family. Caring is central to the nursing profession; it is through the act of caring and engaging in authentic caring humanistic encounters that nurses find their professional identity. Nurses' find purpose and satisfaction in their work when they have the opportunity to engage with patients and families and practice caring behaviors. When nurses are challenged to engage in authentic caring behaviors with their patients and families due to increased technology and complexity of patient care, their professional identity diminishes and leads to decreased job satisfaction (Amendolair, 2012).

Dr. Jean Watson, nurse theorist, originator of the theory of human caring, calls on nurses and nurse leaders to transforming hospitals and healthcare systems from the dominant medical techno-cure system of today often viewed as biocidal (life depleting or toxic) to a biogenic (life giving, and life receiving for patient and practitioners alike), (Watson, 2010) shifting authentic intention to a nursing practice that is based in ethics and values, thus restoring the human spirit for the patient and the practitioner (Schlagel & Jenko, 2015).

A standardized caring science education program utilizing Dr. Jean Watson's theory of human caring as the foundation of professional practice provides the nursing staff the ability to

examine, reflect, and discuss theory guided practices leading to a deeper appreciation of connecting the “why” to the what”. This education series, enables professional nurses to reflect on the value of expressing caring behaviors as they care for their patients and strengthen their own purpose and resolve. Nurse leaders must develop creative programs and strategies that support and value a caring environment for patients and staff, so that nurses will be fulfilled in their work, ensure retention, and improve organizational outcomes (Amendolair, 2012).

This multi-site organization adopted Dr. Jean Watson’s Theory of Human Caring (caring science) as the foundation for the nurses’ professional practice in 2010. As part of the adoption of caring science as the foundational theory-based practice. Understanding the importance and impact of the integration of and application of caring science as the foundation for professional practice, the organization has supported and funded 46 clinical staff and leaders combined to become Caritas Coaches and 28 HeartMath trainers over the past 3 years. This deliberate focus resulted in the ability to have Caritas Coaches and HeartMath trainers available throughout the organization to engage the hearts and minds of the clinical staff moving beyond task to purpose.

In November, 2016 the caritas coach team members from the majority of the 21 medical centers came together to re-establish the regional caritas coach council. During that meeting, goals for 2017 were established, and the top priority identified by the regional caritas coach team was to address the inconsistent caring science education being delivered throughout this multi-site organization. Using the Improvement Advisor process, the Caritas Coach team identified the in-scope focus for this work. Which was, the collaborative co-created caring science education development linked with the professional practice model for the organization. Educating the nursing staff in the theoretical practices based on human caring values while delivering care within the professional practice framework for the organization. Focusing on the following:

- Care focusing on professional practice based on morality-ethics-values.
- Shifting from a mechanical cure approach to spiritualizing of health and healing processes.
- Moving from rote, atheoretical professional routines to a nursing practice based on intentional caring-theory -guided professional actions.
- Moving from “institutional” environments to healing environments. Understanding that the nurse is part of that healing environment.
- Focusing on the covenant of caring for a human soul.
- Moving beyond industrialized “managed care” to the relationship-centered caring healing partnership with the patient and families. Recognizing the whole patient and their support system as part of the caring healing process (Watson, 20016).

The key stakeholders for this project have been identified as the Caritas Coaches within the organization, the Director for Professional Practice, Care Experience Leaders (CEL’s), staff nurses, and the patient advisory council teams within the organization. A core group of approximately 20 Caritas Coaches self-selected to participate in the co-creation of the module content. The following process was developed by the Caritas Coach core team: A copy of the detailed Work Breakdown Structure is provided as Attachment A.

- Base line Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) organization custom question, “Nurses provided care to me with loving kindness” was obtained for FY 2016 for each of the medical centers.
- Copies of all caring science education within the organization was obtained from the Caritas Coaches for the team to review and assess.

- Caring science education content was grouped into logical categories to establish module series.
- Caritas Coaches self-selected which module content they wanted to co-create.

The Watson Caring Institute's Caritas Coach Education Program (CCEP) was used as an experiential guideline, in the design plan for the educational series to allow staff to deepen their understanding and enculturating caring science into their professional practice framework.

Research has shown that when nurses are able to engage in meaningful relationships with their patients, and their families they have purpose and satisfaction in their jobs (Pavlish & Hunt, 2012). The process improvement program that the Caritas Coaches and HeartMath trainers team agreed to engage in was, the consistent use of the standardized caring science/heart science education modules as the foundation for professional practice education for the organization.

Aims:

The Caring Science/Heart Science experiential education program for the registered nurse was developed with the intent to reconnecting the nursing staff to the essence of the professional nurse creating caring healing practices with their patients. Providing the nurses with a deeper understanding of caring science and HeartMath practices will assist in engaging patients, families, and co-workers in creating authentic, caring healing practices and environments. Integration and co-creating of a consistent and unified message, "one unified voice" for nursing clinical practice is a key strategy to transform and empower the professional nurse to own their practice. The Caring Science/Heart Science education program incorporates the organizations national professional practice model; Voice of Nursing (VON), the evidence-based fundamental of care experience and, the evidence-based practices of HeartMath, aligning, "connect the dots" multiple the program's content to the primary focus, the theory of caring science for the nursing

staff. This provides the nursing staff an opportunity to enhance and reinforce their perception of meaningful work.

Methods:

This systematic review of nursing literature using, Cumulative Index of Nursing and Allied Health Literature (CINAHL), PubMed, and Joanna Briggs Institute Library were searched, between February and October 2018 to identify appropriate articles which focused on caring science, nurses caring behaviors, patient's perception of nurses caring attributes.

Inclusion criteria included, hospital-based nurses and, articles in the English language, published between 2008 and 2018. Excluded studies included; specialty nursing, caring for patients with chronic illness, and nursing staffing as indicators for job satisfaction.

Tools:

There are multiple tools that measure the impact of caring and caring behaviors or attributes of the nurse from the patient's perception. The number of tools focused specifically on the nurse's personal perception of his/her own caring behaviors is limited.

Assessing and evaluating the impact of the caring science/heart science education program on the nurses' perception of their caring behaviors both pre-intervention and post-intervention will be done utilizing the Caring Factor Survey—care provider version: Developed by Karen Drenkard & John Nelson, Gene Rigotti and, Jean Watson in 2006 (Johnson, 2012), Attachment B. Patient's perception of being care for will be assessed pre-intervention and post-intervention by reviewing the organizations customized Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) question: "Nurses treated me with loving kindness".

Caring factor survey-care provider version:

The caring factor survey-care provider version (CFS-CPV) the initial caring factor survey originally a 20-item tool was modified to a 10-item tool developed to measure the perception of caring behaviors by employees who interact with patients within health care. The tool is designed to measure the caring behaviors as they relate to the 10-caritas process as proposed by Dr. Watson. For this project the tool will utilize the care providers version after obtaining permission from Dr. John Nelson, allows the RN to personally reflect and assess their caring attributes in relationship to Dr. Jean Watson 10 Caritas Processes. The modified caring factor survey-care providers version consists of a 10-item survey using a 7-point Likert scale.

Patient's perception of being cared for will be assessed pre-intervention and post-intervention by reviewing the organizations customized Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) question: "Nurses treated me with loving kindness". All data obtained from the CFS-CPV and, HCAHPS will be reported as aggregate data by medical center and scrubbed of any confidential identifying data.

Data Collection Strategies:

The project target population will be RNs who have voluntarily chosen to sign up for the caring science/heart science education program. The education program will be offered via the organizations' electronic education scheduling program, HealthStream. While the caring science/heart science program is offered to all bedside clinical staff within the organization's 21 medical centers in Northern California, the inclusion criteria for this project will include: all RNs' practicing at the bedside within the 21 medical center who complete both sessions of the experiential module series.

The caring attribute pre-intervention and post-intervention tool will be incorporated into the class registration process and the course completion/evaluation process in HealthStream. Both the pre and post survey's will be electronic and are voluntary. A study purpose and informed consent cover letter will precede both surveys.

Recruitment for participation will be facilitated by the local Caritas Coaches at each of the medical centers by presenting the caring science/heart science module series flyers at huddles and at staff meetings at the local medical centers. Scheduled class offerings through-out Northern California will be developed by the Caritas Coaches and schedules will be created and distributed to be posted within the medical centers. The regional Caring Science program director will monitor the class registrations via the HeathStream system and report to the local Caritas Coaches and local leadership class registration progress. Continuing education units will be provided to the RN staff who attend the module sessions.

Potential Issues:

- Limited class enrollment due to RN staffs in ability to get time off to attend the caring science/heart science education series due to increased patient census.
- RN's choice to use their education leave for other programs such as home study.
- Caritas Coaches unable to be released from their primary role within the organization to teach the Caring Science/Heart Science classes.
- Organizational financial drivers, limiting the ability to offer classes to meet budget.
- RN's not identifying themselves as RN's on the one line survey, decreasing the total RN aggregate data; Caritas Coaches who all have additional jobs at the medical centers often have difficulty finding the time to promote the caring science opportunities.

- HCAHPS data, RN “treated me with loving kindness” will have approximately two-month data lag. This data lag may limit the ability to establish correlation or impact of the caring science/heart science education series to the patient’s perception of caring relationships with the RN staff.

Data Management, Analysis and Reporting:

Prior to the implementation of the caring science/heart science education series, the survey tool will be loaded into the organization’s educational training system HealthStream. The pre-survey will be loaded as part of the registration process for the first session which includes two education modules. The survey process will be voluntary and will have a letter describing the purpose of the survey, confidentiality statement and, statement of informed consent provided for the participants to review prior to deciding to participate in the survey process (see Appendix B). The post-survey will be loaded into HealthStream as part of the course evaluation for the second session which will include the remaining two course modules. The course evaluation and post-survey will also be optional and voluntary. Continuing education units will be awarded to the RN staff for attending and participating in each of the caring science/heart science sessions.

- Survey’s will be loaded into HealthStream via Survey Monkey link.
- Participation in the pre and post education intervention is on a voluntary basis.
- Nurses must complete the entire module series to participate in the survey process.
- RN’s completing the pre and post survey will be included in the aggregate data review and survey analysis.

Results:

The intent of this DNP project is to validate the need for theory-guided experiential learning to inform the professional practice of the nursing staff within the organization. Using the CFS-CPV and the HCAHPS “Nurses treated me with loving kindness” data to measure the effectiveness of the Caring Science/Heart Science education to add to the body of knowledge needed to validate the impact of human caring for both the nursing staff and patients.

Conclusion:

Through the completion of the Caring Science/Heart Science experiential learning series, the nursing staff will have an opportunity to examine, reflect, and discuss theory guided caring practices leading to a deeper appreciation of “what” they do and “why” it makes a difference in the lives of the people they care for daily. The ability to measure the impact of this will allow nurses to practice at their highest potential as they connect their clinical practices with the purpose of the organizations professional and nursing vision.

References

- Amendolair, D. (2012). Caring behaviors and job satisfaction. *The Journal of Nursing Administration, 42*(1), 34-39.
- Asselin, M., & Fain, J. (2013). Effect of reflective practice education on self-reflection, insight, and reflective thinking among experienced nurses: A pilot study. *Journal for Nurses in Professional Development, 29*(3), 111-119.
- Brewer, B., & Watson, J. (2015). Evaluation of authentic human caring professional practices. *The Journal of Nursing Administration, 45*(12), 622-627.
- John Hopkins Hospital, The Johns Hopkins University (2015). Research appraisal tool. In S.L. Dearholt & D. Dang (Eds). *John Hopkins nursing evidence-based practice: Model and guidelines* (2nd ed.) (238-240). Indianapolis, IN: Sigma Theta Tau International Honor Society of Nursing. New York, NY: Springer 2012.
- McSherry, R., & Pearce, P. (2018). Measuring healthcare workers perception of what constitutes a compassionate organization culture and working environment: Findings from a quantitative feasibility survey. *Journal of Nursing Management, 26*.
- Nelson, J, Watson, J. *Measuring Caring: International Research on Caritas As Healing*.
- Pavlish, C., & Hunt, R. (2012). An exploratory study about meaningful work in acute care nursing. *Nursing Forum, 47*(2), 113-122.
- Persky, G., Nelson, J., Watson, J., & Bent, K. (2008). Creating a profile of a nurse effective in caring. *Nursing Administration Quarterly, 32*(1), 15-20.
- Schlagel, L. C., Jenko, M. (2015). Creating a caritas culture in a community hospital setting: A labor of love. *International Journal for Human Caring, 19*(4), 66-71.

Watson, J. (2006). Caring theory as an ethical guide to administrative and clinical practices.

Nursing Administration Quarterly, 30(1), 48-55.

Watson, J. (2008). *Nursing the philosophy and science of caring* (Rev ed.). Colorado: University

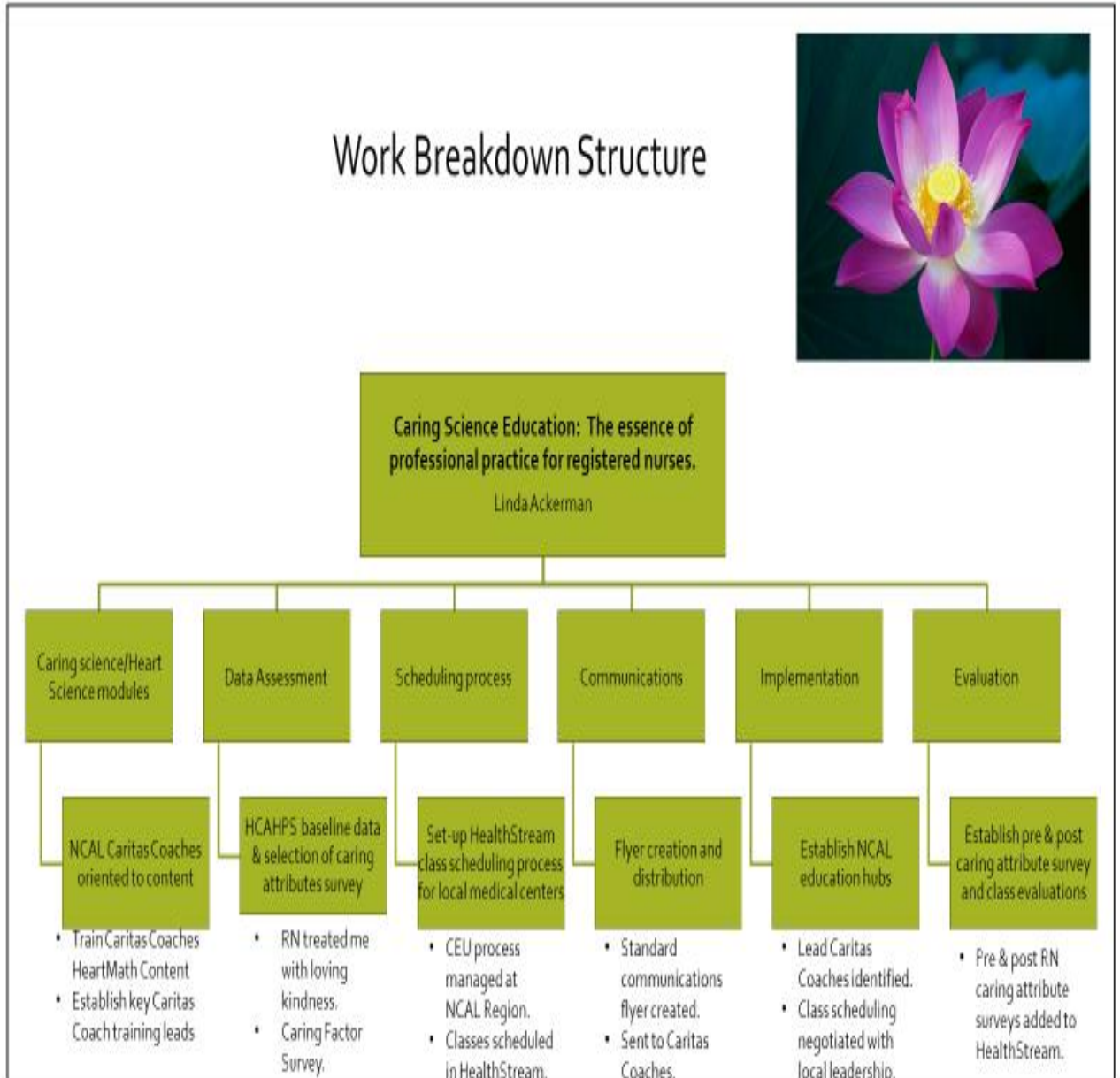
Press of Colorado.

Watson, J. (n.d.). *Theory of human caring*. Retrieved from

http://www.watsoncaringscience.org/index.cfm/feature/84_12/theory-of-human-caring.cfm

Attachment A:

Work Breakdown Structure



Attachment B:

CFS-CPV Survey Tool and Participant Letter

Dear class participant:

We are interested in learning about your Caring attributes prior to and following the completion of this Caring Science & Heart Science education series. A reputable Caring self-assessment survey has been selected and it will take you 5 to 10 minutes to complete the survey. The purpose of this note is to ask you to participate in an evidence-based quality improvement project that will compare participant's perceptions of their Caring attributes pre and post the courses to potentially identify changes in practice. Some demographic information has also been included to support the evaluation phase of the project.

All your answers will be kept completely confidential. The survey results will have no identifying information on it and no individual identities will be used in any reports or publications that may result from this work. If you agree to voluntarily participate, please complete the surveys below.

Thank you in advance for assisting with and taking the time to participate in this study.

* 1. At which Kaiser facility do you practice? (Select from the drop-down box below)

* 2. Current role:

- RN
- PCT
- MSW
- Transporter
- Respiratory Therapist

* 3. Work setting:

- Hospital
- Rehab center
- Clinic
- ED
- Home
- Health
- Hospice
- Other (please specify)

4. Years in Current Position

0-3

4-7

8-10

11-15

16-20

21+

5. Years in Practice

0-3

4-7

8-10

11-15

16-20

21+

* 6. Please select the answer to each of the following questions or statements:

	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
Overall the care I give is provided with loving kindness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a team, my colleagues and I are good at creative problem solving to meet the individual needs and requests of our patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I help support the hope and faith of the patients I care for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am responsive to my patients' readiness to learn when I teach them something new.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am very respectful of my patients' individual spiritual beliefs and practices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I create an environment for the patients I care for that helps them heal physically and spiritually.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to establish a helping-trusting relationship with the patients I care for during their stay here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I respond to each patient as a whole person, helping to take care of all of their needs and concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I encourage patients to speak honestly about their feelings, no matter what those feelings are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am accepting and supportive of patients' beliefs regarding a higher power if they believe it allows for healing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Permission to use the Caring Factor Survey Care-Provider version was granted by Dr. John Nelson