

Creating a Caring Nursing Environment at the University Teaching Hospital

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Abstract

The success of any health care delivery system depends on the value the professionals place on quality of the services given. Nursing practice is a major contributor to the success of the health care system especially if the caring concept is well defined and understood by the providers. The project that was undertaken was intended to awaken a spirit of caring in the identified ward with intentions to create a model care ward.

The method included flouting the old caring strategies that nurses embraced, stimulating them to rethink and identify approaches that could enhance 'caring' whilst creating a vibrant working and cooperative team. A consensus building meeting was held where 20 caring behaviours and 35 uncaring behaviours were identified

Keywords: *Caring, nursing, professionalism, behaviours, patient.*

Introduction

Caring is universally identified as the foundation of the nursing profession which differentiates nursing from medicine or curing management of patients. The distinction helps nurses to understand the critical role in the care delivery systems. Linking caring to charity and moral uprightness provides a clear distinct direction to the nursing profession. Caring should not just be something nurses do but those providing care need to understand the sacredness of the activity and honor inherent with it. DiNapoli P, P., et al (2010), advanced that professional nursing practice was rooted in humanistic ideals and directed by the carative factors and not merely focusing on mechanical task attainment. Tomey and Alligood (2006), discussed aspects of caring as perceived by various philosophers and theorists; Watson and Ericson's focused on care that considered love, charity and kindness as virtues inherent to the concept, while Ray introduced the cultural, moral and spiritual aspect of care. Martinsen stated that caring was beyond value base of nursing but a prerequisite for individuals' lives and emphasized on the need for professional knowledge as a requirement for engaging into meaningful concern for the patient. Hain, D., (May 31, 2013) indicated the need for a paradigm shift from traditional care approach to one rooted in Evidence Based Practice, that was focused on high quality care with controlled delivery costs and utilizing expertise in clinical decision making. Rhodes, M., (2011) reported acceptability of the caring concept as an essential quality and vital characteristic required in the nursing profession. Caring requires being available, knowing and doing. Moerman (1996), established that nursing practice was a key determinant to patient satisfaction during their hospital stay. Understanding behaviours that defines caring in professional nursing therefore is the basis for the nurse to practice in a professional manner. DeVries P, A., (1991), indicated that there would be no curing without caring while there would be caring without curing, the basis that should stimulate nurses to hold highly their position as care providers in the health care system.

Caring and nursing stands out undoubtedly as a key aspect of the health care system. The understanding of the importance of this role by nurses determines how the role is implemented and subsequently shapes the quality of care provided in that particular health facility. Mandalia et al (2012), stated that non caring attitudes by nursing staff often times has driven patients who are able to afford paying for health care services in the private hospitals to do so, rather than seeking care in public institutions which were perceived to be un caring.

Purpose

The purpose of the study was to collaborate with the nurses and develop strategies aimed at identifying caring behaviours that could be made as part of the norm in the selected ward.

Objectives

1. Conduct a team building workshop
2. Establish a friendly and accommodating work environment
3. Establish an acceptable work culture in the identified ward.
4. Identify acceptable caring nursing behaviours
5. Identify behaviours perceived as unacceptable by the patients

Methodology

Holding meetings with senior management in order to win their support in terms of human and material resources. Consensus building approach, based on individual nurses' understanding of the Caring concept was adopted. The initial workshop was held to help identify caring behaviours that were going to be adopted by everyone in the selected ward. Pre-implementation exit interviews with the patients in the identified ward were going to be held in order to solicit none caring behaviors based on the patient or relative's perspective of caring behaviour. A team building workshop was conducted in order to create team spirit and a sense of belonging for all the nurses and support staff in the identified ward.

Ethical considerations

Permission was sort from the Senior Medical superintendent to conduct the study in the hospital and also to hold a consensus building meeting with the nursing staff in the identified ward. The purpose and objectives of the study were explained to the nurses during the consensus building meeting.

Results

During the inception meeting, the purpose and objectives of the study were explained to the participants, an approach which was intended to win their support as well as building a project ownership 22 nurses participated in the consensus building meeting where 20 items were identified as caring behaviours while 35 statements were given to describe un caring behaviours. The team further agreed to hold further meetings aimed at detailing and conceptualizing the attributes of a winning team that was required to achieve the creation of a caring environment in the ward.

Identified caring behaviours

The following were some of the behaviours that identifies a caring nurse

1. Empathetic and provides a supportive environment to the patient
2. Present and approachable
3. Dedicated to work
4. Attends to the needs of the patient
5. Has a listening ear
6. Advocates for the patient
7. Greets the patients
8. Understands the patient
9. Shows concern for the patient
10. Communicates and listens to the patient
11. Reports for work early
12. Non selective to the patients
13. Allows patient to express themselves
14. Flexible and accommodative
15. Has love for her patients

16. Loves humanity
17. Works in collaboration with other nurses and also shows concern for them
18. Is responsible and accountable for the patient's welfare.
19. Respects authority
20. Meets the expectations of patients

The following behaviours were identified with uncaring nurse

1. Does not greet the patients
2. No time for the patients but spends time on the phone
3. Does not know the patients
4. Uncooperative to both colleagues and patients
5. Reports for work late
6. Not flexible
7. Portrays no purpose for going to work
8. Uses bad language and shows no respect to patients and relatives
9. Does not attend to patients needs
10. Depend on colleagues to carry out tasks
11. Conducts self in an unprofessional manner
12. Does not maintain patient privacy
13. Neglects the patient
14. Exhibits incompetence
15. Shows no concern to patients
16. Does not change patients linen
17. Signs for medication that is not given to the patient
18. Not a good listener
19. Does not advocate for the patient
20. Takes bribes from patients and relatives
21. Not aware of environment
22. Calls patients by bed numbers
23. Gives instructions and does not smile at her patients
24. Can leave the ward unmanned
25. Does not account for her activities in the ward
26. Leaves the patient's medication on the locker
27. Does not tough patients who are soiled
28. Locks self in an office
29. Chooses who to work with the patients or relatives
30. Does not talk to patients or relatives
31. Calls patients by their diagnosis
32. Patients refers to an uncaring nurse in a demeaning manner
33. Does not carry out any procedures
34. Does not feed patients
35. Does not call the doctor when patient's condition changes

Discussion of findings

The nurses during the consensus building meeting identified twenty behaviours which were expected to be inherent to a caring nurse. In agreement with the findings of many nursing theorists, caring was rooted in humanistic ideals and directed by care givers' disposition and not merely attainment of mechanical tasks, DiNapoli P, P., et al (2010).

According to Tomey and Alligood (2006), who outlined aspects of caring as perceived by various philosophers and theorists, indicated that Watson and Ericson identified love, charity and kindness as virtues characteristic to the caring concept, while Ray introduced the cultural, moral and spiritual aspect of care, which the team agreed with. However, the team did not ascribe to the views of theorist Martinsen who emphasized on the need for professional knowledge as a

requirement for engaging into meaningful concern for patients. The need for evidence based approach to care as stated by theorist Hain, D., (May 31, 2013) was also not identified as a critical element in enhancing quality care to patients. Furthermore, the nurses did not express an understanding based on the views of DeVries P, A., (1991), who indicated that there would be no curing without caring while there would be caring without curing, the fact that places nursing in a position of importance.

In addition to the aspects presented by the stated theorists, the nurses discussed that the following attributes were critical to meaningful care giving; dedication to duty, flexibility and accommodativeness to colleagues and the multidisciplinary team, accountability to patients' wellbeing as well as royalty to authorities.

Conclusions

Caring remains the whole mark of the nursing profession and the effectiveness of care giving is dependent on the understanding of the individual care provider's conceptualization of the concept. The project being undertaken is intended to stimulate nurses so that they develop their own understanding of the caring concept and subsequently create an environment with acceptable caring attitude.

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