Transforming Practice Using a Caring-based Nursing Model

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Today's health care environments are calling for new models of care delivery grounded in essential values. This article describes the results of a 2-year funded research project that intentionally grounded an acute care unit in the perspective of nursing as caring. Outcomes of care for patients, families, staff and the organization are described. **Key words:** *care delivery model, caring, nursing practice*

A S THE HUMAN SCIENCE literature on caring in nursing has grown in the past 25 years, nurses and nursing administrators have become increasingly interested in caring as a substantive and foundational nursing concept. Nursing leaders in health care systems have developed the knowledge and the vocabulary to advocate with system administrators and governing boards for the establishment of explicit practice models to undergird the caring practice of nursing. The purpose of this article is to describe the development of one such model in an acute care environment of a community-oriented corporate health care center. The vision for the nursing model development project described in this article was shaped out of a love of nursing and an acute awareness of the challenges facing nurses in acute care settings.

The early 21st century focus on the nursing shortage has provided evidence of the need for new models of care. A report by

Aiken and colleagues[1] highlights fundamental problems experienced by nurses in hospitals. The study found nurses to be burned out due to an inadequate number of nursing staff, increased patient loads, and decreased quality of patient care. Further, nurses experienced frustration at being required to spend time on nonnursing tasks rather than being with patients and families. Aiken et al. reported that "43% of nurses who report high burnout and are dissatisfied with their jobs intend to leave their current job within the next 12 months. . . ."[2(p1987)]

Not surprisingly, one of the recommendations made by The Future of the Health Care Labor Force in a Graying Society Panel, sponsored by the University of Illinois–Chicago Nursing Institute, was "to create a more professional and desirable work environment for all nursing care providers."[3(p27)] As a result of this study, two specific suggestions were to (1) "develop better models of how health care management and labor share governance in the workplace"[(p28)] and to (2) "implement management models that enhance the ability of nursing care providers to provide direct care."[(p28)] Comments we have heard from practicing nurses such as "there is no time to care" and "organizations are only concerned about achieving greater efficiency and effectiveness within an economic perspective" challenged us to ask several questions:

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- Is it possible to transform the current practice setting and create new ways of being in order to nurse?
- Could a new model of care be created that is liberating rather than entrapping?
- What would be the effect of a model of care that is grounded in essential values and responds to that which matters to staff and patients?

This development project will be discussed in three sections. The first section, "Connections: Mutually Nurturing Visions," will describe preproject considerations. In the second section of this article, "Responding to That Which Matters," systems, processes, and strategies based on the caring model created by nursing staff will be described. The final section of the article, "Unfolding Possibilities," will provide project evaluation data and suggest future implications for this and similar efforts to create effective practice models grounded in caring.

CONNECTIONS: MUTUALLY NURTURING VISIONS

Initially, the vision for this work was shared in a proposal to the Quantum Foundation, a foundation whose mission is centered in enhancing quality health care for residents of Palm Beach County, Florida. Members of the Foundation Board understood the importance of creating new models of care delivery and funded a 2-year project for this purpose. The purpose of this project was to demonstrate that a model of care grounded in Nursing as Caring[4] would result in greater patient satisfaction, greater nurse satisfaction, and an enhanced institutional reputation for quality health care. The premise of the demonstration project was that for present and emerging health care systems to be successful they would need to be intentionally rooted in essential values and focused on new ways of being that honor and respect the gifts that each person brings to the enterprise. It was anticipated that key values of stakeholders would reflect values underlying a particular

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formalized philosophical perspective of nursing, namely Nursing as Caring.[4]

BRIEF OVERVIEW OF THE THEORY OF NURSING AS CARING

The theory of Nursing as Caring offers a broad philosophical framework that has practical implications for transforming nursing practice. From the point of view of this theoretical perspective, the focus of nursing knowledge and nursing action is nurturing persons living caring and growing in caring. This view is based on the fundamental assumptions that (1) to be human is to be caring and (2) the discipline and profession of nursing is about coming to know persons as caring and in that knowing, nurturing them as persons growing in caring. Based on these assumptions, respect for persons as caring individuals and respect for that which matters to persons is the starting place for all nursing activities, including efforts to design and implement effective practice models.

A key element of Nursing as Caring, the Dance of Caring Persons,[4(p37)] was employed as the underlying value upon which the practice model described in this paper was built. The Dance of Caring Persons is the image of dancers in a circle, moving freely as individuals while engaging in a rhythm that connects all and provides organizing purpose and integrated functioning. The nature of relating in the circle is grounded in respect for and valuing of person. The Dance of Caring Persons as an organizational model assumes that cultures comprising caring persons and each person within the culture brings to it special gifts to accomplish a common mission. Each person's role is "essential in contributing to the process of living grounded in caring",[4(p37)] another important tenet of the theory of

Nursing as Caring. The initiating phase of the project involved connecting visions of health care and nursing that were held mutually by two groups, those of the medical center and the designers of the project.

Administrative staff of JFK Medical Center, a 350-bed for-profit hospital in Atlantis, Florida, fully embraced the purpose of this project. They expressed commitment to explicating caring and to designing an innovative model of care grounded in caring that would be systematically implemented and evaluated. The medical center mission statement, as with those of other health care organizations, espouses a philosophy of care. Further, the corporate entity, HCA Healthcare Corporation, had an initiative related to caring from a human resource perspective. However, administrative staff of JFK Medical Center realized that this was not sufficient. A specific pilot area, an 18-bed telemetry unit, was selected by administration for implementation of this project.

OUTCOMES

Concrete merging of values expressed in institutional statements and in the theory of Nursing as Caring occurred in the development of intended project outcomes. Outcome statements referring to patients, families, staff, and the medical center were constructed. These outcome statements emerged from existing mission and outcome statements of the organization as well as from envisioning other types of outcomes typically not seen in projects of this type. Traditional outcome statements fail to communicate the richness of the nursing experience. Outcomes emanating from the envisioning of this project are put into language in a way that portrays the "value-added" contribution of nursing to the experience of being cared for. For example, from the perspective of Nursing as Caring, what is experienced as a result of nursing, or the outcomes of care, would reflect the valuing of person-as-person, and person-as-caring.

Intended outcomes for patients and families included:

- The experience of knowing their special stories were heard and responded to
- The experience of having had respectful, compassionate, and competent care

Intended outcomes for staff included:

- Practice grounded in essential values
- An environment that supports respectful practice
- Relating grounded in caring
- Realizing the experience of "having nursed"

Intended outcomes for the health care agency included:

- Development of an innovative model of health care delivery grounded in essential values
- Development of new patterns of relating that are reflective of caring
- A care delivery model that is inclusive of a range of possibilities

COMING TO KNOW THAT WHICH MATTERS

The intended outcomes of the project represent a beginning expression of "that which matters" to the various constituencies at JFK Medical Center—the patients and families, direct and indirect patient care and support staff, onsite managers and administrators, corporate administrators, and directors. One of the primary tasks in the development phase of the project was to select and even invent ways to establish a baseline for planning and for future evaluation, to design ways of "coming to know" about those values, ideas, and activities that matter. The values and assumptions of the Dance of Caring Persons guided the initial data collection and assessment phase of the project. Project leaders realized that to design a relevant model, all groups who directly or indirectly touch the lives of those cared for on the pilot unit needed to be included in the data gathering process. Ethical considerations were approved by the institutional review boards of the collaborating university and the medical center. Individually and in small groups, persons were invited to respond to the following general prompts.

1. Please share a story of your practice that portrays caring.
2. What was the caring in the situation described?
3. What made this a caring experience?
4. What factors do you believe are essential for quality health care?

The project assistant and two research associates participated in the dialogues guided by the prompting questions. Dialogues were tape recorded and professional transcriptions were made. The project team, including the director, two project associates, and a consultant, conducted data analysis/synthesis based on the process described by Diekelmann,[5] with the goal of developing an understanding of the meaning of lived experience of caring in nursing situations within this environment. The transcripts were grouped as follows: nurses; patients, and family members; nonprofessional health care workers (eg, dietary aides); and nonnursing professional health care workers (eg, social workers). The work of analysis/synthesis involved becoming immersed in the transcripts, group by group. Through a dialogue process, the research team came to a mutual understanding of the key themes of each group of transcripts. Finally, group themes were synthesized into a set of themes that reflected the shared meaning of caring across all participating groups. The themes that emerged from this "coming to know" process include:

• commitment
• being there out of concern for other
• truly listening leads to truly knowing and responding to that which matters
• nurturing the person living and growing in caring through unique expressions of caring
• value experienced from the mutuality of the experience
• valuing contributions of other members of the health care team

Staff affirmed that these themes "rang true" to the values which mattered most to them. The question was then asked, "If these are the values which matter most to you, how can nursing practice be designed to embrace and reflect these values?" Teams of individuals from the pilot unit formed to develop strategies to support the living of each of these values. The nurse manager selected a staff person to facilitate each group.

RESPONDING TO THAT WHICH MATTERS

In this section, the various strategies created to support the living out of these values in practice will be discussed. Each strategy to be described is an expression of the central value "coming to know and responding to that which matters."

Commitment to coming to know colleagues as caring persons fostered valuing of other and supporting what mattered to colleagues. An enclosed hallway display with pictures and brief stories of each staff member provided an avenue for staff, patients, and families to come to know those providing care. In response to an expressed desire to grow in knowledge of caring, a file cabinet was placed on the unit for professional literature on caring in nursing and a poster displaying caring ingredients was placed in the staff lounge. An informational video giving examples gleaned from stories of how caring ingredients were lived on the unit was created and made available on the unit. The staff began to share stories—personal as well as those from nursing practice. Through this dialogue they came to understand and appreciate each others' unique expressions of caring. The connectedness of those on the unit grew and with it resulted a work-management model grounded in the values of person-as-person and respect for and honoring of other.

Collectively, work schedules were created to support the unique and individual calls of staff persons—for example, increased flexibility to accommodate family needs, supporting those who were furthering their education in order to improve nursing practice, and a process to assure coverage on the unit in the event of illness developed. The staff lived the Dance of Caring Persons. They worked together as a team living loyalty and giving of self as they nurtured and supported each other in living and growing in caring. They

acknowledged exquisite nursing, truly listened and communicated, and responded to that which mattered. One strategy used to address the "we" (staff) vs. "they" (administration) perception was to invite administrative staff to the unit to witness and contribute to a creative solution of an ethical dilemma that developed on the unit.

The power of the transformation for nurses on this project unit is evident in their recognition that the corporate appraisal system did not permit a fair evaluation of their actual nursing practice nor did it support the values of the Dance of Caring Persons nor the evolving practice model. An extensive effort was made to redesign the evaluation system to reflect the values of caring. The redesigned approach was named the prizing system. It focuses on coming to know and prizing staff efforts in living out the values of the practice model, and assisting persons in their growing in caring. Staff members participated in the development of a tool to value and prize their exquisite nursing practice. The tool asks that the person provide examples of how they live caring with the patient. A colleague provides additional examples. The nurse is asked to describe self as living and growing in caring in specific ways during the past year. All of this information serves as the focus of the dialogue with the nurse manager. The use of the prizing system is presently being piloted, so that challenges to use of this new system may be discovered and appropriate revisions made.

Some examples of the staff's commitment and dedication to patients and families are reflected in the ways of being grounded in the value of coming to know and responding to that which matters. As with most units in acute care settings, the project unit was extraordinarily busy, patients were very ill, and both the hospital and unit were experiencing the nursing shortage. Initially, staff appeared to be preoccupied with their individual responsibilities for the day. Finding a way to initiate the project was a challenge although there was expressed excitement about being involved. At the onset, strategies focused on caring for self and colleagues. After those strategies were in place and staff were feeling

cared for, their attention shifted to identifying new ways of caring with patients and families. Very practically, staff recognized that they may not always be available at the moment patients needed them. Therefore, they gave each new patient a greeting card which included the direct number to the nurses' station and a pad and pencil to record their questions. Both of these strategies were implemented to address what matters to patients and their families.

Next, the staff began to question how to begin to really nurse, how to really communicate caring in the brief time available for involvement with patients and families. After study and dialogue, staff focused on being intentionally present and used direct invitation[4(p59)] to discover and respond to what mattered most in nursing situations. Nurses extended direct invitations to patients and families to share meaningful information about what mattered most to them at that time. In recognition of the importance of communicating among caregivers this specific information about that which matters most to patients, a field was added to the computerized recording of patient information. In this field, calls for nursing were recorded, the information was printed, and then used to guide daily nursing practice on the unit.

UNFOLDING POSSIBILITIES

This section will provide project evaluation data and implications. The broad areas of evaluation are patient satisfaction and nurse satisfaction. Patient satisfaction data comes from the Press Ganey patient satisfaction surveys and from qualitative sources. Evaluation of nurse satisfaction is based on qualitative data.

Patient satisfaction

JFK Medical Center uses Press Ganey patient satisfaction surveys as an indication of performance improvement. These surveys are mailed to every other patient discharged to home within 2 weeks of discharge. They provide overall hospital and unit data on patient perceptions as related to the following areas: admission, room, meals, nurses,

test and treatments, visitor/family, physician, discharge personal issues, and overall assessment. The area of Press Ganey used for comparative purposes in this project was the section of the report pertaining to nurses. Table 1 shows the mean patient satisfaction score on each of the "nurse" items at the beginning and at the end of the project, as well as the change scores.

One measure of the effectiveness of the project is the percentile score of patient satisfaction with nurses on the project unit, compared with nursing care units in all similar-sized hospitals that participate in Press Ganey surveys. Percentile ranking for the mean score on "friendliness/courtesy of the nurse" and "promptness, response to call" moved from the 10th percentile at the beginning of the project to the 95th at project end; nurses' attitude toward requests from 10th percentile to the 80th percentile; attention to special/personal needs from 20th to the 60th percentile; "nurse keeps you informed" from 10th to the 40th; and "skill of the nurses" went from the 40th to the 60th percentile.

Nurse satisfaction

At the end of the project, nurses were again asked to share a story of their practice that portrays caring. A thematic analysis was conducted, similar to that of the initial phase of the project. In the postproject stories of practice, nurses consistently focused their practice with patients and families on responding to that which matters. The other values identified in the initial coming to know phase of the project were present, not as separate themes but now interwoven around the core concept of responding to that which matters. In the beginning, the nurses acknowledged they were focused on the tasks that had to be accomplished, frustrated that there was no time to truly nurse, and no time to really know colleagues. Over the course of the project, they came to know persons as caring, and therefore were able to reframe their way of being with each other, with administrators, and most of all, with patients. No longer were nurses focused on tasks but rather on coming to know that which matters and thus the practice environment as well as the practice of nursing was transformed. The following story of a nursing situation shared by one nurse from the project unit illustrates a focus on responding to that which matters.

She had been on the unit for several weeks now. This is a long stay for our patients. She had been transferred to us from the intensive care unit following a major stroke. Her left side was without movement and her speech was very difficult to understand. The nursing staff had come to treasure her quick wit and delightful sense of humor. To be so positive after all that she has been through is really a gift, we thought. However, in the last several days, she has been less witty and increasingly withdrawn. She is working diligently with physical therapy and making great strides. We knew that she lives in an assisted care facility with her husband of 60 years. What is important to this lady? What really matters to her? She shares with us that which matters is to be able to return to her husband and play the piano for him, which is his one pleasure.

Table 1. Mean patient satisfaction scores on nurse items of Press Ganey survey

Item Evaluated	Mean 2000	Mean 2002	+Change
Friendliness/courtesy of the nurse	86.4	93.3	6.9
Promptness response to call	77.5	90.0	12.5
Nurses' attitude toward requests	82.5	90.0	7.5
Attention to special/personal needs	82.5	86.7	4.2
Nurses keep you informed	77.5	83.3	5.8
Skill of the nurses	88.6	90.0	1.4

Hearing the calls to provide hope in the moment, two nurses, knowing that there is a little used piano in one of the conference rooms on the first floor, decide to bring it to her. As the piano is wheeled into the room, the patient's eyes light up. She is brought to the piano and to the delight of the patient and the nursing staff, she plays a beautiful rendition of "Heart and Soul" with her right hand.

Part of nurse satisfaction is reflected in nurse turnover. Initially, it was thought that if nurses were satisfied with their practice, there would be decreased staff turnover. What was learned in this project is that turnover may not necessarily be a negative issue. None of the people who left the project left because they were dissatisfied with the work environment. One relocated to another state for family reasons, one moved to another area of the hospital as her nursing role changed; her head nurse reports that she is effectively bringing to her new practice role the values and strategies from the pilot unit. Another nurse had an opportunity to advance into a management position within the same hospital system and moved to that position in order to bring the caring model to a new setting. Two nurses left the project unit to accept new job opportunities within the hospital. Hospital administration views these transfers to other areas of the hospital as positive because transfers provide an opportunity for these nurses to infuse other units with the knowledge and experiences of the caring unit. Nurses request to work on the unit because of its caring model.

LESSONS LEARNED

To summarize lessons learned in this project, we will return to the questions posed in the introduction.

- Is it possible to transform the current nursing practice setting and create new ways of being to nurse?
- Could a new model of care be created that is liberating rather than entrapping?
- What would be the effect of a model of care that is grounded in essential values and responds to that which matters to staff and patients?

What has been learned is that additional nursing staff positions are not necessary to transform practice. However, it is necessary to return to those fundamental values that ground nursing and to have the courage to create new ways of being within organizations, with each other and with patients and families. It is the refocus on coming to know and responding to what matters to the one nursed versus a focus on task that ultimately enriches practice and influences nurse satisfaction. This refocusing frees nurses to recognize and celebrate the unique gifts they bring to practice and creates a nurturing environment. Another important lesson learned is that consultants do not create transformations but that those transformations come from the commitment to cherished values and beliefs held by nurses. Experience gained through this project demonstrates that to ground the practice of nursing in caring requires a dedication to the study of substantive knowledge of caring in nursing.

In conclusion, the practice model grounded in caring has been shown to have a very real transformative effect in the lives of nurses and patients on the pilot unit. The theory of Nursing as Caring provided a philosophical and ethical framework for conceptualizing nursing practice in a way that was satisfying to both nurses and to those they nursed. This theory-based model, with a central ethic of the Dance of Caring Persons, encompassed and transformed the entire practice environment, thus making possible the achievement of shared visions and hoped-for realities.

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