Nurses see results from caring theory
Ideas being stressed include importance of pausing, taking time to sit and talk with patients, and human touch
By Tom Clegg

Even the most compassionate people can find themselves doing and saying things out of character under the demands of being modern-day nurses.

The result? Patient care deteriorates and job satisfaction decreases.

Adventist Hinsdale (Ill.) Hospital is taking steps to reverse that pattern as it follows its Christian mission. The hospital adopted Jean Watson’s theory of human caring about three years ago as its nursing model and has been integrating it ever since.

The meshing of Watson’s theory and the hospital’s mission took off after Adventist Hinsdale nurse Mary-Beth Desmond, RN, MSN, MA, as part of her MSN practicum project, worked with her nursing student colleagues and the hospital’s Director of Nursing Research & Caring Theory Integration Linda Ryan, RN, PhD, to develop a one-day workshop for staff nurses.

The full-day retreat in November 2011 provided an overview of Watson’s theory, which outlines 10 processes aimed at enabling nurses to better care for themselves and their patients. Desmond, who is certified as a coach through Watson’s Caring Science Institute, matched each of the processes with a Bible verse and presented it to the nursing team during the workshop.

“The caring theory is applicable to all faith traditions,” said Ryan, who does consulting work for Watson and is on the faculty of Watson’s Caring Science Institute.

“Of course, this is a Christian hospital, so we relate it to our mission of extending the healing mission of Christ. We relate it to the Bible.”

As a result of the workshop, caring theory is being taught to all nursing department staff, including patient techs and unit secretaries, and nurses have formed a caring council and organized caring summits to put Watson’s theories into practice.

Among the changes:
• Above each bed in the preop room there is either a Bible verse or some other healing message.
• A harpist comes to the hospital twice a week to provide soothing music for patients.
• Caring language and caring ideas have been included in the visitation policy, and 24-hour visiting is encouraged.
• Each patient’s room offers the CARE Channel, which provides meditative music with beautiful scenery.

But Watson’s theory also stresses that nurses need to take care of themselves first and that their attitudes and stress levels are detected by patients.

“This whole model of caring, it’s a covenant that we have as healthcare professionals to society and the patients that come to us,” Desmond said. “The model really stresses that the nurse or the care tech or whoever is in the patient’s room, you’re part of the environment.”

Among the ideas being stressed are the importance of pausing, taking time to sit and talk with patients, and human touch.

“Just holding a patient’s hand — your presence really touches people when they’re most vulnerable, sick, scared,” Desmond said.

“It’s really trying to teach people how to pause, put it in par,” she added. “We’re teaching them how to listen authentically to somebody without interrupting. These all seem like maybe common sense things, but we can always use a refresher.”

Ryan said the changes are having an impact.

“Lately, when I’m making rounds, patients have told me there’s definitely a difference now, that they can sense a more caring environment than it was like 10 years ago.” Ryan said. “And some of the nurses, too. They said that they really stop and think about their encounters with patients. It’s not just rote care, just going in and doing tasks. Now they’re more intentional about making that person-to-person connection with the patients and the families.

“You can’t assume caring is taking place. You need to have some dialogue about it to increase the awareness about it to make it more intentional.”

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