Caring for the Nurse in the Hospital Environment

Elizabeth Clerico, RN, MSN, CGRN is a clinical nurse specialist at Roper St. Francis Healthcare in Charleston, SC. She has been an active member of the nursing research council since its inception in 2007. She is currently the principal investigator of a nursing research project that seeks to measure nurses’ perception of their work environment as caring and to evaluate the implementation of caring initiatives that affect the nurses’ perception of feeling cared for within the hospital environment.

Tanya Lott, MSN, RN-BC is an Education Specialist for Roper St. Francis Healthcare in Charleston, South Carolina. She also serves as the Magnet Program Director for Bon Secours St. Francis Hospital, the facility within the healthcare system that achieved Magnet designation in 2010. She serves as a facilitator of the BSSF Research Council and is a sub-investigator in the BSSF Caring Work Environment study. She is also actively involved in professional organizations and currently serves as the Region 7 Coordinator for Sigma Theta Tau International.

Raquel “Kelly” Walker, MSN, RNC-MNN Kelly Walker is the Clinical Nurse Specialist for Women's Services of Roper St. Francis Healthcare. She has over 18 years clinical experience in her specialty area. She received her BSN and MSN from the Medical University of South Carolina, and she is certified in Professional Development from ANCC and Maternal Newborn Nursing from NCC. She is a National Board member of the Association of Women's Health, Obstetric, and Neonatal Nurses, and a member of Sigma Theta Tau and the American Nurses Association. She is a member of various hospital based committees including a facilitator for the Research Council's caring research.

Erin Kosak, BSN, RN is very interested in ways to care for nurses. She coauthored an article regarding environment of caring research, and is presently pursuing her PhD in nursing research with a focus on Compassion Fatigue. She is the mother of 2 boys and enjoys healthy cooking and yoga.
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Tanya Lott, MSN, RN-BC
Raquel “Kelly” Walker, MSN, RNC-MNN
Erin Kosak, BSN, RN

Bon Secours St. Francis Hospital

- Located in Charleston, South Carolina, US
- 201 bed Private, Non-Profit Hospital
- Employs approximately 400 nurses
- Partner of Roper St. Francis Healthcare System that includes 3 hospitals:
  - Bon Secours St Francis Hospital – ANCC Magnet Facility
  - Roper Hospital
  - Mt Pleasant Hospital - newly opened in 2010

Introduction

The Nursing Research Council, part of the Nursing Shared Governance Councils, embraced the caring science work of Jean Watson, 2007

Participated in the International Caritas Consortium and hosted the consortium in Spring, 2009

Participated in the International Caring Comparative Database (Duffy) in 2008
Jean Watson’s Theory of Human Caring

• Nursing should be grounded in caring science. (Watson, 2008)

• Watson encourages professional nurses to engage in a life-long process of caring, loving, kindness and equanimity.

• Watson’s theory pursues commitment to seeking authentic connections and caring-healing relationships with self and others.

Jean Watson’s 10 Caritas Processes – Summarized

1. Practicing Loving Kindness
2. Being authentically present
3. Cultivating spiritual practices
4. Developing/sustaining helping-trusting-authentic caring relationships
5. Supporting the expression of positive and negative feelings
6. Creative use of self
7. Genuine teaching/learning experiences within the context of a caring relationship (evolve toward a coaching vs a teaching role)
8. Creating healing environments
9. Respectfully/reverentially assisting with basic human needs
10. Being opened to (allow for) miracles

(Watson, 2008, p. 31)

Caring Literature Review

Swanson (1999) reviewed quantitative and qualitative research related to concept of nurse caring. Some studies showed consequences of caring for the one who is caring (i.e. the nurse):

• Enhanced sense of well-being (personally and professionally)
• Practicing caring led to enhanced intuition, empathy, clinical judgment, capacity for caring and work satisfaction
• Nurses reported feeling more connected, both to their patients and to their colleagues.
Caring Literature Review

Cara (2003): implementing Watson’s caring theory contributes to nurses finding meaning in their work and expands the nurse’s own self-actualization.

Duffy (2003): “Strong collaborative relationships with other health professionals enhance nurses’ interactions with patients and families, contribute to caring work environments and influence shared health care outcomes.”

Longo (2009): Research suggests that in order for nurses to have a capacity to enter into authentic caring relationships with patients, it is important for nurses to feel cared for and be supported by other nurses and team members in a caring environment.

Bon Secours St Francis (BSSF) Caring Work Environment Survey

The Nursing Research Council was interested in developing a tool that would measure the degree to which nurses felt cared for within their hospital work environment.
BSSF Caring Work Environment Study

• Research Question: For nurses exposed to caring interventions within the hospital environment, will the developed tool accurately measure their perception of feeling cared for within the hospital environment?

• Hypothesis: By identifying sources for Caring renewal, and as caring interventions increase, nurses’ perception of caring will increase.

The Caring Factor Scale ©


• 20 question hospital based, patient survey
• Measures patient’s perceptions of caring by their hospital based providers

BSSF Caring Work Environment Survey©

• Modified questions on the Caring Factor Scale © from reflecting patients’ perceptions of being cared for by providers to nurses’ perception of being cared for within the work environment.
• Responses based on a 7-point scale from Strongly disagree(1) to Strongly Agree (7)
• Used with nurses as a pilot study on one unit of the hospital
Based on the pilot responses, the nursing research council further refined the survey.

- Shortened from 20 to 12 questions.
- Content validity of the refined instrument was ensured through expert review.
- **Three questions fall into each of four domains relating to physical needs, spiritual needs, intellectual stimulation and authentic relationships**

For the 1st and 2nd administration of the caring work environment survey, Factor Analysis using principal component of extraction and varimax rotation produced a single factor indicating that there was reliable internal consistency for the 12 items.

The BSSF Caring Work Environment survey was finalized and incorporated into the hospital’s efforts to actualize the Theory of Caring into the work environment.

The original 12 survey questions do not change from year to year.

- Additional demographic questions relating to age, gender, number of years as a nurse, primary area of practice, shift most commonly worked, and caring initiatives offered by the hospital that the nurse has participated in, have changed slightly from year to year.
Examples of Caring Initiatives include participation in:

- Nursing retreats
- Hospital exercise programs (e.g. Tai Chi, Zumba, Yoga)
- Hospital celebrations
- Shared governance
- Use of meditation gardens on campus
- Employee Health Wellness programs
- Community service as part of hospital team

The hospital’s IRB reviewed the project May 2008 and waived approval: exempt status

- Participation is voluntary
- Consent is obtained
- Participants’ responses are kept anonymous

Survey is administered electronically, via the Learning Management System, to all RNs annually since 2008

Survey has expanded to include all RNs within our healthcare system (includes two other hospitals)
<table>
<thead>
<tr>
<th>Physical Needs</th>
<th>1. Has created an environment that encourages my physical health</th>
<th>5. Allows me the opportunity for breaks</th>
<th>9. Has created an environment that recognizes the connection between mind, body, and spirit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiritual Needs</td>
<td>2. Is respectful of my individual spiritual beliefs and practices</td>
<td>6. Has created an environment that encourages spiritual health</td>
<td>10. Encourages me to practice my own individual spiritual beliefs as part of my self-caring and health</td>
</tr>
<tr>
<td>Intellectual Stimulation</td>
<td>3. Solves unexpected problems well</td>
<td>7. Is good at problem solving to meet needs and requests</td>
<td>11. Is responsive to how I learn and whether I am ready to learn when teaching something new</td>
</tr>
<tr>
<td>Authentic Relationships</td>
<td>4. Treats me with loving kindness</td>
<td>8. Honors my feelings, no matter what they are, and I can talk openly and honestly about what I am thinking</td>
<td>12. Makes me feel someone is there if I need them</td>
</tr>
</tbody>
</table>

**BSSF Caring Work Environment Survey ©**

- The overall mean caring score is calculated annually and item analysis is completed to provide comparisons of the domains being measured as well as comparison of responses among different demographics and the caring initiatives that the nurse participated in

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**2010, 2011 & 2012 Nurse Response Rate by Hospital**

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSSF</td>
<td>301</td>
<td>167</td>
<td>423</td>
</tr>
<tr>
<td>MPH</td>
<td>63</td>
<td>51</td>
<td>103</td>
</tr>
<tr>
<td>RH</td>
<td>482</td>
<td>281</td>
<td>764</td>
</tr>
<tr>
<td>RSFH</td>
<td>16</td>
<td>23</td>
<td>63</td>
</tr>
</tbody>
</table>
BSSF Caring Work Environment Survey ©
Analysis of Results

• Overall, the nurses feel cared for within the work environment
  • There is some variation in perception of caring among units within the hospital
  • There are no significant differences in mean caring scores between males/females, or between RN years of experience

BSSF Caring Work Environment Survey ©
Analysis of Results

• Questions relating to the spiritual needs and intellectual stimulation domains have highest scores

• Questions relating to the physical needs domain have the lowest scores
Using Survey Results to Improve Patient Outcomes

- Continue to promote intellectual stimulation through:
  - Educational opportunities
  - Creation of nurses’ resource room – a quiet place with soft seating, resource books, journals, computers
  - Expanded On-line digital library
  - Participation in Shared Governance
  - Annual Nursing Retreats
  - CNS and educator positions for each nursing specialty

- All nursing units have a unit based council
- Hospital based councils include:
  - Workforce Retention and Recruitment
  - Nursing Research
  - Professional Practice
  - Quality and Patient Safety
  - Professional Advancement
  - Advanced Practice
  - Leadership Advisory
- Participation is encouraged and supported

- Continue to provide opportunities to meet spiritual needs through:
  - Promoting use of mediation gardens and the labyrinth on the hospital grounds
  - Chaplain rounds for both patients and staff
  - Use of Chapel
  - Blessing of the Hands – Nurses’ Week
  - Reflections at the start of meetings
  - Overhead Morning and Evening prayer
Using Survey Results to Improve Patient Outcomes

Increase Efforts to Meet Physical Needs
• Renovated break rooms for nurses
• Promote Breaks – including lunch breaks
• Encourage physical exercise and relaxation on the hospital campus – walking paths on the campus and in the meditation garden; tai chi offered in the garden in the mornings; yoga classes in the evenings
• Effort to change culture to view breaks for physical exercise or relaxation as essential for self care
• Annual Hospital Nurses’ Caring Conference – promotes self-care (planned by nursing research council)

• The 2012 survey added two specific questions relating to breaks:
  – If you work more than 5 consecutive hours, do you take a full 30 minute break?
  – Have there been times when you needed to work while you were clocked-out for your 30 minute break?
    (Employees should have a 30 minute uninterrupted meal break; employees who work during their meal must be compensated.)

• Re-administering the BSSF Caring Work Environment Survey © at annual intervals enables us to evaluate the implementation of caring initiatives over time that affect the nurses’ perception of feeling cared for within the hospital environment.

• BSSF nurses share a vision of caring and the survey allows us to be engaged in a scientific approach to strengthen caring among nurses with the ultimate goal of improving patient outcomes.
Using Survey Results to Improve Patient Outcomes

This research experience has heightened nurses’ awareness of caring within their environment, helped create a language relating to caring concepts and principles, and resulted in both individual and group actualization of the caring theory.

Caring for the Nurse in the Hospital Environment

Resources


Caring for the Nurse in the Hospital Environment

Resources (continued)


Thank you