

Bridging the Quality and Nursing Care Gap: *Innovative Clinical and Academic Partnership Using the Relationship-Based Care Theoretical Framework*

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It is imperative that nursing care be supported by evidence-based practice (EBP). However, healthcare settings often struggle with nurses' immersion into EBP cultures, failing to see the value of creating a culture based on nursing theory and scientific evidence as a means to ensure quality patient care. A clear theoretical and scientific direction is essential for nurses to deliver high-quality, professional services based on a foundation of caring for patients, family members, and coworkers.

Equally, a chasm exists in current nursing practice among theory, practice, and evidence. Strong leadership is needed to ensure the development of a professional culture of nursing that is based on EBP and caring practice. This article describes a collaborative arrangement between a community hospital and a school of nursing that has resulted in a strong professional culture, founded on Swanson-Kauffman's¹ theory of caring.

SWANSON'S THEORETICAL FOUNDATION

Swanson-Kauffman's middle-range theory of caring sets out 5 processes that apply to the delivery of care: maintaining patient belief, knowing, being with, doing, and enabling/informing.¹

Her theory provides nurses with a comprehensive understanding of the important bridge between caring and nursing outcomes, extending not only to patients but also to significant others, other healthcare personnel, and themselves. Swanson's theory pushes nurses to the understanding that through caring, and only through caring, can we touch others' lives and improve health. Thus, caring *about* our patients is as important as caring *for* our patients.²

Swanson's theory creates a framework to guide nurses as the care they provide expands beyond tasks and skills to the development of strong relationships with patients based on trust. Within such a framework, patients feel confident they will receive the quality care they need when they need it.

For Swanson-Kauffman,³ *maintaining belief* is the faith that others can transition through the adverse event; *knowing* is striving to understand the meaning from the other's perspective; *being with* means being emotionally present; *doing for* connects the nurse to the patient as the nurse does what the

patient wants to do but cannot do; and *enabling* facilitates a transition through unfamiliar life events. Swanson applies her theory to the conditions that affect caring for patients, nurses, and within organizations.

It has been noted that *nursing care* is not the same as *nurse caring*.³⁻⁵ Nursing care research examines the implementation of the plan of care with a focus on technical skills and the evaluation of clinical outcomes. Nurse caring is concerned with the ability of the nurse to create an environment in which relationships are formed that provide a path to healing.

The profession of nursing is both an art and science based on caring principles and scientific evidence. Building a culture of caring in nursing practice is essential to providing high-quality care and ensuring positive outcomes of patient care delivery. Although the strategies and tools employed may vary, the literature supports the premise that caring practice can be taught.^{4,6-12}

THE COMMUNITY HOSPITAL-SCHOOL OF NURSING COLLABORATION

Background

The newly appointed chief nurse officer (CNO) of a midsize community hospital had a vision for nursing care delivery that was grounded in nursing theory. The CNO had 2 simple questions for her nurses to answer for themselves: “Why am I doing this?” and “How will this affect patients and families?” These questions guided the selection of a nursing theory for the professional model of nursing care at this midsize hospital. They chose a theory and practice model that is straightforward, unpretentious, and capable of appropriately enhancing the quality care provided to patients and their families. The relationship-based care (RBC) model, founded on Swanson’s caring theory, was selected as the theoretical foundation for nursing practice. RBC provides the theoretical and operational framework to implement a professional nursing model of care delivery based on four principles: caring practice, education, clinical experience, and research.¹³

A new collaborative partnership between the hospital and the school of nursing (SON), led by the CNO and the SON dean, created the environment to support this transformation. This magnitude of change required a strong commitment by the CNO and nursing leadership to the patient care staff, along with the robust support of the SON. SON faculty and hospital clinical staff, using current research and evidence, collaborated to create the infrastructure to transform nursing practice to a caring culture, in which building relationships with patients is a priority for all nursing care.

Along with support from the SON in the design and implementation of cultural change in the clinical environment, the collaboration led to the integration of undergraduate nursing education with theory-based practice and the development of a robust research base to measure and evaluate the outcomes of care. Initial outcomes to assess the effectiveness of the RBC model were identified as patient satisfaction, quality of care, length of stay, resource utilization, and cost-effective care. This unusual collaboration between

hospital and university, beginning in 2009, has resulted in a transformation of nursing practice grounded in a culture of caring that extends from the hospital to nursing students.

Intrinsic to a culture of caring is the development of a trusting bond with others that enables a connection of mutual respect and caring between the nurse and the patient and the patient’s family, at a time when they are most often highly vulnerable. This simple belief has revolutionized the ethos of the SON and the hospital. A commitment to caring is supported by all disciplines (professional, ancillary, and support) and by nursing students and graduates. The leadership, led by the CNO, has communicated to clinical staff, students, faculty, associates, and administrators the power of caring and healing relationships and their importance to the delivery of excellent patient care.

The model development began with the following structure:

1. Create a center of nursing excellence through the theoretical foundation of caring practice.
2. Develop a strong clinical and academic partnership: the community hospital nurse leader and university faculty entered into a formal relationship committed to designing and implementing the theory-based practice.
3. Integrate the practice and the science of caring by designing research around development and evaluation of the caring science.
4. Expand the relationship of evidence-based practice and clinical care to improve and strengthen outcomes for patients/families, students, and nurses.
5. Create an endowed professorship for caring practice to advance the academic integration of the science of caring.

IMPLEMENTATION

Evolving toward a theory-driven practice model is a complex process. Key initiatives that demonstrated the immersion of RBC within the hospital culture are new organizational structures, shared governance, communication, and outcome measures.

The hospital’s foundation board recognized the value of RBC and gifted monies to create an endowed professorship for caring practice at the university. The goals of the endowment are to support the hospital’s transition to theory-based practice, to design the infrastructure for the transition, and to establish a nursing research model. Through the endowment, a commitment was also made to educate nursing students within the RBC framework of professional caring.

A cohort of 24 students is selected annually from incoming sophomore students who have completed an application process. The selection process includes an essay, a caring abilities inventory, and behavioral-based interviews by the hospital staff. Each cohort remains closely linked to the hospital through immersion in clinical experiences and participation in RBC and caring education, with each student having a staff or manager mentor. The goal for each cohort is to develop strong caring attributes based on RBC during their educational and clinical experiences. The endowed professor, in partnership with the hospital’s nurse leaders, ensures that

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