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# The Effects of Watson's Theory of Human Caring on the Nurse Perception and Utilization of Caring Attributes and the Impact on Nurse Communication

Mary Owens McMillan

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The Effects of Watson’s Theory of Human Caring on the Nurse Perception and Utilization of Caring Attributes and the Impact on Nurse Communication

by

Mary Owens McMillan

A DNP project submitted to the faculty of  
Gardner-Webb University Hunt School of Nursing  
in partial fulfillment of the requirements for the degree of  
Doctorate of Nursing Practice

Boiling Springs, NC

2017

Submitted by:

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Mary (Shelly) McMillan

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Date

Approved by:

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Cindy Miller PhD, RN

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Date

Approval Page

This DNP project has been approved by the following DNP Project Committee

Members.

Approved by:

---

Betty Warlick, MN, RN  
Committee Member

---

Date

---

Evelyn Lollis, MSN, RN  
Committee Member

---

Date

---

Miles Lane, Lean Engineer, Statistician  
Committee Member

---

Date

---

Cindy Miller, PhD, RN  
Graduate Program Chair

---

Date

## Abstract

The purpose of this project was to create a profile of nurses who utilize Jean Watson's caritas processes and acknowledge caring by forming transpersonal caring relationships with all patients. In an acute care, 468-bed healthcare organization located in southeastern United States, on five adult medical surgical units, an overall score of 52% existed on the nurse communication domain within the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. This score was well below the national top box of the 76<sup>th</sup> percentile set for the domain of nurse communication. Within the five units selected, 67 nurse participants completed a pre survey using Nyberg's Caring Assessment Scale. An education presentation based on Jean Watson's Theory of Human Caring was presented to front line nurses within the five units selected. After the presentation, nurses were encouraged to incorporate Watson's caritas processes and establish caring moments with their patients. Four weeks following the education presentation and implementation, post surveys using the Caring Assessment Scale were administered to determine if scores had increased from the pretest. Results indicated a significant difference between the pretest and posttest surveys with the posttest scores being higher ( $p < 0.0001$ ). HCAHPS results were analyzed for the five units eight weeks following the education sessions on Jean Watson's Theory of Human Caring. HCAHPS results were in the 95<sup>th</sup> percentile for the nurse communication domain, resulting in an increase of 43% from the previous 52<sup>nd</sup> percentile prior to the education sessions. This project sought to generate a culture embedded with caring behaviors, promote nurses' utilization of caring attributes, and increase HCAHPS scores in nurse communication.

Ultimately, the change within these five units could generate a renewed sense of patient centered care within the entire organization.

*Keywords:* transpersonal relationship, caritas process, Jean Watson's Theory of Human Caring, nurse communication, caring

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## INTRODUCTION

Since the time of Florence Nightingale, nursing has been a profession demanding service, caring, and compassion. Key components of Nightingale's original descriptions of trained nurses included deliberate caring behaviors and holistic actions aimed at creating and maintaining an environment meant to support the natural process of healing (Sitzman, 2007). Most individuals choose nursing as a profession because of their desire to care for others. Caring is a vital part of nursing as it is specifically identified in the *Code of Ethics for Nurses*, which states all professional nurses have a responsibility to care for patients under their care American Nurses Association (ANA), 2001). In choosing the profession of nursing, a person makes a moral commitment to care for all patients, which is a decision that cannot be taken lightly. According to the Code of Ethics, "the nurse respects the worth, dignity, and rights of all human beings irrespective of the nature of the health problem" (ANA, 2001, p.7). In nursing ethics, there is no doubt nurses have significant responsibility for their assigned patients, which requires caring and compassion. However, because of changes in the healthcare delivery system worldwide, the responsibilities and workload of nurses have intensified and become more complex. Because of these demanding changes, the positives associated with caring have been traded for efficiency and bottom lines, ultimately leading to an overall decrease in nurse retention and patient satisfaction.

Patient satisfaction can be associated with quality nursing care and service. Quality care is a critical piece that significantly impacts overall patient satisfaction. Third-party payers are now measuring patient outcomes and satisfaction based on the patient perception of nursing care. These perceptions are measured via surveys such as

the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and serve as a direct link to hospital reimbursement. Healthcare organizations are interested in maintaining high levels of patient satisfaction so to remain competitive in the healthcare industry (Wagner & Bear, 2008). In order to receive federal reimbursement from the government, the HCAHPS score must be in the 76<sup>th</sup> or greater percentile in five of the nine domains (Centers for Medicare & Medicaid Services, 2016). Quality nursing care can directly impact the nurse communication domain on the HCAHPS survey. Because of this, healthcare organizations have turned their attention to the process of caring, revitalizing the true meaning of the nursing profession, which is a call to care. Factors associated with patient satisfaction include responsiveness, courtesy, respect, listening, empathy, and feeling cared for. Ultimately, these factors are directly linked to patient satisfaction, specifically the nurse communication domain on the HCAHPS survey (Dudkiewicz, 2014). The factors are also aligned with Jean Watson's Theory of Human Caring and her ten *caritas* processes which positively influence the patient perception of nursing care. Patients' perceptions of nursing care are impacted by the caring behaviors possessed by the nursing staff during their healthcare experience (Dudkiewicz, 2014).

## SECTION I

### Background and Significance of Problem

In an acute care, 468-bed healthcare organization located in southeast United States, a re-focus was needed to enhance quality patient centered care and improve patient satisfaction scores as a whole. Within this healthcare organization, on five adult medical surgical units, an overall score of 52% existed on the nurse communication domain within the HCAHPS survey. This score was well below the national top box of the 76<sup>th</sup> percentile set for the domain of nurse communication. In the domain of nurse communication on the HCAHPS survey, the following questions are asked: *How often did nurses treat you with courtesy and respect? How often did nurses listen carefully to you? How often did nurses explain things in a way you could understand?* The patient must answer “always” in order for the healthcare organization to receive a top-box ranking (Centers for Medicare & Medicaid Services, 2016). These questions are answered based on the patient’s perception of care they received during hospitalization. The implementation of an education program for nurses based on Jean Watson’s Theory of Human Caring hoped to serve as an integral part of the patient care experience and eventually have a positive effect on staff-nurse perception of care. Utilization of caring attributes into daily nursing practice by nursing staff could ultimately increase HCAHPS scores, specifically the domain of nurse communication.

### **Population Identification**

The primary populations identified for this project were Registered Nurses in an acute care hospital in the southeastern portion of the United States on five adult medical-surgical units. An overall score of 52% was identified on the nurse communication domain of the HCAHPS survey within these five units. This score was well below the national top box of the 76<sup>th</sup> percentile set for the domain of nurse communication. These nurses lacked the knowledge and education on Watson's Theory of Human Caring and her caritas processes needed to provide quality patient care. The secondary population identified in the project was patients that were cared for by these nurses. Ultimately, an increase in awareness of staff nurse perception and utilization of Watson's caring attributes could increase and improve the patient perception of their nursing care.

The healthcare organization where the project was conducted was also affected by the problem. Third-party payers measure patient outcomes and satisfaction based on the patient perception of nursing care. These perceptions are measured via HCAHPS and serve as a direct link to hospital reimbursement. The healthcare organization strives to maintain high levels of patient satisfaction in order to remain competitive in the healthcare industry and increase the amount of monetary reimbursement.

### **PICOT Statement/Question**

Will the creation of a specific education program for nurses, based on Jean Watson's Theory of Human Caring and her caritas processes, have a positive effect on staff nurse perception and utilization of caring attributes in daily nursing practice and an increase in HCAHPS, specifically nurse communication, which measures the patient perception of the nurses' care? (Table 1)

Table 1

*Population, Intervention, Comparison, Outcome, and Timeline (PICOT) Statement*


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<b>P- Population</b>	Registered Nurses (RN) in an acute care hospital in the southeastern area of the United States on five medical-surgical units.
<b>I- Intervention</b>	An education program for nurses in the form of a PowerPoint presentation to the five medical surgical units on Watson's Theory of Human Caring and strategies to incorporate and utilize her caritas processes into daily nursing routine.
<b>C- Comparison</b>	The Nyberg Caring Assessment Scale (CAS) and the Nurse Communication component on HCAHPS scores will be obtained prior to the education session on Watson's Theory of Human Caring. This data will be compared to the HCAHPS and CAS scores obtained four weeks following implementation.
<b>O- Outcome</b>	Higher scores (potentially) on both HCAHPS nurse communication and the Nyberg Caring Assessment Scale on the five medical-surgical units following implementation and utilization of Watson's Caring Attributes into daily nursing practice and routine.
<b>T- Timeline</b>	Following the pre-data (HCAHPS and CAS scores) analysis and the education PowerPoint program, there will be a four-week implementation period on all units before post data is gathered.

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### **Identification of Project Sponsor and Key Stakeholders**

The project investigator (project leader) conducted this project in collaboration with the project sponsor at the academic institution where the investigator attends.

Potential stakeholders included all individuals both internally and externally who could benefit from this project (Zaccagnini & White, 2014). Key stakeholders potentially profiting from this project included nurses within the healthcare setting where the project was conducted, as well as the healthcare organization, and patients cared for by the population of the nursing sample in the project. Furthermore, the Chief Nursing Officer



and Human Resources department were also identified as potential stakeholders, because of their vested interest in the prospective positive outcomes of the project.

### **Organizational Assessment**

The values of the organization where the project was conducted were outlined by the Standards of Behavior set forth by the organization. These values included accountability, integrity, stewardship, teamwork, and respect. These values were consistent with the purpose of the project, which was to improve quality patient care and nurse communication by implementing caritas processes from Watson's Theory of Human Caring. The mission of the healthcare organization is to provide excellence in health. The vision of the healthcare organization is to become a national leader in health quality. The mission of this project was to create a profile of nurses who utilize Watson's caritas processes and acknowledge caring by forming transpersonal caring relationships with all patients. Ultimately, this project hoped to create a culture embedded with caring behaviors, generating improvement in nurses' utilization of caring attributes, and increased HCAHPS scores in nurse communication, therefore directly aligning with the mission of the healthcare organization, which is providing excellence in health.

### **SWOT Analysis**

The strengths, weaknesses, opportunities, and threats (SWOT) were analyzed as a means for the project needs assessment. Project strengths included a previously successful implementation of Watson's Theory of Human Caring within one nursing unit by the project investigator. The project was conducted at an academic healthcare organization that is well respected and nationally ranked. This project served as a resource to the nursing staff within this healthcare organization because it provided

evidence-based data the organization could use for quality improvement and theoretically better patient outcomes. One weakness was the low scores in the nurse communication domain on the HCAHPS survey, which was the primary justification for the basis of the project. This weakness was directly related to the patient perception of nursing care. The nurses within the healthcare organization where the project was conducted lacked the knowledge and tactics needed to improve quality care and the patient perception of their care. An opportunity for this project included improvement in nurse communication and increased overall patient satisfaction. This project hoped to allow the healthcare organization to meet the desired outcomes in patient surveys to increase the amount of reimbursement from Medicare/Medicaid and other third-party payers.

Threats are identified as any obstacles existing impeding completion of the project (Zaccagnini & White, 2014). One possible threat was a delay in IRB approvals from both the academic institution and the healthcare organization where the project was conducted. Another possible threat was the change in leadership of the medical-surgical units where the project was conducted. Table 2 below illustrates a glimpse of the project's strengths, weaknesses, opportunities, and threats.

Table 2

*Strengths, Weaknesses, Opportunities, and Threats of the Project*

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>▪ Previous successful implementation of Watson’s Theory of Caring within one nursing unit by the project investigator.</li> <li>▪ Conducted at an academic healthcare organization that is well respected and nationally ranked.</li> <li>▪ Serve as a resource to the nursing staff within this healthcare organization because it will provide evidence-based data the organization can use for quality improvement and theoretically better patient outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Low scores in the nurse communication dimension in the HCAHPS survey, which is the primary justification for the basis of the project. This weakness is directly related to the patient perception of nursing care.</li> <li>▪ Lack of knowledge and tactics needed to improve quality care and the patient perception of their care.</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>▪ Improvement in nurse communication and increased overall patient satisfaction.</li> <li>▪ Meet the desired outcomes in patient surveys to increase the amount of reimbursement from Medicare/Medicaid and other third-party payers for the healthcare organization.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Delay in IRB approvals from both the academic institution and the healthcare organization where the project was conducted.</li> <li>▪ Change in leadership of the medical-surgical units where the project was conducted.</li> </ul>

**Project Proposal**

The hypothesis for the DNP project was an education program for nurses, based on Jean Watson’s Theory of Human Caring, would increase the staff nurse perception of caring and utilization of caring attributes in daily nursing practice, as well as increase the Nurse Communication domain on HCAHPS.

## **SECTION II**

### **Literature Review**

The topic of nurse caring is one which clearly needs more attention and research. Measuring caring is complicated and a healthy debate exists over how to implement caring in the healthcare environment. Numerous research studies have been conducted regarding Watson's Theory of Human Caring and the impact on patient satisfaction and the nurse perception of caring attributes. Throughout the literature, caring is identified as the essence of nursing and patients are directly impacted by the caring behaviors possessed by the nursing staff.

#### **Theory of Human Caring and Patient Satisfaction**

In previous research, the main principle influencing patient satisfaction was nurse caring. Third-party payers are now measuring patients' perceptions of care and relating results to hospital reimbursement (Desmond et al., 2014). Desmond et al. (2014) conducted a one-day educational seminar on Watson's Theory of Human Caring to examine whether attending the seminar would improve staff nurse perception of their competence in nurse-caring interactions and inpatient perception of care as measured by HCAHPS. The sample consisted of 10 nurses, from various hospital departments, who were chosen by their managers and directors to attend the seminar. Two weeks prior to the seminar, the 10 sample participants were given a copy of the Caring Nurse-Patient Interactions (CNPI-70N) scale and asked to complete and return to the primary investigator. The CNPI-70N is a 70-question Likert scale measuring importance, frequency, satisfaction, competency, and feasibility of Watson's ten carative factors (Desmond et al., 2014). The HCAHPS survey was used to compare patient perceptions of

nursing care pre and post educational seminar. The total scores for the CNPI-70N differed significantly across the testing periods. The feelings of the sample nurses' competence in caring behaviors and attitudes were statistically significantly higher than the pre-education seminar scores. Regarding HCAHPS analysis, four of the six units where participants were employed showed an increase from 1% to 6% in an answer of "always" on questions regarding nurse communication on the HCAHPS survey (Desmond et al., 2014). Desmond et al. (2014) identified the educational seminar on Watson's carative factors helped nurses increase their competence in caring attitudes and behaviors. Positive impacts were made on the nurse-patient relationship for the majority of the nursing units regarding nurse courtesy, respect, and ability to listen to patients (Desmond et al., 2014).

Patient perceptions of caring are influenced by the caring behaviors they received during their healthcare experience. Dudkiewicz (2014) identified most nurses and healthcare providers understand the impact caring has on patients. Furthermore, patient perceptions of care they received are directly related to their feelings of satisfaction with their overall experience while in the hospital. At its most basic form, patient satisfaction can be described as the patient's expectation of caring and the caring that is actually received. The theoretical framework for this study was based on Jean Watson's Theory of Human Caring. Watson's caring behaviors can significantly impact patient satisfaction and should be expressed by everyone in the healthcare setting. The purpose of this study was to implement a caring-based model to convey staff roles, values, and knowledge on caring and to potentially have a positive effect on patient satisfaction (Dudkiewicz, 2014). The Caring Behaviors Assessment (CBA) tool was used to identify behaviors of

nurses that patients perceived as caring. The CBA corresponds to Watson's Ten Caritas Processes. Two different groups of patients were selected to participate in the study. The first group included 20 participants, who were chosen prior to any intervention, while the second group of 20 was chosen one month after intervention. The intervention consisted of educational in-service programs for the nursing staff including a PowerPoint presentation, detailing caring behaviors and Watson's Theory of Human Caring. This intervention demonstrated that caring for a patient creates meaning and enjoyment (Dudkiewicz, 2014). The patient's overall satisfaction level of their hospital stay had statistically significant improvement following the intervention as compared to the first group of patients selected prior to intervention. The study concluded patients are typically in a vulnerable state during their hospitalization. Being cared for by nurses they encounter during their stay helps make for a better patient experience and increased patient satisfaction scores (Dudkiewicz, 2014).

Research regarding holistic care often portrays nurses who provide holistic care as treating patients with courtesy, respect, and appreciation, often forming trusting relationships. This enhanced caring model can affect human resources and operational outcomes within the healthcare system and direct care providers must find ways of using sound methods to examine the impact of caring (Jennings, 2010). Ultimately, these behaviors are recorded in numerous surveys administered by health care organizations. Surveys such as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) are required by the government in order to receive federal funding from Medicare and Medicaid, and the implementation of an education program for nurses using traditional caring theory surveys can often allow healthcare organizations to track

data to increase their scores on mandated reporting surveys (Jennings, 2010). The term caring is often used as the “soft-stuff” nurses do when there is time. More time tends to be spent on technical work, computers, monitors, and intravenous pumps, rather than providing quality care for patients and their families. The sense of meaning in nursing is being forgotten, resulting in lower scores on the HCAHPS survey, specifically nurse communication (Williams, McDowell, & Kautz, 2014).

### **Nurse Perception of Care**

Watson’s Theory of Human Caring has been researched through several different means. Furthermore, research has found correlations between nursing care and the factors of nurse job satisfaction, stress, burnout, and fatigue. Burtson and Stichler (2010) examined the importance of nursing care and patient advocacy based on Watson’s Theory of Human Caring, along with Maslow’s Theory of Hierarchy of Needs. The sample in the study was recruited from approximately 450 nurses from nine medical surgical units, two emergency room units, and two critical care units. A total of 126 nurses agreed to participate, and participants were given a packet containing four research instruments used to measure job satisfaction, stress, burnout, and fatigue. These instruments were: (1) the Mueller McCloskey Satisfaction Scale, (2) The Professional Quality of Life Scale, (3) The Stress in General Scale, and (4) The Caring Behaviors Inventory (Burtson & Stichler, 2010). Analysis of the results determined a statistically significant relationship was found between the nurse caring subscale of knowledge and skill and compassion fatigue (Burtson & Stichler, 2010). The research also concluded job satisfaction and social interaction improved nurse caring, leading to long-term improvements in patients. The authors found one implication for nursing practice was interventions enhanced

compassion, satisfaction, and social engagement among nursing staff (Burtson & Stichler, 2010). Researchers believe this may enhance nursing care, while reinforcing nursing work as a vocational calling and enhancing the meaningfulness of life.

Delivering patient care without the practice of caring is simply wrong. As healthcare leaders, action must be taken to find ways to invest and support healthy processing of the many emotional situations associated with care delivery (Douglas, 2011). Bringing healthcare providers together with patients is the core of caring, although nurses today are over burdened with tasks and duties which remove them from the bedside, leading to decreased time to provide adequate patient care (Douglas, 2011). Individual care providers must take responsibility for their own well-being as well as their patients. It is up to healthcare organizations to invest in programs and structures that support healthy caring processes for both patients and the healthcare providers (Douglas, 2011).

Implementation of Jean Watson's Theory of Human Caring and her *caritas* processes into daily bedside nursing can lead to a higher sense of awareness in regards to the theory of human caring, ultimately resulting in better patient care, which can have implications for healthcare organizations in all areas, such as financial management and Magnet certification, among others. Better patient care can ultimately increase patient survey results, which can lead to greater financial reimbursement for the healthcare organization. Owens (2013) analyzed nurse perceptions of caring based on Jean Watson's Theory of Human Caring and her *caritas* processes. The intent of the study was to create a profile of nurses who were effective in caring within Watson's framework of the carative factors, or *caritas*, and acknowledge caring as an integral aspect of a dynamic



mutual, humanistic caring interaction between nurse and patient. A total of 30 registered nurses on an adult telemetry step down unit participated in the study. A pre-test was conducted prior to an education presentation on Watson's caring theory. Following a two-week implementation of utilization of key components of Watson's theory, a post-test was administered. The study resulted in a significant 10.6 point increase from the pre to posttest surveys and an increase in the nurse communication domain on HCAHPS from the 53rd percentile to the 98th percentile (Owens, 2013). The utilization of the caring factors increased the sense of awareness in regards to the Theory of Human Caring, resulting in better nurse communication and patient care. Better patient care is the ultimate peak of nursing, the highest goal to reach, and can be attained by utilizing Watson's caritas processes in the daily bedside nursing routine.

### **The Need for Caring in Nursing Practice**

Lachman (2012) discussed using the caring ethics theory in helping nurses to determine if they were applying effective theories in their practice, specifically Watson's Theory of Human Caring. Lachman detailed that care was crucial for human development, and that nurses make a moral commitment to care for all patients (Lachman, 2012). Care can be considered simply an ethical task and thus a burden of one more thing to do, or it can be considered a commitment to attending to and becoming enthusiastically involved in the patient's needs. Adequate care requires the competence to individualize care to patients based on the physical, psychological, cultural, and spiritual needs of the patient and family.

Bailey (2009) explored and examined how caring was defined, with a central emphasis placed on the theoretical frameworks of human caring developed by 10

significant scholars in the field of nursing and social sciences. This comparison was included to demonstrate the holistic theories of several major theorists involving Human Care, in which Watson's Theory was identified as a major contributor in creating an adequate description of caring for the 21<sup>st</sup> century. Caring was defined as being concerned with the caring needs of individuals, and also as a value or principle for nursing action. An insufficient understanding of a patient's unique characteristics impedes the professional nurse in his/her ability to interact, communicate, and provide appropriate care to the patient. Over the past two or three decades, the focus on caring and caring knowledge development in nursing has not ceased, but rather has continued to accelerate. Ultimately, caring must remain a central construct of the healthcare setting (Bailey, 2009).

Unterschuetz, Hughes, Nienhauser, Weberg, and Jackson (2008), members of the Arizona State University College of Nursing and Master of Healthcare Innovation Program, explained the concept of caring as being held in high esteem as it related to personal and patient relationships. The caring nurse is committed to the welfare of the patient, with the notion of caring as a nursing concept having emerged in the 1980's. Jean Watson's theory contributed to clarifying and articulating specific attributes and behaviors that reflected caring. Watson's Theory of Human Caring has been applicable in caring for innovators. Caring is described as being wholly present with one's transparent, open, honest self in a respectful, patient, sensitive, supportive, comforting presence that values an individual's uniqueness, promotes feelings of security and autonomy, and facilitates spiritual healing (Unterschuetz et al., 2008). A committed presence to caring can produce better results for patients and our personal relationships. Five strategies for

leaders and healthcare organizations were identified in order to close the gap between traditional and contemporary organizations (Unterschuetz et al., 2008). In strategy one, the caring strategy, the role of nursing was discussed as having changed from previous decades where nurses established caring relationships with patients and provided long term care. Today, many nurses have moved away from what they were initially trained to do because of a lack of caring in the work environment. An environment that demonstrates a lack of caring can lead to high turnover, decreased productivity, and low staff morale. Creating innovation within healthcare organizations that focuses on establishing an environment of caring can lead to healthcare systems that are continually successful and reach the utmost patient outcomes (Unterschuetz et al., 2008).

Watson (2009) explored the latest developments in the emergence of Caring Science as the moral, theoretical, and philosophical foundation for nursing, leading to various transformations within personal and professional practices. Watson determined that nurses were torn between the human caring values of the calling that attracted them to the profession, and the technologically, high paced, task-oriented institutional demands, heavy patient load, and outdated industrial practice patterns they faced daily (Watson, 2009). To combat this, Watson described the system of Caritas Nursing, which was the idea of transforming nursing practice back to the core of nursing. Watson specifically detailed the shift toward Magnet Hospital Programs, and the number of hospitals that shifted toward explicit implementation of the Theory of Human Caring as a guide toward professional nursing practice changes (Watson, 2009). Nursing leaders and administrators have long been committed to seeking deeper levels of caring and helping practices for their nursing staff. Watson's Theory of Human Caring has been a prominent

framework in which nurses and administrators are engaged in inspiring and transforming nursing and healthcare (Watson, 2009).

### **Utilization of Watson's Theory of Human Caring**

Suliman, Welmann, Omer, and Thomas (2009) applied Watson's nursing theory in assessing patient perceptions of being cared for in a multicultural environment in Saudi Arabia. Watson's theory was chosen because it addressed caring relationships among humans and the deep experiences of life itself (Suliman et al., 2009). In this study, Saudi patients in medical-surgical units within three hospitals in Saudi Arabia were given a questionnaire that was used to explore discrepancies between the perceived importance of caring behaviors and how frequently caring behaviors were attended to by staff nurses. Each one of the hospitals was located in a different geographical region, which employed nurses from diverse national backgrounds (Suliman et al., 2009). Participants were selected from three clusters in a systematic way that ensured both genders and wards were equally represented. A total of 396 patients between the ages of 20 and 50 years old were given the Caring Behaviors Assessment created by Cronin and Harrison. This 63-item self-reported questionnaire was based on Jean Watson's carative factors. From the provided evidence, it was clear that through caring, nurses helped shape patients' illnesses as positive experiences in which patients experienced respect, dignity, comfort, and the feeling that the nurse was there for them (Suliman et al., 2009). Patients rated overall caring behaviors as important (97.2%) and frequently experienced (73.7%). The discrepancy between the importance of and frequency of attendance to caring behaviors was statistically significant at  $p=.001$ . One limitation was noted, which was the length of the assessment tool and potential burden on patients. Ultimately, the patients perceived

overall caring behaviors as more important than other behaviors and Watson's theory provided evidence of the application of Watson's theory in Middle Eastern cultures, and served as a basis for the provision of nursing care in other hospitals (Suliman et al., 2009).

DiNapoli, Nelson, Turkey, and Watson (2010) created a 20 item caring factors survey that was shortened to a 10 item scale measuring a single concept of caring. This scale was used in a practice setting to measure caring of practice guided by Watson's Theory of Human Caring. This survey was originally developed to assess patients' perceptions of care received from nurses who practiced from a loving kindness consciousness (DiNapoli et al., 2010). The results of this survey validated that implementation of caritas as an intervention heals in ways that modern medicine cannot, and can be uniquely practiced in the profession of nursing. Knowledge gained from the results validated that caring and caritas factors can be measured. The ability to measure the unique domains of nursing, such as the caritas processes, was seen as essential to the discipline of nursing (DiNapoli et al., 2010). This new measurement tool served as a guide toward transforming nursing and patient care experiences and measuring the patients' outcome based on nursing care.

Persky, Nelson, Watson, and Bent (2008) sought to create a profile of the characteristics of a "caritas nurse" and measured the impact of caring on patient and operational outcomes through a psychometric study conducted to examine the profile of nurses effective in caring. The intent of this study was to create a profile of nurses who were effective in caring within Watson's framework of caritas, which included acknowledging caring and love as integral aspects of a dynamic mutual, humanistic

caring interaction. This study involved the relationship-based care model and was done within a professional practice framework at New York-Presbyterian Hospital/Columbia University Medical Center. Both qualitative and quantitative data were used to create a profile of caring nurses consistent with Watson's notion of *caritas* as a concept for healing relationships. Patients were selected on the basis of their admission to six medical-surgical patient units and one mental health unit. Eighty-five nurses who provided the majority of care to selected patients were given the Healthcare Environment Survey (HES) instrument that measured their perception of the work environment. The second instrument used in the study, the Caring Factor Survey (CFS), was used to assess patients' perception of the care received from nurses (Persky et al., 2008). The researchers concluded that understanding the characteristics of a "caritas nurse" may assist educators and hospital leaders in their evaluation and development of a curriculum that prepares nursing staff in *caritas* competencies consistent with patient needs and new professional practice models of caring and healing. The results of this study revealed that nurses of all ages who received high scores in caring were most frustrated with the work environment, were most experienced, worked only the hours scheduled, were most affected by the relationship with the patient, derived the most enjoyment from the relationship with their co-workers, and provided continuity of care most consistently. Findings also suggested that future studies that connect the profiles of effective caring to patient outcomes such as healing, pain control, symptom management, and length of stay can be used to show the relationship between caring and patient outcomes (Persky et al., 2008).

Caruso, Cisar, and Pipe (2008) described the rationale, approach, and outcomes of a hospital and outpatient clinic-wide adoption of Jean Watson's Theory of Human Caring using an innovative educational approach. The health system consisted of one hospital organization with 208 beds, 15 operating rooms, an emergency department, and outpatient clinic. Staff nurses developed a program based on Watson's theory to drive their nursing practice. Educational programs were created by three groups that focused on clinical practice, research, and education, with the focus being on the specific elements of Watson's theory such as the *caritas* processes and the caring moment (Caruso et al., 2008). The focus also included the nurse-patient relationship and relationships between nurses and the impact on the work environment. The outcome of the educational sessions was that a base level of knowledge of the Theory of Human Caring was created among all nursing staff within the organization. Research concluded that the use of an innovative educational approach while disseminating the theoretical perspective of the Theory of Human Caring proved to be valuable when adopting the nursing theory across an entire health system. By engaging nurses from different practice settings in curriculum development and teaching, nurses throughout the healthcare system were reached and the probability of incorporating the Theory of Human Caring framework in the nurse's individual practice was heightened (Caruso et al., 2008).

Wadsworth (2012) chronicled Jean Watson's Theory of Human Caring in the relationship between caregiver and a patient with Alzheimer's disease. The author discussed Watson's innovation as a leader in the caring movement, and discussed the relation to modern day practice. Wadsworth (2012) categorized Watson's research and methods according to current nursing standards, and then detailed an account of Watson's

theory in action with a patient suffering from Alzheimer's. She chronicled her care for a patient who displayed an episode of aggressive behavior during a stay on an in-patient adult psychiatric unit. While caring for the patient, Wadsworth made conscious efforts to remember each component of Watson's theory while providing treatment, and ultimately was able to attend to the patients' needs in a caring manner. Watson's theory improved patient outcomes by combining the two cornerstones of nursing practice: caring and science. Watson's theory is holistic, timeless, applicable to many different fields of nursing, and helps to promote positive patient outcomes (Wadsworth, 2012).

### **Summary of the Literature**

Throughout the research on Jean Watson and the Theory of Human Caring, evidence abounds that Watson's theory powerfully brings attention to nursing as a place where science and practice merge, and a true caring environment is necessary. Application of a caring-based model has shown to positively impact the work environment, nurse and patient satisfaction, and patient outcomes. The literature supports the notion that educating nursing staff regarding caring behaviors would positively improve staff perception of caring and increase patient satisfaction. Greater research is needed and more awareness of Watson's Theory of Human Caring is vital to the culture change of healthcare organizations as they seek to provide more attentive, caring environments that create the best possible patient outcomes.



## SECTION III

### Theoretical Framework

The theoretical underpinning for the project was the theoretical framework of Jean Watson's Theory of Human Caring. Jean Watson developed her Theory of Human Caring in 1979 as an essential part of the nursing work place (Watson, 2008). Many healthcare organizations across the world have established their framework of nursing standards based on Jean Watson's Theory of Human Caring. Watson's framework encompasses three major elements, also known as concepts. These elements include carative factors which have evolved to clinical caritas processes, a transpersonal caring relationship between the patient and nurse, and the caring occasion/caring moment (Lachman, 2012).

Carative factors, or caring attributes, can also be identified as the 10 caritas processes, and establish the basis of care for patients which allows nurses to build healthy, trusting relationships focused on patient-centered care (Wadsworth, 2012). By utilizing these factors to describe the how-to in performing nursing care, Watson's theory weaves innovative, technologically sound decision-making practices with the art of human caring (Wadsworth, 2012). Dr. Watson uses the term "carative" instead of "curative" to distinguish between nursing and medicine. Watson's Theory of Human Caring provides guidelines for its application through the ten carative factors. The following are the 10 carative factors Dr. Watson believes every nurse should utilize in their daily nursing routine (Watson, 2008):

1. The formation of a humanistic-altruistic system of values
2. Instilling of faith-hope
3. The cultivation of sensitivity to one's self and to others
4. The development of a helping-trusting relationship
5. The promotion and acceptance of the expression of positive and negative feelings
6. The systematic use of the scientific problem-solving method for decision making
7. The promotion of interpersonal teaching-learning
8. The provision for a supportive, protective, and/or corrective mental, physical, sociocultural, and spiritual environment
- 9 Assistance with the gratification of human needs
10. The allowance for existential-phenomenological forces

As Dr. Watson's theory evolved, her carative factors have evolved into the following 10 clinical caritas processes (Watson, 2008).

1. Practicing loving-kindness and equanimity within context of caring consciousness.
2. Being authentically present and enabling, and sustaining the deep belief system and subjective life world of self and one-being cared for.
3. Cultivating one's own spiritual practices and transpersonal self, going beyond ego self.
4. Developing and sustaining a helping-trusting, authentic caring relationship.
5. Being present to, and supportive of the expression of positive and negative feelings.

6. Creatively using self and all ways of knowing as part of the caring process; engaging in artistry of caring-healing practices.
7. Engaging in genuine teaching-learning experience that attends to wholeness and meaning, attempting to stay within other's frame of reference.
8. Creating healing environment at all levels, whereby wholeness, beauty, comfort, dignity, and peace are potentiated.
9. Assisting with basic needs, with an intentional caring consciousness, administering 'human care essentials,' which potentiate alignment of mind-body-spirit, wholeness in all aspects of care.
10. Opening and attending to mysterious dimensions of one's life-death; soul care for self and the one-being-cared for; "allowing and being open to miracles."

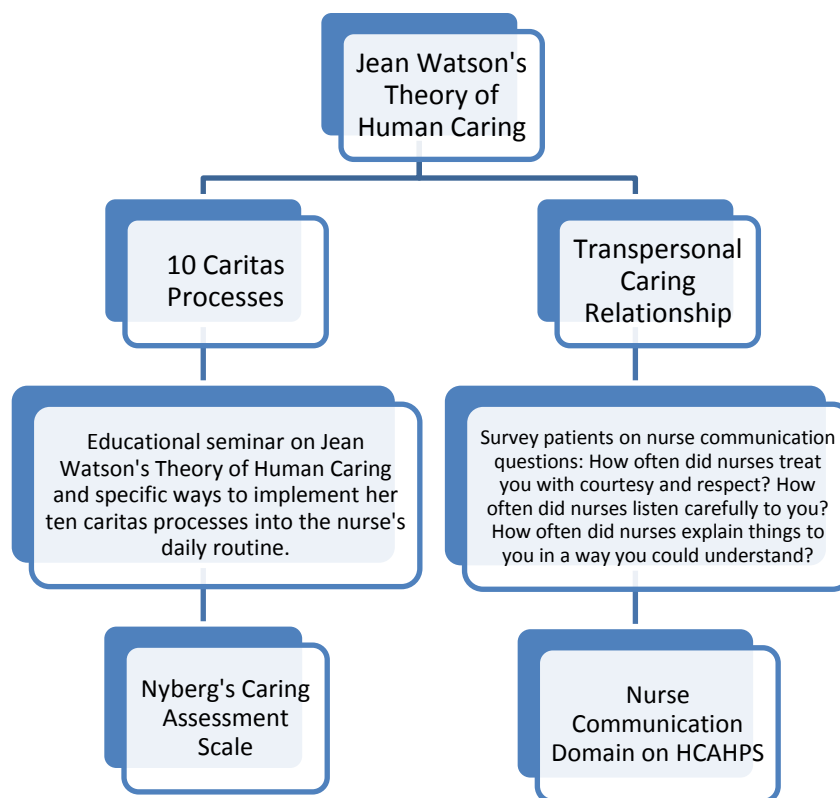
Dr. Watson also believed that a transpersonal caring relationship between the patient and nurse is needed to better determine the patient's health needs and improve quality of care (Watson, 2008). Once the therapeutic relationship is built, the nurse can then provide adequate patient teaching, meet the patient needs, and implement comfort and healing. This relationship can also improve psychological health, as well as physical health in patients. The framework underpinning Watson's theory is that enacting the theory will support fully engaged nursing practice that reflects deliberate and professionally mature or appropriate nursing actions. Caring in this sense is not a matter of "doing" caring actions in a prescriptive way to obtain desired results; rather it is an approach that advocates caring as a state of "being" (Sitzman, 2007). Implementation of these concepts within Watson's framework can have a direct relationship to the development and communication needed to form a true nurse-patient relationship and

effective nurse-patient relationships. These relationships serve as direct links to patient satisfaction, particularly nurse communication.

The caring occasion/caring moment is the space and time where the nurse and patient come together in a manner for caring to occur. These moments build on the element of forming a trusting nurse-patient relationship. This time could be established when involving the patient and family in the plan of care, implementing hourly rounding, patient education moments, etc. Healing and caring occur in caring moments shared between the patient and nurse. These moments allow for the nurse and patient to connect on a spiritual level while creating the potential to change or alter an individual's life forever (Williams et al., 2011).

Implementing a caring-based theory, such as Watson's Theory of Human Caring, has the possibility to better meet the needs of patients by creating a caring community as well as improve communication and patient satisfaction. It is easy to see why Watson's Theory of Human Caring has been implemented around the world in various healthcare organizations. The return to the heart of any healthcare organization, the art of caring, is easily identifiable with Watson's framework, and the implementation of her theory serves as best practice as healthcare organizations seek to provide quality patient care. The work and concepts of Watson's Theory of Human Caring have been proven to fill the healing gap in modern medicine. Figure 1 below outlines the Conceptual, Theoretical, and Empirical Diagram of the Project.

### CTE Diagram



*Figure 1.* CTE Diagram. This Figure illustrates the Conceptual, Theoretical, and Empirical Diagram of the Project.

## SECTION IV

### Project Design

This project was a quantitative research design that included participant completion of Nyberg's Caring Assessment, also referred to as the Caring Attributes Scale (CAS). This assessment was based upon Watson's Theory of Human Caring, and is focused on patient-centered care.

#### Procedure

**Sample.** This project consisted of a voluntary, anonymous sample from approximately 101 registered nurses within five medical-surgical units in the healthcare organization. The project letter of consent and Caring Attributes Scale were administered electronically as a pre-test before each education presentation conducted on Jean Watson's Theory of Human Caring. After the education presentation, the registered nurses within the units were encouraged to incorporate strategies learned from the presentation to promote patient-centered care in their daily nursing routine. After four weeks of implementation, the CAS was administered electronically as a posttest to determine if any effect was made on patient-centered care in bedside nursing, focusing on Watson's Theory of Human Caring. A debriefing statement was also administered electronically with the post CAS survey. The project investigator also met with Guest Services following the four-week implementation period to see if there was any increase in the Nurse Communication domain on the selected unit's HCAHPS results.

**Instruments.** The instrument for this project was the Nyberg Caring Assessment Scale. Jan Nyberg developed Nyberg's Caring Assessment (also referred to as Caring Attributes) Scale (CAS). This scale is based upon Watson's Theory of Human Caring and

other caring theorists. This scale is focused on the caring attributes that capture the aspect of patient-centered care. The CAS is a 20-item questionnaire, with a 5-point Likert scale. The nurse participants ranked themselves from 1-5, a score of 1 being they cannot use in practice and 5, they always use in practice. The CAS was first published in the *Journal of Nursing Administration* in 1990. Permission to use the CAS in the project was obtained from Dr. Jean Watson.

**Methods.** The registered nurses within the units participating in the project were encouraged to answer all questions. Participants were asked not to include any names or any other identifying information on the electronic survey instrument. Participants were informed there would be no incentives for completion of the survey. Data was gathered initially by the electronic pre-test CAS, which was administered two weeks prior to the education presentations on Jean Watson's Theory of Human Caring. The posttests were distributed to the same registered nurses four weeks following the education presentation and implementation of Watson's Theory of Human Caring. Anonymous demographics were obtained, along with the CAS, and included highest degree earned, years of experience, and gender.

**Timeline.** Following approvals from the academic institution and healthcare facility Institutional Review Boards (IRB), data collection began. Pre-test data was collected in January 2017. Posttest data began following all of the education presentations in February 2017. Analysis of the data began as soon as data collection was complete. The project was presented in April 2017 at the academic institution, and will be presented later in the calendar year at the healthcare organization.

### **Data Analysis**

The project investigator collected data from the project. An appointed statistician, along with the project investigator, conducted data analysis and management of the data. The statistician evaluated and prepared the data based on the results of the anonymous CAS using JMP Statistical Software. A significance level was set at  $p < .05$ . Data was used to identify any correlation between demographic factors and results of the Caring Attributes Scale (CAS) in each of the registered nurse participants. Data was also used to compare the overall results of the pre-test and posttest CAS.

### **Human Subjects in Research**

Prior to data collection, Institutional Review Board (IRB) approvals from the healthcare organization where the project was conducted and the academic institution where the project investigator was enrolled were obtained. The project investigator completed the required Collaborative IRB Training Initiative (CITI) courses. There were no racial or ethnic limitations for the sample participants.

### **Risk to Subjects**

There were minimal risks identified to the subjects who participated in the project. No incentives were provided, and there were no penalties for not participating. Subjects were informed that all information would remain anonymous, and would not reveal any identifying information. Caring Assessment Scales were administered anonymously through an "All Nursing Staff" email using the organization's SharePoint internal website with a link to the survey. The survey results were submitted electronically into a secure file which only the project investigator and statistician had access to.



### **Data Management**

Data collection was completed by the project investigator. Data remained secure and confidential during the four-week process of implementation. Once the posttest was administered and gathered, data analysis began with the help of the statistician. The right to privacy and all information obtained in connection with the project remained confidential to the extent permitted by law.

### **Data Safety and Monitoring Plan**

The project investigator was responsible for maintaining a safe research environment. Each education presentation was conducted in a location conducive for learning. All data results were kept in a secure file through SharePoint, which only the project investigator and statistician had access to. Although the procedures used in the project posed minimal risk to the participants, the project investigator was prepared to address any adverse events that could have occurred.

### **Plan for Evaluation**

The project hoped to weigh greatly on the future of nursing within the healthcare organization. With previous success in a similar project in 2013 on one medical-surgical unit, this project could potentially benefit five units. In the future, educating all nurses on Jean Watson's Theory of Human Caring and implementing her caritas processes into daily bedside nursing could potentially create positive results leading to the development of new programs throughout the entire healthcare organization. The project posed minimal risk to subjects, and was designed to provide valuable information to the primary investigator as to the effect of utilizing caring attributes as part of a daily nursing routine.

Ultimately, the change within these five units could generate a renewed sense of patient-centered care within the entire organization.

### **Desired and Expected Outcomes**

The desired outcome of the project was the improvement of the sample nurses' awareness and utilization of Watson's caring attributes, while increasing the nurse communication domain on HCAHPS following the education sessions on Jean Watson's Theory of Human Caring and implementation of the caritas processes. A specific outcome was for the current nurse communication score of 52% to increase to the national top box of the 76<sup>th</sup> percentile set for the domain of nurse communication on HCAHPS.

### **Team Selection**

The project investigator served as team leader. Other members of the team included the project advisor at the academic institution where the investigator attends, the practicum partner affiliated with the practicum site (healthcare organization) where the project was conducted, the Director of Nursing for the Adult Medical Surgical Division, and the statistician that assisted with the project.

### **Cost/Benefit Analysis**

The education session on Watson's caritas processes was presented during employees regularly scheduled staff-meetings, eliminating the need for any extra or overtime hours that could have increased costs of the project. There were no direct patient costs or other costs to the healthcare organization where the project was conducted. Table 3 below depicts the project cost for the principal investigator and indirect costs to the healthcare organization. Table 4 below outlines the potential benefit

analysis. Establishing exact monetary figures on the potential benefits from this project was difficult. However, the long-term benefits of this project have the potential to greatly outweigh any costs incurred.

Table 3

*Principal Investigator Costs*

Principal Investigator Costs		
Funding	\$0	\$0
Expenses		
Copy Paper	\$50	\$50
Envelopes	\$10	\$10
Statistician	\$0	\$0
Transportation & Gas	\$100	\$100
Total Cost to PI	\$160	\$160

Table 4

*Project Benefit Analysis*

Project Benefit Analysis		
Benefits to the Healthcare Organization	<ul style="list-style-type: none"> <li>▪ Improved nurse communication and patient satisfaction.</li> <li>▪ Increased reimbursement from Medicare/Medicaid and other third-party payers.</li> </ul>	Reimbursement percentage from third-party payers
Benefits to Nursing	<ul style="list-style-type: none"> <li>▪ Knowledge gained in utilization of Watson's caritas processes and skills needed for effective patient communication.</li> <li>▪ Increase in actively engaged employees and job satisfaction.</li> <li>▪ Possible increase in nurse retention.</li> </ul>	Approximately \$70,000 to replace a RN
Benefits to the Patient	<ul style="list-style-type: none"> <li>▪ Improved quality care.</li> <li>▪ Increased patient satisfaction.</li> <li>▪ Increased likelihood to recommend the healthcare organization.</li> </ul>	

### Goals, Objectives, and Mission Statement

The focus of this project was to create a specific education program for nurses, based on Jean Watson's Theory of Human Caring and her caritas processes, resulting in a positive effect on incorporating and utilizing caring attributes as part of a daily nursing routine. A refocus was needed to enhance quality patient-centered care and improve patient satisfaction scores as a whole. Within the healthcare organization where the project was conducted, on five adult medical surgical units, there was an overall score of 52% on the nurse communication domain within the HCAHPS survey. This score was well below the national top box of the 76<sup>th</sup> percentile set for the domain of nurse communication.

## **Goals**

Specifically, the first goal of the project was to improve the overall nurse communication domain on HCAHPS within the five medical surgical units to the national top box of the 76<sup>th</sup> percentile. The second goal was to have a positive effect on staff-nurse perception of care by the implementation of an education program for nurses based on Jean Watson's Theory of Human Caring. Utilization of caring attributes into daily nursing practice by nursing staff could ultimately increase HCAHPS scores, specifically the domain of nurse communication and improve the overall staff nurse perception of care.

## **Objectives**

The objectives for this project included outcome objectives and process objectives. The desired outcome objectives of the project were the improvement of sample nurses' awareness and utilization of Watson's caring attributes, while increasing the nurse communication domain on HCAHPS following the education sessions on Jean Watson's Theory of Human Caring and implementation of the caritas processes. A specific outcome was for the previous nurse communication score of 52% to increase to the national top box of the 76<sup>th</sup> percentile set for the domain of nurse communication on HCAHPS. The timeframe for the specific outcomes to be completed was approximately eight weeks. Two weeks was needed to gather pre data (HCAHPS and CAS scores) analysis and to conduct an educational PowerPoint program. There was a four-week implementation period on all units before post data was gathered.

There were several steps within the process objectives phase. The Caring Attributes Scale (CAS) was administered as both the pretest and posttest. HCAHPS data

was gathered prior to both pretest and posttest. The project design was conducted in four phases: pretest, education session, posttest, and data analysis.

### **Phase 1: Pretest**

Before the electronic pretest surveys were disseminated, participants were given an informed consent explaining the purpose, methods, and confidentiality of the project. Data was gathered initially by the pretest CAS, given before the education presentation on Jean Watson's Theory of Human Caring. Project participant demographics were obtained, along with the CAS, and included highest nursing degree earned, years of nursing experience, and age. Participants were instructed not to include any names on the survey instrument. The pretest was administered two weeks before the education presentation conducted on Jean Watson's Theory of Human Caring.

### **Phase 2: Education Session**

The education session consisted of a PowerPoint presentation explaining Watson's Theory of Human Caring and described ways the participants could implement Watson's *caritas* processes and attributes into their daily nursing practice. Following the education presentation, the registered nurses who agreed to participate in the project were encouraged to incorporate strategies learned from the presentation to promote patient-centered care in their daily nursing routine.

### **Phase 3: Posttest**

Four weeks following implementation from the presentation on Watson's Theory of Human Caring, a posttest was delivered via the All Nursing Staff email system within the five selected units with a link to the posttest in the email. The posttest surveys were the same as the pretest surveys, and were analyzed to determine if any effect had been

made on the utilization of caring attributes by the sample participants in bedside nursing, focusing on Watson's Theory of Human Caring and her ten caritas processes.

#### **Phase 4: Data Analysis**

Pre and post survey data was compared in a general comparison between pre and post survey data. Because no identifying factors were used, pretest and posttest surveys were categorized according to the demographic categories. A 5-point Likert scale allowed for each pretest and posttest survey to be added obtaining a total score of the CAS for all participants. This total score was used to analyze any increase between pre to posttest scores to determine if ultimately, the education program for nurses based on Jean Watson's Theory and her caring factors demonstrated any significant change.

HCAHPS results were gathered using the organization's surveyor. HCAHPS scores were obtained on the five units participating in the project prior to the education session and implementation of Watson's caring theory and then post implementation.

#### **Mission Statement**

The purpose of this project was to re-focus and enhance quality patient-centered care and improve patient satisfaction scores as a whole. Within the healthcare organization where the project was conducted, on five adult medical surgical units, an overall score of 52% existed on the nurse communication domain within the HCAHPS survey. This score was well below the national top box of the 76<sup>th</sup> percentile set for the domain of nurse communication. The implementation of an education program for the nursing population based on Jean Watson's Theory of Human Caring hoped to serve as an integral part of the patient care experience and eventually have a positive effect on staff-nurse perception of care. Utilization of caring attributes into daily nursing practice

by nursing staff could ultimately increase HCAHPS scores, specifically the domain of nurse communication.



## SECTION V

### Evaluation Plan

The purpose of this project was to re-focus and enhance quality patient-centered care and improve patient satisfaction scores as a whole. Within the healthcare organization where the project was conducted, on five adult medical surgical units, there was an overall score of 52% on the nurse communication domain within the HCAHPS survey. This score was well below the national top box of the 76<sup>th</sup> percentile set for the domain of nurse communication. The implementation of an education program for the nursing population based on Jean Watson's Theory of Human Caring hoped to serve as an integral part of the patient care experience and eventually have a positive effect on staff-nurse perception of care. Utilization of caring attributes into daily nursing practice by nursing staff could ultimately increase HCAHPS scores, specifically the domain of nurse communication.

The project evaluation consisted of both a quantitative and qualitative research design. The quantitative evaluation outcomes of the project were measured via the Nyberg Caring Assessment Scale with analysis of results from the sample nurses' awareness and utilization of Watson's caring attributes. Quantitative evaluation also included evaluating the nurse communication domain on HCAHPS following the education sessions on Jean Watson's Theory of Human Caring and implementation of the caritas processes. The project evaluation timeframe for the specific objectives to be completed was approximately six weeks. Two weeks were needed to gather quantitative pre data (HCAHPS and CAS scores) and to conduct an educational PowerPoint program. There was a four-week implementation period on all units before post data was gathered.

The qualitative evaluation consisted of feedback from the nurse participants to determine if the education sessions were effective in providing adequate examples of implementing Watson's Theory of Human Caring into their daily nursing routine. Qualitative analysis also included giving the nurse participant an opportunity to express specific examples from the previous four weeks of implementation to describe a specific instance when they used caring moments learned in the education session. This was done as a follow-up during the time the posttest was completed.

Data and information gathered during the evaluation plan was used to develop implications for further practice and research. Specific examples were shared to identify any opportunities for performance improvement, recommendations for future research, and implications for change.

## SECTION VI

### Project Implementation

Prior to the project implementation, the project investigator met with the Director of Nursing for the Adult Medical Surgical division where the education sessions were conducted. Following this meeting, the project investigator met with each nurse manager of the five nursing units to explain the purpose of the project, identify the number of nurses that were employed on each unit, and discuss previous HCAHPS scores, specifically the domain of Nurse Communication. Each nurse manager then scheduled a staff meeting for the project investigator to attend in order to present the education session on Jean Watson's Theory of Human Caring. Once the dates for the education sessions were in place, the project investigator met with the manager of guest services to discuss opportunities for improvement with the HCAHPS survey. The project investigator explained the purpose of the education session and reviewed objectives that would be presented during the education sessions.

Two weeks prior to each staff meeting, the Caring Attributes Scale was administered as a pretest via email to the five nursing units before the education sessions were conducted. This email contained participant information which included informed consent explaining the purpose of the project, methods, and confidentiality of the project. Demographics were also obtained, along with the CAS, and included highest nursing degree earned, years of nursing experience, and age. The education session consisted of a PowerPoint presentation explaining Watson's Theory of Human Caring and ways the participants could implement her *caritas* processes and attributes into daily nursing practice. Following the education presentation, the registered nurses that agreed to

participate within the unit were encouraged to incorporate strategies learned from the presentation to promote patient-centered care into their daily nursing routine. An assignment was given to all nursing associates during the education session. The assignment required participants to spend approximately five minutes of uninterrupted time with each of their assigned patients to get to know them on a personal level, creating opportunities for caring moments. This time was to be separate from their daily routine of medication passes, physical assessment, procedures, and other daily tasks to encourage them to form a transpersonal caring relationship with their patients. During this assignment, the nurses were encouraged to make eye contact, provide appropriate healing touch if needed, have an authentic presence, avoid being rushed, and offer spiritual guidance to each of their patients.

Once all the education sessions were presented, a posttest was administered four weeks following the education sessions to the participants through the all-nursing staff email for each nursing unit. These posttest surveys were the same as the pretest CAS surveys, and were collected to determine if any effect had been made on the utilization of caring attributes by the sample participants in bedside nursing, focusing on Watson's Theory of Human Caring and her *caritas* processes. Following the four week implementation period, the project investigator rounded on each nursing unit to obtain participant reflections, discuss any barriers identified when implementing Watson's Theory of Human Caring, and obtain examples of how they used the theory in their nursing practice.

Pre and post survey data was analyzed in a general comparison between pre and post survey composite scores. Because no identifying factors such as subject name or

hospital employee number were used, pretest and posttest surveys were categorized according to the demographic categories. The 5-point Likert scale allowed for each pretest and posttest survey to be added obtaining a total composite score of the CAS for all participants. This total score was used to analyze any increase between pretest and posttest survey scores to determine if ultimately, an education program for nurses based on Jean Watson's Theory of Human Caring and her caritas processes would experience any significant change. HCAHPS results were gathered using the organization's surveyor. HCAHPS scores were obtained on the five units participating in project, and the scores were compared pre education session and post education session on Jean Watson's Theory of Human Caring, specifically focusing on the domain of Nurse Communication.

## **SECTION VII**

### **Project Evaluation and Results**

A total of 67 registered nurses completed the pretest, and of the 67, 47 completed the posttest survey, four weeks following the education session on Jean Watson's Theory of Human Caring. When analyzing the pre and posttest surveys, no questions were left blank, and all participants scored themselves according to the directions using the 5-point Likert scale.

#### **Results**

Once post-surveys were complete within the assigned time frame, data analysis began with assistance from an assigned statistician using JMP Statistical Software. The descriptive statistics of the participants were categorized by the demographic categories of age range, highest nursing degree earned, and years of nursing experience. Table 5 below illustrates the number of nurse participants in the pre-survey and post-survey in each of the demographic categories.

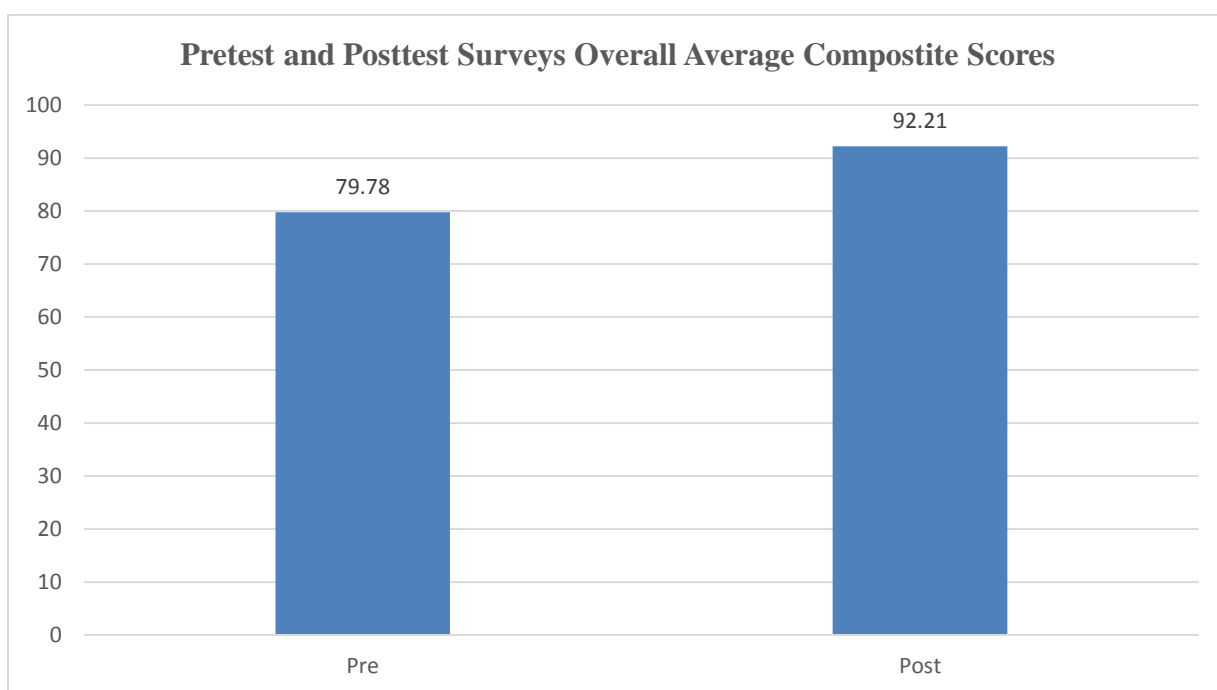
Table 5

*Number of Participants in Each Demographic Category*

Participant Demographics	Number of Registered Nurse Participants Pre-Survey	Number of Registered Nurse Participants Post-Survey
Age 21-30	33	25
Age 31-50	26	17
Age Greater than 50	8	5
Less than 2 years Nursing Experience	25	19
2-5 years Nursing Experience	12	7
6-10 years Nursing Experience	13	12
Greater than 10 years Nursing Experience	17	9
Diploma Graduate in Nursing	0	0
Associates in Nursing	20	17
Bachelors in Nursing	44	26
Masters in Nursing	3	4
Doctorate in Nursing	0	0
Total	67	47

A general comparison of the overall total scores based on the 5-point Likert CAS survey was done to determine if any change in the pretest and posttest was evident. The total score was used to analyze any increase between pre to posttest scores to determine if

ultimately, the education program for nurses based on Jean Watson's Theory of Human Caring and her caritas processes demonstrated any significant change. The overall composite average score on the pretest was 79.98 and the overall composite average score on the posttest was 92.21, resulting in a total increase of 12.23 points between the pretest and posttest surveys. These results are detailed in Figure 2 below.



*Figure 2.* Overall Average Composite Scores of the Pretest and Posttest Surveys

Next, descriptive statistics were completed to determine the mean, standard deviation, standard error, median, minimum, and maximum values for both the pretest and posttest surveys. Table 6 below outlines the descriptive statistics for the pretest and posttest surveys.



Table 6

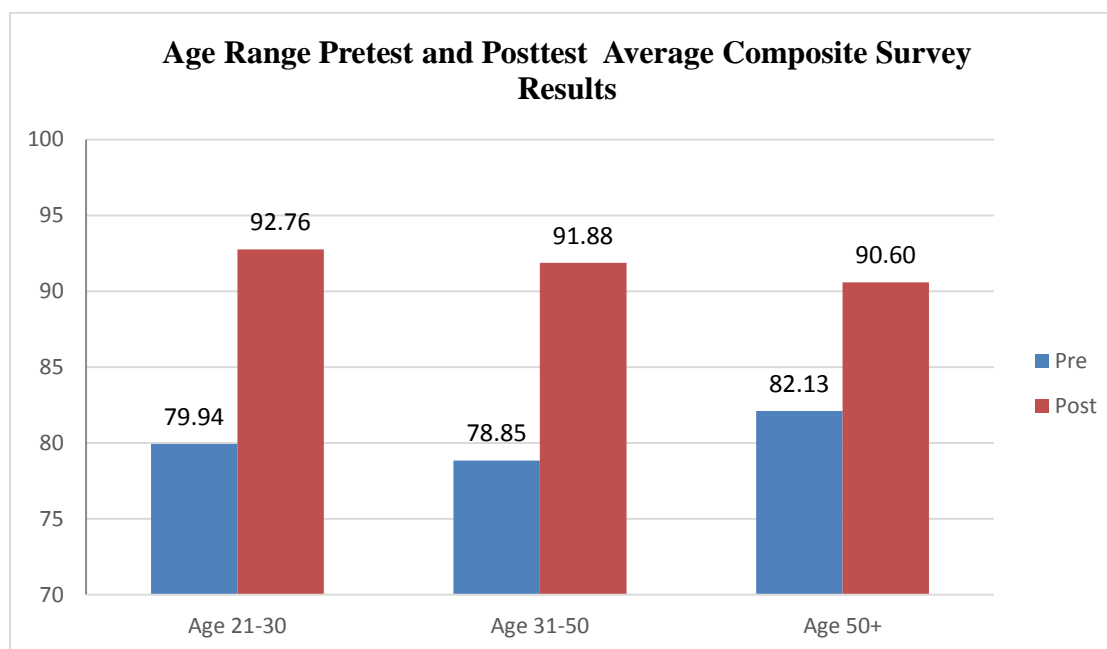
*Descriptive Statistics of the Pretest and Posttest Surveys*

Descriptive Statistics	Pretest Survey	Posttest Survey
Mean	79.78	92.21
Standard Deviation	11.68	6.80
Standard Error	1.43	0.99
Minimum	45	76
Median	79	94
Maximum	100	100

A one-way Chi Square Approximation test, using the Wilcoxon/Kruskal-Wallis test, was conducted to examine specifically the level of significance of the composite pre and posttest CAS survey scores. The level of significance was set at  $p < 0.05$ . According to the results of the one-way Chi Square test,  $p < 0.0001$ . Based on this result, there was a significant difference between the mean scores of the pretest and posttest surveys, with the posttest scores being higher ( $p < 0.0001$ ).

Next, the overall composite average CAS scores for the pretest and posttest were identified for each of the demographic categories to determine if there was any change in the scores from the pretest and posttest following the four week implementation of Jean Watson's Theory of Human Caring and her caritas processes. Figure 3 below illustrates each of the pretest and posttest composite survey results for the age range categories. In the 21-30 age range category, there was an overall composite increase of 12.82 points from the pretest survey to the posttest survey. The 31-50 age range category had an

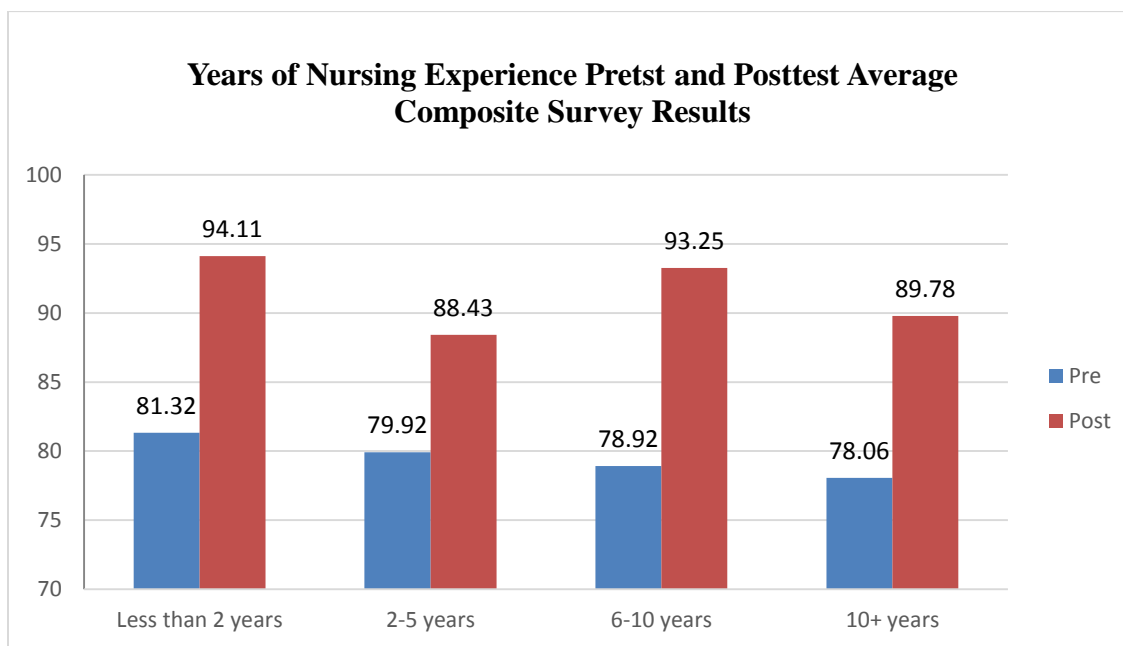
overall composite score increase of 13.03 points from the pretest survey to the posttest survey. Finally, the greater than 50 age range category had an overall composite score increase of 8.47 points from the pretest surveys to the posttest surveys.



*Figure 3.* Overall Age-Range Average Composite Scores of the Pretest and Posttest Surveys

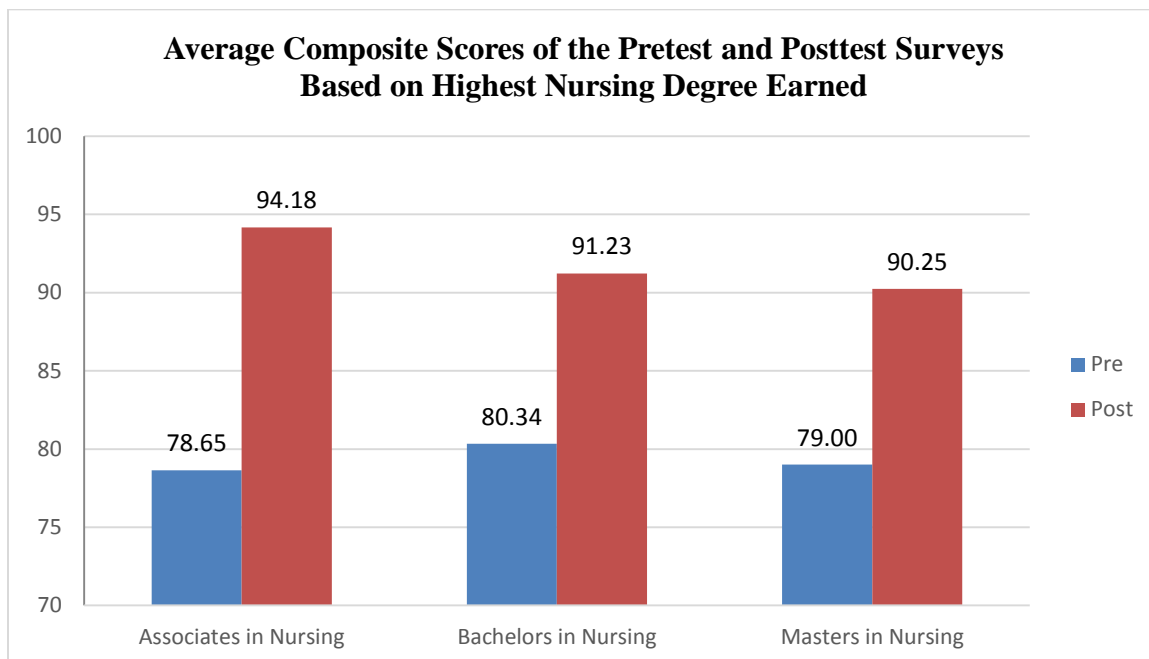
For the years of nursing experience demographic category, nurses with less than two years of nursing experience had an increase of 12.79 points on the posttest CAS survey. Nurse participants who identified themselves as having 2-5 years of nursing experience had an increase of 8.51 points on the posttest survey. Nurses with 6-10 years of nursing experience had an increase in 14.33 points from the pretest survey to the posttest survey. Finally, nurses with greater than 10 years of nursing experience had an increase of 11.72 points from the pretest CAS to the posttest CAS. Figure 4 below

explains the overall average composite scores of the pretest and posttest surveys based on years of nursing experience.



*Figure 4.* Overall Years of Nursing Experience Average Composite Scores of the Pretest and Posttest Surveys

Lastly, the demographic category of highest nursing degree earned was examined. No nurse participants identified themselves as having a Diploma in Nursing or a Doctorate in Nursing. Nurse participants with an Associates in Nursing had an average overall composite score increase from the pretest to the posttest survey of 17.33. Bachelors prepared nurse participants had an overall average increase of 10.89 points in their composite score. Furthermore, participants with a Masters in Nursing had an overall increase of 11.25 points from the pretest to the posttest CAS survey. Figure 5 illustrates the overall average composite scores of the pretest and posttest surveys based on highest nursing degree earned.



*Figure 5. Average Composite Scores of the Pretest and Posttest Surveys Based on Highest Nursing Degree Earned*

Each of the demographic categories were examined based on the composite pretest and posttest survey results to determine if there was any difference in the measurement of the nurses utilization and perception of caring attributes following the four week implementation of Jean Watson's Theory of Human Caring. The level of significance was set at  $p < 0.05$ . The p-value for all age ranges and the overall difference in pretest and posttest survey results was identified as  $p = 0.65$ . Therefore,  $p > 0.05$ , and the relationship between age range and the overall difference in survey scores was identified as being not significant ( $p = 0.65$ ). Years of nursing experience was examined and resulted in a p value of  $p = 0.13$ . Ultimately,  $p > 0.05$ , and the relationship between years of nursing experience and the overall difference in pretest and posttest survey scores was identified as being not significant ( $p = 0.13$ ). The demographic data for the highest nursing degree earned was examined. According to the data, overall highest nursing degree earned

resulted with a p-value of  $p=0.68$ . Based on this result,  $p>0.05$ , and the relationship between highest nursing degree earned and the overall difference in pretest and posttest survey results were identified as being not significant ( $p=0.68$ ).

Individual questions on the CAS were analyzed to determine the average pretest score, average posttest score, and the average difference between the two surveys. Figure 6 below lists each CAS question (1-20) with the average question pretest score in column two, average question posttest score in column three, average difference between the pretest and posttest survey questions, and a trend line illustrating the difference. Column four describes the difference in the pre and posttest questions using a color ranking. The darkest shade of red indicates the smallest average difference between the pretest and posttest questions. The darkest shade of green indicates the largest difference between the pretest and posttest questions. Question 17 on the CAS had the largest increase in average score (1.04 difference) from the pretest to the posttest. Question 17 asked, "Do you allow time for caring opportunities?" Nurses ranked themselves from one to five on the Likert scale, with one being they cannot use in practice, and five indicating they always use in practice.

CAS Question Number	Average Pretest Score	Average Posttest Score	Average Difference	Trend
1	4.45	4.77	0.32	
2	4.18	4.66	0.48	
3	4.19	4.77	0.57	
4	4.22	4.79	0.56	
5	3.87	4.62	0.75	
6	3.85	4.51	0.66	
7	3.82	4.66	0.84	
8	3.06	4.04	0.98	
9	4.18	4.62	0.44	
10	4.06	4.45	0.39	
11	3.82	4.40	0.58	
12	4.25	4.47	0.21	
13	4.21	4.62	0.41	
14	3.99	4.72	0.74	
15	3.97	4.64	0.67	
16	3.69	4.55	0.87	
17	3.69	4.72	1.04	
18	3.93	4.72	0.80	
19	4.13	4.77	0.63	
20	4.22	4.72	0.50	

Figure 6. Average Score of Pretest and Posttest Survey Questions and their Difference

### Impact on HCAHPS

Following the CAS data analysis, the project investigator met with the Guest Services manager to determine if there was any difference in the Nurse Communication domain within the HCHAPS survey, following the education sessions on Jean Watson's Theory of Human Caring. Prior to the education sessions and PowerPoint presentations on Jean Watson's Theory of Human Caring, an overall score of 52% existed on the nurse communication domain within the HCAHPS survey, on the five adult medical surgical units. This score was well below the national top box of the 76<sup>th</sup> percentile set for the domain of nurse communication. In the domain of nurse communication on the HCAHPS

survey, the following questions are asked: *How often did nurses treat you with courtesy and respect? How often did nurses listen carefully to you? How often did nurses explain things in a way you could understand?* These questions are answered based on the patient's perception of care they received during hospitalization. HCAHPS results were analyzed for the five units eight weeks following the education sessions on Jean Watson's Theory of Human Caring. The HCHAPS results were in the 95<sup>th</sup> percentile for the Nurse Communication Domain. This is an increase of 43% from the previous 52<sup>nd</sup> percentile prior to the education sessions.

### **Qualitative Data**

Nurses were interviewed following the four-week implementation period to obtain specific examples of how they used Jean Watson's Theory of Human Caring in their daily routine, outcomes of spending additional time with their patients by getting to know them personally, and share any barriers they encountered when attempting to implement Watson's caritas processes. Some of the examples were as follows:

- I chose to sit and talk to patients and ask them questions centered toward their personal lives, instead of focusing strictly on their hospitalization or diagnosis. It made the patients open up and they were more apt to listen when I needed to educate them about their care.
- The education session on Jean Watson's Theory of Human Caring reminded me of the reason of why I became a nurse. I loved the line about nurses' care and doctors cure.
- At least once every shift I have a conversation with my patients about anything other than their hospital stay. I have been involving patients and their family

members in their care and taking their spiritual views into consideration when developing their care plan.

- Learning about Jean Watson's Theory helped me to know that truly caring for the individual is the very best medicine.
- I have been spending more time with my patients getting to know at least one thing each day about their home life or family. I have learned that making personal connections helps the patient to trust you and aids in their overall care.
- I believe that Jean Watson's Theory is one I will practice during my whole career as a nurse. I have tried to be more compassionate and caring, as this is a priority to me.
- I was able to form a personal, trusting relationship with a quadriplegic patient who was deemed "controlling" in his plan of care. I wanted to see if Jean Watson's Theory would work on this patient. I took time each shift to get to know him personally and start building a relationship with him, when other nurses were becoming frustrated. At the time of discharge, the patient was refusing to go to a long-term facility to get the help he needed. He asked to see me. I was able to communicate the benefits of going to the facility with him because I had already established a caring, trusting relationship with him.

The main barrier identified by the nurse participants in implementing Jean Watson's Theory of Human Caring was high census and full capacity. Historically, during winter months, the healthcare organization is at full capacity. Often times this capacity strain makes it difficult for front line nurses to take the time to form a caring nurse-patient relationship. Because of a lack of bed space, front line nurses often express



feeling rushed to discharge patients, leaving them without ample time to form a trusting nurse-patient relationship. Another barrier identified by nurse participants was the increase in patient to nurse ratio. Most nurses within the five units participating in the project care for anywhere from four to six patients each shift. This type of patient workload is not conducive to an environment that allows for nurses to get to know patients on a personal caring level. Although these perceived barriers exist, nurses were encouraged to continue to implement Jean Watson's Theory of Human Caring into their daily routine and find time and ways to form personal relationships with their patients.

## SECTION VIII

### Implication of Findings

Based on the findings outlined in Section VII, there was a significant difference between the mean scores of the pretest given before the education presentation on Jean Watson's Theory of Human Caring and the posttest administered four weeks following the education presentation. Posttest scores were higher and the significance level was  $p < 0.0001$ . Furthermore, there was a 12.23-point increase between the pretest and posttest surveys' overall average composite scores. These results indicate that the nurse participants' utilization of caring attributes, based on how they scored themselves on the Caring Attributes Scale (CAS), increased following the education sessions on Jean Watson's Theory of Human Caring.

Next, nurse participants who identified themselves as having an Associates Degree in Nursing had the highest increase in the average composite scores of the pretest and posttest surveys, with an increase of 17.33 points. Although this data was not identified as statistically significant, the large increase between pre and posttest surveys may be due to the fact that nurses with an ADN may not have completed a nursing theory course in their program curriculum. For some participating in the project, this could have possibly been the first time they were exposed to nursing theory and theorists such as Jean Watson.

Next, individual questions on the CAS were analyzed to determine the average pretest and posttest scores and the average difference between the two surveys. Question 17 on the CAS had the largest increase in average score, a 1.04 difference from pretest to posttest. This question asked, "Do you allow time for caring opportunities?" The

identified increase in average score from pretest to posttest could be the result of the assignment from the education session which asked participants to spend uninterrupted time with their patients in order to create caring moments. Uninterrupted time was distinguished as being separate from daily tasks such as assessments, med-passes, procedures, etc. During the education session, participants were given examples of Watson's caritas processes to implement during their daily nursing routine. Examples included making eye contact with the patient, offering spiritual guidance, and forming a transpersonal caring relationship.

Finally, nurse-patient communication was a major focal point of the project, specifically focusing on the nurse communication domain within the HCAHPS surveys. The nurse participants were educated on the three questions that make up the nurse communication domain during the education sessions. Following the education presentations and four-week implementation period of Jean Watson's Theory of Human Caring, HCHAPS results scored in the 95<sup>th</sup> percentile for the Nurse Communication domain. This is an increase of 43% from the previous 52<sup>nd</sup> percentile score prior to the education sessions. Furthermore, this data demonstrates that effective communication between the patient and nurse can lead to increased patient satisfaction. Patient perceptions of care are directly related to their feelings of satisfaction and with their overall experience while in the hospital.

### **Findings and Theoretical Framework**

The framework on which this project was based was the theoretical framework of Jean Watson's Theory of Human Caring. Implementation of her theory and the art of caring serves as best practice for healthcare organizations seeking to provide quality

patient care. Based on results from this project, it was evident that the nurse participants who applied Jean Watson's Theory of Human Caring and her caritas processes focused on forming a transpersonal caring relationship while meeting patient needs in a caring manner. Watson's caring approach promotes holistic healthcare and in this project, proved to increase the nurse participant utilization of caritas processes in bedside nursing.

## **SECTION IX**

### **Recommendations and Limitations**

After completing the project, the data determined that positive outcomes were evident after the education sessions on Jean Watson's Theory of Human Caring. One recommendation would be to continue the education presentations and conduct them throughout the entire healthcare organization. By doing this, potentially every nurse providing direct patient care will be educated and encouraged to incorporate Jean Watson's Theory of Human Caring and her *caritas* processes into their daily bedside nursing routine. In addition, further education is needed on the specific questions from the nurse communication domain on HCAHPS because patient perceptions of care they received are directly related to their feelings of satisfaction with their overall experience while in the hospital. Watson's caring behaviors can significantly impact patient satisfaction and should be expressed by everyone in the healthcare setting. Additionally, as healthcare organizations seek to be fiscally responsible, the impact of adequate nurse-patient communication in the nurse communication domain of HCAHPS becomes apparent. As healthcare organizations score higher on the nurse communication domain, more reimbursement opportunities from third party payers are available. If entire healthcare organizations implement Watson's Theory of Human Caring, more opportunities are afforded the organization to receive additional financial assistance.

### **Limitations**

During this project, there were several limitations. First, nursing leadership changes occurred within three of the units participating in the project. Leadership changes included a Nurse Manager, Assistant Nurse Manager, and Clinical Unit Educator

all leaving their units within the project timeframe. These leadership changes made it difficult to enforce practices discussed during the education presentations on Jean Watson's Theory of Human Caring. Next, the setting of the project incorporated five units within the healthcare organization. For future projects, a broader sample size could be beneficial to analyze nurse perceptions of caring throughout the entire healthcare organization. Furthermore, as identified earlier, there were barriers encountered during the project, including high patient census and an increase in nurse-patient ratios.

### **Sustainability**

Because of the success this project experienced, education for the nurses in the entire healthcare organization where the project was conducted has already begun. The project investigator has plans to attend every staff meeting to give the same education presentation on Jean Watson's Theory of Human Caring throughout the healthcare organization, specifically including the assignment of nurses spending uninterrupted time with their patients, different from their daily routine tasks of assessments, procedures, or med-passes. Based on the success of the project, all new nurses will be educated on Jean Watson's Theory of Human Caring in the new nurse residency program. Additionally, the project investigator has met with the Simulation Coordinators to develop simulation exercises for new nurses which involve hands-on practice utilizing Watson's caring theory and caritas processes. These exercises in the simulation lab will also be included in annual competencies for all front line nurses. Furthermore, this project will experience sustainability by including preceptor training on teaching and modeling caring behaviors to preceptors so that Watson's beliefs and processes can be implemented at the bedside.

In order for healthcare organizations to be deemed successful, a solid foundation has to be present for strong nursing practice. In this particular healthcare organization, Jean Watson is the nursing theorist, and Watson's Theory of Human Caring is comprised of proven methods focused on patient-centered care. To strengthen the foundation of Jean Watson, a committee of front line nurses was established to update the Nursing Professional Practice Model for the healthcare organization. This model symbolizes nursing beliefs, values, and theory for nursing practice and will incorporate Watson's 10 caritas processes.

As an organization based on Jean Watson's framework, nursing leadership has committed to the health and welfare of their nursing staff. In this spirit, leadership plans to encourage nurses to take 10-15 minutes during the day to recharge and rejuvenate. Implementation of a renewal room for nurses would serve as a quiet place for staff to reflect and center themselves. This room is not to be confused with a staff break room; rather it will serve as a place where nurses can sit quietly, pause, and reflect. Within the renewal room, the environment will be centered around serenity and healing so that the nurse is able to be the healer our patients need for their own mind, body, and spirit (Leonard, 2012).

Finally, it is the hope of the healthcare organization and project investigator that the beliefs and principles of Jean Watson will continue to be woven throughout the framework and provide sustainability moving forward. Recently, the healthcare organization has partnered with the DAISY Foundation, which is an international program that awards and celebrates the extraordinary compassion, care, and clinical skill demonstrated and given by nurses every day (Sweeney, 2017). In the healthcare

organization, nomination criteria have been developed for the DAISY Award based on Jean Watson's Theory of Human Caring. Each month, a nurse that exemplifies one or more of Watson's caritas processes, and is nominated by their peers, patients, or patient's families, will be presented with a DAISY Award. Hopefully, by providing this incentive, nurses will consistently demonstrate the principles of Jean Watson's Theory of Human Caring.



## **SECTION X**

### **Implications for Nursing Practice**

Jean Watson's Theory of Human Caring is deeply woven throughout the framework of various healthcare organizations. The central concept of her theory is the act of caring, and the relationships are a result of therapeutic practices. Moving forward, it is apparent Watson's theory should be presented to all front line nursing staff as a result of this project. Creating a sense of awareness in regards to caring can ultimately improve the nurse perception of care and the patient's satisfaction in the care they received. For future nursing projects, a potential correlation to be analyzed would be staff engagement surveys and their link to patient satisfaction. In addition, Caring Factors Surveys could be administered to patients who received care from nurses trained on Jean Watson's Theory of Human Caring to analyze their perception of care. The ability to measure the unique domains of nursing, such as the caritas processes, is essential to the discipline of nursing (DiNapoli et al., 2010). Using the Caring Factors Survey can serve as a guide toward transforming nursing and patient care experiences and measuring the patients' outcomes based on nursing care. Finally, implementing an education program based on Jean Watson's Theory of Human Caring and incorporating her caritas processes throughout the entire organization can lead to a higher sense of nurse awareness in regards to caring, communication, and ultimately result in better patient care.

### **Conclusion**

In general, most individuals choose nursing as a profession because of their desire to care for others. However, because of changes in the healthcare delivery system worldwide, the positives associated with caring have been traded for efficiency and

bottom lines, ultimately leading to an overall decrease in patient satisfaction. The term caring is often used as the “soft-skills” nurse’s possess when there is time. Today, nurses are forced to spend more time on technical work, documentation, and intravenous pumps, rather than providing quality care for patients and their families. Subsequently, delivering patient care without the practice of caring is simply wrong. Quality nursing care can be directly linked to nurse communication scores on the HCAHPS survey, resulting in healthcare organizations focusing their attention to the process of caring, refreshing the true meaning of the nursing profession, which is a call to care.

The mission of this project was to create a profile of nurses who utilize Watson’s caritas processes and acknowledge caring by forming transpersonal caring relationships with all patients. This project sought to generate a culture embedded with caring behaviors, promote nurses’ utilization of caring attributes, and increase HCAHPS scores in nurse communication. Nurses who practice and understand Watson’s caritas processes help patients have a better experience during their hospital stay, increase their satisfaction, and enhance their perception of the care they received. As healthcare organizations move forward, it is imperative to invest in programs and structures which support healthy caring processes for both patients and the healthcare providers. Watson’s Theory of Human Caring provides vital resources in which nurses and administrators are engaged in inspiring and transforming nursing and healthcare (Watson, 2009).

Based on the successful results of this project, it is easy to see why Jean Watson’s Theory of Human Caring has been implemented in various healthcare organizations around the world. The return to the heart of any healthcare organization, the art of caring, is easily identifiable within Watson’s framework. Implementing Watson’s Theory of

Human Caring serves as best practice for healthcare organizations seeking to provide quality patient centered care.

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