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Research Problem

- This study identified critical elements in interventional studies on nurse caring, by determining patterns and caring activities in interventions (programs, protocols, or standards) specified in a systematic review, and in related literature to develop a Caring Protocol for a Nursing Department at National Cancer Institute Comprehensive Cancer Center (NCICCC).

Research Purpose

- The purpose of this study was to create a Caring Protocol for the Nursing Department and inpatients of National Cancer Institute Comprehensive Cancer Center (NCICCC). The Caring Protocol will be implemented as a pilot study.
  - Few acute care healthcare agencies have linked effect of caring-focused program on satisfaction of hospitalized, adult patients
  - Caring interventions need to be tested and replicated ultimately to document effectiveness of nurse caring on a healthcare outcome, patient satisfaction with nursing care
Literature Review

• Nurse caring linked to patient satisfaction, health status, length of stay, and health care costs (Duffy, 1992)
• Association and predictive ability of patients’ perceptions of nurse caring on the outcome of patient satisfaction with hospital services
  - Duffy, 1990; Larrabee et al., 2004; Wolf, Colahan, & Costello, 1998; Wolf, Miller, & Devine, 2003
• Association testing studies: association of adult patients’ perceptions of nurse caring with satisfaction with hospitalization
  - Burt, 2007; Green & Davis, 2002; Duffy, 1990; McEvoy, 1966; Palese et al., 2011; Rafii, Hajinezhad, & Haghighi, 2007; Wolf et al., 1998; Wolf, Miller, & Devine, 2003: reported correlation coefficients that ranged from – 0.18 to 0.78
  - Evidence supporting the power of the association is low (Wolf, 2012).

Literature Review

• Prediction studies on nurse caring and patient satisfaction
  - Larrabee et al. (2004): patient-perceived nursing caring was major predictor of patient satisfaction and nurse/physician collaboration, another direct predictor
  - Green & Davis (2002): no statistically significant variance was shared by nurse caring and patient satisfaction
  - As patients’ evaluation of nurses became more positive, patient satisfaction also became more positive (Gottlieb, 2002)
• Most studies analyzed in systematic review (Wolf, 2012) on effect of nurse caring on patient satisfaction were association testing or predictive
  - Additional investigations might establish predictability of nurse caring on patient satisfaction

Literature Review

• Caring interventional studies do not always include detailed descriptions of program attributes (Wolf, 2012)
• Variety of programs focused on nurse caring as intervention and patient satisfaction as outcome
  - Caring models (Dingman, Fosbinder, & Wamick, 1999; Duffy & Hoskins, 2003; Watson & Foster, 2003)
  - Performance improvement project (Kipp, 2001)
  - Practice development project (McCance, Slater, & McCormack 2008)
  - Multifaceted staff intervention aimed at ratings of nurse caring and patient satisfaction with care (Yeakel, Maljanian, Bohannon, & Coulombe, 2003)
  - Dissemination and implementation project on caring standards (Joiner, 1996)
Literature Review

- Delphi study (Wolf, Freshwater, Miller, Jones, & Sherwood, 2003) induced a standard of care for caring; dissemination and implementation not located
- Watson’s Theory of Human Caring adopted by a number of healthcare agencies, particularly those with Magnet Nursing designation (Clarke, Watson, & Brewer, 2009)
- Caring theory/caring science and caritas nursing models adopted by nursing service organizations (Clarke, Watson, & Brewer, 2009)
  - Caritas nursing models of nursing care delivery are developed on site in healthcare agencies and during meetings of International Caritas Consortium

Literature Review: Focus on Practice Development Project

- Development of a Caring Protocol calls for systematic approach to creation of each practice development project (Garbett & McCormack, 2002)
  - Practitioner interviews and two focus groups were conducted with nurses active in practice development communities.
  - Cognitive mapping used; themes defining the purpose of practice development:
    - means of improving patient care; transforms the contexts and cultures in which nursing takes place; important to use a systematic approach to effect changes in clinical practice; and different types of facilitation needed for change to take place (Garbett & McCormack, 2002, p. 92)

Framework

- Nursing Service Organization Mission and Vision
  - Magnet Program-recognized organization
  - The mission statement, values, and philosophy of the department emphasize compassion, caring, collaboration, evidence-based practice, and patient safety
- Jean Watson’s Theory
Design

Descriptive design: to generate a nurse Caring Protocol from (1) extant literature in which caring interventions were part of a program or protocol of research and patient satisfaction was the outcome variable and (2) related literature on perceptions of nurse caring and caring activities.

Data Sources

- Activities explicit in caring interventions or programs included in systematic review of literature of studies evaluating connection of nurse caring to satisfaction with hospitalization of adult patients (Wolf, 2012)
- Subscales of instruments measuring nurse caring eliciting patients' responses selected from Watson's (2009) book reviewed for caring activities
- Structures discussed by Sidani and Braden (2011) on characteristics of nursing interventions

Design

- Dissemination strategies for protocol implementation analyzed from studies cited in systematic review (Wolf, 2012)
- Elements of program (caring activities) were analyzed using content analysis techniques (Burns & Grove, 2013)
- Nursing administrators of healthcare agency, key nursing staff, and Patient Family Advisory Council members will be asked to review and comment on Caring Protocol.
Design

• Sample
  • Articles from the systematic review and related literature constitute material of Caring Protocol
  • Participants obtained using purposive sampling technique for review of draft Caring Protocol
    • Nursing administrators, key registered nurse staff, and members of Patient Family Advisory Council
      • 10 administrators, 10 key nursing staff members, and 5 members of Patient Family Advisory Council
    • Participants will review and comment on draft of Caring Protocol
    • Nursing staff enlisted to participate in implementation process

Design

• Ethical Considerations
  • Submission to La Salle University’s Institutional Review Board (IRB) and IRB of the NCICCC for consideration of human subjects’ protection
  • Participant profile forms confidential
  • Destruction of data following completion of study

Design: Data Analysis of 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
Data Analysis

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

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

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
Dissemination: Implementation with Nursing Staff

- Training interventionists
  - Co-investigators
  - Champions 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 Champions

Caring Protocol Intervention Theory

| Inpatients and discharged patients | Intervention components: Caring activities (actions behaviors) clustered by constructs: Respectful; Connectedness; Knowledge and Skill; Assurance; Attentiveness; Collaboration | Patient responses to Caring Protocol | Patient Satisfaction with Nursing Care (post discharge) (Ultimate) | Patient perceptions of nurse caring (prior to discharge) |

- Context Characteristics: Clinical, research center of excellence with uninterrupted Magnet redesignation pattern; RN characteristics: champions
- Dose: Staff education program (materials posted on learning channel); challenge to implement protocol distributed to all RNs; protocol goals incorporated into ongoing performance assessment; caring certificate; peer reinforcement via caring certificate
- Outcome: Staff enactment and adherence to Caring Protocol

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?