Someone to watch over me: Feeling safe and cared for in clinical settings

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Background

Caring is an important concept in nursing. While nurses may affirm that they care the question remains as to whether patients feel cared for. A review of the nursing literature on caring indicates that there are a number of scales to measure caring many of which emphasize the psychosocial aspects of caring. When both psychosocial and technical aspects of care were investigated, nurses and patients identified different actions and behaviors as caring. Where nurses emphasized the psychosocial aspects, patients focused on the technical components. A review of the literature on safety suggested an overlap of patient responses about caring and patient comments about safety suggests that feeling safe may be basic to caring.

Aim: To examine whether the CBI-24 revised as feeling safe (CBI-FS) captures this concept and is associated with the open-ended responses by patients to queries about feeling safe.

Approach 1: To evaluate the validity of the Caring Behavior Inventory (CBI-24) revised to measure feeling safe (CBI-24FS)

Approach 2: To investigate whether the activities in the CBI-24FS vary by demographic factor including social support, the length of hospitalization of the current hospital stay, whether the patient can identify a primary nurse caregiver, and other than the current hospitalization, the length of time the patient has been receiving care at the current clinical site.

Approach 3: To examine the open-ended responses to queries about feeling safe for themes.

Methodology

Design: Mixed Methods Descriptive, Correlational design

Sample

The sample will consist of 250 adult patients hospitalized on medical or surgical units with the objective of having approximately 125 medical and 125 surgical patients. Eligibility for participation will be determined by the inclusion/exclusion criteria.

Significance

Caring is one of the most important concepts for professional nursing. It is threaded throughout nursing education, practice, and policy. The technical and monitoring behaviors identified by patients in the literature on caring (and by nurses as surveillance) clearly overlap with the activities that patients report make them feel safe. This would resolve the differences by patients and nurses in their depictions of caring. If the results of the proposed study validate the CBI-24FS as an approach to measuring feeling safe, the next phase of our research will investigate the relationship of feeling safe to feeling cared for.

Figure 1 Theoretical model of patient feeling cared for

<table>
<thead>
<tr>
<th>Unfamiliar Environment</th>
<th>Nurse Surveillance Activities</th>
<th>Nurse Caring Activities</th>
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</thead>
<tbody>
<tr>
<td>Impaired Physical Condition</td>
<td></td>
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<tr>
<td>Patient</td>
<td>Feeling Safe</td>
<td>Feeling Cared For</td>
</tr>
</tbody>
</table>

References available upon request