

# Nurse Caring Enhancements of The Caring Model® (TCM) Education Modules Improve Nurse Communication and Patient Satisfaction

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## INTRODUCTION

Patient satisfaction is an established indicator of quality care measuring patient and family perceptions and expectations of nursing care and communication.

Caring interactions between nurses, patients, and families represent 30% of the value-based incentive payments of which half is specific to nurse communication. TCM addresses the nurse's role in improving patient and family satisfaction and experience with nursing care.

### Caring as defined in nursing literature:

- Active listening, making eye contact, touching, offering verbal reassurance, physical and mindful presence, being emotionally open and available, being technically competent, and taking cultural differences into consideration.

### Patient satisfaction measures:

- Anticipating needs, responding to requests, calming fears, offering comfort, listening, talking with the patient, willingness to help, prompt service, introducing oneself, communicating effectively, explaining procedures, and medications, and concern shown by nurses.

## PURPOSE

Patient and family perceptions, experience, and satisfaction with care are associated with how well nurses provided information and respond to their needs in every encounter, every day. The project sought to compare nurse perceptions of caring with those of the patient and family and to determine if nurse perceptions of caring practice changed after education.

- TCM is a frontline nursing practice innovative initiative to engage nurses in the patient and family experience of care delivery.
- Translating existing research into nursing practice promoting affective and technical aspects of caring makes good economic sense.



## METHODS

The concepts of caring, compassion, and presence target meaningful nurse-patient-family interactions and caring behaviors. Four education modules developed from nursing theory and research supports the value of caring behaviors in nursing practice. From a list of 25 aspects of nursing practice participant perceptions of interventions as being caring was assessed. The education of nine participants was conducted on a Medical Unit of a 235-bed acute care hospital in western U.S.

### Nurse Caring Enhancements of TCM included:

- Caring theories of Watson, Leininger, Swanson, Boykin & Schoenhofer, and Roach
- Review of TCM five caring behaviors.
- Rogers Model of Five Stages in the Innovation-Decision Process
- Caring-Dimensions Inventory (CDI)
- Four Nursing Education Modules
- Reflective Observation Tool



### TCM Four Education Modules are:

- Module 1: Concepts of Caring and Application of Caring Theory
- Module 2: Caring Behaviors and Models of Nursing Practice
- Module 3: Caring Environments and Workforce Engagement
- Module 4: Outcomes of Caring, Consumerism, and Satisfaction

## RESULTS

Table 1: Sample Demographics of Participants

		N	% Total
Years Experience	<=10	4	44.4
	>10	5	55.5
Years in Position	<=3	5	55.5
	>3	4	44.4
Position	CNA/Clerk	4	44.4
	RN	5	55.4

Note: The nine participants included representation from each job category.

Table 3 Means and Paired-Sample T-Test Results

	Pretest		Posttest		Difference	t	df	p
	M	SD	M	SD				
Full Instrument	105.33	7.21	112.89	7.72	7.56	4.04	8	0.004**
Affective Questions	57.89	4.31	62.56	3.88	4.67	5.2	8	0.001***
Technical Questions	47.44	4.85	50.33	5.22	2.89	2.16	8	0.06+

Note: +p 0.10, \*\*p 0.01, \*\*\*p 0.001

Note 3: Posttest perception results changed for both affective and technical showing a mean score on average of 4.67 for affective aspects which was significant and 2.98 for technical aspects which approached significance. Change in perceptions appears to be in response to education.



Table 2: Mean Difference Score by Group of Participants

		Full Instrument		Affective Questions		Technical Questions	
		M	SD	M	SD	M	SD
Years Experience	<=10	5.75	7.32	4.25	3.40	1.50	4.65
	>10	9.00	4.12	5.00	2.35	4.00	3.54
Years in Position	<=3	4.80	4.09	3.40	2.30	1.40	3.71
	>3	11.00	5.77	6.25	2.50	4.75	4.03
Position	CNA/Clerk	9.75	7.50	5.75	3.40	4.00	4.69
	RN	5.80	3.49	3.80	1.92	2.00	3.67

Note: Participants in health care longer than three years had a greater change in mean scores indicating merit in the continuing education modules.

Table 4 Qualitative Comments from Reflective Observations by Nursing Staff First Worked Shift after TCM Education\*

Ways of Being- Caring Occasions- Affective	Ways of Doing- Caring Moments- Technical
I smiled and was positive with the patient who continually used the call light.	Worked as a team with the patient, nurse and physicians.
Listening and explaining confirmed trust by the patient and was more comfortable.	Patient felt nurse was on her side.
Patient said felt like she was in a "5-Star" hotel with the care she received.	I was empowered to be the patient advocate providing pain medications prior to prep.
Listening to my patient about her concerns, fears and regrets...without judgment.	Complimented other non-staff members as they provided care to the patients.
"I feel I established a relationship."	Patient and husband thanked me for being attentive to the plan of care on a new diagnosis.
I held the patient's hand during a procedure; she was scared and said "not so bad."	Provided frequent assessment needs "even when busy."
Tearful patient needed a hug.	Sat eye level to review medications with the patient; they appreciated my time.
An employee's demeanor can make or break a stay in the hospital...thanks.	
You smiled...not everyone does...just you and the housekeeper.	
I said I would return and I did; patient was feeling better and said how busy the unit was.	

\*Verbatim statements from participant observations

## CONCLUSIONS

- There is a predictive relationship between patient-family-nurse perceptions of caring and satisfaction with care.
- A nurse-family-patient interpersonal relationship supports effective nurse caring.
- Both affective and technical aspects of nursing care interventions are seen as caring.
- TCM four education modules are transferable into practice using caring examples.
- The education experience received essential support from nursing leadership, unit practice councils, and nursing staff.
- Analysis of results indicates education can help identify, change, and reinforce the parameters of caring perceptions of nurses.
- A larger sample group is needed for outcome validations and to determine variations of sustainability.
- Nurse caring, compassion, and presence support value-based pay-for-performance incentive payment for satisfaction outcomes.