FACILITATING INTENTIONAL CARING-HEALING CONVERSATIONS

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Introduction: This project introduces Watson’s Caritas Processes™, focusing on Caritas Processes #1-#3- #4 and #8™ (Watson, 2008). These Caritas Processes™ provide a caring framework to evaluate shift report and hourly rounding processes. Using case studies within a caring framework helps the nursing staff better understand how verbal and nonverbal communication during change of shift report and hourly rounding can be therapeutic or harmful. This will help the staff recognize how they can consciously create a more therapeutic experience by using conscious centering touchstones and becoming the caring environment (Watson, 2008).

Significance: Effective verbal and non-verbal caring communication is critical to developing and sustaining a trusting nurse-patient relationship. In the current health care environment, quality of care metrics that measure patient perceptions of care and nurses communication are linked to the hospital’s success and financial reimbursement. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) metrics are one of 13 measures used by the Center or Medicare and Medicaid to calculate payment based on its Hospital Value Based Program. Communication and patient satisfaction with care represent half of the core questions. This emphasis on caregiver and patient family relationships provides an opportunity for nurses to bring Caring Science, the essence of nursing practice to the forefront.

Watson's Theory of Human Caring provides a theoretical, philosophical and ethical foundation to form a caring transpersonal nurse patient relationship and is a moral guide to help nurses preserve the wholeness of humanity. By acknowledging our practical work as sacred human caring work, nurses are empowered to create deep caring relationships that promote healing and ensure safe care for our patients. Watson (2008, 71-72) describes the central task for all health professionals as learning to develop and sustain authentic trusting, caring, relationships with patients, their communities, with each other and themselves. This goes beyond memorizing a communication mantra and acknowledges nurses as healers. It begins with understanding ones deep spiritual self and ability to translate this into an informed ethical way of being towards self and others. The authentic self is more caring, empathetic and able to develop and sustain deep transpersonal relationships that promote trust, hope and healing (Watson, 2008, 73-79). In research assessing the absence of the nurse caring relationship or within a negative setting, patients reported feelings of humiliation, feeling out of control, desperate, helpless, vulnerable and alienated (Swanson, 1999). These findings underscore the value of a caring nurse patient relationship as a basis for all nursing practice that honors nursing’s ethical covenant to humanity.

Purpose: The purpose of this project is to bring the staff nurses together to create a caring dialogue around rounding and change of shift hand off processes within a “Caring Circle.”

Objectives: The objectives of the project are to:
1. Introduce the nurses to the context and application of Jean Watson’s Human Caritas Theory as a window to understand self as a caring being focusing on Caritas Processes #1-#3- #4 and #8™
2. Facilitate authentic intentional caring presence using centering “Touchstones.”
3. To create positive communication experiences and become a more caring and healing environment for our patients, families and ourselves.
4. Improve patients/families perceptions of care as measured by unit specific HCAHPS Scores.

**Setting and Participants:** The project will take place on a 29 bed mixed Medical Oncology Unit in a 303 bed acute care public hospital and clinic network in the Northwest. Approximately 37 staff RNs, 15 PCAs, and 1 Nurse Manager (NM) will be invited to attend. Staff members from diverse cultural backgrounds and diverse levels of education will participate in the educational sharing and in the design and implementation of the project.

**Project Description:** The plan is to meet with staff monthly using a lunch and learn and huddle format to review the 10 Caritas Processes™ applied to case studies. A minimum of four monthly meetings will be scheduled to provide an education dialogue that introduces the Caritas Processes™ and facilitates discussion of nurse patient relationships using case studies from everyday practice. The staff education meetings will be initiated in October, 2012.

**Project Outcome(s):** This Caring Science Project “Facilitating Intentional Caring- Healing Conversations” will improve staff’s ability to create an intentional caring consciousness to ensure a patient safety focus as well as establish a caring-healing environment for our patients. The result will be an improved patient care experience as demonstrated by the improvement in the unit specific HCAHPS Scores that monitor: how well RNs listen, whether the patient understood the explanations of medications and discharge instructions, were call lights answered promptly, and was pain managed well.

**Project Evaluation:** The Caring Factor Survey-Care Provider Version (CFS-CPV) will be used to evaluate the nurse’s self-perception before and after completion of “Caring Circle” discussions. The CFS-CPV is a 20 item, 7-point Likert scale instrument used to measure the nurse’s self-perception of demonstrating caring behaviors while caring for patients. The results will be shared with the nurses and compared to the unit specific HCAHPS Scores.

**Future Directions:** This pilot project involves staff on a single unit integrating the Caring Science framework within a quality improvement valuation format. Based on the Project evaluation and feedback from the staff it is my plan to work with our Chief Nurse Officer to expand the “Caring-Healing Conversations” to other Nursing Units in our Hospital. We will continue the monthly multidisciplinary Caritas meetings to discuss caring practice applications.

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**References:**