Nurses’ Perception of Caring Using a Relationship-Based Care Model

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Background & Significance: Caring

• Benefits for Patients:
  • Facilities health, safety, well-being
  • Promotes healing, comfort, dignity, security

• Conversely, absence of caring:
  • Increases despair, helplessness, vulnerability, perceptions of isolation

Background & Significance: Caring

- Benefits for Nurses:
  - Contributes to personal identity (Amendolair, 2007)
Problem:
• Despite significance, obstacles exist:
  • Time Constraints/difficult situations
    • (Sheldon, Barrett, & Ellington, 2006)
  • Nurses unprepared unable to handle difficult situations
    • (Tay, Hegney, & Ang, 2010)
  • Inadequate staffing, use of non-licensed personnel
    • (Amendolair, 2012)
  • Fast-paced, unpredictable, intensive environment
    • (Koloroutis & Trout, 2012)
Model: Relationship-Based Care

- Model designed to facilitate patient-centered, relationship-based care
- Central to the model is caring
Relationship Based Care.....Outcomes

• **Improved patient satisfaction scores**  (Cropley, 2012; Gerrie & Nevel, 2010; Hedges, Nichols, & Filoteo, 2012; Schneider & Fake, 2010; Winsett & Hauck, 2011; Woolley et al., 2002)

• **Perceptions of Caring**  (Poirier & Sossong, 2010)

• **Nurse Satisfaction**  (Osthe, Marier-Porchia & Farnsworth, 2008; Blanton & James, 2006; Hedges, Nichols, & Filoteo, 2012; Amedolair, 2012;)

• **Length of stay**  (Gerrie & Nebel, 2010; Cropley, 2012)

• **Nurse Turnover**  (Gerrie & Nebel, 2010; Winsett & Hauck, 2011)

• **Patient Safety Issues**  (Woolley et al., 2012; Gerrie & Nebel, 2010; Hedges, Nichols, & Filoteo, 2012)
Review of Literature on RBC:

- Only one study found that examined nurses’ perception of caring using patient-centered professional practice model:
  - Study by Porter et al, 2014
  - Use Caring Behavior Inventory (CBI)
    - Assurance of human presence, knowledge and skill, respectful deference to others, positive connectiveness
  - Found a high perception of caring (5.54 out of 6.00)
Purpose:

• Studies are lacking which examine nurses’ perceptions of caring using a RBC model

• Purpose:
  • Explore nurses’ perception of caring using Relationship-Based Care
Research Questions:

• What are the nurses’ overall perceptions of caring when using a RBC Model?

• What dimension of caring do nurses report as most and least important when using the Caring Assessment for Care Givers (CACG) instrument?
Conceptual Framework:

• RBC Model Based on:
  
  • (Grand) Theory of Human Caring (Jean Watson, 1980)
  • (Mid-Range) Theory of Caring (Kristen Swanson, 1993)
Theory of Caring: 5 Dimensions

- **Knowing**: Striving to know the individual’s experience
- **Being with**: Emotionally present
- **Doing for**: Actions that comfort, that the individual would normally perform if able
- **Enabling**: Facilitating growth, healing, and self-care
- **Maintaining Belief**: Maintaining hope, sustaining faith to move forward
Methodology:

• Design: Descriptive, cross-sectional design

• Sample:
  • Full- and part-time nurses
  • Med-Surg and Float Pool
  • Midwestern regional hospital
  • Excluded nurse managers and educators
Instrument:

- Demographic Questionnaire

- Caring Assessment for Care Givers Instrument (CACG)
  - Five subscales (congruent with Swanson’s 5 caring processes)
  - Five items per subscale
  - Each item scored on scale of 1 to 5
  - Total Score: Range 25 to 125

- CACG: Reliable and valid
Results:

• 94 usable surveys (response rate 63%)

• Sample:
  • Female (90.4%)
  • Caucasian (73.4%)
  • Age (36.4 yrs.)
  • BSN educated (61.7%)
  • Nursing Experience (7.9 yrs.)
Results:

• Using the CACG:
  • An overall high perception of caring:
    • 107 out of 125
Subscale Results:

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
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</thead>
<tbody>
<tr>
<td>Knowing</td>
<td>13</td>
<td>25</td>
<td>21.25</td>
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<tr>
<td>Maintaining Belief</td>
<td>12</td>
<td>25</td>
<td>21.49</td>
</tr>
<tr>
<td>Being With</td>
<td>14</td>
<td>25</td>
<td>21.39</td>
</tr>
<tr>
<td>Doing For</td>
<td>14</td>
<td>25</td>
<td>21.62</td>
</tr>
<tr>
<td>Informing/Empowering</td>
<td>15</td>
<td>25</td>
<td>21.50</td>
</tr>
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</table>
Items with the highest scores

- Being With (4.797)

- I tend to get my 1 2 3 4 5 I initiate a relationship with the patient/family without concern about by extending a welcome introducing myself and introducing myself stating my role, and (including my name, describing what I role, and how I will am going to do care/serve them
Items with the highest scores

• Doing For: (4.521)

• Our team works in \( 1 \ 2 \ 3 \ 4 \ 5 \) I work with my parallel fashion \( \text{team} \) members with each person with a constant focused on getting focus on the patient their work done; and family; I am asking for help is willing to help and rare and not know I will receive encouraged help when needed.
Items with the lowest scores

• Knowing (3.851)

• I prioritize care 1 2 3 4 5 I prioritize care based on what patients and and families tell me is most important to to them and the required medical nursing care

1 based on the tasks that need to be accomplished during the time I am working and
Items with the lowest scores

• Being With (3.925)

• I tend to interact 1 2 3 4 5 I make it a practice while standing; to sit at the bedside there is a great deal and be fully present to get done and I with the patient/ don’t generally sit family at least five with the patient/ minutes per shift family.
Items with the lowest scores

• Being With (3.925)

• I frequently feel _______ 1 2 3 4 5 _______ I am accessible and stretched and proactive in my care stressed by patient/and I am able to family requests; respond promptly _______ It is difficult to and consistently to consistently meet _______ meet requests requests
Correlations:

• A small to moderate, positive relationship ($r = .29$, $p < .01$) between nurses’ perceptions of caring and years of experience

• No relationship between nurses’ perceptions of caring and level of nursing education
Limitations:

• Lack of a measure prior to implementation of RBC

• Small sample size of convenience

• Findings are site-specific

• Instrument relatively new no other studies available that used the CACG at the time of this study for comparison
Implications:

• Continue to support Relationship Based Care Model to enhance nurses’ perception of caring

• Nursing Leadership:
  • Support use of the RBC model
  • Staff recognition programs (DAISY)
Recommendations:

- Additional research is needed:
  - To examine if and how caring behaviors are assessed during job interviews and performance evaluations
  - On patient outcomes: LOS and patient safety
  - On patient attributes and perceptions of caring
  - On nurse outcomes: turnover and nurse satisfaction