

Caring for the Nurse in the Hospital Environment

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Background

- In 2007, Nurses at St. Francis adopted Jean Watson's Theory of Human Caring as the theoretical foundation of their nursing practice.
- In 2008, Nursing Research Council was interested in measuring nurses' perception of caring within their hospital work environment.
- The 20-question Caring Factor Scale^{® 1} was modified from reflecting patients' perceptions of being cared for by providers to nurses' perception of being cared for within the work environment.
- Modified survey has 12 core questions, three questions relating to each of four domains: physical needs, spiritual needs, intellectual stimulation and authentic relationships. Original 12 survey questions do not change from year to year.
- Administered annually since 2008.
- Factor analysis indicated that the four domains were highly correlated, and there was reliable internal consistency for the 12 questions. The survey was valid and sensitive to nurses' perception of caring within the hospital work environment.²
- Overall, nurses feel their work environment is caring. Consistently, questions relating to the spiritual needs and intellectual stimulation domains had highest scores. Questions relating to the physical needs domain had the lowest scores.³

New Question in 2012

Is there a difference in nurses' perception of their work environment as caring for nurses who take breaks as compared to those who do not?

Methods

- Descriptive, Pre-Post Survey Design.
- Tool: BSSF Caring Work Environment Survey ©
- All RNs within healthcare system are invited to participate.
- Participation is voluntary.
- Completion of the survey serves as consent to participate.
- A link is provided via the NetLearning Management System.
- In 2012, original 12 core questions did not change; two new questions were added about BREAKS.
- SPSS used to analyze data.

2012 Results – Pre-Intervention

1) If you work more than 5 consecutive hours, do you take a full 30-minute meal break?

	N*	MEAN CARING SCORE (All 12 Questions)
Always	111	5.56
Most of the time	326	5.54
Some of the time	238	5.39
Infrequently/never	315	4.98

This shows an ordered trend and significant difference (p <0.01)

2) Were there times when you needed to work while clocked out for a 30-minute meal break?

	N*	MEAN CARING SCORE (All 12 Questions)
NO	280	5.7
YES	724	5.1

This shows a significant difference (p <0.01)

*N = total of all nurses in system who answered survey. Response rate = 73%

Interventions at St. Francis Hospital

1. Nursing Education provided at the hospital and unit levels:

Effect of Caring on Nurse ~

- Jean Watson's Theory of Caring⁴ stresses the positive effect of CARING for both the patient and the healthcare provider.
- Longo:⁵ In order for nurses to have a capacity to enter into authentic caring-healing 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.
- ANA Code of Ethics: Health care workers have a moral obligation to care for themselves so they can care for others effectively.

2. Discussion with feedback at hospital and unit level: Taking breaks has benefits both for the nurse and also for the patient. Consider:

- Why do nurses not take breaks?
- What are the barriers to nurses taking breaks?
- What can we do to change the culture and mindset to one in which nurses realize that it is healthy for them to take breaks?

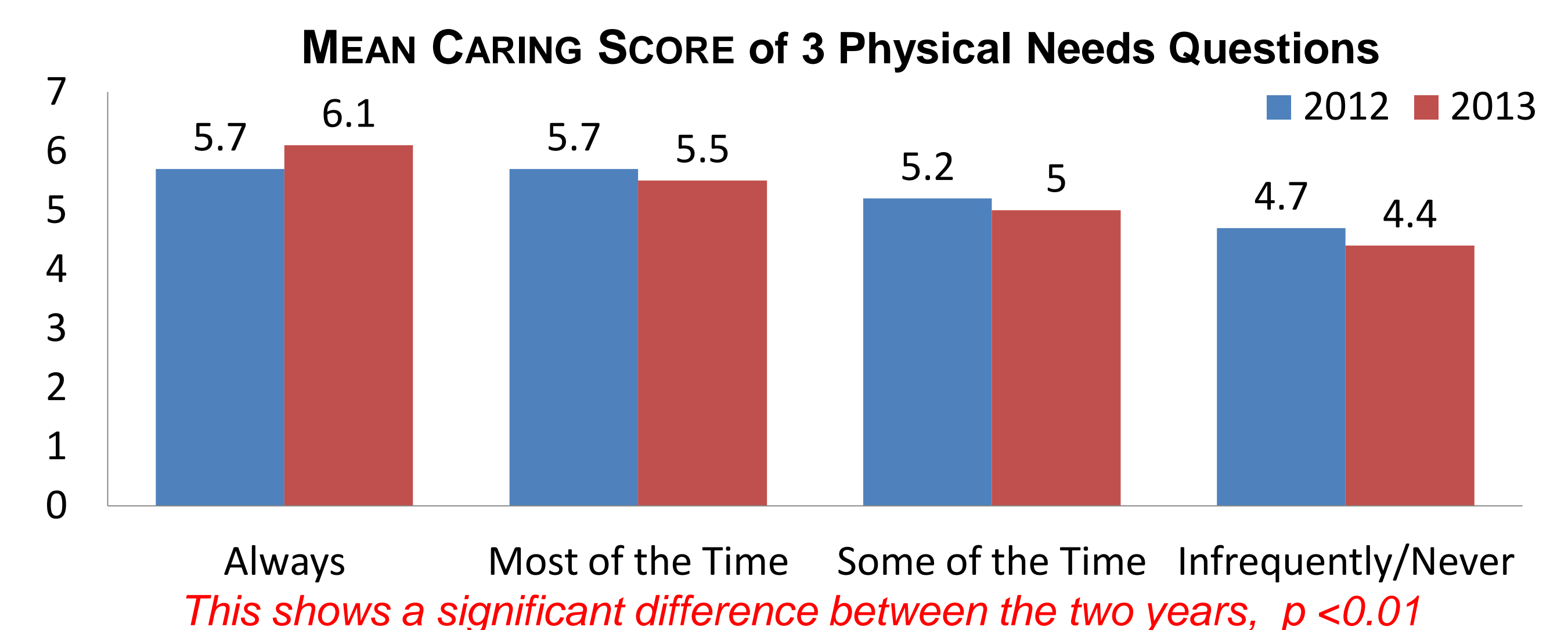
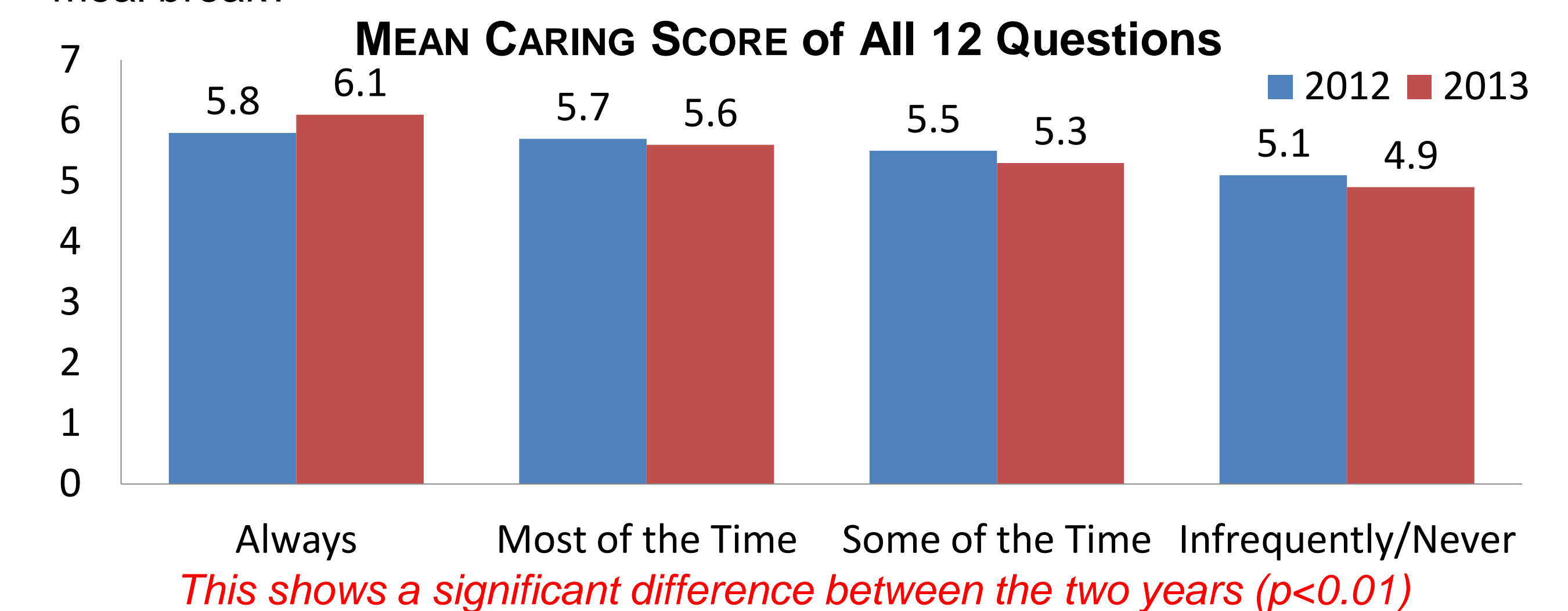
3. Laminated posters 25 Ways to Take a Break At Work were circulated and posted on all nursing units.

References:

- Nelson, J., Watson, J., & INOVA Healthcare (2006). *The caring scale*. <http://www.nursing.ucdenver.edu/faculty/articles/CaringFactorScale.pdf>.
- Nelson, J., & Watson, J. (2011). *International research on caritas as healing*. New York, NY: Springer.
- Clerico, E. et al. (2012). Caring for the Nurse in the Hospital Environment. *International Journal for Human Caring*, 15(4), 14-21.
- Watson, J. (2008). *Nursing: The Philosophy and Science of Caring* (rev.ed). Boulder, CO: University Press of Colorado.
- Longo, J. (2009). The relationships between manager and peer caring to registered nurses' job satisfaction and intent to stay. *International Journal for Human caring*. 13(2), 27-34.

2013 Results – Post-Intervention

1) If you work more than 5 consecutive hours, do you take a full 30-minute meal break?



2) Were there times when you needed to work while clocked out for a 30-minute break?

	N*	MEAN CARING SCORE	3 Physical Needs Q's
NO	98	5.9	5.7
YES	195	5.2	4.9

This shows a significant difference (p <0.01)

*N = total number of nurses at St. Francis who answered survey; Response Rate=69%

Discussion & Conclusions

The comparison between 2012 and 2013 St. Francis mean caring scores for question one shows a significant difference (p <0.01). Those who always take a break have higher scores and all other categories show lower mean caring scores – indicating that interventions during 2013 were effective and nurses associate taking breaks with a more caring environment. We plan to:

- Continue to identify: 1) barriers to nurses taking breaks; and 2) strategies to allow nurses to take breaks.
- Promote the importance of nurse self-care and care of others on the healthcare team, including breaks, and the subsequent benefits that this will have on patient care and patient outcomes.
- Re-administer BSSF Caring Work Environment Survey[®] at annual intervals to evaluate 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.