Effectiveness of Nursing Staff Caring Protocol on Patient Satisfaction with Overall Care and Perceived Nursing Staff Caring

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Objectives

- List the process of creation of the Caring Protocol from evidence to draft
- Describe intervention research with an emphasis on fidelity and dose
- Relate the dissemination strategies of the Caring protocol
Professional Nursing Aspirations: Overall Experience

- Early sources of nursing values
- Caring for and with people
- Meaningful work
- Intimate, personal contact
- Witness and part of the complexities of human experience: incredible access
- Prosocial development
- Learning from patients, families, and colleagues

Established Caring Practices

- Caring competencies demonstrated for patients and families: implicit and explicit manifestations
  - Knowledge, skills, and attitudes brought to complex situations of nursing practice
- Foundations of caring competencies
  - Family of origin
  - Nursing education programs
  - Self-development and reflection
  - Flourish in workplace culture in support of caring competency development
Established Caring Practices

- Relationship of self-developed competence to caring activities
  - Caring for self
  - Caring for colleagues
  - Caring for patients and families in clinical practice
  - Patient safety practices
- Clinical leaders, coaches, and mentors: caring role models/experts and caring crusaders

Nursing Department at FCCC

Primary Goals
- Environment characterized by caring activities
- Compassion, caring, collaboration, evidence-based practice, patient safety
- Caring as essential nursing practice
  - Caring Protocol/Standard of Care as process, intervention
Impact of Nursing Department Philosophy, Mission, and Vision on Caring Activities

- RN role encompasses educator, care provider, collaborator, and researcher domains
- Nursing care is provided within care delivery system (CARES) that emphasizes:
  - **Collaboration** (interprofessional)
  - **Accountability**
  - **Responsibility**
  - **Evaluation** that is evidence-based
  - **Shared decision-making**
- Care teams work in an atmosphere of mutual trust and respect

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Phases I and II: Pretest and Protocol Adaptation: **January–June 2013**

- **Protocol Creation**
- **Caring Protocol Review**
  - Protocol adaptation
- **Institutional Review Boards’ Review and Approval**
  - La Salle University
  - Fox Chase Cancer Center
- **Hospital CAHPS (HCAHPS) Integrated Survey – IX Expanded Survey Customization Form**
  (specific items identified to indicate satisfaction with nursing care and demographic characteristics)
Protocol Creation: Data Sources

Protocol Creation

- Sixteen articles analyzed from systematic review of literature (Wolf, 2012)
- Four studies specified details on caring intervention:
  Dingman, Fosbinder, & Warnick, 1999; Kipp, 2001; McCance, Slater, & McCormack, 2008; Yeakel, Maljanian, Bohannon, & Coulombe, 2003
- Two selections from related literature included:
  Watson & Foster, 2003; Wolf, Freshwater, Miller, Jones, & Sherwood, 2003
- Instruments in Watson’s (2009) book (n = 3) including caring-related measures; those addressing patients’ perceptions of nurse caring analyzed for caring activities
- Research and scholarly literature (n = 6) from personal collections of investigators

Content analysis: identified patterns and themes (caring activities) evidence of elements of Caring Protocol

- Investigators (Wolf, Bailey, & Keeley) independently analyzed material and compared themes (caring activities) and patterns
- The “start list” of codes focused analysis on patterns and themes in data sources; initial coding scheme reduced to:
  - Caring theory; program objectives; persons/departments who endorsed the program; and caring activities or process activities
- Strategies to implement the protocol analyzed using content analysis and augmented by FCCC
Protocol Creation: Results

- Investigators independently sorted 119 caring activities into 5 clusters: respectful; connectedness; knowledge and skill; assurance; and attentiveness.
- Clusters based on factors identified in the Caring Behaviors Inventory (Wolf, Giardino, Osborne, & Osborne, 1994)
- Initial interrater reliability on caring activities organized into clusters (caring constructs) Percent agreement ranged from 51.5% to 94.5%
- Investigators identified another pattern or caring construct, collaboration; reached 100% agreement on that cluster

Protocol Creation: Results

- Investigators reviewed the original 119 caring activities; eliminated some activities and revised others; 108 activities of the draft Caring Protocol remained
Protocol Adaptation by Stakeholders

- Draft Protocol presented to stakeholders at three separate scheduled meetings: Patient Family Advisory Council, nurse administrator, and leadership nursing staff
  - Twenty-two participants reviewed, commented, and/or wrote on Draft Protocol. Sixteen of nursing staff recorded comments on the draft. The average age of respondents (n = 20) who completed the demographic profile was 46.61 with a range of 23 to 64 years. The majority were white, female, married, and with bachelor’s degree or higher.

Protocol Adaptation by Stakeholders

- All recorded comments on Draft Protocols were analyzed by one investigator.
- Summaries of notes recorded by investigators during and immediately following the meetings also examined
  - Revisions included: reordering activities; using bullets and separating into a related group of activities within each construct; combining several activities into one; making the protocol more attractive by adding color and art; adding “Standard of Practice” to the title; merging items for clarity; expanding several items with more descriptive material; adding several items.
Protocol Adaptation by Stakeholders

- Nursing staff concerned about nurse-to-nurse caring and communicating plan of care to all registered nurse staff.
  - Inclusion of team in implementation of protocol was important
- Nursing staff mentioned reflecting on patients’ situations, presence, caring intentionality, connecting to patients, importance of comfortable physical environment, and importance of nurse engagement in intimate, interpersonal care

Plan for Dissemination: Implementation with Nursing Staff

- Strategies to implement Caring Protocol
  - Creation of Intervention theory: Sidani and Braden (2011)
  - Construction of list of intervention strategies
  - Comprehensive staff education program to disseminate Caring Protocol
    - In-service sessions for registered nurses on implementing protocol and assuring their commitment to sustained effort
  - Challenge to implement the protocol into daily nursing care
Plan for Dissemination: Implementation with Nursing Staff

- Strategies to enhance intervention implementation
  - Protocol dissemination and reinforcement activities
    - Letter via email explaining purpose of protocol to RNs
    - Copies of protocol distributed to RNs
    - Protocol goals incorporated into ongoing performance assessment
    - Examples of caring activities (actions/behaviors) posted on unit bulletin boards using small posters
    - Peer reinforcement by presentation of caring certificate to colleagues exemplifying caring behaviors

- Training interventionists
  - Co-investigators
  - Caring Crusaders on each unit

- Intervention fidelity
  - Consistent reinforcement of Caring Protocol by co-investigators every 2 to 4 weeks

- Phases for intervention evaluation
  - Co-investigators

- Feasibility and efficacy of interventions to expand analysis as triangulation method
  - Feedback from co-investigators
  - Feedback for Caring Crusaders
### Caring Protocol Intervention Theory

<table>
<thead>
<tr>
<th>Structure</th>
<th>Process</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatients and discharged patients</td>
<td>Intervention components: Caring activities (actions behaviors) clustered by constructs: Respectful; Connectedness; Knowledge and Skill; Assurance; Attentiveness; Collaboration</td>
<td>Patient perceptions of nurse caring (prior to discharge) (Intermediate)</td>
</tr>
<tr>
<td>Context Characteristics: Clinical, research center of excellence with uninterrupted Magnet redesignation pattern; RN characteristics: crusaders</td>
<td>Dose: Staff education program (materials posted on learning channel); challenge to implement protocol; emailed letter explaining protocol purpose; protocol distributed to all RNs; protocol goals incorporated into ongoing performance assessment; caring activities posted on unit bulletin boards/posters; peer reinforcement via caring certificate; caring champions and sustained effort of co-investigators RNs’ enactment and adherence to Caring Protocol (fidelity)</td>
<td>Patient responses to Caring Protocol</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient Satisfaction with Nursing Care (post discharge) (Ultimate)</td>
</tr>
</tbody>
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### Caring Protocol: Crusaders Needed

- Caring Protocol/Standard of Care: pilot
  - Evidence–based protocol
- Developed using literature on caring programs and instruments measuring nurse caring
- Caring Constructs (6)
  - Respectful
  - Connectedness
  - Knowledge and Skill
  - Assurance
  - Attentiveness
  - Collaboration
Caring Protocol: Constructs

- Respectful
  - courteous regard for the other (comforts; establishes and maintains a helping/trusting relationship; respects individuality)

- Connectedness
  - optimistic and constant readiness on part of nurse to help the other (operates from perspectives of humanism/faith–hope–sensitivity; instills faith and hope; accepts positive/negative expressions; provides emotional support; is open to miracles happening)

Caring Protocol: Constructs

- Knowledge and Skill
  - nurse caring as proficient, informed, and skillful (explains and facilitates; monitors and follows through; teaches and evaluates learning; assists with human needs; is competent practitioner; coordinates care; provides emotional support; provides physical comfort; involves patient/family; creates healing environment for physical and spiritual self; assists with physical, emotional, and spiritual human needs)
Caring Protocol: Constructs

- **Assurance**
  - investment in other’s needs and security; (is supportive/protective/corrective; maintains safe physical environment)

- **Attentiveness**
  - appreciation of and engrossment in the other’s perspective and experience (is accessible, anticipates patient’s needs; considers existential/phenomenological dimensions; respects cultural and spiritual practices, beliefs, and needs)

- **Collaboration**
  - engages in collegial, interdependent partnership (cooperative; interdisciplinary shared planning; open coordination and communication; shares decision making, problem solving, responsibility, and goal setting)
Implementing Caring Protocol/Standard of Care

- Caring Protocol/Standard of Care created to operationalize theoretical perspectives on caring, interpersonal relationship strategies, a patient safety initiative, caring activities, and related activities into a bundle.
- Caring protocol represents the process element of the structure–process–outcome paradigm.
- Patient satisfaction with nursing care, classified as a psychological outcome, represents an outcome measure, consistent with the paradigm.
- Perceived nursing staff caring is measured by the Caring Behaviors Inventory–24.
Purpose and Goal

- **Purpose**: to determine the difference in inpatient patient satisfaction with overall nursing care and perceived nurse caring for hospitalized patients when a nursing staff caring protocol is implemented.
- **Goal**: to integrate caring activities into Nursing Department and determine its effectiveness on patient satisfaction with nursing care.

Design

- **Program Evaluation**: Nonequivalent comparison group design *(posttest only design with comparison group)*
  - Five phases:
    - pretest, protocol adaptation, caring protocol dissemination, protocol implementation, posttest
  - Independent Variable: Caring Protocol/Standard of Care
  - Dependent Variable 1: (Perceptions) patient satisfaction with nursing care (HCAHPS survey items)
  - Dependent Variable 2: Perceptions of nurse caring (Caring Behaviors Inventory–24)
Sample and Setting

- **Sample**
  - Inpatients surveyed for satisfaction with hospital care after discharge and perceived nursing care, immediately before discharge.
  - Participants chosen by convenience; only English speaking patients will be asked to complete the CBI–24.
  - Approximately 100 patients HCAHPS Survey both pre and post the dissemination of the intervention and CBI–24 immediately before discharge.

- **Setting**
  - Nursing service department of Magnet Program–recognized organization; patients of 1 North, 1 Central, 1 South, 2 North, 2 South, 3 North, and 3 South.

Ethical Considerations

- Institutional Review Board reviewed and approved study
- HCAHPS data routinely collected
- Institutional Review Board asked to review the study and approved it
- Data are secure
- Patient data are confidential
- Volunteers collect CBI–24 data from patients before discharge
- CBI–24 instruments will be destroyed at study completion
Hospital Consumer Assessment of Healthcare Providers and Systems Integrated Survey – IZ Expanded:
- measures discharged patients' perceptions of their hospital experience
- Survey: 27 questions about recent hospital stay.
  - 18 core questions about critical aspects of patients' hospital experience
    - communication with nurses and doctors, the responsiveness of hospital staff, the cleanliness and quietness of the hospital environment, pain management, communication about medicines, discharge information, overall rating of hospital, and would they recommend the hospital
  - 4 items to direct patients to relevant questions (3 items to adjust for the mix of patients across hospitals; 2 items that support Congressionally-mandated reports)

Selected HCAHPS items measure patient satisfaction with nursing care
- Items selected from Survey by the research team
- Responses to items CMS1, CMS2, CMS3, CMS13, CMS15, CMS16, CMS19, CMS33, CMS37, and CMS38
  - Each item scaled: Never = 1, Sometime = 2, Usually = 3, and Always = 4.
  - Demographic characteristics: Highest grade of level of school completed, Spanish, Hispanic, or Latino origin or descent, and what languages are mainly spoken at home: (CMS41, CMS25, CMS26, CMS27, CMS28, CMS29A, CMS29B, CMS29C, CMS29D, CMS29E, and CMS30)
Selected Items: HCAHPS

Questions (4–point scale or Yes, No responses)
- Nurses treat with courtesy/respect (Never; Sometimes; Usually; Always)
- Nurses listen carefully to you (Never; Sometimes; Usually; Always)
- Nurses explain in way you understand (Never; Sometimes; Usually; Always)
- Call button help soon as wanted it (Never; Sometimes; Usually; Always)
- Need help bathroom/using bedpan (Yes, No)
- Get help in getting to the bathroom or in using a bedpan as soon as you wanted? (Never; Sometimes; Usually; Always)
- Need medicine for pain (Yes, No)
- Staff do everything help with pain (Never; Sometimes; Usually; Always)
- Tell you what new medicine was for (Never; Sometimes; Usually; Always)
- Staff describe medicine side effect (Never; Sometimes; Usually; Always)
- Hospital staff took preferences into account (Strongly disagree; Disagree; Agree; Strongly agree)

Demographics
- Admitted through Emergency Room (Yes, No)
- Rate overall health (Excellent; Very good; Good; Fair; Poor)
- Rate mental or emotional health (Excellent; Very good; Good; Fair; Poor)
- Highest grade or school completed
- Spanish, Hispanic or Latino (No, not Spanish/Hispanic/Latino; Yes, Puerto Rican; Yes, Mexican, Mexican American, Chicano; Yes Cuban; Yes, other Spanish/Hispanic/Latino)
- Language mainly (spoken) at home
- Race (Choose one or more)

Procedures for Data Collection

- HCAHPS data collected according to hospital practice
- Investigators obtain three months of baseline data on patient demographic characteristics and satisfaction with nursing care from the HCAHPS–Press Ganey coordinator
- Following review and approval by the hospital’s IRB, volunteers collect data on perceptions of nurse caring from hospitalized patients prior to discharge
Caring Protocol/Standard of Care Dose Intensity and Fidelity

- Initial and continuing implementation strategies to assure Protocol Dose Intensity
- Staff attended orientation and educational session and complete educational materials posted on FCCC’s *Learning Links*, accessed via hospital’s web page
- Face-to-face presentations videotaped and presented to nursing staff unable to attend sessions in person; posttest; contact hours
Dissemination Strategies

- **FOCUS**
  - Patient satisfaction with overall care and perceived nursing staff caring

- **CHALLENGE**
  - Implement protocol into daily activities of nursing care

Caring Protocol: Standard of Care

- **13–805**
  - Caring Protocol Creation: Elements and Patterns in Caring Research and Instruments
    - Wolf, Bailey, Keeley

- **13–827**
  - Effectiveness of Nursing Staff Caring Protocol on Patient Satisfaction with Overall Care and Perceived Nursing Staff Caring: A Program Evaluation Study
    - Keeley, Regul, Jadwin, Wolf
Awareness and Introduction of Nurse Caring Protocol

- Who?
  - RNs
  - Fox Chase
  - Value Based Purchasing
  - Protocol Timeline
  - Caring Crusaders
  - Nursing’s Commitment to Excellence

Who?
Where?
What?
When?
How?
Why?

Fox Chase Cancer Center
Department of Nursing

Phase III: June–July 2013 DISSEMINATION

- Nursing Open Forums
  - Awareness and Introduction of Caring Protocol
  - Request for Participation during implementation and measurement phases
    - Identification of patients within 24 hours of anticipated discharge
    - Nursing staff crusaders from “other” units/areas
    - Collection of sealed envelopes
    - Thank you for participating

“Caring Crusaders”
Phase III: June–July 2013
DISSEMINATION

› Planning for Implementation
  ◦ Venues
    • Lunch ‘n Learn Presentations (CE available)
    • Videotaped for intranet access
  ◦ Resources for Caring Crusaders
    • Crusader Orientation
    • Individual copy of protocol
    • Unit/department posters
    • Regular meetings, email updates, rounds
    • Support for Clinical Ladder

  *RN invitation... commitment to “Care Beyond Compare”*

Phase IV: August–December 2013
IMPLEMENTATION

› Protocol Rollout
  ◦ 8/20/13 Nurse Caring Protocol presentations
  ◦ 8/29/13 Implementation Plan Finalized
    • Logistics and Budget
  ◦ 9/19/13 Crusader Orientation
    • Overview of protocol
    • Why did you commit?
    • Crusader role
    • Support for Crusaders
    • Timeline
**Phase IV: August–December 2013**

**IMPLEMENTATION**

- **Continued Dissemination through Caring Crusaders**
  - Elicited responses from unit/department
  - Shared feedback with Crusaders
  - Identified 2 key elements in construct most critical to the patient population/interaction
  - Discussed status of initial education on Protocol
    - Considered competition among peers
    - Requested individual compliance reports

- **Sustainability**
  - Meet every 2–3 weeks
    - Discussion/email poll for best day & meeting time
  - Tailor poster to reflect unit/department
    - Highlight identified elements for each construct
    - Build upon prior construct applications
    - “Caring Kudos”

- **Preparation for Phase V**
Phase V: January – March 2014 MEASUREMENT

- Continued Dissemination & Sustainability
  - Pretest (Phases I & II) and Posttest on inpatient units
    - 1N, 1C, 1S, 2N, 2S, 3N, 3S
    - April – May – June 2013
      - HCAHPS selected items
    - January – February – March 2014
      - CBI–24
      - HCAHPS selected items

- Tailor poster to reflect unit/department
  - Highlight identified elements for each construct
  - “Caring Kudos” updated throughout implementation and measurement phases
FOCUS
- Patient satisfaction with overall care and perceived nursing staff caring

CHALLENGE
- Implement protocol into daily activities of nursing care

OUTCOMES
- FCCC Nursing Department
- Caring Protocol: Standard of Practice

Clinical Significance
- Specific translation to clinical setting
- Question: How would the results of this study be transferred to another clinical setting?
- Question: How will the results of this study persist as a Caring Protocol
- Is there sufficient literature to support a systematic review of the literature and recommendations for transfer to practice?
- Is there impact to current patient satisfaction tools?
FCCC Nursing Professional Practice Model

Professional ROLES and competencies
- Critical thinking
- Independent practice
- Collaboration
- Leadership

To achieve optimal OUTCOMES
- Patient safety
- Quality care
- Good symptom control
- Patient satisfaction

Of nursing CARE to patients and families
- Care Delivery Model: C.A.R.E.S.
- Intervention planning
- Patient-centered care
- Therapeutic communication
- Holistic care

Based on pursuit of KNOWLEDGE
- Specialized education
- Continuing education
- Evidence-based practice
- Research

And STRUCTURES that support practice
- Shared Governance Councils
- Standards of care and practice
- Certification
- Leadership support

Communication
Accountability
Relationship-based
Evidence-based
Shared decision-making

The Nursing Care Delivery Model is known by the acronym C.A.R.E.S. The components of CARES are based on the concept of relationship-based care. Collaboration and communication between nurse and patient, family, and other members of the healthcare team facilitate the development of the plan of care. Care is evidence-based and delivered in an organized, structured manner. Outcomes are evaluated continuously. Shared decision-making keeps the care, patient and family-centered.

Thank you

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