SYMPOSIUM

PART 2

Caring in Nursing: Toward a Problem-Focused Methodological Pluralism

William P. Fisher, Jr, PhD with over 25 years professional experience, Dr. William P. Fisher, Jr. has developed a complementary array of skills focused on improved information quality and systems in health care and education. He is internationally recognized for contributions to both ends of the theoretical-philosophical to practical-analytic spectrum. Dr. Fisher’s recent work explores possibilities for and projects likely consequences of equating tests and surveys measuring the same constructs, so that all instruments in an area measure in the same unit of comparison and with known uncertainty characteristics.

Jane F. Sumner, Ph.D, RN, APRN, BC has been investigating caring in nursing for many years because of her varied experiences in practice over 48 years. Her original nursing education was in New Zealand and her 3 university degrees are from the US. For the last 19 years she has been a nurse educator.
Caring in Nursing: Toward a Problem-Focused Methodological Pluralism

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Orlando, Florida, USA
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Procedure

• Theory
  – Measurement: Invariance, additivity
  – Construct: What causes variation
• Instrument
  – Items designed to embody theory
  – Responses scored to reveal variation
• Data
  – Evaluated for invariance, additivity
  – Evaluated for conformity to theory

Caring in Nursing Sample
Demographics

• 193 total respondents to date
• Data gathering continues
• Female: 84%
• Caucasian: 74%
• < 20 Years in practice: 55%
• Med/Surg practice: 42%
• Staff nurse: 58%
• Full time patient contact: 71%
Table 1
Caring in Nursing Subscale Summary Statistics

<table>
<thead>
<tr>
<th>Construct</th>
<th>8 Items</th>
<th>Measurement Reliability</th>
<th>Alpha/Rasch</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total/Avg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurses' Caring Identity</td>
<td>44/35</td>
<td>.97/.91-.95</td>
<td></td>
</tr>
<tr>
<td>Patient Focus</td>
<td>38/29</td>
<td>.95/.89-.92</td>
<td></td>
</tr>
<tr>
<td>Professionalism</td>
<td>11/8</td>
<td>.97/.76-.87</td>
<td></td>
</tr>
<tr>
<td>Partnership</td>
<td>29/23</td>
<td>.92/.73-.90</td>
<td></td>
</tr>
<tr>
<td>Communicative Mutuality</td>
<td>16/7</td>
<td>.93/.69-.68</td>
<td></td>
</tr>
<tr>
<td>Responsibilities of Care</td>
<td>15/12</td>
<td>.86/.55-.61</td>
<td></td>
</tr>
<tr>
<td>Nursing Practice</td>
<td>28/21</td>
<td>.93/.84-.88</td>
<td></td>
</tr>
</tbody>
</table>

Select Nurses' Caring Identity Items
(Most agreeable at bottom)

Sometimes I feel hurt when I involve all of who I am in my practice.
I do think about myself when I am tending to patients.
With experience I have become more comfortable revealing my inner
self.
I use all of who I am to help my patients.
I feel vulnerable sometimes in nursing practice.
I try to keep balance in my life to practice nursing optimally.
My feelings about who I am as a nurse influence how I practice.
I recognize that my beliefs have influence on my nursing practice.
I have the technical skills for nursing practice.
I want to tend to the human needs of my patients.
I have good treatment knowledge.
I know how to make a patient comfortable.
I have an obligation to myself to provide quality nursing work.
Regardless of how I feel about a pt I must treat him/her the best.

Table 2
Nurses' Caring Identity Scale
Cross-Form Measurement Reliability & Invariance Comparisons

<table>
<thead>
<tr>
<th>Form</th>
<th># Unique Items</th>
<th>Total # Items</th>
<th># Respondents (Form A&amp;B/Total)</th>
<th>Maximum Rasch Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>All Items on Form, That Form's Respondents Only</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Unique Items Only, All Available Respondents</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>16</td>
<td>31</td>
<td>28/141/169</td>
<td>.82/.90</td>
</tr>
<tr>
<td>B</td>
<td>13</td>
<td>28</td>
<td>24/141/165</td>
<td>.86/.93</td>
</tr>
<tr>
<td>A&amp;B</td>
<td>15</td>
<td>44</td>
<td>141/141/141</td>
<td>.85/.95</td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>44</td>
<td>193</td>
<td>.93</td>
</tr>
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Table 3
Nurses’ Caring Identity Scale
Measure Correlations by Form

<table>
<thead>
<tr>
<th>Correlation Type</th>
<th>Form A vs B (n=27)</th>
<th>Form A vs A&amp;B (n=55)</th>
<th>Form B vs A&amp;B (n=51)</th>
<th>Form A vs Total (n=55)</th>
<th>Form B vs Total (n=51)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.89</td>
<td>.85</td>
<td>.91</td>
<td>.96</td>
<td>.97</td>
</tr>
</tbody>
</table>

Table 4
Nurses’ Caring Identity Scale
Calibration Reliability and Invariance Comparisons

<table>
<thead>
<tr>
<th>Form # Items # Respondents</th>
<th>Maximum Rasch Reliability</th>
<th>A-B (15 items)</th>
<th>A-A&amp;B (31 items)</th>
<th>B-A&amp;B (28 items)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A 31 28</td>
<td>.90</td>
<td>.85</td>
<td>.85</td>
<td>.85</td>
</tr>
<tr>
<td>B 28 24</td>
<td>.93</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A&amp;B 44 27</td>
<td>.95</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 1
Nurses’ Caring Identity Scale
Measures from two separate sets of items (r = .85)
Figure 2
Nurses’ Caring Identity Scale
Calibrations from two separate sets of respondents (r = .85)

Figure 3
Nurses’ Caring Identity Scale
Modeled Expectation for Response to Measure Relation

Figure 4
Nurses’ Caring Identity Scale
Empirical Response to Measure Relation
Figure 8
Nurses’ Caring Identity Scale
Theoretical vs. Empirical Calibrations by Cognition and Emotion Categories

Figure 9
Nurses’ Caring Identity Scale
Empirical Calibrations by Self and Cognition/Emotion Categories