

Dare to Care: National Comparative Database of Caring Professional Practice Indicators through the Patient's Eyes

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Purpose of the Project

Build a national comparative database for evaluation and comparison across units and hospitals, of patient's perceptions of caring behaviors of caregiver staff

Background and Significance

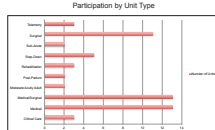
The project evolved from a need for nurse leaders who were using a common professional practice model, Caring Science Theory, to have evidence of patient perceptions of caring behaviors of caregiver staff.



Methods

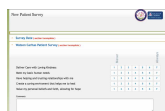
Quarterly a random sample of patient surveys are submitted for each patient care unit enrolled in the research project.

Measurement: Watson Caritas Patient Score (WCPS): a 5-item, 7-point scale based on Watson's Human Caring theory. Ten-item demographic survey. Nurse-sensitive quality and safety indicators aggregated to the nursing unit.



Procedure

During each quarter, coordinators from each hospital ensure random collection of 25 patient surveys from each participating unit. Data collection is done by hospital staff who are not employed on the unit where they are collecting data. Each hospital completes their own IRB review process. Completed surveys entered through secure Web-based portal housed at the University of Arizona.



Analysis

- All individual items and scale scores aggregated to group level
- All met group level criterion recommended by Shortell²
- Descriptive statistics and mean comparisons for like units and hospitals for quarter 4, 2012 and quarter 2, 2013. Spearman Rho correlation of WCPS items and total score with nurse-sensitive safety and quality indicators

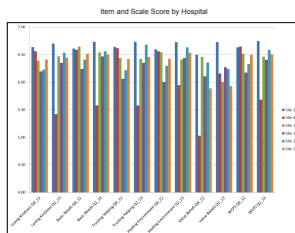


Table 1. Differences by Hospital

Item	Q4 2012	Q2 2013
Communication	1.54	1.61
Health Status	1.54	1.58
Planning and Organization	1.52	1.57
Working Relationship	1.52	1.57
Knowledge	1.51	1.57
Safe Care Environment	1.51	1.57

Table 2. Relationships between Caritas Items and HCAPPS Items

Caritas Item	Item Correlates	Prevalence of Hospital Staff	Qual of Hospital Environment
Working Relationship	22%	42%	25%
Health Status	22%	42%	25%
Safe Care Environment	30%		

Note. *p < .05, Spearman Rho Correlation. **Quarter 4 2012.

Results

- Mean differences in item and scale scores were found across hospitals, but not unit types
- Differences were more pronounced in 2013
- Relationships found between caring items and some Hospital Consumer Assessment of Healthcare Providers and Systems (CHAHS) indicators

Major Outcomes

- Participation has grown from a single hospital and 7 units (2009) to 8 hospitals and 57 units located in seven states
- One hospital collecting data using iPad, all others using paper and pencil
- Access to comparison reports of like-units
- Access to own results over time
- Own results available immediately upon data entry
- Reports generated on demand
- Items and scale discriminate differences



Conclusions

- Nurse leaders willing to use scarce resources for ongoing collection of patient surveys and data entry
- Nurse leaders see value in regular evidence of effectiveness of their professional practice model
- As participation in the national comparative research project grows, so will the value of the comparison reports

References

Watson, J., Brewer, B. B., D'Alfonso, J. (2010, September). Caritas: A Theory Guided Scale to Measure Human Caring. Poster presented at the 2010 State of the Science Congress on Nursing Research. Washington, D.C.

Shortell, S. M., Rousseau, D. M., Gillies, R. R., Devers, K. J., & Simons, T. L. (1991). Organizational assessment in intensive care units (ICUs): construct development, reliability, and validity of the ICU nurse-physician questionnaire. Medical Care, 29, 709-726.