Augsburg University

Idun

Theses and Graduate Projects

2012

Creating a Culture of Caring in the Perianesthesia Practice

Tammy S. Bergan

Follow this and additional works at: https://idun.augsburg.edu/etd

Part of the Other Nursing Commons

Creating a Culture of Caring in the Perianesthesia Practice

Tammy S. Bergan

Submitted in partial fulfillment of the
requirement for the degree of
Master of Arts in Nursing

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

2012

Augsburg College
Lindell Library
Minneapolis, MN 55454

MAN Thesis Bergan 2012

Augsburg College
Department of Nursing
Master of Arts in Nursing Program
Thesis or Graduate Project Approval Form

This is to certify that **Tammy Bergan** has successfully defended her Graduate Project entitled **"Creating a Culture of Caring in the Perianesthesia Practice"** and fulfilled the requirements for the Master of Arts in Nursing degree.

Date of Oral defense **December 5, 2012**.

Committee member signatures:

Advisor: [signature] Date 12/5/12

Reader 1: [signature] PhD, RN Date 12/5/12

Reader 2: [signature] Date 12/5/12

Abstract

Caring has been described as the essence of nursing. What nurses do as they care for patients and others is multi-dimensional, complex, and essential. Nursing's ability to clearly define and articulate what caring is guides the ethics, values, decisions, and foundations of nursing practice. Caring evokes a range of perceptions, feelings, and experiences for the patient and nurse in the perianesthesia specialty setting. Caring as a pillar of the nursing profession is explored on several levels for the perianesthesia setting. Aspects of caring include perceptions of caring, what denotes a caring environment, the role of nursing leadership in a caring environment, the impact of caring and healing for patients, nurses, and others in the health care field. A proposed model for nursing practice based upon Watson's concepts of caritas nursing and its processes provides the theoretical framework for the nursing professionals and the patients and families served. Interventions that have been currently implemented in the perianesthesia setting of a Midwestern hospital along with a proposed outline for future plans are reviewed and future plans outlined.

Acknowledgements

I would like to dedicate the work of this project to nurses who accept the calling and serve faithfully with a heart of caring. I especially wish to thank those who have inspired me in my Augsburg educational journey for without their caring relationships, support, encouragement, and passion for education, I would not be here. Fortunately for me, I begin and close this component of my course work with **Joyce Miller, DNP, RN.** Thank you for believing in me when I could not believe in myself. Thank you for your inspiration and leading through your example. What an inspiration you have been to me! Next, I thank **Joyce Perkins, PhD**, **RN,** for teaching me about the holistic healing arts and complexity science which have been extremely helpful during some very stressful times. A special thank you to **Sarah Pool, MSN, NM**, for her encouraging words and taking time to be a reader for my final project! Finally, thank you to all the nursing students I came to know during this time at Augsburg. You have enriched my life in the crossing of our life paths. I have been truly blessed!

Creating a Culture of Caring in the Perianesthesia Practice

Chapter One: Introduction

The concept of caring is a pillar within the art and science of the nursing profession. Therefore it is imperative for nursing to be able to clearly define caring and translate its meaning into practice. Caring serves in guiding the ethics, values, decisions, and foundations of nursing practice. Nursing care for and of another person evokes a range of perceptions, feelings, and experiences for both patient and nurse in any setting. Caring is a component of the patient and professional nurse relationship and must also be integral in nurse-to-nurse relationships. Nursing theorist Jean Watson (2008) identified caring as being fundamental to nursing practice and that which serves as a unifying force of nursing. The specialty of Perianesthesia nursing is a practice where nurses' caring actions and behaviors directly impact the patients they serve as well as their peers. The perianesthesia nurse cares for patients immediately postoperatively following an operative procedure or diagnostic test with anesthesia. Consequently a project is envisioned where a culture of caring would be enhanced within the perianesthesia setting.

Background of the Project

Currently the perianesthesia nursing practice is a desirable area of specialty nursing on several levels. First, the specialty has little turnover of staff. The average rate of turnover is less than 2% with many nurses having more than 25 years of experience. Second, there are few weekends, holidays, and on call shifts to cover. Third, there is the opportunity for excused absence time off over select holidays or when the workload is lighter. Fourth, there is limited exposure to floating to other units other than another perianesthesia recovery practice. As a result of these factors, some nursing staff believe

they are entitled to different benefits than other peers. For example, senior nursing staff see summer vacation as a privilege that one earns after having been employed for 25 years or greater and not before. This can be a sensitive issue to the more junior staff. As a nursing leader of this specialty, I have observed that these viewpoints have resulted in and created noncaring behaviors and actions among the nursing team members. This has the potential to impact the nursing team and its individual members, as well as patients and their care. The purpose of this project is to enhance the culture of caring through creating an innovative practice model for nurses in the perianesthesia setting of a nonprofit Midwest teaching hospital. The practice model will focus on the integration of caring concepts into standards of nursing practice and the further advancement of intentional authentic caring relationships with patients and nurse colleagues. The theoretical foundations of Watson's (2008) model of human caring will provide the framework for this project. The project will explore the significance of caring in nursing practice, the ways of knowing in which caring exists, and the nursing theoretical foundation guiding the innovative practice model. A new and innovative model of caring is needed to enhance the culture of caring in the perianesthesia specialty.

Significance of Caring in Nursing Practice

Enhancement of the culture of caring in the perianesthesia practice is significant to the patients and nursing professionals of the speciality. This can be evidenced by the impact of caring upon the profession of nursing, its practice, and those it serves. Caring is defined as a noun by its state of mind where there is concern, serious heed, or caution (Caring, n. d.). The act of caring is an interpersonal process requiring the nurse to care for and know about the patient (Carter, 2008). Caring can also be described as a verb by

feeling concern, to wishing or desiring; watching over, being responsible for and acting upon (Caring, n. d.). Caring as a focus of nursing was identified by Newman, Sime, and Corcoran-Perry (1991) and has been a core term for the nursing discipline and central to its identity (Newman, Sime, Pharris, & Jones, 2008).

Caring is associated with health and its impact on healing. Caring has been noted as an essential in healing whether it is implemented in a spiritual, physical, or emotional manner (Wendler, 1996). Cowling and Taliaferro (2000) noted caring begins with self and is a moral and motivational force in the healing process. Caring presence and intentional resonance focuses nurses on what is meaningful in the eyes of patients (Newman, Sime, Pharris, et al., 2008).

Caring is a conscience judgment that manifests itself in concrete acts, interpersonally, verbally, and nonverbally (Watson, 2008). Synonyms for caring include responsibility, consideration, concentration, and discrimination (Caring, n. d.). Caring is a unique paradigm by which nurses contribute to those they serve within the perianesthesia setting and the health care community.

Caring is foundational to the core language, practice, principles, and fabric of nursing. There must be a language defining caring within the nursing profession as a profession without a language does not exist (Watson, 2008). As a discipline, nursing must have a language defining what nurses do and be clear about what the language is as it relates to caring. The language builds a connection within the profession and ensures nurses' knowing, articulating, and practicing caring. Second, the essence of caring helps perianesthesia nurses to distinquish their practice and further its advancement in the areas of education, practice, and research for the well-being of

patients and nurse. How caring is interpreted and expressed in each of these domains is instrumental in establishing specialty nursing models and standards of care. Third, the profession of nursing provides a service and has an understood reputation with the public. Those served need to know nursing takes professional accountability for giving voice, advocating for, and acting upon knowledge, values, ethics, and skilled practices of caring, healing, and health (Watson, 2008). Fourth, awareness of what the scope of caring can do for patients and nursing is a critical component of the profession. Nurses are not merely technicians performing tasks but rather professionals practicing the art and science of nursing (Watson, 2008). The significance of caring has direct implications for the speciality of perianesthesia nursing and the patients cared for there. For example, one aspect of the perianestheisa nursing practice is understanding the art and science of caring which includes knowing caring exists, demonstrating caring, and becoming more present in the acts of caring . Effective caring actions, communications, and methodologies are the vessel by which healing may be promoted in the specialty.

A caring presence, intentionality, actions, and behaviors benefit the patient and the perianesthesia nursing professional. This can be established and understood through nursing praxis and ways of knowing (Chinn & Kramer, 2007). Watson's (2008) work with caring science and the caritas processes "embraces all ways of knowing/being/doing; ethical, intuitiuve, personal, empirical, aesthetic, and even spiritual/metaphysical ways of knowing and Being" (p. 18). The caritas nurse uses caritas processes and facilitates the areas of knowing. Caring through personal knowing comes through being one's authentic self, accepting others, practicing loving-kindness, intentionality, honoring spiritual practices, and effective listening (Chinn & Kramer,

2007) . Aesthetic knowing is present through creative thinking, actively using resources, providing flexibility, fostering an environment where going above and beyond may be explored, and exuding inspiration and hope (Chinn & Kramer, 2007). Empiric knowledge of caring is observable, measurable, and can be recorded through the nursing process, research, and examination of the literature (Chinn & Kramer, 2007). Ethical knowing involves clarity of values, standards, practicing accountability and responsibilty in the service provided (Chinn & Kramer, 2007). It also involves trusting and using higher consciousness to perform the right actions. Caring at the emancipated knowing level is expansion of one's lens in improving what one does for greater good (Chinn & Kramer, 2007). Caring at this level challenges the nurse to question what is right, what is wrong, and what is best. Ultimately the nursing praxis results in a deeper place of consciousness, wholeness, caring, healing, and transformation for the lives of others or self. This advanced presence of caring would enhance the culture of caring in the project setting.

Theoretical Perspective

The work of nursing theorist Watson serves as the guide to the new innovative practice model within the Perianesthesia nursing unit. Watson (2008) described the core of nursing as "those aspects of nursing that actually potentiate therapeutic healing processes and relationships; they affect the one caring and the one being cared for" (p.50). The relevance of caring and healing has its roots in Watson's work. To begin, Watson created the 10 carative factors which were termed carative to set them apart from the medical model. These factors are the core activities the professional nurse uses in delivering care. Watson further expanded her work by transitioning the carative factors

to caritas processes and incorporated the transformative evolution of body, mind, and spirit field with love to a level of expanded consciousness. This work along with focused intention further expanded nursing's caring healing arts. Watson's caring science work makes clear the unity and connectedness for all living things in the circle of life. There are distinct outcomes for patients and nurses where caring exists. This energy awareness opens the knowledge systems of greater consciousness and transforms all levels of practice. Transformations within the perianesthesia nursing team may include increased patient satisfaction and nursing awareness, effectiveness, fulfillment with enhanced caring, opportunity for expanding the scope and application of caring and healing practices by the professional nurse, and enhancements of caring and healing environments to better serve the patient and care providers. Waston confirmed there are distinct outcomes for patients and nurses where noncaring relationships are present. Where caring does not exist, consequences for patients include feelings of humilation, fear, helplessness, alienation and vulnerability. Similarily, consequences for nurse where noncaring behaviors exist include, hardened feelings, depression, and withdrawal (Watson, 2008).

As nurses one of the greatest honors one can have is to take care of another person in need when in a most vulnerable state (Watson, 2008). Watson (2008) described the caring moment as informed action guided by intentionality and consciousness of how to be fully present. Caring in nursing is relational in connecting one to another. It is an ever changing dynamic: complex and intentional, involves body, mind, spirit, and the universe. Caring is demonstrated through thoughts, words, and actions; is transformative; is essential to nursing practice and principles; and defines what nurses do within the

perianesthesia nursing setting that makes a difference and sets them apart in serving mankind. The next facet for further understanding caring is to explore it through the literature findings.

Chapter Two: Review of Relevant Literature

The very essence of nursing is caring (Leininger, 2001). The act of caring is an interpersonal process requiring the nurse to care for and about the patient (Carter et al., 2008). Finfgeld-Connett (2008) described caring as a process of expert nursing practice, interpersonal sensitivity, and intimate relationships. The value of caring relationships guides and influences nursing practice throughout the various clinical practice settings. Though the actual work nurses do may change, the core value of caring will remain for the nursing profession (American Organization of Nursing Executives Board of Directors, 2004). To understand the impact of caring, the key words of caring, caring healer, perianesthesia nurse caring, critical care nursing, patient caring, nurse caring, patient satisfaction, and nurse satisfaction were used in exploring the literature. The research reviews are organized with three foci: perceptions and aspects of caring as experienced by patients, relatives, nurses, and health care team members; what constitutes a caring environment and the role of leadership in creating a caring culture.

Perceptions of Caring

There are perceptions associated with caring from the viewpoints of patient, nurses, and students. What then constitutes the aspects of caring acts and behaviors from the patient perspective? Hudacek (2008) defined seven dimensions of caring from the viewpoint of the patient: caring, compassion, spirituality, community outreach, providing comfort, crisis intervention, and going the extra distance. The top two dimensions noted by patients were caring and compassionate caring. The patients' descriptors of caring is described by Burtson and Stichler (2010) included the following: "caring is the reason nurses garner public trust and support; nurses caring is empathetic; in caring one is

attentive, concerned, knowledgeable, and freely offering of themselves by being emotionally and physically present" (p. 126). Summer (2008) determined nursing behaviors and acts, such as presence, touch, and listening, as evidence of caring to patients. Patients deemed nursing caring behaviors to be nurses being knowledgeable, competently performing duties, knowing when to call the physician, being accessible, and having technical abilities for administering medications properly and on time (Longo, 2011). In addition, the ability of the nurses to meet the patients' basic need was reassuring to patients and showed that the nurses cared about them by caring for them. O' Connell and Landers (2008) studied relatives of Intensive Care Unit patients and deemed caring nursing behaviors associated with the highest median scores of technological competence along with the humanism, faith, and hope. Perioperative patients described a caring nurse as one showing respect for the patient, treating patient information confidentially, appreciating the patient as a human being, and showing concern and support for the patient (Pross, Boykin, Hilton, & Gabaut, 2010). Suliman (2009) researched patients' perceptions of caring and found the important nursing caring behaviors to be humanism, faith, and hope sensitivity at 96.5% and human needs assistance at 95.4%. Another tool for assessing patients' perception of caring in this research study was the Caring Behaviors Inventory (Watson, 2009). The study concluded that nurse caring is the most influential dimension of patient advocacy and is a predictor of patient satisfaction (Burtson and Stichler's, 2010). Reimen (1986) studied nurses' caring activities as patients reported them to be physically present, being perceptive and supportive for patient concerns, having attitudes and displaying behaviors that made patients feel valued as a human being, returning to the patient voluntarily without being

asked, showing concern in a comforting and relaxing manner, using a gentle soft voice and mannerisms, invoking feelings of security, and attending to the comfort and needs of the patients before performing tasks. Noncaring behaviors were described as nurse's being in a hurry, performing tasks on the job rather than relating to patients, being nonresponsive to patients' needs and requests, treating patients as objects, and making patients feel ashamed, frightened, and out of control.

Caring is also valued by nurses on several levels. A qualitative study by Gallagher-Lepak and Kubsch's (2009) concluded that caring was highly valued by intensive care unit nurses and not devalued over the critical care technology. Caring may also be experienced and perceived on a nurse-to-nurse professional level. Nurses recognized caring for each other was essential to keeping nurses energized as they cared for patients (Carter et al., 2008). This theme implies that nurses are inspired to care for patients when they are cared for themselves. Longo's (2011) research reflected that caring nurses also enjoyed coworker relationships. Building on this, the research concluded nurses caring for each other is evidenced by helping each other competently attend to one's patient assignment, which in turn patients perceive as caring. Other findings suggest nurse-to-nurse caring is demonstrated by coming to know nursing colleagues on a personal level through socialization as well as professional level through acknowledgment and appreciation. In addition, caring can be identified through the awareness of unappreciated caring behaviors such as indifference or intimidating treatment of a peer, withholding information, shunning by clicks, or through perceived entitlement based upon longevity in a unit. These findings aligned with the research

Carter et al., (2008) performed in which the caring nurse-to-nurse relationships fostered teamwork and personal support.

Nurse caring acts and behaviors have also been studied in terms of their impact on nursing students. In 1986, the National League for Nursing passed a non-binding resolution stating that caring should be at the heart of nursing education reform (Beck, 2001). A Caring Code was designed to assist nursing students in learning about caring from a patient perspective. In 2005, Lee-Hsieh, Kuo, & Tseng compared the caring behaviors of two student groups. The conclusions were that caring behaviors may be learned. Murphy, Jones, Edwards, James, & Mayer (2008) compared first and third year nursing students' perceptions of caring while participating in the educational process. There was consensus for caring as a core nursing value; however, a key finding was a statistically significant difference in the third year nursing students' caring behavior scores being lower than that of the first year nursing students. The interpretation for this finding was related to the change of the number required courses on caring that a third year nursing student has to take (Lee-Hsieh, et al., 2005). The course work did not have an intentional focus to caring, thus the lower scores. This did affirm the importance of caring as a process and behavior that can be assimilated through teaching.

The literature acknowledged a variety of perceptions related to caring and caring behaviors. Papastravrou, Efstathiou & Charalambou (2011) identified that nurses do not always accurately assess a patient's perceptions in the various aspects of caring; thus care plans were developed and based upon the nurse's own assumptions versus the patient's. Another variance was evidenced in Jones' (2008) qualitative research study in a local hospital emergency room serving Mexican Americans. The delivery of culturally

Augsburg College Library

competency care was challenged in view of language barriers along with limited knowledge of this culturally diverse patient population. In Finfgeld-Connett's (2008) qualitative concept comparison, caring and presence were found with substantially similar, unconfirmable differences. Additional comparative studies were recommended to avoid redundancy and promote clarity in the nursing language.

The Caring Environment

Facilitation of nurses' ability to fully realize their caring potential requires an environment conducive to caring (Longo, 2011). Nurses are central to the healing of the patient (Nightingale, 1969). Nurses create the environment and culture enhancing human health and healing (Watson, 2003). They are the caring field surrounding the patient and family. In order to foster and grow the environment of health and healing, nurse must feel empowered and have the accountability and responsibility in the design of quality care delivery (Byers, Kearney, & Myatt, 2011). The creation of a healing practice environment is founded upon a nursing caring framework fostering trust, empowerment, and respect for one another. This starts with nurses caring for nurses. Burtson and Stichler (2010) concluded that an environment embedded in compassion and social interactions among nurses may improve nurse-to-nurse caring and potentially sustain long term improvements in the care of patients. Caring environments support a heightened awareness of nursing presence through practices such as centering. Centering fosters the practice of loving kindness and equanimity which is cultivated in caritas conscientiousness (Watson, 2008). Exercises in centering can cultivate intentional presence and being one with the patient. Additional factors that contribute to a nursing

caring environment include aesthetics of the work setting, adequate resources, and time to properly perform one's work (Finfgeld-Connett, 2008).

Caring environments benefit patients, nurses, relatives, and the organization. Caring begets caring (Carter et al., 2008). Caring can change how and what care is delivered within the profession and with others, increase the energy and enthusiasm for nursing care delivery, and enhance workplace relationships and teamwork. Finfgeld-Connett (2008) identified patient benefits such as the alleviation of suffering and distress, a sense of safety, satisfaction, and gratitude. Dingman, Williams, Fosbinder, and Warnick (1999) asked patients to identify caring behaviors that increased their satisfaction. These behaviors included nurses' calming of fears, effective communications, showing concern, anticipating needs, and responsiveness to requests. Patients expect caring behaviors from nursing professionals which results in loyalty and satisfaction as part of the health care experience (Felgen, 2003). A caring and healing environment fosters patient and family involvement in their care with a focus on body, mind, spirit, and an individualized relationship (Koloroutis, 2004). Stutts (2001) found patient satisfaction to be improved when nurses' presence was increased and consistent with staffing assignments.

Similarly, nurses experience a strong desire for caring relationships and environments to work in. Nurses desire to deliver quality patient care, experience a decrease in stress, have gratifying relationships, and obtain a sense of appreciation, and validation. A component of caring and quality is the knowledge of self and self care. These aspects can enrich the personal and professional life of the nurse through practices such as meditations, reflective journaling, storytelling, and use of centering exercises.

This can lead to respect and satisfaction for patients as well as the nurse. Quality care and patient safety is best guarded by the nurse who knows the patient story and can advocate for the patients' best interest (Koloroutis, 2004). This element of nursing advocacy and intervention creates a caring and healing environment which in turn fosters higher staff satisfaction and productivity (Koloroutis, 2004). An example of this can be seen by reduction in medical errors through continuity of care assignments and consistent scheduling patterns. Nursing staff found caring environments enhanced their personal and professional growth and enhanced longevity with a facility (Koloroutis, 2004). In addition, both patients and nurses described a sense of improved mental and physical well-being. According to Burtson and Stichler (2010) nurse caring is the most influential dimension of patient advocation and is predictive of patient satisfaction.

Nursing Leadership and the Caring Culture

Caring guides the profession of nursing and its leadership. This can be evidenced in a caring culture of nursing practice and the economics of nursing care delivery. First, caring is action, not sentiment, deed and not an emotion (Godkin & Godkin, 2004). Nursing leadership shares a unique opportunity in guiding and inspiring others through assuring caring is designed, practiced, and delivered in the health care setting. They create a sense of community, a strong sense of unity and fellowship amongst staff (Rudolfsson, Post, & Erikkson, 2007). Caring cultures evolve when nursing leaders create an environment where individuals and teams are promoted and where commitment is valued over compliance (Koloroutis, 2004). Nursing leaders who value relationships and caring can ensure nurses make this a priority in their practice (Koloroutis, 2004). Leadership also has the ability to transform the environment through their caring

relationships and acts (Watson, 2000). When modeling of these behaviors occurs, it gives rise to the caring and healing mission and vision for the nursing profession (Watson, 2000). A culture of caring is a direct reflection of the attitudes, expectations, and structure of the environment the nursing professional is engaged in; therefore, the essence of caring is essential to nursing practice and its providers from the bedside to the boardroom.

Secondly, caring has implications from an economic and administrative standpoint for the profession of nursing. What is driving patient dissatisfaction in healthcare facilities? There is potential in the business of health care to be focused on the dollars, cents, bed availability, and efficiencies of care delivery while omitting the human element. Another facet that may compound this focus is the availability of nursing professionals where incentives become the driving focus without addressing the true underlying issues. What is prompting caring institutions to lose nursing staff? Why are individuals not entering the nursing profession? What are the implications of the nursing shortage and patient safety? What may be at the heart of the issue is a lack of human caring. The caring void can result in a hostile environment that places dollars over human life and quality of caring-healing experiences for patients and practitioners alike or the lingering mood of nurses who love their work, but hate their jobs (Watson, 2006). Watson (2006) stated "any profession that loses its values becomes heartless; any profession that becomes heartless becomes soulless; any profession that becomes heartless and soulless becomes worthless" (p. 88). Caring is imperative for nursing leadership to demonstrate, model, and incorporate within the culture of the organization.

The value of human caring impacts patients and nursing staff from a humanitarian, ethical, and human resource cost, benefit, and overall economics of the profession.

Caring also affects the professional nursing domains of practice, education, and research for all specialties. Caring is what gives evidence to nurses' unique role as healers with a body of knowledge to make a difference each and every day in the lives of those they serve and serve along side. Nursing leadership as well as staff can alter the culture of the work environment through caring. As direct care providers, nurses directly impact patient safety, quality of service they deliver, and the environment they serve in. Collectively nurses and leaders have an obligation to enhance, create, and most importantly be caring healers for those they serve and for each other.

The theoretical framework for caring according to Watson (2008) is incorporated into transpersonal love and one's expanded consciousness for patients and nurses. The expanded transpersonal caring embraces caring consciousness, energy intentionality, and being fully present in the moment, which in turn potentiates self healing processes. The engagement of these variables fosters a timeless caring relationship through the values of love and caring that result in a nurse's authentic presence and a caring moment.

The nursing professional's sense of value, empowerment, and partnership can better the relationship with patient, peer, and or self. The caring consciousness guides the nursing moral and ethical commitment and intentionality with each patient (Watson, 2008). Intentions remind one of what is important and inform one's choices. Such choices impact the caring of self or others. Intentionality seeks to have a deeper focus to attentiveness and awareness. Energy intentionality centers on the connection of one's energy source and cultivation of a higher consciousness to being more fully evolved as a

person and with others, having a greater sense of community, communion, insights, intuitive reasoning, emotional intelligence, and heart centered consciousness (Watson, 2008). One's energy source is connected to one's spiritual nature which invites grace, mercy, and love to enter one's life. The most powerful energy one possesses is love (Myss, 1996). A heart-centered person moves toward an openness, mindfulness, compassion, and connection with one's infinite field of universal love (Watson, 2008). Caring is an intentional healing art whereby there is benefit to the one being cared for and to the one providing cared.

Caring, according to Watson (2008), is fundamental to nursing practice and serves as the unifying force of nursing. Caring is a conscience judgment that manifests itself in concrete acts, interpersonally, verbally, and nonverbally (Watson, 2008). Nurses contribute to those they serve through their unique caring manners. Caring in nursing is relational in connecting one to another, ever changing and dynamic, complex and multifaceted, intentional, and involves body, mind, spirit, and the universe. Caring is demonstrated through thoughts, words, action, and presence; is transformative; is essential to nursing practice and principles; and is what defines what nurses do that makes a difference and sets them apart in serving humankind. As evidenced by the literature, perceptions of caring, caring environments, and nursing leadership can foster a new and innovative caring culture for the perianesthesia practice setting.

Chapter Three: Development of an Innovative Practice

The perianesthesia practice environment can be enhanced with a unique innovative model of caring. The innovative practice model seeks to incorporate relationship based caring into the various domains of perianesthesia nursing. This model will have application to professional nursing practice, education, research, staff and leadership development, and care delivery models. In the new model there are creative ideas that may further integrate a new focus on caring within the perianesthesia specialty practice, surgical services division, and overall Department of Nursing. An overall description of the model will be discussed, along with what processes may be or have been involved in creating it, and how nursing theorist Watson's (2008) philosophy and science of caring guided it's foundation.

The innovative culture of caring can best be depicted in a conceptual model of advanced nursing practice integrating Watson's (2008) beliefs (Appendix A, p.37). The model incorporates Watson's concepts of caritas nursing and its processes for the nursing professional and the patients, families, and peers they serve. This art and science model embodies the body, mind, and spirit, caring consciousness, resulting in caring moments and caring healing, supported through the hands of love as a part of the sacred work nurses perform in the specialty of perianesthesia nursing. Nurses who practice within Watson's theoretical framework are engaged in caritas processes, caring healing, caring moments, caring consciousness, kindness, forgiveness, unconditional love, cosmic universal energy, and are open to spiritual mystery and the divine. These are components of caritas nursing. The model's internal structure is in the shape of two hearts that are connected as the heart space is the place of greatest source of energy where caring and

healing exists. In addition the heart spaces of nurses and patients, families, and peers are supported by hands reflective of the openness to caring, healing, and exchange of universal love. The model is fluid and can be utilized by nursing professionals, patients, families, as well as other health care team members.

Integrating the new model begins with expanding and redefining the role of caring for the patients, families, and fellow peers in the perianesthesia setting. In 2010 a Midwestern hospital established a new nursing care model by adopting Watson's (2008) theory of caring for its Department of Nursing. The model was based upon a relationship centered nursing practice and specific principles and roles guiding the nursing professional. These roles included caring healer, problem solver, navigator, teacher, pivotal communicator, vigilant guardian, and transformational leader (Appendix B, p.38). The nursing professional as caring healer is responsible to be knowledgeable to practice within a relationship centered practice. Accountability to the patient is demonstrated by the nurse as problem solver. Continuity is enhanced by the nurse who serves as a navigator for the patient and family. Empowerment is promoted by the nurse who serves as teacher for the family. Synergy is created by the nurse as a pivotal communicator. Safety is increased by the nurse as a vigilant guardian. Professional development is accelerated by the nurse as a transformational leader (Midwestern Hospital Intranet site, 2012). The perianesthesia specialty has embraced Watson's model with special interest to the pivotal role of caring healer in the delivery of nursing care to patients, families, and peers. A proposed plan for implementing the new model of caring within the perianesthesia specialty has been developed for review with nursing leadership and administration (Appendix C, p.39). There have been some practices changes that have

been initiated with respect to caring within the perianesthesia specialty. For example, the staff of the specialty recently requested the purchase of Watson's (2008) *Philosophy and Science of Caring*. The text is available in the section's library for staff use. At the specialties annual Professional Education and Development sessions, several of Watson's (2008) meditations were utilized. In addition, a review of the carative processes (Appendix D, p.41), assumptions of caring science, (Appendix E, p.42), and carative factors (Appendix F, p.44) were provided. As a result of these sessions, the nursing team formed a Caritas Committee as a means of demonstrating caring acts toward team members experiencing life changing events such as weddings, births, deaths, and so on. The committee has had fund raisers for individuals facing mounting medical expenses due to cancer, loss of homes due to fires, or floods, or the loss of a loved one due to accidental death or natural causes.

Another element of the model that will be further developed are the definitions of caring science and healing principles, the sharing of exemplary examples of caring actions, caring moments, and caring conscientiousness as a component of the standards of caring desired within the practice setting. These can be expanded further into the specialties' behavioral standards noted within the Commitment to Myself and Coworker (Appendix G, p.44). In addition, this innovative model would result in further integration of more specific caring science values, knowledge, skills, language, actions, and desired behaviors into the role of the caring healer and understanding its impact on healing. This model includes consideration for the assessment of any body, mind, and spirit healing that the patient currently performs as part of the cultural assessment and what healing the professional nurse may offer or bring to the patients, families, and or peers. Such a

change would require dialogue with staff among the various clinical practice committees, and with nursing leaders, in identifying what constitutes caring from the perspective of patient, family, peer, or leader within a specialty, among a team of staff, or on a grander administrative level. These results may create different pathways for coordination and delivery of nursing care, communications between nursing staff, staff recognition, team building, and sharing of the holistic caring and healing performed by the perianesthesia nurses. Currently in the Perianesthesia specialty, there are initial discussions on the caritas principles, processes, (Watson, 2008) and how these are evidenced in the practice. It is the hope that the outcomes and supporting examples from these interactions among the nursing professionals may be shared with other surgical specialties.

Watson's (2008) caring science theory, definition, assumptions, and relationships of caring and healing may best be served with further education of the perianesthesia specialty nurses on how to demonstrate this level of caring and caritas nursing within the facilities current model of care. The advanced caring science education requires a full explanation of the existing and potential for future research, its application in health care, as well as its benefits. It would be important to stress how the caring science field would advance nursing professionals' sense of being, sense of empowerment, sense of being and becoming the environment, along with the culture of caring and healing for patients, families, other nurses and team members. Education would also include the benefits to patients, families, and health care team members as well as nursing peers, physicians, and leadership. Presently, there has been initial sharing of the work of Watson's theory (2008) in devising the Model of Nursing Care for the facility of this Midwestern hospital. To this point, the perianesthesia practice has focused its overview on the Model of

Nursing Care. An opportunity exists to integrate the language of caring science and principles further into the institution, including departments, and unit specific areas such as mission and vision statements, profiles for committees and work groups, nursing job descriptions, performance evaluations and expectations, orientations, recruitment information, educational offerings and requirements, documentation systems, and expansion of the current model of nursing care. This may be accomplished by garnering initial endorsement from the perianesthesia nursing team and its various practice committees. Building on this, the recommendations may be shared further with nursing leadership and administration by the staff leaders of the Perianesthesia Practice Committee.

Further integration of the model would address the creation of caring-healing environments within the hospital setting. This may be a time to assess and enhance the environment by benchmarking with facilities that are providing more complementary or holistic healing and caring alternatives. The environmental features would incorporate healing colors, furnishings, sound, light, art, music, and dedicated space for practicing the caring-healing arts. It would also be a time to hear about the cultural beliefs that patients, families, and staff feel impact their healing. The perianesthesia team has participated in site visits to other health care institutions that have recently undergone renovation or additions to their current structures. The visits focused on the design of the facility plus the environmental aspects impacting the care of patients. For recent construction in one of their care areas, nursing staffs have recently provided feedback on the types of lighting, color schemes for the walls and furniture fabrics. Another means to foster healing for the patients, families, nurses and or other health care professionals is

through meditative relaxation rooms. These environmental changes would foster the sense of value and importance to the caring-healing relationship for self and others. Presently the perianesthesia team is exploring the possibility of using one of their staff rooms for such a purpose. Smaller practical applications may also be introduced, such as, allowing time for meditative activities before, during and after shifts, or as a standard following a critical event. Other means may involve practicing appreciative inquiry and researching the best practices and applying these within the perianesthesia setting.

Next, nurses have the opportunity to become the experts in caring and healing. This is a part of what nurses can do for patients and each other. The impact of caring actions is complimentary to the patients', families', and nursing professionals' healing. The embracing of this knowledge and its application may be part of a larger transformation of the health care setting. It begins on a day-to-day level when the perianesthesia nurses begin practicing enhanced caring and healing immediately. For example, conscientiously caring for one's self in body, mind, and spirit helps to bring forth the energy to extend oneself to others in the healing process. Caring is part of basic human needs. Accepting and loving of self can facilitate a patient's acceptance of a nurse's care. Perianesthesia nurses cannot give what they do not have. Perianesthesia nursing professionals must be authentic and sincere in the care they provided as caring is the essence of the nursing profession. It also builds the trusting relationship between patient and nurse. Perianesthesia nurses need to join together and take the time in caring for the patient and in determining areas that may be prohibiting this from happening. It is important to remember that when all else fails for the surgical patient, the perianesthesia nurse is there with a caring spirit.

On a committee or workgroup level, nurses can begin to use techniques, such as centering at the beginning of their shift or a meeting as a means for bringing forth intention in the work they will be performing. This technique would be considered as a component of the overall educational rollout and integration into the various aspects of nursing. It can be taught one on one or by providing a DVD for nursing staff. The innovative nursing model will continue to evolve with a deeper sense of caring and embracing the healing energies of holistic nursing into the perianesthesia clinical setting. Such possible changes have the ability to benefit patients' healing process plus continue to enhance professional fulfillment and healing for the perianesthesia nurses. These ideas would have fiscal implications; however, the benefits have the potential to outweigh the costs.

There may be tensions and clashes with the advanced practice model recommendations. For example, factors that may impeded the model's implementation include: lack of fiscal support for space renovation or availability of space without renovation, or lack of organizations, department's, work units, staffs', or patients' receptivity or willingness. In addition, those without knowledge or exposure to Watson's (2008) concepts may question the value of such practices. These are valid concerns; however, they may be resolved with education; conducting and examining the literature; and clearly defining programs, benefits, and understanding of how these principles and practices align with the organization's goals. These actions may result in a modification of the advanced practice plan.

The perianesthesia setting has the opportunity to garner an authentic and richer sense of caring through a deeper conscientiousness and intentionality. The caring focus

takes life one action at a time and through various methods. Its effectiveness may be measured and in doing so facilitates a heightened awareness of patient's, families', and peers' need for receiving care. The tools to specifically measure caring can center on those of Watsons' work or through possible research, the facility determines. Most importantly are the objective measurements of caring that may further guide the professional nursing practice, education, research, and interactions with patients, families, and the nursing professionals, and other customers nurse's serve in the perianesthesia specialty.

Integrating a new intentionality of caring and caritas nursing based upon Watson's (2008) theory of human caring and caring science principles, will impact a new culture of caring and transform the perianesthesia nursing team. This enhanced shift in culture has the ability to change the perianesthesia nursing team and potentiate healing for all who practice and receive its provision of caring, love, and dynamic human interaction. The measurement of the caring and impacts of caritas nursing will give evidence to its benefits for patients, families, nurses, and the profession.

Chapter Four: Discussion/Evaluation of the Innovative Practice Model

The new and innovative advanced practice model along with its various initiatives allows for the opportunity to evaluate its success on several levels. First, the criteria for evaluation, description of the evaluation process, and review of current findings as related to the innovative model require analysis and reflection. Second, the model's implications for advanced practice nursing in perianesthesia need to be addressed from the aspect of a theoretical standpoint.

The criteria for measuring success can be assessed in three domains. These include the actions resulting in perceptions of caring from patients' and peers, environmental variables influencing caring and healing, and nursing leadership and peer behaviors indicative of caring. For each category the description of its presence or absence for a specific action or behavior would be assessed. For example, nursing presence, active listening, and clinical competence can be factors that establish a sense of caring for a patient. Mannerisms such as rushing a patient or ignoring or delaying in serving of a patient's needs may be perceived as a noncaring behavior. At the nurse to nurse peer level, a perception of caring may exist when a peer offers assistance to help or goes out of his or her way to assist; ignoring a peer's request for help would be considered as non caring. With respect to environmental variables fostering caring and healing, criteria to explore from a patient perspective would be the presence and involvement of family in ones care, along with a sense of safety and security when the care is provided. The evidence of a caring and healing environment for the nursing professional would be factors, such as work setting aesthetics and opportunities for accountability, responsibility, and empowerment in the specialty nursing practice. The demonstration of

caring may be assessed by the quality of relationships with nursing leadership and between peers.

There are several methods for measuring the proposed innovative model and the practice changes that have been currently established. Watson's (2008) theory of human caring work has influenced the development of tools for measuring caring. The first of these is the Caring Factor Survey (Watson, 2009) which is designed to assess caring within the context of Watson's theory of human caring and her recent work in caritas nursing (Watson, 2008). The focus of this tool is reflective of a patient's perception of caring and how the variables in the health care environment interact to impact patient outcomes. The second is the Caring Assessment Tool Version IV also based upon Watson's (2008) theory of human caring. The tool determines the degree of nurse caring as perceived by patients. The assessment and measurement of nursing leadership and nurse: nurse perceptions of caring may be designed by the perianesthesia nursing team. A nurse's sense of caring in the clinical setting may be captured through registered nursing satisfaction surveys encouraged through organizations such as the Magnet Accreditation web site (2012). This nursing research may be published and utilized as evidence affirming the importance of caring and its impact to patients, peers, additional team members, and the health care industry at large.

Currently the nursing staff in the perianesthesia setting has had exposure to Watson's (2008) principles and concepts. The interest for a focus of caring healing at an intentional level of conscientiousness has yet to be fully embraced. There are caring behaviors exhibited toward patients, families, peers, and leadership, however, there is an opportunity to enhance these behaviors, relationships, environment, and their perceptions

by the recipient. There is interest by the perianesthesia nursing team in having awareness of the patients' and families' perceptions of caring, as well as the impact of this knowledge on the overall surgical experience. In addition, there has been dialogue to explore how caring impacts the nursing care delivery, peer to peer rapport and teamwork, perceptions of autonomy, and safety. This proposed practice model will initiate the journey toward changing caring in the perianesthesia clinical care areas.

The success of advancing the new innovative nursing practice model and its proposed practice changes is only the beginning of what the future may hold for evidence based practice and research leading to new clinical care models and healing modalities for the perianesthesia setting. Utilization of key metrics will be essential in giving credence and evidence to the importance of caring for the nursing profession. The impact of nurses as caring healers is foundational to the art and science of the profession. This sets the profession apart in how it serves patients, families, and each other.

Chapter 5: Conclusions, Personal Reflections, Plans for Future

The process of creating a culture of caring in the perianesthesia setting can be summarized in the lessons learned, implications for practice, theory development, and future research, and closing thoughts. The reflections in these areas can continue to guide and foster an innovative model of nursing for the nurse's in this practice specialty, the patients and families, the division and Department of Nursing for this Midwestern hospital.

The lessons learned in this process center around three key thoughts. First, there is great need for further education and research within the domain of the caring-healing science and practices for the nursing professional. Second, nursing has the opportunity to empower nurses and increase the principles and practices of holistic caring-healing methods from the work of nursing theorist Watson (2008). Third, nursing can be a leader in bringing caring-healing principles and practices to patients, to self, and to others by continuing expansion of Watson's work. The knowledge gained is congruent to the standard of excellence desired for and by the professional nursing community and the public at large. In addition, the benefits of the caring-healing practice theories have the potential of bringing these concepts to all of humanity and foster more peace in the world. There is much yet to be done as support for this work moves forward one step at a time. The public needs exposure and education, and nursing programs need to require the theoretical knowledge base as well increased knowledge and skills with complementary and alternative practices as part of their course work. Hospitals need to educate patients, families, and health care team members on the benefits of caring theories and practices. In addition, these practices need to become part of the standard of care for patients and

staff, and care facilities need to foster caring-healing environments as they build and or renovate facilities.

Nursing's role in the art of caring healing has significant implications for patients and the profession. Patients have the opportunity to be served in many health care institutions at a most vulnerable time in their life when their health care basic needs are in jeopardy. Hospitalized patients need nursing professionals who are competent, compassionate, and caring as they journey back to a state of health and healing. This process happens through caritas nursing and results in the caring moment experience for the patient and nurse. It is in the presence of such caring occasions and moments where the human to human connection expands the compassion and caring that binds our universal humanity together. This connection fosters the hope, dignity, healing, and restoration each human being deserves. Patients need nurses who are best equipped with the art, skill, education, and spiritual dimensions of caring and healing to best serve them.

With the privilege to serve comes the responsibility to do so in a moral and ethical manner. Patients and families the nursing professional serves have high expectations. The profession of nursing has an explicit covenant with the public for giving voice to, standing up for, and acting upon its knowledge, values, ethics, and skilled practices of caring, healing, and health (Watson, 2008, p. 4). In order to maintain the profession, nursing needs to claim and clearly act upon caring as its foundational focus. Connections with patients and families through the provision of safe, competent, caring nurses will anchor the profession in the changing world of health care. The caring aspect is also a must for the care of individual nurse professionals and in relationship with their peers.

Caring for self and peers they serve alongside strengthens the overall team, keeps the caring culture alive, increases retention, and can recruit others to the profession.

The perianesthesia team also desires to provide the best possible caring service as professional nurses. There has been much done in perianesthesia nursing to be present and to demonstrate care and compassion for patients, families, and each other; however, there is so much more within the scope of their role that may be done. This can be accomplished by embracing, engaging, and living in the caring science principles, which in turn results in setting a higher standard for this clinical setting, as well for the profession each and every day. The potential change will impact patients' experience, health and well being, nursing care delivery, patient, family, and nursing teams' satisfaction, and the environment where care is provided.

Finally, caring is a component of the professional covenant that nursing has with the public. Reinvesting in caring and healing modalities is central to the profession's role and moral foundation. Authentic levels of caring can inspire, energize, and create healing for patients and nurses. This process begins through an intentional shift in caring relationships, conscientiousness, actions, and in creative healing environments. The accumulation of these efforts will result in improved patient outcomes, a revitalization of nursing as a healing art, and a transformation of the nursing care and service rendered within health care institutions.

References

American Organization of Nursing Executives Board of Directors (AONE). (2004) Guiding principles of future patient care delivery. *Presented at 2004 Annual Meeting and Exposition, Voice of Nursing Leadership: 2004 July,4.*

Beck, C. (2001). Caring within nursing education: A metasynthesis. *Journal of Nursing Education, 40*, 101-109.

Burtson, P., & Stichler, J. (2010). Nursing work environment and nurse caring: Relationships among motivational factors. *Journal of Advanced Nursing, 66*(8), 1819-1831. Retrieved from http://celsus.mayo.edu/login.php?tab=1.

Byers, D., Kearney, B., & Myatt, S. (2011). Creating a healing environment: Nurse-to-nurse caring in the critical care unit. *International Journal of Caring, 14* (4), 44-48.Retrieved from http://celsus.mayo.edu/login.php?tab=1.

Caring. (n. d.) Retrieved from http://dictionary.reference.com/browse/caring

Carter, L., Dukek, S., Holland, D., Nelson, J., Pipe, T., & Sievers, B. (2008). Exploring a culture of caring. *Nurs Admin Q, 32* (1), 57-63. Retrieved from http://celsus.mayo.edu/login.php?tab=1.

Chinn, P., & Kramer, M. (2007). *Integrated theory and knowledge development in nursing.* Philadelphia, PA: Elsevier Health Sciences.

Cowling, W., & Talifiaerro, D. (2000). Emergence of a healing-caring perspective: Contemporary conceptual and theoretical directions. *The Journal of Theory Construction & Testing, 8* (2), 54-59.

Dingman, S., Williams, M., Fosbinder, D., Warnick, M. (1999). Implementing a caring model to improve patient satisfaction. *Journal of Nursing Administration, 29*(12), 30-37. Retrieved from http://celsus.mayo.edu/login.php?tab=1.

Felgen, J. (2004). A caring and healing environment. *Nursing Administration Quarterly, 28*(4), 288-301. Retrieved from http://celsus.mayo.edu/login.php?tab=1.

Finfgeld-Connett, D. (2008a). Qualitative convergence of three nursing concepts: Art of nursing, presence, and caring. *Journal of Compilation, 63*(5), *527-534.* Retrieved from http://celsus.mayo.edu/login.php?tab=1.

Finfgeld-Connett, D. (2008b). Qualitative comparison and synthesis of nursing presence and caring. *International Journal of Nursing Terminologies and Classifications,* 19(3), 111-119. doi: 10.1111/j.1744-618X.2008.00090x.

Gallagher-Lepak., & Kubsch, S. (2009). Transpersonal caring: A nursing practice guide. *Holistic Nursing Practice*, *23*(3), 171-182. Retrieved from http://celsus.mayo.edu/login.php?tab=1.

Godkin, C. & Godkin, L. (2004). Caring behaviors among nurses: fostering a conversation of gestures. *Healthcare Management Review, 29*(3), 258-267. Retrieved from http://celsus.mayo.edu/login.php?tab=1.

Hudacek, S. (2008). Dimensions of caring: A qualitative analysis of nurses' stories. *Journal of Nursing Education*, *47*(3), 124-129. Retrieved from http://celsus.mayo.edu/login.php?tab=1.

Jones, S. (2008). Emergency nurses' caring experiences with Mexican American patients. *Journal of Emergency Nursing*, *34*, 199-204. doi: 10.1016/j.jen.2007.05.009.

Kolourtis, M. (2004). Relationship-*based Care: A model for transforming practice.* Minneapolis, MN: Creative Healthcare Management.

Lee-Hsieh, J., Kuo, C., & Tseng, H. (2005). Application and evaluation of a caring code in clinical nursing education. *Journal of Nursing Education*, *44*(4), 177-184. Retrieved from http://celsus.mayo.edu/login.php?tab=1.

Leininger, M. (2001). *Theory of culture care diversity and universality in nursing theories and nursing practice.* Philadelphia, PA: Davis.

Longo, J. (2011). Acts of caring. *Holistic Nursing Practice*, *25*(1), 8-16. doi: 10.1097/HPN/0b013e3181fe2627.

Magnet Accreditation. (n.d.). Retrieved from http: //www.nursecredentialing.org/Search.aspx?SearchPhrase=nursing+satisfaction

Mayo Clinic Nursing Care Model. (n.d.). Retrieved from http://mayoweb.mayo.edu/nurs-pro/gi03-02.htm.

Murphy, F., Jones, S., Edwards, M., James, J., & Mayer, A. (2009). The impact of nurse education on the caring behaviors of nursing students. *Nurse Education Today*, *29*, 254-264. doi: 10.1016/j.nedt.2008.08.016.

Myss, C. (1996). *Anatomy of the spirit: The seven stages of power and healing.* New York, NY: Harmony Books.

Nightingale, F. (1969). *Notes on nursing.* New York, NY: Dover Publications.

Newman, M., Sime, A., & Corcoran-Perry, S. (1991). The focus of the discipline of nursing. *Advanced Nursing Science, 14* (1), 1-6. Retrieved from http://celsus.mayo.edu/login.php?tab=1.

Newman, M., Smith, M., Pharris, M., & Jones, D. (2008). The focus of the discipline revisited. *Advances in Nursing Science, 31* (1), E16-E27. Retrieved from http://celsus.mayo.edu/login.php?tab=1.

O'Connell, E. & Landers, M. (2008). The importance of critical care nurses' caring behaviors as perceived by nurses and relatives. *Intensive and Critical Care Nursing*, 349-358. doi: 10.1016/j.iccn.2008.04.002.

Papastavrou, E., Efstathiou, E., & Charalambous, A. (2011). Nurses' and patients' perceptions of caring behaviors: Quantiative systematic review of comparitive studies. *Journal of Advanced Nursing, 67*(6), 1191-1205. Retrieved from http://celsus.mayo.edu/login.php?tab=1.

Pross, E., Boykin, A., Hilton, N., & Gabuat, J. (2010). A study of knowing nurses as caring. *Holistic Nursing Practice,24*(3), 142-7. Retrieved from http://celsus.mayo.edu/login.php?tab=1.

Riemen, DJ. (1986). Non-caring and caring in the clinical setting: patients' descriptions. *Topics in Clinical Nursing, 8* (2), 30-6. Retrieved from http://celsus.mayo.edu/login.php?tab=1.

Rudolfsson, G.,von Post, I., & Eriksson, K. (2007). The development of caring in the perioperative culture: nurse leaders' perspective on the struggle to retain sight of the patient. *Nursing Administration Quarterly, 31* (4), 312-24. Retrieved from http://celsus.mayo.edu/login.php?tab=1.

Stutts, A. (2001). Developing innovative care models: use the customer satisfaction scores. *Journal of Nursing Administration, 29*(10), 14-21. Retrieved from http://celsus.mayo.edu/login.php?tab=1.

Suliman, W. W. (2009). Applying Watson's nursing theory to assess patient perceptions of being cared for in a multicultural environment. *J Nurs Res.*, *17*, 293-300.

Summer, J. (2008). Is caring in nursing an impossible ideal for today's practicing nurse. *Nursing Administration Quarterly*, *32*(2), 92-101. Retrieved from http://celsus.mayo.edu/login.php?tab=1.

Watson, J. (1997). *Nursing: The philosophy and science of caring*. Boston. MA: Little, Brown and Co.

Watson, J., & Foster, R. (2003). The attending nurse caring model integrating theory, evidence, and advanced caring-healing therapeutics for transforming professional practice. *Journal of Clinical Nursing*, 12(3), 360-365.

Watson, J. (2005). *Caring science as sacred science.* Philadelphia, PA: FA Davis.

Watson, J., (2006).Caring theory as an ethical guide to administrative and clinical practices. *Nursing Administration Quarterly 30* (1), 48-55. Retrieved from http://celsus.mayo.edu/login.php?tab=1.

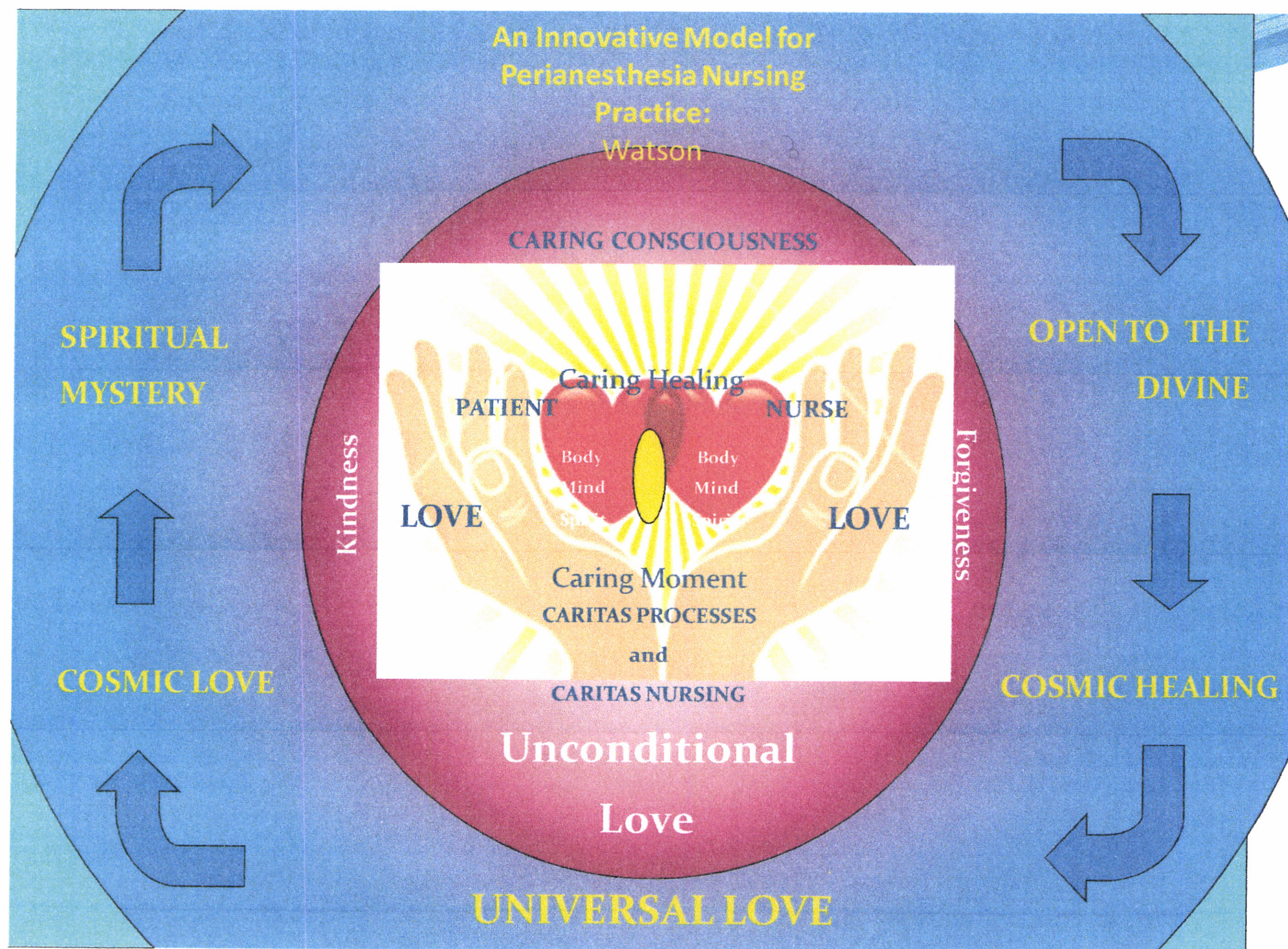
Watson, J. (2008). *The philosophy and science of caring*. Boulder, CO: University Press of Colorado.

Watson, J. (2009). *Assessing and measuring caring in nursing and health sciences.* New York, NY: Springer Publishing Co.

Wendler, M. (1996). Understanding healing: A conceptual analysis. *Journal of Advanced Nursing*, *56*(3), 836-842. Retrieved from http://celsus.mayo.edu/login.php?tab=1.

Appendix A

An Innovative Model for Perianesthesia Nursing Practice



Appendix B

Midwestern Hospital's Model of Nursing Care Model

1. Relationship-centered nursing practice is the responsibility of each nurse in the role of caring-healer.
2. Accountability to the patient is demonstrated by each nurse as problem solver.
3. Continuity is enhanced by each nurse who serves as a navigator for the patient and family.
4. Empowerment is promoted by each nurse who serves as teacher or reinforces teaching for the patient and family.
5. Synergy is created by each nurse as a pivotal communicator.
6. Safety is increased by each nurse as a vigilant guardian.
7. Professional development is accelerated by each nurse as transformational leader. (Adapted from Midwestern Hospital intranet site, 2012).

Appendix C

Proposal for Creating an Innovative Culture of Caring Within Perianesthesia Nursing

1. Share the proposed model of caring and what it means to the specialty with nursing staff, leadership, and administration.
2. Expand and re-define the role of caring healer for patients, families, and peers.
   - Purchase Watson's (2008) text *Philosophy and Science of Caring* and review carative factors, caring science, and caritas principles and processes.
   - Provide education to perianesthesia nurses on Watson's Theory of Human Caring, Caring Science.
   - Review and use Watson's meditations.
3. Form a Caritas Committee in the specialty
   - Foster events demonstrating caring actions toward team members that are experiencing life changing events founded on caritas principles and processes.
4. Integrate the knowledge of caring science, skills, values, language, and actions specific to role of caring healer.
   - Develop assessment for body, mind, spirit healing utilized by patients and or families.
   - Offer healing modalities that the perianesthesia nursing staff may provide in the scope of their practice.
5. Begin discussion on current examples of the perianesthesia nurse as caring healer.
   - Explore how to endorse, highlight, and acknowledge these behaviors and their outcomes as a standard of care in the specialty.

- B. Incorporate the focus of caring and healing into the commitment to patients, families, and team members by defining expected behaviors.
- C. Have dialogue how to provide evidence-based outcomes directly related to the role of caring and caring healer and share the results with colleagues, as well as publish the findings.

6. Foster a caring environment through promotion of healing colors, lights, music, and art.
    - Promote a designated caring healing space for nurses to use.
7. Encourage nursing programs to develop a caring healing curriculum and promote the role of caring healer for the nursing professional.
8. Propose enhancement of the intentionality of caring and healing into the specialty, division, and Department of Nursing through a dialogue of nursing leadership and administration.
    - Establish specific statements of caring and healing into nursing's' mission, vision, and committee and workgroup profiles, job descriptions, performance evaluations, recruitment initiatives, education and research efforts, documentation systems, and existing model of nursing care.

Appendix D

The 10 Carative Processes

1. “Embrace altruistic values and practice loving kindness with self and others.”
2. “Instill faith and hope and honor others.”
3. “Be sensitive to self and others by nurturing individual beliefs and practices.”
4. “Develop helping, trusting, caring relationships.”
5. “Promote and accept positive and negative feelings as you authentically listen to another’s story.”
6. “Use creative scientific problem-solving methods for caring decision making.”
7. “Share teaching and learning that addresses the individual needs and comprehension styles.”
8. “Create a healing environment for the physical and spiritual self, which respects human dignity.”
9. “Assist with basic physical, emotional, and spiritual human needs.”
10. “Be open to mystery and allow miracles to enter.” (J. Watson, personal communication, May 12, 2010).

Appendix E

Assumptions of Caring Science

1. Caring science is the essence of nursing and the foundational disciplinary core of the profession.
2. Caring can be most effectively demonstrated and practiced interpersonally; however caring consciousness can be communicated beyond and transcends time, space, and physicality.
3. The intersubjective human-to-human processes and connections keep alive a common sense of humanity; they teach us how to be human by indentifying ourselves with others, whereas the humanity of one is reflected in the other.
4. Caring consists of carative factors/caritas processes that facilitate healing, honor wholeness, and contribute to the evolution of humanity.
5. Effective caring promotes healing, health, individual/family growth and a sense of wholeness, forgiveness, evolved consciousness, and inner peace that transcends the crisis and fear of disease, diagnosis, illness, trauma, life changes, and so on.
6. Caring responses accept a person not only as he or she is now but as what he or she may become/is becoming.
7. A caring relationship is one that invites emergence of human spirit, opening to authentic potential, being authentically present, allowing the person to explore options, and choosing the best action for self for "being-in-right relation" at any given point in time.
8. Caring is more "healthogenic" than curing.
9. Caring science is complementary to curing science.

10. The practice of caring is central to nursing. Its social, moral, and scientific contributions lie in its professional commitment to the values, ethics, and ideals of caring science in theory, practice, and research. (Watson, 2005,p.17)

Appendix F

Carative Factors

1. Humanistic-altruistic values
2. Instilling/enabling faith and hope
3. Cultivating sensitivity to oneself and other
4. Developing a helping-trusting human caring relationship
5. Promoting and accepting expression of positive and negative feelings
6. Systematic use of scientific creative problem-solving caring process
7. Promoting transpersonal teaching-learning
8. Providing for a supportive, protective, and/or corrective mental, social, spiritual environment
9. Assuming with gratification of human needs
10. Allowing for existential-phenomenological dimensions (Watson, 2008)

Appendix G

Commitment to Myself and My Co-Workers

COMMITMENT TO MYSELF AND CO-WORKERS

- *This is to be a guide for ideal behavior in the Perianesthesia Practice.*
- *Consider it a personal commitment to myself and coworker in our team efforts in serving the patient.*
- *The commitment will NOT be signed or placed in your personnel file.*
- *If you have concerns about another performance, use the 360 peer review or discuss with your supervisor.*

As your coworker with a shared goal of providing excellent service to our patients, I commit to the following:

If I come across a situation that I feel has not utilized respect to myself or others, I will first confront the one who has offended me. If we are unable to reach a satisfactory conclusion, then and only then will I seek to find a mediator.

My relationship with each of you will be equally respectful, regardless of job titles or level of education.

I will not engage in the "3B's", (bickering, back-biting, and blaming) and will ask you not to as well.

I will accept you as you are today, forgiving past problems and ask you to do the same with me.

I will be committed to finding solutions to problems in a constructive manner.

I will affirm your contribution to the quality of our service and express appreciation.

I will remember that we are human and errors are opportunities for growth and learning.

I will represent our work unit in a positive way.

I am committed to maintaining confidentiality of information involving co-workers and patients.

I will be responsible for maintaining my competency and to keep current in my respective role.

I will be an active member of the team by completing my share of the workload and be mindful of what I am passing on to the next person.

I will be accountable for my own actions.