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Operationalizing a Theoretical Framework to Improve Patient Perception of Care

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Abstract

The Centers for Medicaid and Medicare Services publicly report information that allows comparisons to be made across all hospitals to support consumer choice. A hospital's reputation, coupled with the financial impact, depends on patient satisfaction, which must be taken seriously. Care experience scores are primarily nurse-driven, and nurse leaders have a large responsibility to produce results. The practice of commanding and directive leadership has never been effective long term. Nurses want leaders to make sense of a situation and explain the *why*. The need to inspire and create alternative ways to help nurses connect purpose to practice is imperative to meet the demands. The concept of triangulating a human caring theory, professional practice model, and care experience best practices should be explored to influence nurses caring practice at the bedside. Nurturing human dignity, relationships, and integrity through human caring is the degree by which patients assess their often cure-dominated experiences. Developing a model designed to actualize a caring theory, reinforce care experience best practices that support patient satisfaction, and shift the culture norms through a professional practice model is more important than ever in today's state of decisiveness and incivility. A caring culture will not only impact the patient's perception of care, but will create the foundation for a highly reliable, quality, safe organization that meets its financial goals, because nurses that care, will do.

Keywords: *HCAHPS, caring science, care experience, caritas, empathy, nurse*

Problem Description

The 2013 Centers for Medicaid and Medicare Services' (CMS) implementation of value-based purchasing linked hospital reimbursement to quality metrics, as well as to the patient ratings of their care experience.¹ Hospitals are incentivized based on the quality and care they provide. Third - party payers measure patients' perception of the care they receive, and it is impacting hospital reimbursement. The CMS² publicly reports information that allows comparisons to be made across all hospitals to support consumer choice. A hospital's reputation, coupled with the financial impact, depends on patient satisfaction, which must be taken seriously.

The HCAHPS survey is composed of 27 items, which includes 18 substantive items concerning aspects of the hospital experience (see Appendix A). The main set of HCAHPS questions can be shared with tailored, hospital-specific items to accompany the data hospitals collect to support quality and customer service related activities during the patient's hospitalization²

Care experience scores are primarily nurse-driven, and nurse leaders have a large responsibility to produce results. The day of demanding and directive leadership has proven to be ineffective. New and alternative ways to improve and sustain HCAHPS scores must be taken seriously. The importance of connecting purpose to practice must be explored.

Patient experience is defined as "the sum of all interactions, shaped by an organization's culture, that influence patient perceptions, across the continuum of care" (para. 1).³ In the spirit of Beryl Institute's³ definition of patient experience and the need to inspire and create alternative ways to help nurses connect purpose to practice, the concept of triangulating a human caring

theory, professional practice model, and care experience best practices should be explored to influence nurses caring practice at the bedside.

Jean Watson's caring science is built on the philosophy of human caring. "Caring science is the starting point for nursing as a field of study offers a distinct disciplinary foundation for the profession; it provides an ethical, moral, values-guided meta-narrative for its science and its human phenomena, its approach to caring-healing-person-nature-universe" (p. 15-16).⁴ Nurturing relationships, human dignity and integrity through human caring is the degree by which patients assess their care experience.⁴

Developing a model designed to actualize a caring theory, reinforce best practices that supports patient satisfaction, and transform the culture norms through a professional practice model is more important than ever in today's state of decisiveness and incivility. Santos et al.⁵ found that connecting nursing best practices with a caring theory improves the perception of the care and quality the patient receives.

Available Knowledge

A literature review was conducted using the search terms *HCAHPS*, *caring science*, *care experience*, *caritas*, *empathy*, and *nurse*. A search of the evidence was conducted using the criteria English language and authored during 1995 to 2018. The following databases were accessed for the literature search: PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Cochrane. The John Hopkins *Research and Non-Research Evidence Appraisal Tools* were used to assess the strength and quality of the evidence.⁶ The articles were reviewed, and an evaluation table was created to support critical appraisal (see Appendix B: Evaluation of Evidence Table).

Caring Behaviors

Suliman, Welmann, Omer, and Thomas⁷ concluded that 97.2% of the patients they studied valued overall caring behaviors as important, but they only experienced caring behavior 73.75% of the time. Suliman et al.⁷ found that the variance between the importance of and frequency of attendance to caring behaviors by nurses was statistically significant ($t = -4.689$, $p = .001$), suggesting a disconnect between what patients need and what nurses are providing. Compassionate care matters more than ever, as patients begin to play an active role in choosing where they want to receive care. Watson⁴ shares that love and caring felt simultaneously welcomes a practice of transpersonal caring and the relationship between the two allows for deep personal healing for self and others. According to Watson,⁴ “Love is the highest level of consciousness and the greatest source of all healing in the world” (p. 40). When we bring together love and caring into our practice, we realize that nursing is more than just a job, it is a “life-giving and life-receiving” (p. 40) profession that has much more to offer humankind.⁴

McClelland and Vogus¹ cross-sectional study used the American Hospital Association database to draw a random sample of 269 nonfederal acute care hospitals and used a key informant approach to measure compassion practices. They found that compassionate care by nurses affected the overall hospital rating, resulting in patients who said they would definitely recommend the hospital on the HCAHPS survey. Compassion is when the nurse is able to authentically present in a way that affects others transpersonally.⁴ A transpersonal caritas-consciousness nurse is more willing and able to participate and be present in another person’s situation. The caritas-consciousness nurse attends to what is most important for the patient behind the diagnosis and treatment. The nurse is present in the now, in this moment, and the care that is offered becomes more fulfilling for both the nurse and the patient. According to Kornfeld,⁸ “When we come to rest in the great heart of compassion, we discover a capacity to

bear witness to, suffer with, and hold dear with our own vulnerable heart the sorrow and beauties of the world” (p. 103). McClelland and Vogus¹ claimed that patients’ perception of the care impacts hospital reimbursements, incentives, and reputation. Health care organizations must find ways to connect care experience best practices with creating and nurturing a compassionate culture in order to meet the needs of our patients and reach quality, care, and fiscal goals.

Leadership

Winter Haven Hospital experienced a significant turnover in nursing leadership at the executive level. In addition, the hospital had a registered nurse vacancy rate of 40% and a 70% turnover rate for nurse leaders.⁹ Through these difficult times, a certified nurse specialist (CNS) helped sustain the nursing department by using Watson’s caring theory to guide and ascertain authentic transpersonal caring relationships with patients, with the patients’ families, and with each other. Watson stated, “We are the light in institutional darkness, and in this model, we get to return to the light of our humanity” (Personal communication, March 20, 2018). Despite the lack of nursing leadership and nurse turnover, the nursing department was able to continue to improve the quality, care, and financial outcomes of the hospital. The CNS was recognized for being a passionate leader who supported and led the caring theory and was later promoted to the chief nursing officer.⁹

Quality and Care Experience

Taylor et al.¹⁰ conducted a 3-month prospective cohort study of 228 adult inpatients who were interviewed during and after their admission to assess the problems they encountered during their hospitalization. Service quality deficiencies reported during the surveys were then compared to adverse events, close calls, or low-risk errors found through chart audits. Twenty-one percent of the acute care patients studied experienced at least one adverse event, near miss,

or low-risk error, while patients who acknowledged service deficiencies were 2.5 times more likely to encounter a clinical event.¹⁰ This study implies that patients who reported care experience deficiencies were linked to adverse events and medical errors. The incongruity between the professional values and behaviors of health care professionals is serious and is shown in this study to be linked to poor health care outcomes. Applying human caring theory with care experience best practice and the professional practice model offers possibilities for caring-healing-protective environments.

Knowledge of Theory

Santos et al.⁵ used a descriptive qualitative approach to discover what enables nurses to and deters nurses from carrying out Watson's theory with families of pediatric patients. The study was carried out in three stages. The first stage included a 4-hour presentation to educate the nurses on the theoretical content and provide material they could keep for future reference. The second stage encouraged nurses to implement the content they learned and utilize the material while interacting with families. During this 60-day phase, researchers were available to answer questions, clarify the theoretical framework, and clear up any doubts the nurse may have had. In the third stage, interviews were conducted with 12 nurses who had agreed to be part of the study.⁵

Through inductive thematic analysis, Santos et al.⁵ identified three themes: identifying a caring framework, relationship challenges with families, and contemplating institutional context. The authors concluded that the nurses did not understand the caring framework; however, the nurses did understand the importance of creating better interpersonal relations with the family, and they realized that incorporating Watson's theory into their practice would be beneficial not only for the patient but also for themselves.

Caring Theory and Results

The University of North Carolina Hospitals (UNCH) changed practice and sustained high-performance results after they operationalized Swanson's caring theory.¹¹ The UNCH health care organization created the Carolina Care Model to actualize Swanson's caring theory. This model incorporated core behaviors and practices that helped discern Swanson's theory into practice. Results indicated a substantial improvement in care experience scores that had been previously flat for over six years. The most noticed improvement was in pain control and response to call lights.¹¹

Regardless of what nursing theory is used, it is the relationship between nursing theories and practice that frame thinking, action, and being in the world. Nursing theories are developed and studied to guide and improve nursing practice, in return improve the health and quality of life of those we care for.¹²

There is a disconnect between what patients need and what nurses are providing. This incongruity between the knowledge of values, theory, and behaviors of health care professionals is noticed by patients and reflects on poor quality and care experience outcomes. The literature review supports that triangulating care experience best practices, a professional practice model, and a caring theory could improve overall care experience and quality outcomes in a health care system.

Rationale

Triangulating a human caring theory, professional practice model, and care experience best practices is believed to improve the care experience of the patient. Jean Watson's theory of human caring has four major conceptual elements of the original and emergent theory:

- Ten carative factors (transposed to 10 caritas processes)

- Transpersonal caring moment
- Caring consciousness/intentionality and energetic presence
- Caring healing modalities (p. 323).¹²

The 10 caritas processes provide the structure and language necessary to frame the core aspects of nursing care (see Appendix C: Ten Caritas Processes). Caritas originates from the Latin word meaning “to cherish and appreciate, giving special attention to, or loving” (p. 39).⁴ Connecting love with caring invites a deep form of transpersonal caring and supports inner healing for self and others. According to Watson,⁴ “Love is the highest level of consciousness and the greatest source of all healing in the world” (p. 40). When we incorporate love and caring in our work and our lives, we realize and affirm that nursing is more than a job, “It is a life-giving and life-receiving career for a lifetime of growth and learning” (p. 40).⁴ Love and caring helps nourish human dignity and humanity itself, while adding to the evolution of human consciousness, shifting toward a more humane and moral society that is so desperately needed in the world right now.

Moving a caring theory from a conceptual to an operational level could directly impact the overall HCAHPS summary star score. This should be done through intentional, creative strategies that create an authentic culture of caring through triangulating care experience best practices, a professional practice model, and Jean Watson’s human caring theory, starting with self. It is the hope that the implementation of a nursing theory will enhance caring practice by providing structure and language to articulate, support, and influence the professional practice of nursing.

Conclusion

For nurse leaders, an intensified demand for efficiency and financial responsibilities has shifted a culture from caring to curing. To meet these goals, nurses have become more task-oriented, which has led to progressively distant relationships between nurses and patients and a culture that has lost its way. The potential outcomes of a noncaring culture are quality and safety violations and increased medical errors.⁴ Nurse-driven care experience scores can be potentially improved by nurse leaders moving theory from a conceptual to an operational level. A theoretical, evidence-based caring culture will not only impact the patient's perception of care but will create the foundation for a highly reliable, quality, and safe organization that can better meet the challenging times that are occurring in health care. It is the hope that the implementation of a nursing theory will enhance caring practice by providing structure and language to articulate, support, and influence the professional practice of nursing.

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Appendix A
HCAHPS Composites

1. Communication with doctors
2. Communication with nurses
3. Responsiveness of hospital staff
4. Cleanliness of the hospital environment
5. Quietness of the hospital environment
6. Pain management
7. Communication about medicines
8. Discharge information, overall rating of hospital
9. Recommendation of hospital

Appendix B

Evaluation of Evidence Table

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
McClelland & Vogus (2014)	N/A	Cross-sectional study	269 nonfederal acute care U.S. hospitals.	Compassionate practices, HCAHPS, management practices, patient's perception.	Survey collection from top-level hospital executives. Publicly reported HCAHPS data from October 2012 release. Utilized the HCAHPS questions: a) overall rating of hospital, b) likelihood of recommending the hospital to a friend or family member.	Comparison of respondents and non-respondent; descriptive statistics and correlations; weighted least squares regression analysis: Relationship between compassion practices and HCAHPS global measures. Compassion practices using five items (Cronbach's alpha=0.82) measured on a 1-7 Likert-type scale.	Compassionate practices, a measure of the extent to which a hospital rewards compassionate acts and compassionately supports its employees (e.g. compassionate employees awards, pastoral care for employees), is significantly and positively associated with hospital ratings and likelihood of recommending.	<p>Strengths: Findings illustrate the benefits for patients of specific and actionable organizational practices that provide and reinforce compassion.</p> <p>Limitations: Hospitals in the sample size performed better on HCAHPS global measures than non-respondents. Study did not adequately sample for profit and lower performing hospitals to ensure the validity of results.</p> <p>Critical Appraisal Tool & Rating: JHNEB: III, B</p>

Citation	Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Santos et al. (2014)	Jean Watson's Theory of Human Caring	Descriptive qualitative approach	12 pediatric nurses in a pediatric hospital.	Child, hospitalized, nursing care, nursing theory, professional-family relations, family nursing, models, nursing.	Semi structured interview with 12 pediatric nurses in a pediatric hospital.	<p>Three Stages:</p> <ol style="list-style-type: none"> 1. Presentation of theoretical content 2. Engagement of families in the light of Watson's theory 3. Interview of 12 pediatric nurses <p>The interviews were analyzed using inductive thematic analysis, being possible to form three themes:</p> <ol style="list-style-type: none"> 1. Recognizing a framework for care: 2. Considering the institutional context 3. Challenges in family relationships 	<p>The theory favored reflections about self, about the institution and about nurses' relationship with the family of the child normalized by a consciousness toward caring attitudes.</p>	<p>Strengths: Nurses revealed a clear awareness of the importance of improving relations and having a basis of theoretical frameworks for nursing, recognizing the relevance of incorporating elements from Jean Watson's theory in their practice with families.</p> <p>Limitations: The team lacked awareness and framework to care for the families and perceived themselves far from the moral ideal that brought them to the profession.</p> <p>Critical Appraisal Tool & Rating: JHNEB: III, A</p>

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Schlagel & Jenko (2015)	Jean Watson's Theory of Human Caring	Predictive non-experimental	A small royal hospital in central Florida. Studied work over the span of 20 years on the integration of Jean Watson's caring theory throughout the hospital.	Nurse leadership, caring science theory integration and sustainability.	Interview of staff and reflection of a 20-year journey of a CNS who was recognized for her leadership that ultimately transformed and sustained a caring culture in a royal hospital.	CNS sphere of influence on patients, nursing practice, and organization/ system sphere.	<p>1. Clinical leaders must be intentional in creating and preserving caring in a health care setting. Administrative/ leadership support is imperative in order to sustain a caring conscious organization</p> <p>2. Embedding Watson's caring theory into the institutions structure and processes of care resulted in improved quality and financial outcomes that transformed the culture of an entire organization.</p>	<p>Strengths: The Board of Trustees along with executive leadership recognized the impact of the work that the leadership of a CNS had on an entire organization and was later promoted to the CNE.</p> <p>Limitations: Work was done over a span of 20 years, no concrete data provided or research done.</p> <p>Critical Appraisal Tool & Rating: JHNEB: III, A</p>

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Suliman et al. (2009)	Jean Watson's Theory of Human Caring	Questionnaire survey	A probability sample of 393 patients was drawn from three hospitals in three different regions of Saudi Arabia.	Difference between the perceived importance of caring behaviors and how frequently those caring behaviors were attended to by staff nurses.	The Caring Behaviors Assessment instrument was used in data collection.	Descriptive analysis included frequencies, percentages, and mean scores for caring behavior items and subscales.	Patients rated overall caring behaviors as important (97.2%) and frequently experienced (73.7%). The discrepancy between the importance of and frequency of attendance to caring behaviors by nurses was statistically significant ($t = -4.689, p = .001$).	<p>Strengths:</p> <p>Limitations: Length of assessment tool and the potential burden on patients.</p> <p>Critical Appraisal Tool & Rating: JHNEB: III, A</p>

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Taylor et al. (2008)	N/A	Prospective cohort	228 inpatients admitted to a medical ward of a Boston teaching hospital. Mean age 63, 37% male, 21% non - white, and 5% non-English speaking.	Adverse events, close calls, low-risk errors, and quality deficiencies.	Patient interview during and after their admission to assess problems encountered to admission.	Patient interviews, medical reviews.	The presence of any service quality deficiency more than doubled the odds of any adverse events, close call, or low-risk error were associated with the occurrence of adverse events and medical errors.	<p>Strengths: Relationship that between patient-reported service quality and patient safety outcomes</p> <p>Limitations: Small sample size and single site, potentially reducing its generalizability</p> <p>Critical Appraisal Tool & Rating: JHNEB: III, A</p>

Appendix C

Watson's Ten Caritas Processes

1. Cultivating the practice of loving-kindness and equanimity toward the self and others as foundational to caritas consciousness;
2. being authentically present; enabling, sustaining, and honoring the faith, hope, and the deep belief system and the inner-subjective life-world of the self and of the other;
3. cultivating one's own spiritual practices and transpersonal self, going beyond the ego-self;
4. developing and sustaining a helping-trusting, caring relationship;
5. being present to, and supportive of, the expression of positive and negative feelings;
6. creatively use the self and all ways of knowing as part of the caring process; engaging in the artistry of caritas nursing;
7. engaging in genuine teaching-learning experiences that attend to the unity of being and subjective meaning; attempting to stay within the other's frame of reference;
8. creating a healing environment at all levels;
9. administering sacred nursing acts of caring-healing by tending to basic human needs; and
10. opening and attending to the spiritual or mysterious and existential unknowns of life and death (Watson, 2008).