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Nurse Caring Behaviors Following Implementation of a Relationship Centered Care Professional Practice Model

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Abstract

Background: There has been considerable attention to nurse caring in the literature, and recent attention has been focused on the importance of caring not only to patient outcomes, but also to nurse outcomes such as the importance nurses place on caring within their professional role.

Aims: The purpose of this study was to describe nurses' perceptions of their own caring behaviors six months after implementation of a new Relationship Centered Care Professional Practice Model.

Methodology: A descriptive design was used to survey all 1500 clinical nurses providing care in a large academic medical center. The Caring Behavior Inventory was used, and background data were collected to describe the sample.

Results: Five hundred thirty eight nurses completed the survey, for a response rate of 35.9%. Participants had high perceptions of caring behaviors in all of the assessed areas: assurance of human presence, knowledge and skill, respectful deference to others, and positive connectiveness.

Conclusions: Results of this study are consistent with prior research on nurses' perceptions of caring. As in prior research the more observable aspects of care received the higher ratings. Several factors may have contributed to the results of high scores on caring behaviors, including the implementation of a professional practice model that specifically targeted key components of caring in the provision of direct patient care. Further, throughout the implementation of the professional practice model there was considerable attention paid to continuing education targeted toward aspects of caring, provided both for nurse leaders and clinical nurses.

Key words: Caring, nurses, relationship centered care, professional practice model

Introduction

Caring has historically been considered an important part of nursing practice. Theories that contain an explication of the concept of nurse caring have received attention in both the scientific and the professional practice arena within the discipline (Watson, 1988, 2008). While a considerable literature exists comparing nurses' and patients' perceptions of caring behaviors, there is no literature that specifically addresses nurses' perceptions of caring behaviors following implementation of a hospital-wide professional practice model.

Background

Research on nurse caring behaviors has spanned the globe. In a recent review of the research literature from 1987 to 2012 on patients' perceptions of nurse caring, Potter and Fogel (2013) concluded that human needs assistance was an important aspect of nurse caring valued by patients, independent of clinical setting or patient population. These researchers also found that nurses ratings of their caring behaviors were consistently higher than the patients ratings of the nurse caring behavior. The most comprehensive comparison study was of patients and nurses in six different European countries (Papastavron et al, 2011). It is important to note that in prior studies both patients and nurses ratings of nurse caring behaviors are high, particularly in the areas of care that are directly observable, e.g., performance of skills. Further, there is a beginning focus on the link between nurse caring behaviors and patient satisfaction (Wolf, Miller, & Devine, 2003; Larrabee et al, 2004, Green & Davis, 2005, Wu, Larrabee, & Putnam, 2006).

In prior research nurses place high importance on the expressive aspects of caring, e.g., listening to the patient, building trust, and the less observable aspects of care, e.g., patient monitoring (O'Connell & Landers, 2008; Tucker, Brandling, & Fox, 2009). Even so, the rankings of these less observable aspects of caring by nurses are not significantly higher than the rankings of the more observable caring behaviors. There is a paucity of

research on specific programmatic efforts to enhance nurse caring behaviors among nurses.

Purpose of Study

The purpose of the present study was to describe nurses' perceptions of caring six months after implementation of a new Relationship Centered Care (RCC) Professional Practice Model (PPM). The PPM that was introduced was developed as part of an overall effort to improve the patient experience with care in the hospital. The RCC model included attention to relationships with patients and families, relationships to all members of the care team, relationship to the community served, and care of self. Porter and colleagues have provided a comprehensive description of the components of care that were introduced along with the new PPM (Porter, Vezina, McEvoy, & Fitzpatrick, 2013).

Research Methods

A descriptive design was used; the Caring Behavior Inventory (CBI) was used to measure nurses' perceptions of caring behaviors. The 1500 Registered Nurses (RNs) who were working as clinical nurses (directly engaged in clinical practice on the inpatient care units) were invited to participate. Nurse managers, educators, and advanced practice nurses were excluded.

Signed informed consent was waived but all participants were informed that completion of the questionnaire implied consent. RNs who participated in this study were asked to complete a background data sheet that included participant's age, gender, location of work (campus and unit), years of practice, initial type of nursing education, and highest nursing degree held.

The analysis using SPSS consisted of descriptive statistics for background variables. Means and standard deviations were computed for the CBI total and subscale scores.

Caring Behavior Inventory (CBI-24)

The CBI-24 includes 24 items each measured on a 6-point Likert-type scale based on a conceptual definition of nurse caring as an interactive process

that occurs between nurses and patients. The CBI-24 measures perception of the frequency of caring behaviors. Total scores range from 6 to 144; higher mean scores indicate higher frequency of caring behaviors.

The scale has 4 subscales: Assurance of Human Presence (eight items), Knowledge and Skill (five items), Respectful Deference to Others (six items) and Positive Connectedness (five items). Authorization to use the CBI was obtained.

The CBI-24 has demonstrated convergent validity and good test-retest reliability ($r = 0.82$ for nurses) (Wu et al., 2006). Previous research has indicated high internal consistency with Cronbach alpha ranging from 0.92 to 0.96 (Burtson & Stichler, 2010; Palese et al., 2011; Papastavrou, Efstathiou, & Charalambous, 2012; Wu et al., 2006).

Results

Following implementation of the PPM throughout all of the hospital units, the survey was distributed to the 1500 clinical nurses. Five hundred thirty-

eight nurses completed the questionnaire (response rate 35.9%). The sample was representative of the population of nurses working on the units. The majority of the nurses were women ($n = 463$, 86.1%); the mean age of the nurses was 39.5 years. Detailed background characteristics are included in Table 1.

Perceptions of Caring Behaviors

Nurses had high perceptions of caring behaviors. The mean total score was 5.54 (out of a possible total mean score of 6.0). Mean scores for all subscales were also high: the Assurance of Human Presence mean score was 5.56; Knowledge and Skill mean score was 5.66; Respectful Deference to Others mean score was 5.54 (± 0.58); and Positive Connectedness mean score was 5.34 (± 0.68). These results are in details included in Table 2.

| Table 1 – Demographic Information | |
|--|---------------------------------|
| Variables | Number (%) (N = 538) |
| Gender: | |
| Male | 68 (12.6) |
| Female | 463 (86.1) |
| Preferred Not to Answer | 7 (1.3) |
| Age (mean) | |
| | 39.5 |
| Years of Practice/Work: | |
| <1 | 20 (3.7) |
| 1-2 | 43 (8.0) |
| 3-5 | 83 (15.4) |
| 5-10 | 100 (18.6) |
| 11-15 | 38 (7.1) |
| 16-20 | 41 (7.6) |
| Over 20 | 158 (29.4) |
| Preferred Not to Answer | 55 (10.2) |

| Table 2 – Means and Standard Deviations Caring Behavior Subscale Scores | | |
|--|--------------|-------------|
| Subscales | Means | (SD) |
| Assurance of human presence | 5.56 | (± 0.54) |
| Knowledge and skill | 5.66 | (± 0.50) |
| Respectful deference to others | 5.54 | (± 0.58) |
| Positive connectiveness | 5.34 | (± 0.68) |
| Total score | 5.54 | (± 0.53) |

Discussion

The clinical nurses who participated in this study rated all aspects of caring very high. These results are consistent with prior research using the Caring Behavior Inventory as well as qualitative studies of nurse caring and nurses’ perceptions of caring behaviors assessed with other instruments (Potter & Fogel, 2013).

As in other studies, the more observable aspects of care received the highest ratings, even though all aspects were consistently rated above 5 on a 6 point scale. The high ratings of nurses in the present study exceed the ratings of nurses in prior research (Burtson & Stitchler, 2010; Palese et al, 2011).

There are several factors that might be related to the high caring scores among the nurses in the present sample. With the implementation of the PPM there was considerable emphasis placed on direct caring behaviors of the clinical nursing staff providing care at the bedside. Several continuing education programs were introduced and all nurses were engaged in understanding and applying the components of caring that were inherent in the model of care. Nurse leaders also were engaged in the implementation of the PPM, and were supportive of the changes that were introduced to enhance care provisions. In

addition nurse leaders consistently tracked the implementation of the PPM and the caring behaviors on each unit.

Limitations

One of the major limitations of the study is the lack of a measure of nurse caring behaviors prior to implementation of the PPM. Thus, it is not known the extent to which changes occurred. Also, no attempt was made to discern relationships to other factors, e.g., years of practice experience, as the overall lack of variability of the scores did not permit these analyses.

Recommendations for Future Research

There is a need to more fully understand the dimensions of nurse caring. Further study is recommended to determine the meaning that the individual caring behaviors have for nurses. Also, it is important to ascertain if there are variations in the perceived importance of caring behaviors dependent on the patients receiving care. Also, continued study comparing nurses and patient perceptions of caring behaviors of nurses is recommended as are studies linking nurse caring behaviors to patient outcomes.

Implications for Practice

While all of the mean scores for nurses’ perceptions of caring behaviors were high, it

is important to note that the lowest scores were on the subscale of positive connectedness. The interpersonal relationship that nurses develop with their patients should be at the forefront of the work that they do. It is expected that as we continue to implement the RCC Professional Practice Model this aspect of nurse caring will become increasingly apparent to both nurses and patients. The core principles of the RCC Model include the therapeutic relationship that is developed with patients and team members.

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