

Nurse Caring and Patient Outcomes, Programs, and Variables

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Patient Satisfaction with Healthcare Services

- Key quality indicator
- Patient satisfaction with nursing care directly influences patient satisfaction with hospital care
 - Good nursing care: providing for my needs; treating me pleasantly, caring about me, being competent, providing prompt care (Larrabee & Bolden, 2001)

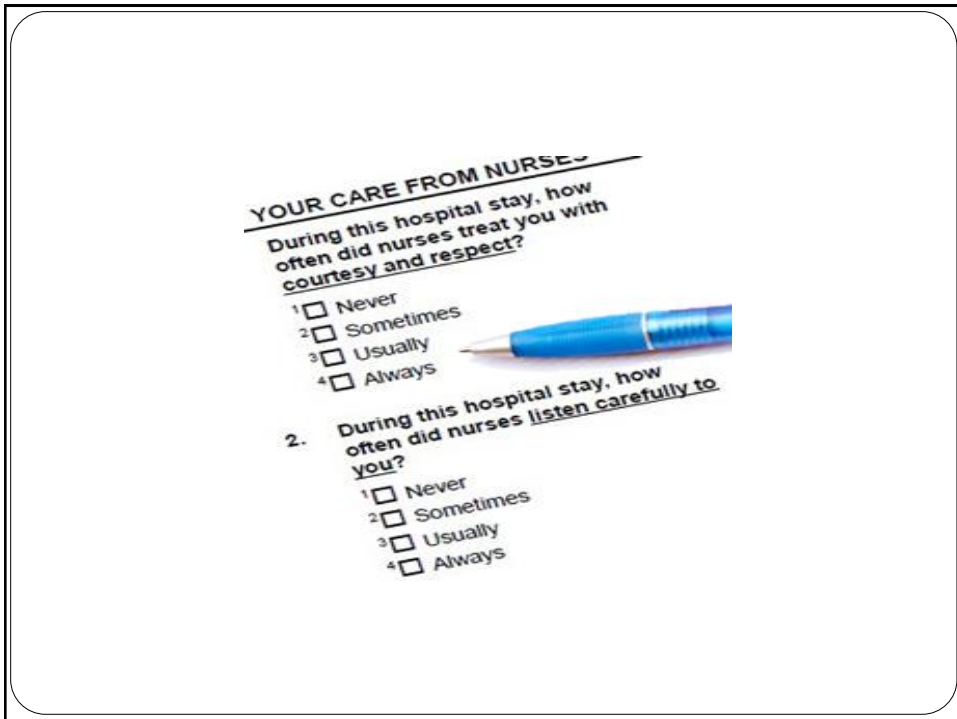
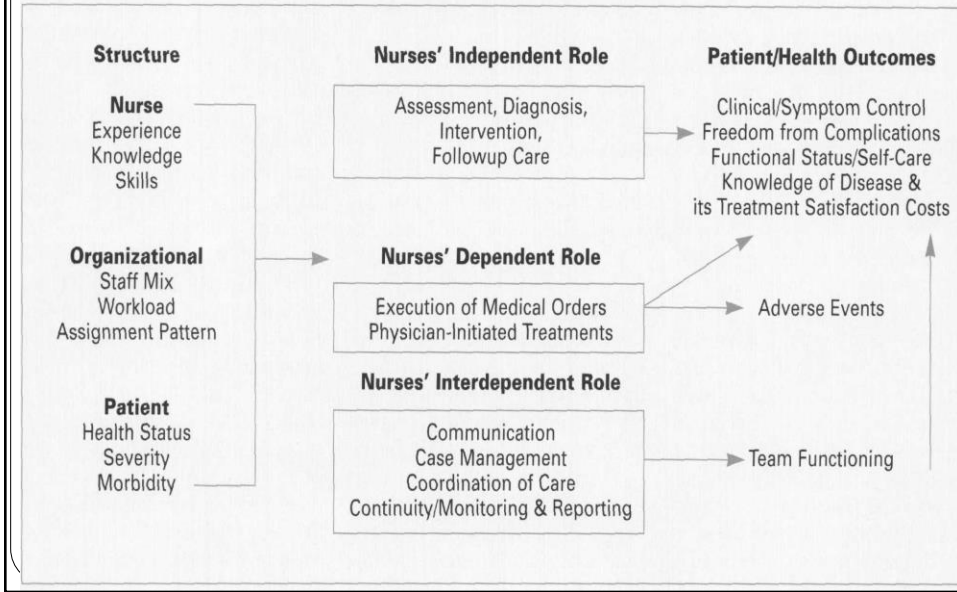
Patient Satisfaction as Outcome of Nurse Caring Programs

- Need to improve and maintain high patient satisfaction scores in acute care and other healthcare institutions
- Issue: overall satisfaction with care may not reflect satisfaction with nursing care
- Need to influence patients' and family members' perceptions and reporting of these perceptions
- Patient satisfaction: patients' opinions or perceptions of care received from nursing staff and outcome criterion of nursing care services

Patient Satisfaction as Outcome of Nurse Caring Programs

- Nurse-sensitive patient outcomes
- Nurses' independent, dependent, and interdependent roles are treated as processes linking the nurse, organizational, and patient structures, and patient outcomes and team function
 - e.g., symptom control; freedom from complications; functional status/self-care; knowledge of disease and treatment; satisfaction with care and costs (Doran, 2002)
 - e.g., clinical (patients' responses to interventions; functional (improvement or decline in physical functioning); financial (cost and length of stay) (Hegyvary, 1991)

Figure 1.
The Nursing Role Effectiveness Model



Patient Satisfaction and Financial Health of Healthcare Institutions

- **HCAHPS: Patients' Perspectives of Care Survey**
 - Hospital Consumer Assessment of Healthcare Providers and Systems: 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)

Patient Satisfaction and Financial Health of Healthcare Institutions

- **HCAHPS:**
 - Random sample of adult patients across medical conditions between 48 hours and six weeks after discharge
 - Hospitals may use approved survey vendor or collect own HCAHPS data (if approved by CMS)
 - Mail, telephone, mail with telephone follow-up, or active interactive voice recognition
 - Hospitals can use the HCAHPS survey alone, or include additional questions after the core HCAHPS items
 - Hospitals must survey patients throughout each month of the year

Hospital Value-Based Purchasing

- Hospital Value-Based Purchasing (VBP) Program
 - Centers for Medicare & Medicaid Services (CMS) initiative that rewards acute-care incentive payments for quality of care they provide to people with Medicare
 - CMS rewards hospitals based on **quality** of care provided to Medicare patients, how closely best clinical practices are followed, and how well hospitals enhance patients' experiences of care during hospital stays
 - Hospitals are no longer paid solely based on **quantity** of services they provide

Hospital Value-Based Purchasing

- Affordable Care Act of 2010 established Hospital VBP Program, which applies to payments beginning in Fiscal Year (FY) 2013, on or after October 1, 2012, and affects payment for inpatient stays in 2,985 hospitals across the country
- Under Hospital VBP Program, Medicare makes incentive payments to hospitals

Calculating CMS Reimbursements



Interpersonal Relational Programs: Outcomes

- Relational or Interactional Program as independent variable
 - Causal connections difficult
 - Extraneous, confounding variables: natural setting
 - Last contact with healthcare provider can influence perception of satisfaction with care
 - Caring interventions (programs/protocols/standards) need to be tested and replicated ultimately to document effectiveness of nurse caring on a healthcare outcome, patient satisfaction with *nursing care*
- Program/protocol/standard is a multifaceted staff intervention

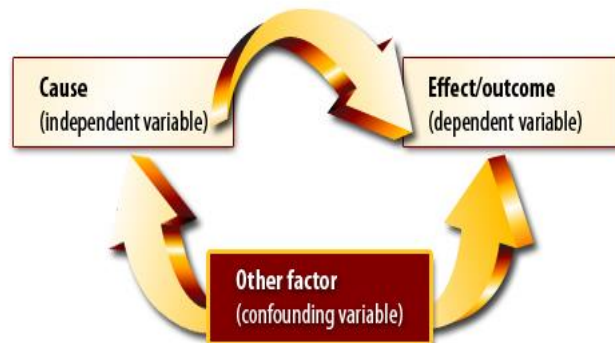
Causal Designs, Nursing Service Programs

- Intervention research project or quality improvement project?
 - Program evaluation design illuminates important aspects of reality
- Design is the same: nonequivalent comparison group design (**posttest only design with comparison group**)
 - Comparison group does not receive the treatment and is not randomly selected (naturally in the situation)
 - Experimental group receives the treatment

X	O ₂ (HCAHPS items)
	O ₁ (HCAHPS items)

Posttest only design with comparison group

X O₂ (HCAHPS items)
 O₁ (HCAHPS items)



Interpersonal Relational Programs: Outcomes

- Relational or Interactional Program as independent variable
 - Prediction of perceptions of nurse caring on patient satisfaction with healthcare services: of great interest
 - Predicting perceptions of patient satisfaction difficult
 - It is not done as a prediction (multiple regression) study
 - It is done with HCAHPS mean percent on items, *some* of which relate to satisfaction with nursing care

Interpersonal Relational Programs: Outcomes

- Intervention Fidelity
 - How accurate, consistent, and thoroughly intervention delivered according specified protocol, treatment program, or intervention model (Burns, Grove, & Gray, 2013)
 - Evaluate on ongoing basis during course of study
 - Assessment of degree to which group leaders deliver intervention competently and according to protocol
 - Adherent and competent delivery of intervention by interventionist as set forth in research plan
 - Fundamental to inference of validity in nursing intervention research
 - Issue with program evaluation design research/projects

Interpersonal Relational Programs: Outcomes

- Patient-centeredness
 - Focus on patient needs, outcomes, preferences (PCORI, 2012)
- Paradigm shift? Or not?
 - Effect of caring scripts/language on patient perceptions of nurse caring
 - Concern with authenticity and intentionality
 - Is caring in action the key to nursing service excellence? (Joiner, 1996)

Interpersonal Relational Programs: Outcomes

- How to maximize patient-provider relationship?
 - Does nurse job satisfaction, context of care, structure of care, patient perceived nurse caring, and patient characteristics predict patient satisfaction?
 - Do nursing systems outcomes research (NSOR) models work in healthcare settings?
 - Are nurses hired on the basis of their self-care and prosocial (as compared to antisocial) qualities
 - Is the welfare of patients and families foremost?

Interpersonal Relational Programs: How to Achieve Outcomes

- Dose, also termed dose-intensity
 - When programs/protocols/standards emphasizing interpersonal relationships are rolled out, what is RN staff adherence to the program?
 - Dose-intensity
 - Components of intervention
 - Duration of single session
 - Frequency with which intervention delivered
 - Cumulative intervention intensity
 - Field notes needed to explain reasons for inability to deliver total intervention and also to describe the dose strategies
 - Nurse administrators: experts at dose

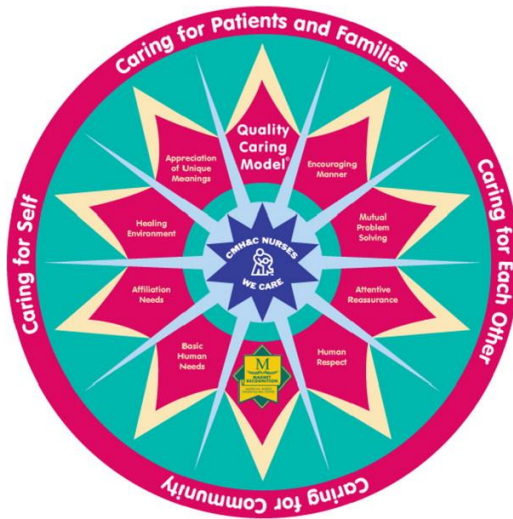
Nurse/Patient Relationship Models and Patient Theories

- Quality-Caring Model (Duffy, 2012)
- Humans in relationship-centered professional encounters
- Feeling “cared for” (intermediate outcome)
- Self-advancing systems
 - Health care providers and patients are individual systems who co-create social systems during health care encounters
 - Caring is done “in relationship” and is embedded in daily work of nursing

Quality-Caring Model: Joanne Duffy



Lowell General Hospital Professional Practice Model 2009



Nurse/Patient Relationship Models and Theories

- **Relationship-Based Care Model**
 - Creative Health Care Management: Re-igniting spirit of caring
- Culture transformation
- Therapeutic relationships: patients and loved ones must feel safe and cared for
 - Therapeutic relationship with patient allows nurse to build unique knowledge base that facilitates continuous development of professional nursing practice
- Outcomes, such as patient satisfaction with care, will be affected by the culture of an organization
- **Manthey, Koloroutis, and Felgen**

<http://chcm.com/relationship-based-care/>

Nurse/Patient Relationship Models and Theories

- **Relationship-Based Nursing Practice**
 - Patient and family-centered care model
 - Transition from task to relationship-based model;
 - 3 relationships:
 - Relationship between caregivers and patients and families they serve
 - Caregiver's relationship with self
 - Relationship among members of the healthcare team

Nurse/Patient Relationship Models and Theories

- **Relationship-Based Nursing Practice**

- Create a healing environment
 - Nurses as healing environment (Quinn)
- Key relationship in the healthcare setting is the nurse and patient/family relationship; it is the core of healing environment
- Both the nurse and the patient are mutually responsible for determining the desired outcomes of each episode of care

Nurse/Patient Relationship Models and Theories

- **Relationship-Based Nursing Practice**

- Nurse identifies how much and what kind of care is needed, who will provide care, and what kinds of resources are needed to achieve those outcomes
- Manthey promotes importance of delivery system that ensures that responsibility relationship is visible and continuous throughout length of patient's admission
- Decentralized care delivery system encourages autonomous decision-making by nurse, who determines what nursing care will be provided, based on nurse's understanding of patient's needs

Nurse/Patient Relationship Models and Theories

- **Relationship-Based Nursing Practice**
 - Primary nurse is recognized and affirmed as expert caregiver
 - Process of developing patient care delivery model involves assisting staff to identify core values and designing structural framework that will help operationalize those values through delivery of quality patient care
 - This values clarification process by nurses leads to implementation of relationship-based primary nursing model

(Koloroutis, M. (2004). *Relationship-based care delivery: A model for transforming health*. Minneapolis, MN: Creative Health Care Management)





Caring Theories



Main Conceptual Elements

- Clinical Caritas Processes
- Transpersonal Caring Relationship
- Caring Moment/Caring Occasion

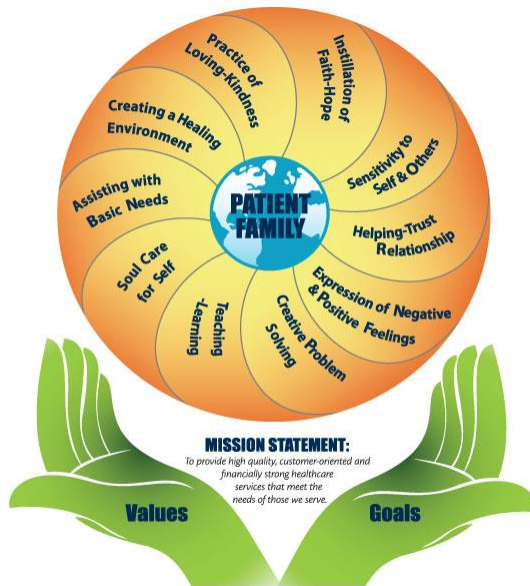
Nurse Caring in Caring Moment/Occasions/Situations

- **Jean Watson**
 - Caring Occasion and Caring Moment
- A caring occasion occurs whenever nurse and another come together with their unique life histories and phenomenal fields in a human-to-human transaction. The coming together in a given moment becomes a focal point in space and time. It becomes transcendent whereby experience and perception take place, but the actual caring occasion has a greater field of its own in a given moment. The process goes beyond itself, yet arises from aspects of itself that become part of the life history of each person, as well as part of some larger, more complex pattern of life (Watson, 1985/1988, p. 59; 1996 p.157 reprinted).

Nurse Caring in Caring Moment/Occasions/Situations

- **Jean Watson**
 - Caring Occasion and Caring Moment
- A caring moment involves an action and choice by both the nurse and the other. The moment of coming together presents them with the opportunity to decide how to be in the moment and in the relationship as where as what to do with and during the moment. If the caring moment is transpersonal, each feels a connection with the other at the spirit level, thus it transcends time and space, opening up new possibilities for healing and human connection at a deeper level than physical interaction (Watson)

Bon Secours St. Mary's Hospital Nursing Professional Practice Model



Caring Theories

Anne Boykin Savina Schoenhofer



Nurse Caring in Caring Moment/Occasions/Situations

- **Anne Boykin & Savina Schoenhofer**
 - Nursing Situation
- Nursing takes place in the nursing situation. The idea of the nursing situation is conceptualized as the shared, lived experience in which caring between the nurse and the nursed enhances personhood and is the locus of all that is known and done in nursing.
- Nursing situation is a construct in the mind of the nurse and is present whenever the intent of the nurse is to nurse. The practice of nursing, and thus the practical knowledge of nursing, is situated in the relational locus of person-with-person caring in the nursing situation. The nursing situation involves the expression of values, intentions, and actions of two or more persons choosing to live a nursing relationship.

Caring Theories

- **Nursing as Caring**

The most basic premise of the theory is that all humans are caring persons, that to be human is to be called to live one's innate caring nature. Developing the full potential of expressing caring is an ideal and for practical purposes, is a lifelong process

 - persons are caring by virtue of their humanness
 - persons live their caring moment to moment
 - persons are whole or complete in the moment
 - personhood is living life grounded in caring
 - personhood is enhanced through participating in nurturing relationships with caring others
 - nursing is both a discipline and a profession (Boykin & Schoenhofer, 2001, p.11)



Caring Theories



**Caring and Uncaring Encounters
Within Nursing and Health Care—
From the Patient's Perspective**

Caring and Uncaring Encounters Within Nursing and Health Care—From the Patient's Perspective Halldorsdottir (1991)

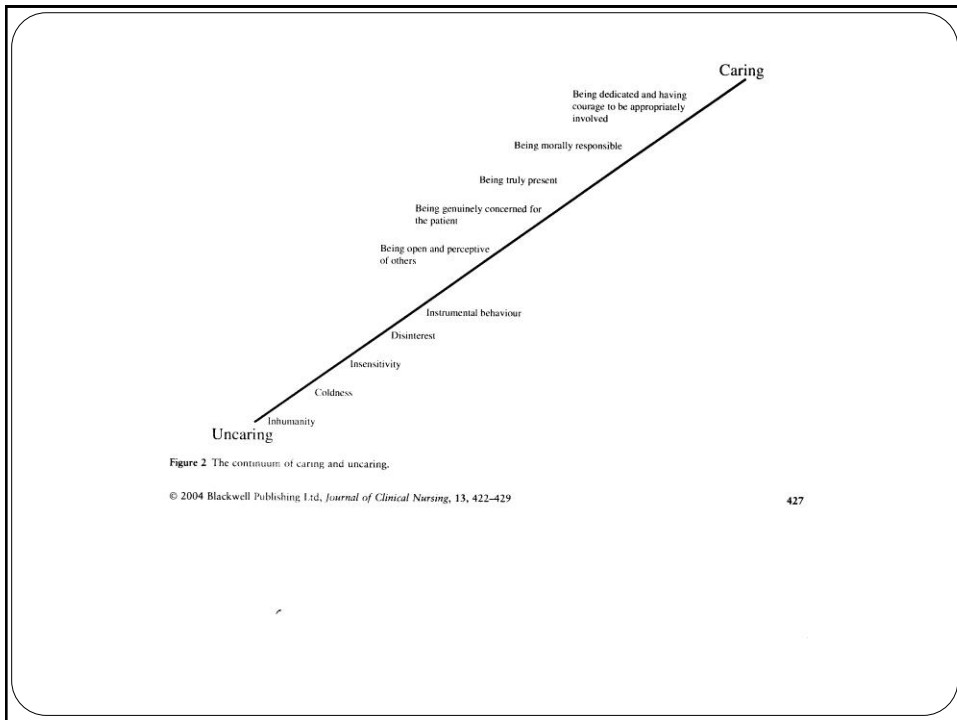
- Derived from six papers: phenomenological research
- Empirically derived
- Theory of Caring and Uncaring Encounters within nursing and health care
- Lack of professional caring
 - Nurse perceived as caring (competent and concerned)
 - Recipient in context (sense of vulnerability, the need for professional caring)

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Caring and Uncaring Encounters Within Nursing and Health Care—From the Patient's Perspective Halldorsdottir (1991)

- Metaphors used
 - The Wall: nurse perceived as uncaring (incompetent and indifferent)
 - Symbol of non-communication and negativity; absence of caring connection or perceived detachment surfacing during encounter
 - Perceived professional incompetence, indifference, lack of trust, disconnect fostered
 - The Bridge: professional connection with professional distance
 - Symbol of openness of communication; perceptions of connectedness during caring encounter
 - Mutual trust established between nurse and client

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Five basic modes of being with another

- Life-giving (biogenic): highest form of being
 - Affirms the personhood of other by connecting with true center of the other in a life-giving way
- Life sustaining (bioactive)
 - Validates the personhood of the other; supportive environment
- Life neutral (biopassive)
 - Caregiver does not influence the life of the other

Five basic modes of being with another

- Life restraining (biostatic): uncaring mode
 - Care perceived by client as indifferent, insensitive, detached; client discouraged and his/her life negatively impacted
- Life destroying (biocidic): uncaring mode; most negative and destructive
 - Depersonalizes the other; destroys joy of life and increases client's vulnerability

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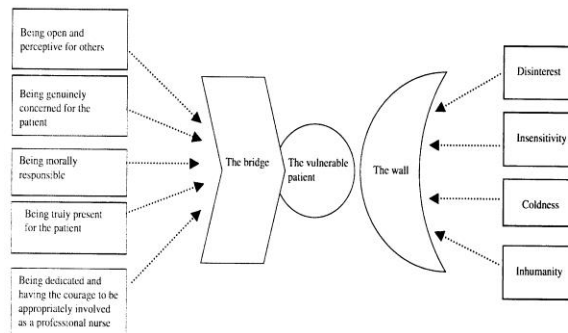


Figure 1 Schematic sketch of aspects of caring and uncaring related to the patient according to theory of Halldorsdottir.

Patient-Centered Care

- **Institute for Patient- and Family-Centered Care: Remaking American Medicine**

- Innovative approach to planning, delivery, and evaluation of health care grounded in mutually beneficial partnerships among health care patients, families, and providers; applies to patients of all ages, and practiced in any health care setting

- **Doctors' Online Notes**

- Delbanco, T., Walker, J., Sigall K. Bell, S. K., Jonathan D. Darer, J. D., Elmore, J. G., Farag, N., Feldman, H. J., Mejilla, R., Ngo, L., Ralston, J. D., Ross, S. E., Trivedi, N., Vodicka, E., & Leveille, S. G. (2012). Inviting patients to read their doctors' notes: A quasi-experimental study and a look ahead. *Annals of Internal Medicine*.

- Institute for Patient- and Family-Centered Care

<http://www.ipfcc.org/>

Patient-Centered Care

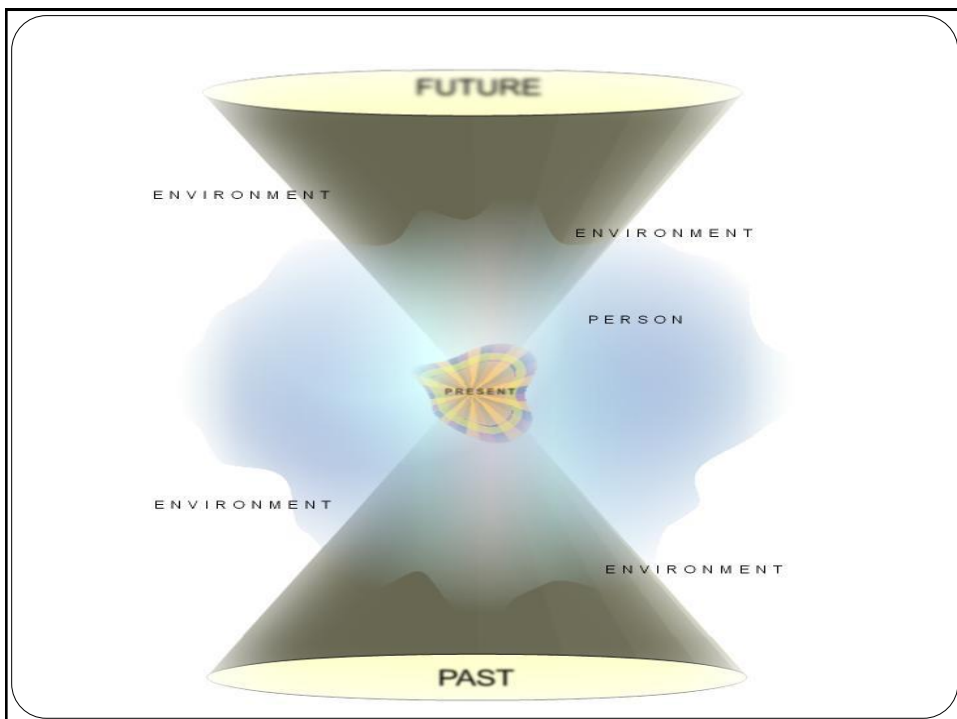
- **Core Concepts of Patient- and Family-Centered Care**

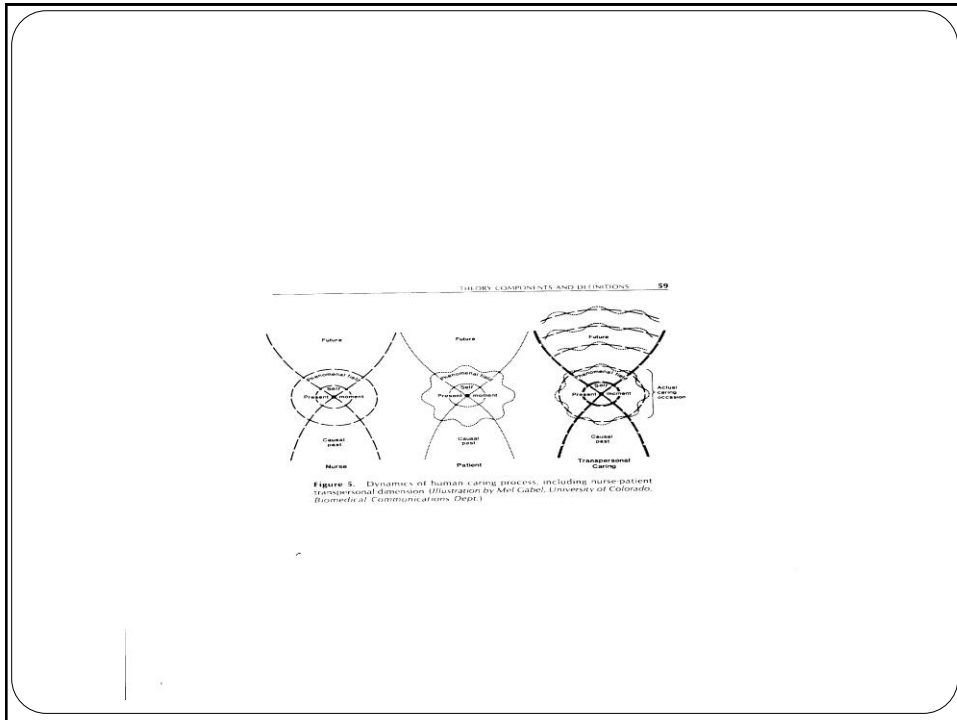
- **Dignity and Respect.** Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into planning and delivery of care
- **Information Sharing.** Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making
- **Participation.** Patients and families are encouraged and supported in participating in care and decision-making at the level they choose
- **Collaboration.** Patients and families are also included on an institution-wide basis. Health care leaders collaborate with patients and families in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care

<http://www.pbs.org/remakingamericanmedicine/care.html>

Relationship-Based Care: Nurse Caring in Intimate and Personal Space: Caring Moment/Occasions/Situations

- Within the interpersonal experience of nurse to patient communication during caring situations, what is the structure of the communication process during a caring moment?





Nurse-Patient Relationship

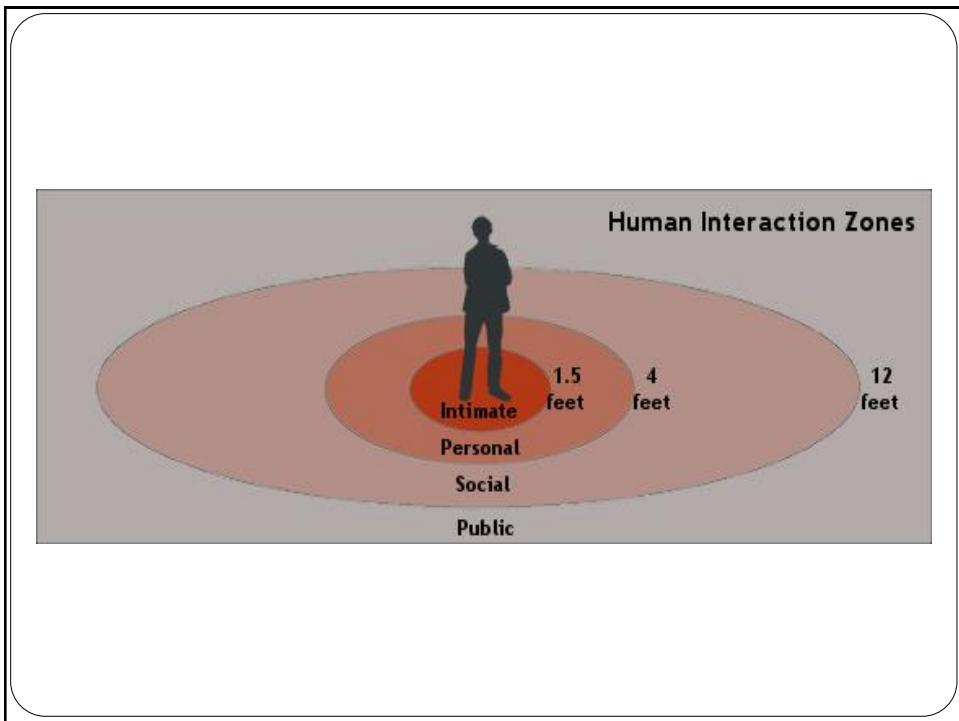
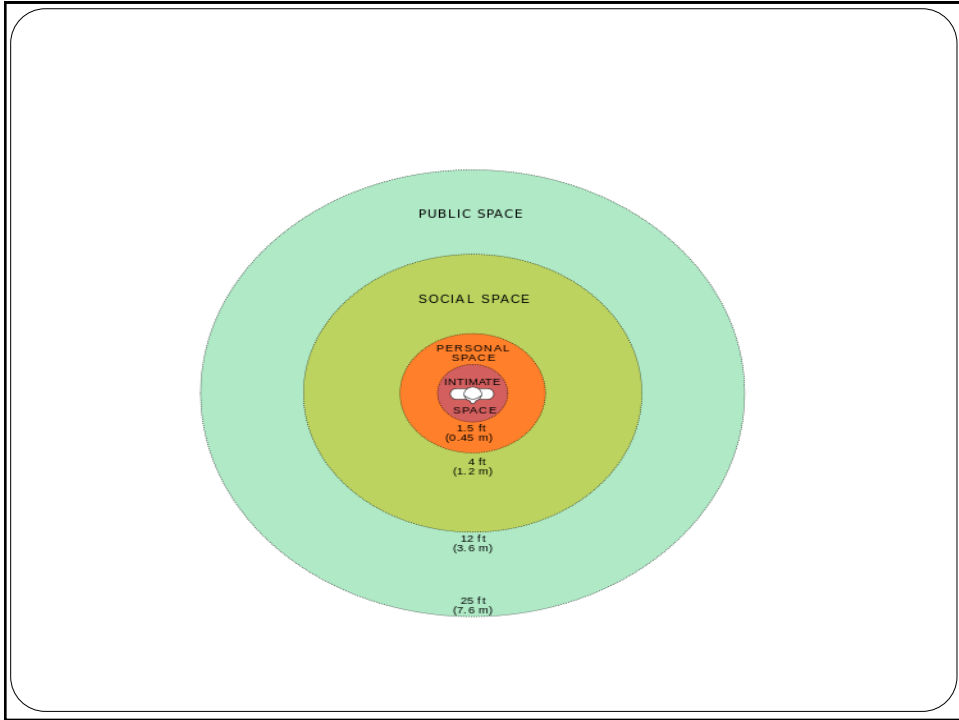
- When nurses greet patients, their greeting begins a relationship initiated during a meeting that is characteristically reciprocal as patients in turn respond to nurses' presence
- The interaction takes shape and progresses and nurses and patients interconnect. The work of caring-healing is "...life giving and life receiving" (Watson, 2005, p. 3)
- There is a "rhythmic give and take between nurses and patients" (Finfgeld-Connett, 2008a, p. 530)

Nurse-Patient Relationship

- The relationship that develops can be interpreted as a caring one, yet the judgment about whether it is caring or not varies according to the appraisals of both participants (Godkin & Godkin, 2004)
- Proposition that interpersonal encounters between nurses and patients can be conceptualized as interventions to achieve intentional results has attracted nurse clinicians' and researchers' interest for decades (Beeber, Canuso, & Emory, 2004)

Nurse-Patient Relationship

- This proposition is attributed to Hildegard Peplau (1952) and reinforced by assertion that when there is synergy between patient characteristics and nurse characteristics, a desired outcome is likely to occur in optimal patient outcomes (Tejero, 2011)
- Surrounding each person to be nursed is a subjective, physical space that marks their individual territory. Nurses enter into this space using visual, auditory, olfactory, thermal, and tactile perceptions (Hall, 1969)
- Nurses intrude into patients' territory by direct access to their personal space.



Nurse-Patient Relationship

- Nurses breach cultural boundaries and distances every day as the nursing situation evolves.
- Nurses who provide direct care to patients are physically present within patients' personal space (Berman, Snyder, & McKinley, 2011)
- The intimate relationships developed during the caring interpersonal process are shaped by expert nursing and interpersonal sensitivity (Finfgeld-Connett, 2008b)

Nurse-Patient Relationship

- As nurses enter patients' personal space they set up an environment for healing.
- During interpersonal encounters, nurses create human caring environments whereby they use themselves consciously and intentionally to achieve the outcome of healing (Quinn, 1992)
- Nurses' intentions reflect their consciousness; they themselves are healing environments and creators of sacred space (Quinn, 1992)

Nurse-Patient Relationship

- The contributions of interpersonal encounters that are authentic and intentional can have lasting benefits for patients.



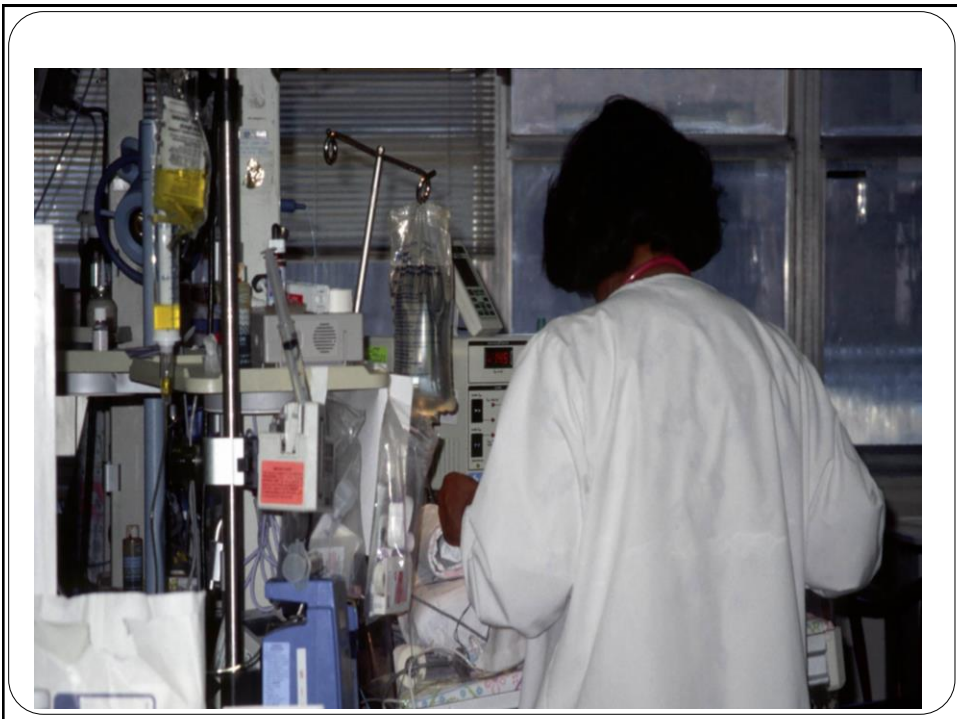
Interpersonal Caring Ritual and Symbols

- An interpersonal caring ritual is therapeutic in that it aims to improve the welfare, well-being, and condition of patients. It can heal patients and nurses.
- The ritual performance reaffirms the personal and professional values and beliefs of nurses. It enacts nurses' respect for the dignity of all persons and nurses' interest in doing good work.
- Nurses are compassionate as they commit to decreasing patients' suffering, answer patients' call for nursing, and respond to the needs of patients. As an enactment of caring, it expresses human love and charity (Råholm & Lindholm, 1999).

Interpersonal Caring Ritual and Symbols

- The interpersonal caring ritual is carried out within the boundaries of the nursing situation, occasion, moment, or meeting.
- The nurse-patient relationship that develops as a consequence of the encounter is foundational to clinical nursing practice.
- The nurse enters the patient's intimate or personal space and invites the patient's response. His or her gaze is on the patient, in most cases, eye-to-eye. Visual, auditory, olfactory, thermal, and tactile perceptions are integrated.

- While the nurse may use caring touch, other types of touch may be used if accepted by the patient
- Other gestures may be evident as words are spoken and non-verbal communication techniques are used
- The nurse's bodily position symbolizes both intent to care and attentiveness
- The words that the nurse uses begins with a greeting and progresses to a focus on what the nurse perceives to be the call for care
- The encounter symbolizes *hands on* care, even though physical contact may not be executed





“I have come to believe
that caring for myself is
not self indulgent.
Caring for myself is an
act of survival.” - [Audre Lorde](#)

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