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Tools That Measure Caring: A Systematic Literature Review of the Impact of Caring

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Walden University

College of Health Sciences

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Jennifer Drake

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Walden University
2016

Abstract

Tools That Measure Caring:
A Systematic Literature Review of the Impact of Caring

by

Jennifer Drake

MS, Chamberlain College of Nursing, 2010

BS, Chamberlain College of Nursing, 2008

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

May 2016

Abstract

Technology and the complexity of the patient care can take the nurse's attention away from caring for the patient to caring for the technology. The purpose of this systematic review was to gather evidence from the literature on tools for measuring caring and the outcomes in order to make that body of knowledge easily accessible to the direct care nurse for implementation. Jean Watson's theory of human caring—the theoretical framework that guided and informed this DNP project—focuses on human caring processes and experiences. It assumes that effective caring promotes health and outcomes of the nurse and patient. By using such a theory, a systematic review of caring behaviors can illustrate how using caring behaviors with intention can improve patient outcomes as well as nurse satisfaction outcomes. Inclusion and exclusion criteria were identified and articles were appraised using the Johns Hopkins Evidence-based Practice Model and process that nurses at all levels have used to appraise research and non-research for practice changes. Articles were narrowed to 10 that met criteria and caring behaviors were recognized. The chosen articles used 5 different tools to measure caring behaviors. Although the individual caring behaviors were identified, the diversity of the tools used to measure and assess caring behaviors did not provide an easy way to assess for commonalities. This review identified areas for future research including, how one tool can be used to measure caring at different levels of care, in an acute care setting, an whether there exists an opportunity to develop common terminology for describing caring behaviors? Future research on using caring behaviors with intention could change nursing practice by changing how nurses perceive their skills and tasks.

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Dedication

This paper is dedicated to my husband Carl and my two children Cailey and John. They have supported and loved me all along this journey. I could not have achieved this without them.

Acknowledgments

“Cultivate the habit of being grateful for every good thing that comes to you, and to give thanks continuously. And because all things have contributed to your advancement, you should include all things in your gratitude.”

—Ralph Waldo Emerson

To all of those whom I benefited from and will not forget:

Sherita Fulton RN DNP, my friend and mentor, who stood beside me and assisted and guided my growth as I traveled down the DNP path.

The friends who cheered me on and celebrated my small successes as well as the big ones, even though they often admitted they did not understand but were proud of me anyway!!

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Section 1: Overview of the Evidence-Based Project

Introduction

According to Olshansky (2007), caring is essential to nursing, but is not necessarily innate to nurses. Among the expected professional behaviors of the direct care nurse is natural caring. Nurses are expected to be kind, loving, compassionate, and to provide comfort to those in need. Nurses are expected to also being competent and educated in all the complex areas of nursing medical care. Technology and the complexity of the patient care can take the nurse's attention away from caring for the patient to caring for the technology.

Caring is a core value in nursing and a desired characteristic in nursing students (Mlinar, 2010). Once the responsibilities of the professional nurse are learned, the focus moves to completion of the tasks with competency and efficiency. If the student has innate skill of caring, the professional application of caring can be learned and is measurable by reflecting on the clinical and technical skills learned in didactic, simulation, and clinical experiences (Raines, 2007).

Compiling into a single document the data in the literature on the evidence of the benefits of caring behaviors could increase the direct care nurse's ease and speed of implementation. A systematic literature review allowed the research to be reviewed and critiqued in order to synthesize the evidence into the state-of-the-science summary (Bonnell & Smith, 2014). Similarly, a systematic literature review of the tools used to measure caring and the impact caring has on patient and nursing outcomes.

Problem Statement

The problem identified in this DNP project was that caring in the clinical setting is overlooked as an essential task of direct care nursing. Boykin and Schoenhofer (2001) define caring as based on values and virtues, and the belief that the person is whole and complete in the moment, the caring moment. But nursing work does not always include a caring moment. Johns (2005) suggested that nursing work is prioritized; technical tasks come first, not caring behaviors. Today's direct care nurses are challenged with increased patient acuity and ever changing medical technology. This can turn the nurse's attention away from caring for the patient and focusing on the acuity of the patient's illness and/or the technology. New strategies are needed to provide patient-centered and care in the technology-rich environment. For example, training on new systems needs to emphasize keeping the patient the center of care (Buckner & Gregory, 2011). A nurse who does not care sees the patient as an extension of the technology, an object to do things to (Johns, 2005).

Nurse caring is a vital motivational aspect that impacts recruitment and retention (Graber & Mitcham, 2004). In the midst of a projected significant nursing shortage (HHS, 2014), recruitment and retention can be a significant burden on healthcare. The United States Department of Health and Human Services (HHS, 2014) projects the nursing shortage to vary state to state by 2025.

Other quality indicators related to nurse caring include job satisfaction and burnout (Weisman & Nathanson 1985; Leveck & Jones 1996; Aiken, Clarke, & Sloane, 2002; Garman, Corrigan & Morris, 2002; Larrabee, Ostrow, Withrow, Janney, Hobbs & Burant 2004, Vahey, Aiken, Sloane, Clarke & Vargas, 2004, Yang & Huang 2005). Nursing job satisfaction was also

found to be a predictor of patient satisfaction (Weisman & Nathanson 1985, Tzeng, Ketefan, & Redman, 2002). Interventions to increase nurse caring could increase nurse satisfaction and retention as well as patient satisfaction. According to the U. S. Bureau of Labor Statistics' Employment Projections 2012-2022 released in December 2013, the total number of job openings for nurses due to growth and replacement is expected to be 1.05 million by 2022 (U. S. Bureau of Labor, 2013). Any intervention to improve nurse satisfaction and retention influences the projected nursing shortage.

How professional nurses provide healthcare has changed. Complexity of care and increased use of technology have influenced the daily practices of nurses (Johns, 2005). If nurses lose the focus on caring moments that are crucial to a healing environment for self, colleagues and patients, they may lose desire to further their career (Glembocki & Dunn, 2010). Nurses are expected to be compassionate and provide comfort to those in need, while also being trained and competent in the complex areas of medical care. Giving direct care nurses the tools with which to carry out intentional caring behaviors would support the nurse in using caring moments with intentionality in order to affect patient and nursing outcomes.

Purpose Statement

The purpose of this systematic review was to gather evidence from the literature on tools for measuring caring and the outcomes in order to make that body of knowledge easily accessible to the direct care nurse for implementation. The review will place the evidence into an easy-to-read format so that the direct care nurse can identify the caring behaviors that best fit into her or his personal practice. The success of the program was determined by evaluating the objectives (Hodges & Videto, 2011):

- Identify the strengths and weaknesses in the tools being used to measure caring.
- Identify gaps in research in caring science.
- Recognize how caring behaviors improve patient outcomes.

Goal/Objectives

The goal of this systematic literature review was to organize and synthesize the current tools that measure caring and the outcomes of caring; such information could give the direct care nurse guidance for using caring behaviors with intention in order to improve outcomes. Nurses can develop the skills of caring if the environment supports the growth of caring (Buckner & Gregory, 2011).

The literature supports a focus on caring as the returns and outcomes may likely transcend all other technology, pharmacotherapy or process that is in use or is being investigated in today's healthcare setting (Nelson, 2011). The evidence shows caring behaviors improve nurse satisfaction outcomes and patient satisfaction outcomes. This systematic literature review formats the evidence in the research into an easy to read format for the direct care nurse.

The evidence-based question for this DNP project was: Can caring behaviors, identified by tools used to measure caring, be summarized in a tool to be used by direct care nurses in an acute care setting so caring behaviors can be used with intention? To answer this question an extensive literature search was conducted. Research articles were reviewed and assessed; the data were extracted and summarized in order to answer this question.

Evidence-Based Practice Model

Evidence-based practice models give nurses a framework to initiate evidence-based policies, protocols, and guidelines (Goode, Fink, Krugman, Oman, & Traditi, 2011). Finding the

correct match of practice model can be as important as matching the correct tool for gathering data.

One of the most established models is the Iowa model, which was “developed to guide the infusion of research into practice (Titler et al., 1994). [It is not clear what the relationship is between the first sentence of the paragraph and the following sentence.] Several triggers were identified [in what exactly?] that stimulated nurses to change their practice, including philosophies of care (Titler et al., 2001). Dedicating practice to intentional caring behaviors can represent a change in philosophy of care for some nurses because they are moving from a task orientation to an orientation that includes a focus on caring behaviors. Caring research has identified caring behaviors that improve both nursing and patient outcomes.

The Johns Hopkins Nursing Evidence-based Practice Model and process that nurses at all levels have used to appraise research and non-research for practice changes (Dearholt & Dang, 2012) is used for the review. This model shows the nurse how the essential foundation of practice—education and research—guides their professional practice through evidence and the selection of research articles included in the systematic literature review.

Theoretical Framework

Jean Watson’s theory of human caring— the theoretical framework that guided and informed this DNP project—focuses on human caring processes and experiences. It assumes that effective caring promotes health and outcomes of the nurse and patient (Watson, 2012). By using such a theory, a systematic review of caring behaviors can illustrate how using caring behaviors with intention can improve patient outcomes as well as nurse satisfaction outcomes.

Nature of the Project

The nature of this project was to provide tools to the direct care nurse on using caring behaviors with intention to improve outcomes. With this completed systematic literature review of caring research with tools to measure caring and identify caring behaviors, the direct care nurse can easily identify behaviors they can use in their practice.

The effectiveness of health care policies can only be enhanced with the participation nurses, as they will promote a positive change (Ridenour & Trautman, 2009). Professional nurses have chosen a career where individuals are cared for and can spread caring beyond the bedside, by being the nurse advocate for communities (Stokowski, McDonald, Sansoucie, Stein, Robinson, & Lovejoy, 2010). The complexity of direct care nursing, the need for clinical competencies and tasks have turned the professional nurses' attention away from the bedside and influenced the ability of the direct care nurse to establish and maintain caring nurse-patient relationships (Koloroutis, 2004). There are many potential barriers to focusing in on the human experience and human caring.

Barriers

One of the barriers to caring moments is the ever-expanding demands of technology. Nurses are in jeopardy of losing their focus of care, removing humans from the center of care, and being turned from caring moments to caring for technology (Watson, 2010). The tasks involved in caring for the technology can overcome the tasks involved in caring for patients.

A barrier to a systematic review is a lack of high-quality research studies to synthesize. The lack of studies is important, as the lack of studies would guide caring research in an area to increase the body of knowledge in a particular area.

Definitions of Terms

A systematic review is a summary of research literature on a particular topic in order to identify, select, appraise, and synthesize all research studies of rigorous design (Bettany-Saltikov, 2012). Such a review gathers evidence from the literature and then organize it in a way that is easy-to-read and understand.

Intentionality has been defined as the “mindful way a nurse connects with a patient and promotes holistic healing in all realms including mind, body, and spirit (Herbst, 2012). Using caring behaviors with intentionality will assist the direct care nurse incorporate caring into daily practice.

Caring Science includes human caring processes and experiences as well as arts and humanities (Sitzman & Watson, 2014) Caring Science will help define how caring can be used in direct care nursing in order to improve outcomes. Using caring science enables the direct care nurse to understand how the patient perceives caring. Knowing how the patient perceives caring will then guide the nurse to use caring with intentionality.

Caring behaviors are not clearly defined by literature. Variability is widely noted between level of care, patient needs and the nurse’s personality and experience. (Merrill, Hayes, Clukey, & Curtis, 2012)

Caring as defined by Watson (2002) suggests that caring is a different way be being human, present, attentive, conscious, and intentional.

Evidence-Based Significance of the Project

When practicing nursing in an evidence-based environment, the best and most recent evidence is integrated into patient preferences, clinical expertise, and resources in order to achieve the very best patient and nurse outcomes (Engberg & Schlenk, 2007). Evidence-based

practice enables nurses to influence health care decisions and thus participate in improving the quality of care (Dearholt & Dang, 2012).

The core concept of caring in nursing is recognized as increasingly important, yet there is a gap in the research on its significance and application (Brilowski & Wendler, 2005). Several studies have been carried out on caring behaviors and the differences between patients and nurses' perception of them. Current research is beginning to highlight how important it is for nurses to recognize what the patient considers caring and adjust their professional practice to meet that need (McCance, Slater, & McCormack, 2008). By systematically reviewing the literature and analyzing the new knowledge gained through research, the critical elements of the new knowledge can be synthesized and implemented.

Systematic literature reviews can be used as a "short-cut" in the evidence-based process (Craig & Smyth, 2007), because they demand comprehensive search strategies and synthesis of the research evidence. Systematic reviews can significantly reduce the time needed for direct care nurses to locate, appraise, and synthesize evidence in order to apply new knowledge and new evidence in daily nursing care.

Recognizing caring moments is a skill necessary for a professional nurse. Missing the caring moments can lead to job dissatisfaction and nurses who stop caring (Duffin 2005), which could lead nurses to abandon their careers.

Summary

Direct care nurses need to be intentional about their caring. Caring moments remind them of why they chose nursing as a career. If nursing becomes so task oriented and if it focuses on all the other aspects of care, the human connection of the profession is lost.

Identifying tools to measure caring and to help analyze how caring impacts patient and nursing outcomes can guide nursing practice and ensure that caring in nursing remains as much of priority as do the technical tasks of nursing care. A systematic literature review summarizes the published research in an easy-to-read format so that direct care nurses can, with intention, readily apply patient-preferred caring behaviors in their practice.

Systematic literature reviews allow for the compilation of research information into an easy to read format. Direct care nurses could benefit from a systematic literature review of patient-preferred caring behaviors, so the nurses could choose the caring behaviors identified through research, so the nurses could identify and include those caring behaviors in their practice with intention.

Data was gathered by searching caring research literature with inclusion and exclusion criteria; it was then analyzed using the Johns Hopkins Nursing Evidence-Based Practice Model to guide appraisal (Dearholt & Dang, 2012). In the following section, the literature search strategy and review of the literature are presented.

Section 2: Review of Scholarly Evidence

Introduction

Problem

The problem in this DNP project was that caring in the clinical setting is overlooked as an essential task of direct care nursing. Technology and the complexity of patient care can take the nurse's attention away from caring for the patient to caring for the technology.

Purpose

The purpose of this systematic review was to gather evidence from the literature on tools for measuring caring and the outcomes in order to make the body of knowledge easily accessible to the direct care nurse for implementation. The review placed the evidence into an easy-to-read format to help the direct care nurse identify the caring behaviors that best fit into her or his personal practice.

Literature Search Strategy

The evidence-based question for this DNP project is: Can caring behaviors identified by tools used to measure caring be summarized in a tool to be used by direct care nurses in an acute care setting so caring behaviors can be used with intention? To answer the question an extensive literature search was conducted to gather research articles to review, assess, extract data and summarized results in order to answer this question.

The following two databases were searched: CINAHLPlus with Full Text and ProQuest Nursing & Allied Health Source. Dates were initially not limited. To be included in this review, earlier studies on caring needed to be qualitative and based on satisfaction. Tools or instruments

that measure satisfaction with caring were excluded, as were editorials, news items, and position statements.

In the early 1990s, Watson (2009) compiled the tools that measure caring. Many of these tools were developed to identify behaviors perceived as caring by nurses and patients. In order to affect patient outcomes, behaviors perceived as caring by the patient made sense.

Relevant studies were identified by using a variety of keywords separately and in various combinations: *care, caring, nurse, nursing, behaviors, patient, perceptions, comparative, outcome, outcomes, and review*. The following search filters were set: written in English, research done in hospital or institutional settings, nurses, patient populations, quantitative or qualitative design.

During this review of studies, compilations of caring behaviors were noted. The volume of research—and conflicting research—published in multiple journals makes it difficult for direct care nurses to find the information they need quickly and easily (Bettany-Saltikov, 2012). The challenge of finding the data being sought can be overcome by conducting a systematic literature review.

Theoretical Framework

A theoretical framework guides and informs the DNP project (Moran, Burson, & Conrad, 2014). Jean Watson's theory of human caring focuses on human caring processes experiences and assumes that effective caring will promote health and outcomes of the nurse and patient (Watson, 2012). By using a theory such as this, a systematic review of caring research on caring behaviors can illustrate how using caring behaviors with intention can improve the patient outcomes as well as nurse satisfaction outcomes.

The theory of human caring (Watson, 2008b) is considered a caring science that includes the arts, sciences, and humanities—an outlook that includes relations, view of unity and connection. Caring science research considers reflective, subjective, and interpretive questions. In Watson’s theory, a nurse helps the patient achieve a higher degree of harmony through caring transactions and caring relationships. Caring behaviors are what create and support a caring relationship. The patient’s perception of the nurses caring behaviors are what are considered for this project.

Literature Review Related to Methods

Sources for this systematic review included the Cumulative Index of Nursing and Allied Health Literature (CINAHL) Plus with Full Text and ProQuest Nursing and Allied Health Source from 1990 to present. Reference lists from key publications were also used to add depth about specific issues identified in the systematic review. The results from these searches were further appraised for inclusion in the review.

Relevance for Practice

Healthcare, especially nursing, has been challenged to improve safety and quality of care in our every increasing complex health care systems. Health care information technology and care technology have significantly improved safety and care processes, communication and quality of care and removing delays in care through efficiency. The steep increase in technology used and accessed at the bedside has no doubt changed the manner of nurse and patient interaction. There has been some concern, however from nurses and patients, that there is a negative side to the dependency on technology, which is tendency to care for the technology and

not care for the patient (Buckner & Gregory, 2011). Caring behaviors are the heart of nursing practice and it is possible technology has had an effect on nursing behaviors.

Caring

A caring environment is one where the patient is the center of care. While healthcare technology is not noted to be a barrier to patient-centered care, many have noted that the potential is there to turn the focus of the nurse from the patient to the technology, which is helping the patient (Hendrich, Chow, & Goshert, 2009). Some have hypothesized that as the use and prevalence of technology at the bedside, the caring moment shared by the direct care nurse and the patient will decrease (McGrath, 2008).

Modern scholars are studying caring concepts through caring science, which is defined as the systematic study of characteristics of caring with the intent of answering the question: what types of knowledge or understanding do we need to guide caring practices? (Galvin, 2010) Using a systematic approach to researching caring, and finding tools to measure and capture caring, provides the direct care nurse a body of knowledge to use when developing a caring practice.

Since early in the profession, nurses have been charged with knowing the whole person, caring for them holistically, and not just focusing on their illness (Smith, 1999; Watson, 2008). Accomplishing this task while attending to the ever evolving and complex list of duties required of the direct care nurse, has become a challenge. Caring can get lost in the systems and audits in practice and an emphasis on predictive research and less attention to the descriptive research, which embodies much of caring science studies (Galvin, 2010).

Many theorists have developed grand and middle range theories all based on the benefits of focusing on caring. Although many of the modern theories on caring go back into 1970's and 1980's, much of the significant research has been conducted in the past 20 years. Watson (2008) states that caring is an essential part of the nursing profession and practice and should be discussed and researched as such. Early research studies in the 1980 is focused on the nature of caring when caring behaviors are used (Papastavrou et al., 2012) while later studies are focusing on relationships between caring and caring outcomes.

Watson's theory developed the concepts of caring relationships between the nurse and patient, the caring moment and the idea that caring should be considered a metaparadigm concept of nursing and not just something we do as professionals (Nelson, DiNapoli, Turkel, & Jean, 2012). Caring cannot be just something that happens by accident or when the professional direct care nurse has time. Nursing-sensitive quality patient outcomes guided by caring behaviors and caritas processes differentiate nursing practice and nursing practice focused completely on mechanics or tasks (Nelson, et al., 2012). The Caritas Processes have evolved from Caritas Factors, which reflect a connection among nurses, caring science, and concept of love as "caritas" has been defined as love for humanity (Nelson et al., 2012).

Caring can be viewed as an action, and not a virtue of the nurse (Porr & Eagan, 2013). Brilowski and Wendler (2005) noted that the action by the nurse as the defining attribute of nurse caring. Caring is not just random feelings the nurse is feeling for the patient, but is needed in order for the nurse to provide a high quality care to the patient and meet the ever increasing practice standards (Brilowski & Wender, 2005). High quality nursing practice standards supports that caring can be taught and learned, with the intention of improving outcomes. Caring with

intention and using caring behaviors with intention is the foundation of a caring moment between patient and nurse. This caring moment is healing for both the patient and nurse (Watson, 2001).

Patients perceive caring or cared for based on the sensation they feel because of the nurses caring behaviors (Papastavrou et al., 2012). These behaviors have been defined as acts, conduct and mannerisms performed by professional nurses that communicate concern, safety and attention to the patients for which they are caring for (Greenhalgh, Vanhanen, & Kyngas, 1998).

Direct care nurses are being challenged in an ever-increasing technological environment of care. Some suggest that the nurse is focusing on the care of the technology versus the care of the patient (Locsin, 2001). Galvin (2010) suggests that caring practices are in danger of pulled into an audit culture when nursing practice is standardized in order to meet expectations of care. Practice focused on audits or guided by instruments in itself can cause the restraining of caring practices (Galvin et al., 2008) and damaging the core of caring in nursing. If nursing is not careful and intentional with caring behaviors, there is a risk of losing the essence of nursing.

Research has found that caring is a motivational factor in the recruitment and retention of nurses (Graber & Mitcham, 2004). With a looming nursing shortage, increasing the nurse satisfaction and retention will continue to be a priority in healthcare. Fostering the nurses' desire to care can increase the frequency of caring behaviors, which can improve patient satisfaction scores. (Burtson & Stichler, 2010) Patient satisfaction is an important element of modern healthcare. Potential patients have choices in healthcare facilities and are perceptive and accustomed to reviewing satisfaction scores on the internet. Advertising high patient satisfaction scores will attract patients to a facility. Inversely, low patient satisfaction scores will also be

visible on the internet and may cause the potential patient to choose another facility where satisfaction scores reflect a high level of caring.

By focusing on caring, nursing can rekindle the satisfaction they receive from caring while their patients will reap the benefits of caring behaviors and the improved outcome that come along (Burtson & Stichler, 2010). Without caring, we run the risk of poor nursing job satisfaction and diminished purpose that will decrease patient outcomes through a lack of connection between the nurse and patient because of the lack of caring moments shared.

Caring Behaviors

Caring measuring tools cannot capture the philosophical aspects of caring, tools can capture behaviors (Cossette, Pepin, Cote, & de Courval, 2008). Gathering the caring behaviors from research into a format for direct care nurses to distinguish the behavior most often recognized by patients as being caring will assist direct care nurses in choosing a caring behavior to include in their personal practice with intention. For this project, ten articles met the inclusion and exclusion criteria. See the table in the appendix for details, but here is a summary.

Article number 1, (He et al., 2013) used the Caring Behaviors Inventory-24. This tool uses a six point Likert-like scale and measures four subscales covered by the inventory. The four subscales were assurance, knowledge, respectful and connectedness. Participants came from a limited number of hospitals in three cities. A larger sample from different hospitals in mainland China could have increased the power of the study. The results of this study noted the highest score was knowledge, skill, second was assurance, and the third was respect. (He, et al., 2013)

Article number 2 used the demographic form from the Caring Behavior Assessment scale. The Caring Behavior Assessment scale is a 63-item scale rated on a five-point Likert scale

that clusters the results into seven subscales. The subscales are humanism/faith-hope/sensitivity, helping/trust, expression of positive/negative feelings, teaching/learning, supportive/protective/corrective environment, human needs assistance and extensile/phenomenological spiritual forces. A convenience sample of 150 patients who complained from coronary artery diseases and 60 critical care unit nurses. The use of a convenience sample, which limits the generalizability of the findings, was one of the limitations. Another was the length of the Caring Behavior Assessment scale that needed prolonged time to be filled by either patient or nurses and a measurement error could occur because of the different ways of administering the Caring Behavior Assessment scale. The study results identified the behaviors of: consider my spiritual needs; offer things (position changes, blankets, back rubs, lighting); accept my feelings without judging them (Omari, AbuAlRub, & Ayasreh, 2013)

Article number 3 used the Caring Behavior Inventory which uses a 42-item survey and five dimensions of caring. The five dimensions of caring identified include respectful deference to others, assurance of human presence, positive connectedness, professional knowledge and skill, and attentiveness to the experiences of others. Administered in a 1-to-1 interview format to hospitalized trauma patients in a level 2 trauma center. A limitation was the smaller size. Smaller size does not allow identifying differences in gender and confirming results in ethnic. The study results showed results among cultures. The results showed that white patients identified meeting the patient's stated and unstated needs; being confident with the patient; and giving the patients treatments and mediations on time. The results for Latino patients were a bit different as they identified being sensitive to the patient; allowing the patient to express about his or her disease

and treatment; and allowing the patient to express about his or her disease and treatment (Merrill, Hayes, Clukey, & Curtis, 2012)

Article number four also used the Caring Behaviors Assessment. In this study, the researchers used a probability sample of 393 patients was drawn from three hospitals in three different regions of Saudi Arabia. A limitation of this study included length of the assessment tool and potential burden on patients. Results identified gives me my pain medication when I need it; treats me with respect and is gentle with me as the top caring behaviors (Suliman, Welmann, Omer, & Thomas, 2009).

Article number five used the Caring Behaviors Inventory. The researchers collected data from 70 patients in 744-bed hospital with level I trauma center and a 28-bed surgical trauma intensive care unit. Data collection done in personal interview format, researcher at bedside, discussion often beyond questions on caring behavior inventory and could be impacted by bias of researcher. Patients also had difficulty separating their care into phases. Results noted from this study included being hopeful for you; being empathetic or identifying with you; being sensitive to you; treating your information confidentially; meeting your stated and unstated needs and putting you first(Hayes & Tyler-Ball, 2007)

Article number six used the Chinese version of the Caring Assessment Report Evaluation Q-sort (CARE-Q) for data collection. The CARE-Q measures 50 caring behaviors and categorized them into 6 subscales including being accessible, explains and facilitates, comforts, anticipates, trusting relationship and monitors and follows through. The study included 50 matched cancer patient-staff pairs from oncology inpatient units of three hospitals in northern Taiwan. Limited by its small sample size the study used a format of CARE-Q and could reduce

the number of significant correlations between level of pain intensity and ratings of importance of caring behaviors. Results on the top caring behaviors included gives the patient's treatments and medications on time; knows how to give shots, IVs etc. and how to manage the equipment like IVs, suction machines, etc. and gives a quick response to the patient's call (Chang, Lin, Chang, & Lin, 2005)

Article number seven used the Caring Behaviors Assessment tool. A 61-item questionnaire designed based on Cronin and Harrison's Caring Behaviors Assessment tool was used. This tool reflected the 10 carative factors of Watson's theory, and was mailed to 300 emergency department patients. The response rate was 60.7%. Results showed that subjects scored the items know what they are doing, know the necessity to call the doctor, know how to give shots, IVs, etc., and know how to handle equipment as the most important nurse caring behaviors (Baldursdottier & Johns dottier, 2002)

Article number eight used the Caring Behavior Assessment. A convenience sample of 31 childbearing women were surveyed. The survey sample was small, only 31 surveys were obtained. Behaviors in the human needs assistance subscale, which included items help me with my care until I am able to do it for myself, give my treatments and medication on time, and check my condition closely, were perceived as the most caring (Manogin, Bechtel, & Rami, 2000).

Article number nine used three versions of the Caring Assessment Instrument to assess patient, staff and staff perception of patient perception. For this study, only the patient perception was considered. A small sample size of 21 patients met criteria. The behaviors identified were

explains and facilitates, anticipates and monitors and follows through (Widmark-Peterson, von Essen, & Sjoden, 2000).

Article number ten used the Holistic Caring Inventory, which is a tool that measures holistic humanistic caring components. The Holistic Caring Inventory is a 40-item Likert type scale. The inventory identifies four dimensions of caring including physical caring, interpretive caring, spiritual caring, and sensitivity to individual feelings and needs. The sample size included 259 patients surveyed. Results identified care that recognized them as unique individuals with need to share feelings; have someone listen to them; be accepting of them

These ten articles highlighted behaviors identified by patients as being caring. A direct care nurse could choose any of these behaviors to incorporate into their practice and use with intention. There are over 20 scales measuring caring that are reported in the literature (Cossette, Pepin, Cote, & de Courval, 2008). Behaviors are identified with all of these tools. The challenge identified by this project, is comparing results from one tool to another. The language used to describe individual behaviors and the subscales within each tool makes compiling results across tools difficult.

Summary

While life-saving tasks are and was the priority in direct care nursing, perhaps other technical tasks do not need to take priority over caring behaviors. Caring nurse sees first the person suffering, and then the technology. The core of nursing has not changed and caring is still viewed as an essential element of nursing practice. The challenge has become practicing within the technological and impersonal environment using caring behaviors as perceived by the patient.

Caring theories share a common thread. Caring is relationship-based and caring improves patient outcomes and nursing outcomes.

By organizing the caring science research into a format that the direct care nurse can easily read and understand, the data gathered can be moved into practice quickly. A theoretical framework helped guide the project in building the systematic literature review. The literature review placed the data gathered through research on caring behaviors, into an easy-to-read format for the direct care nurse. The nurse would then be able to choose the caring behavior that best fits their individual practice and incorporate the caring behavior with intention. With a wide variety of tools for researchers to choose from, results across the literature will be varied. Each tool has benefits and each tool does identify caring behaviors. Compiling the behaviors most often identified by patients is challenging across tools and it may be a direction for further research to identify a process or tool to compare caring behavior research using a variety of tools.

Thus, the literature was searched for caring behaviors identified by tools. These behaviors were compiled and appraised using the Johns Hopkins Evidence-Based Model, which will be discussed in the Section 3.

Section 3: Approach

Introduction

Problem

The problem in this DNP project was that caring in the clinical setting is overlooked as an essential task of direct care nursing. Technology and the complexity of patient care can take the nurse's attention away from caring for the patient to caring for the technology.

Purpose

The purpose of this systematic review was to gather evidence from the literature on tools for measuring caring and the outcomes in order to make the body of knowledge easily accessible to the direct care nurse for implementation. The review placed the evidence into an easy-to-read format to help the direct care nurse identify the caring behaviors that best fit into her or his personal practice.

Project Approach and Rationale

A systematic literature review was chosen to give the direct care nurse an easily read and interpreted summary of caring research that identified caring behaviors. Evidence-based practice has levels of evidence; the systematic literature reviews are at the top level? (Bettany-Saltikov, 2012). Systematic reviews are based on research evidence and can be used to provide information on many topics, including quality, safety, and value of healthcare (Bettany-Saltikov, 2012).

The systematic review can help the direct care nurse sift through the overwhelming amount of data collected through research and compare results in order to identify evidence that can be used in practice, by compiling the results in a systematic literature review. Evidence-

based practice teams often seek well-executed systematic reviews that apply to a practice question for which answers are sought (Dearholt & Dang, 2012).

The John's Hopkins Nursing Evidence-Based Practice Model Research Evidence Appraisal Tool was used to evaluate the studies. This tool identified studies' level of evidence in order to identify those studies whose findings would help answer the evidence-based question (Dearholt & Dang, 2012).

Planning for Change

Caring is a quality outcome that is being researched and measured more frequently because it is a priority for all healthcare settings (Burtson & Stichler, 2010). There is a great need to understand the relationship of caring to patient and nursing outcomes (Berry et al., 2013). Knowledge gained from research indicated there is a predictive relationship between nurse caring and patient satisfaction (Duffy, 1992, Larrabee et al., 2004). Research findings are demonstrating the importance of caring for Intentionality with caring behaviors is essential in shifting patient outcomes and nursing satisfaction outcomes. Caring cannot be by accident, caring must be an integral, important part of professional practice.

With the increase of technology in patient care, the direct care nurse needs to include caring behaviors with intentionality. Compiling and reviewing of the current research will provide the direct care nurse the tools to move the evidence into practice.

Direct care nurses need a means to view the caring behaviors, identified through research, in a format that they can easiest choose the behavior that would work best for their practice. Literature reviews ease the process of finding data among many research studies.

Data Findings

For this project, the findings related to caring behaviors were extracted from the caring research published in the literature. The data extracted included author(s), date of publication(s), research hypothesis and aim(s) of the study, tool(s) used to gather data, population of study, sample size and findings of study. Extracted data is plotted on a table to facilitate ease of review. Synthesis of the extracted data was done following a narrative approach. Results were presented in an easy, clear format making the information easy to understand.

Project Evaluation Plan

By focusing on the caring, as a necessary task of our daily care, we can affect patient outcomes and improve nursing satisfaction. Evaluating the literature for the caring tools and caring behaviors can assist the direct care nurse.

The primary outcome of this project was to note commonalities of caring behaviors as identified by tools that measure caring. The caring behaviors can then be discussed at the end to the review to show which behaviors are recognized most often. When analyzing the review, the data should reveal the caring behaviors most often noted by research with caring measures tools. Success of the review was identification of those caring behaviors that are identified most often.

A secondary outcome of this project would be identifying the number of tools used in research to measure caring by identifying caring behaviors. Success might even be identified as a gap in research, that there is no clear identification of caring behaviors that the direct care nurse could include in professional practice with intention. This outcome could identify a focus for future caring research.

A narrative synthesis would be an approach to communicate the findings of this systematic literature approach. The key points from the review were summarized in a narrative

synthesis and should include if the data was sufficiently similar, any caveats, trends or themes and if the data points in one direction or another (Bettany-Saltikov, 2012). The narrative synthesis aided in the evaluation of success.

Final evaluation of the project was done following synthesis of extracted data. Determination was made if there are identifiable intentional caring behaviors that can and have been measured using reliable and valid tools. The anticipated result was that 2-3 key behaviors would be identified as most often recognized as caring behaviors.

Implications for Practice and/or Policy

The effectiveness of health care policies can only be enhanced with the participation nurses, as they will promote a positive change (Ridenour & Trautman, 2009). Professional nurses have chosen a career where we are caring for individuals. Caring can be spread beyond the bedside, by being the nurse advocate for our communities and becoming involved in health care policy (Stokowski, McDonald, & Lovejoy, 2010). Interventions that promote and enhance caring/compassion satisfaction can improve nurse satisfaction, decrease work-related stress and burnout (Burtson & Stichler, 2010). More evidence needs to be gathered to link improved patient outcomes because of caring (Papastavrou, Efstathiou, & Charalambous, 2011)

Issues That May Inhibit Implementation and Strategies for Resolving

One of the barriers to caring moments is the ever-expanding demands of technology. The use of the technology that saves lives, changes how the patient and nurse interact, especially when the nurse's attention is turned to caring for the technology, and not the patient (Buckner & Gregory, 2011). Nurse are in jeopardy of losing their focus of care and removing humans from the center of care and turning from caring moments to the aspects of care for (and attention to)

machines (Watson, 2010). In other words, as nurses are challenged with more and more technology to improve the care of patients, attention turns for caring for patients to maintaining and caring for the technology that cares for patients.

Direct care nurses need to be intentional with caring, and remember how and why they chose nursing as their profession. Technology has provided a means to improve care and improve safety, but has also turned the nurse's attention from patient centered care to the care of technology. They will need to learn again to seek the caring moment, recognize and act upon the caring moment. If they become so task oriented and focused on all the other aspects of care, they will lose the human connection of human caring.

How this Evidence-Based Practice Project Will Improve Quality

There are many challenges nurses are faced with in the nursing workforce. The healthcare environment is challenged with shorter lengths of stay for patients, increased patient acuity and more complex technology (Reinsvold, 2008). Locsin (2010) has noted that the use of technology allows the nurse to come closer to the patient through the performance of technological tasks, but that in itself allows the nurse to disregard the patient as a person. Nurses begin to care for the technology and miss the caring with the patient.

Boykin and Schoenhofer (2001) described people as caring based on their individual virtues and values. As technology increases, the focus on caring and caring relationships can be lost to the direct care nurse (Glembocki & Dunn, 2010). The caring and the caring relationship is key to creating a healing environment for the patient, colleagues and the nurse.

Evaluation

An effective program needs an effective time line. The time line keeps the program moving forward to the positive outcomes and guide the evaluation process. When an evaluation tool is used to monitor and document how well the program is implemented, an understanding of the program elements and the outcomes was made apparent (Saunders, Evans, & Joshi, 2005). The tools used for this project were from the Johns Hopkins Evidence Based Practice Model.

The John Hopkins Evidence Based Practice Model was used to assist in the translation of the caring behaviors identified in the project and achieve acceptance and assimilation of the caring behaviors into direct care practice. This model provided key strategies, concepts tools and sample forms to guide nurses in taking research to practice (Newhouse, Dearholt, Poe, Pugh, & White, 2007).

Summary

By utilizing the evidence in the literature, as to what behaviors patients perceive as caring, and using a tool that addresses them, the direct care nurse can practice within their career armed with an effective tool to incorporate caring in all they do with intention. A systematic literature review on caring behaviors will then allow the direct care nurse to choose the best caring behaviors to use with intention in their practice.

Key points from the literature include the challenge of utilizing caring behaviors in the face of increasing use of technology. Technology demands attention that previously was placed on the patient. Caring and caring relationships are essential in healing environments and can be lost as the use of technology increases. As a result, healing, caring environments will improve patient outcomes.

Literature on caring behaviors identified using a tool was searched and articles that met the inclusion criteria were found. The articles identifying behaviors were then appraised and plotted using the Johns Hopkins tools. Consequently, the caring behaviors identified by research were identified and will be discussed in section four.

Section 4: Findings, Discussion, and Implications

Introduction

Problem

The problem in this DNP project was that caring in the clinical setting is overlooked as an essential task of direct care nursing. Technology and the complexity of patient care can take the nurse's attention away from caring for the patient to caring for the technology.

Purpose

The purpose of this systematic review was to gather evidence from the literature on tools for measuring caring and the outcomes in order to make the body of knowledge easily accessible to the direct care nurse for implementation. The review placed the evidence into an easy-to-read format to help the direct care nurse identify the caring behaviors that best fit into her or his personal practice.

Goal Statement and Project Question

The goal of this systematic literature review was to organize and synthesize the current tools that measure caring and the outcomes of caring; such information could guide the direct care nurse in using caring behaviors with intention in order to improve outcomes. The evidence based question for this DNP project was: Can caring behaviors identified by tools used to measure caring be summarized in a tool to be used by direct care nurses in an acute care setting so caring behaviors can be used with intention. To answer the question an extensive literature search was conducted to gather research article store view, assess, extract data and summarized results in order to answer this question.

The evidence shows that caring behaviors improve patient and nurse satisfaction outcomes. The systematic literature review formats the evidence into an easy-to-read format for the direct care nurse.

Evaluations/Findings Discussion

Literature Search

Many of the articles found were interesting in their discussions of caring behaviors, but they did not use a tool to measure them. A tool makes it possible to identify the behaviors most often perceived by patients and any commonalities among them, identifying the behaviors most often perceived by patients.

There are many tools that measure caring. These tools include those on specific theories of caring, tools for assessing caring, capturing caring, and others on assumptions of what caring is and is not (Watson, 2009). For the purpose of this project, the articles found were narrowed to assessing caring behaviors as perceived by a patient in acute care setting. The tools chosen to measure caring made it possible to identify caring behaviors most often chosen by the patient as being caring behaviors, thus showing the most common behaviors.

A cumulative search of EBSCO and CINAHL Plus for peer review articles published in English, 1990-2015 using search phrases and combination of key words including care, caring nurse, nursing, behaviors, patient, and perception was conducted. The search was conducted in July 2015 and yielded 4,356 results. Results were quickly narrowed by eliminating all articles on measuring or assessing caring, but not caring behaviors. Articles on theories of caring and benefits of caring behaviors were also eliminated as well as those addressing the qualitative benefits of caring. Articles included were articles addressing measurement/identification of

caring behaviors, using some sort of assessment, scale, instrument, inventory or other research tool. The pool was further narrowed by including scholarly journals, full text and English language.

Search Outcome

The remaining results were narrowed to studies on caring that use a caring tool based on patient perspectives, nursing peer reviewed research articles. Studies that compared nurses and patient perspectives were excluded, as they did not identify patient perceived caring behaviors, rather compared what the patient perceives to what the nurse perceives. Articles measuring perceptions of students, faculty, families or other care partners were not included in the final selection pool. The progression of identifying and including and excluding articles for this systematic review ending in 10 articles that met the inclusion criteria is presented in Figure 1.

Data Abstraction and Synthesis

The data abstraction included reading, comparing, categorizing and plotting into the data collection tool. The each article was appraised using the Johns Hopkins Nursing Evidence-Based Practice Model and Guidelines Research Evidence Appraisal Tool (Dearholt & Dang 2012) to see if the article met inclusion criteria for quality appraisal (Appendix A). Articles that did not identify the top three caring behaviors were not included in the final selection.

Articles were plotted on an Individual Evidence Summary tool based on the Johns Hopkins Nursing Evidence-Based Practice Individual Evidence Summary tool (Appendix B). A column for caring behaviors to record the top three caring behaviors as identified by patients, from a particular study, was added to the data collected. Figure 3 is a copy of the Individual Evidence Summary Tool of the 10 articles that met criteria.

Systematic reviews summarize critically appraised research evidence (Dearholt & Dang, 2012). When the results from qualitative studies are combined in order to arrive at a deeper understanding of a phenomenon, is a meta-synthesis (Dearhold & Dang, 2012). To better understand the phenomenon of the perception of caring behaviors, the results are combined and analyzed for commonalities using a metasynthesis method to gain a broader understanding than what can be gained by a single study.

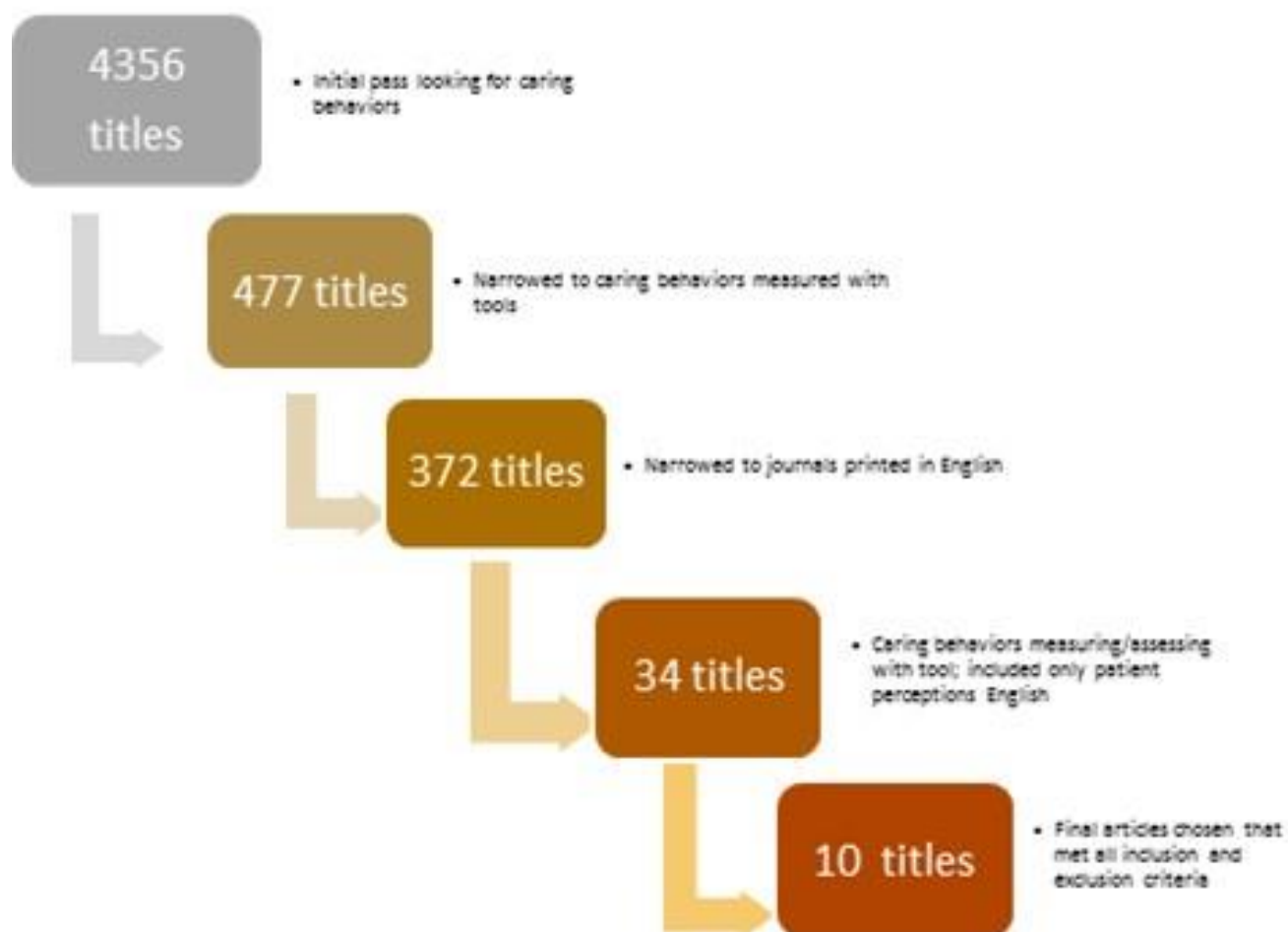


Figure 1. Flow chart of progression of identifying, including and excluding articles for this systematic review.

Results

Although caring behaviors were identified, comparing results from one tool to the next proved to be challenging. Each tool used their own description and identifiers of caring behaviors. While the fact that each tool that measures caring having their individual descriptions and identifier of caring behaviors, didn't seem to be a barrier at first, during analysis this realization became challenging to identify the individual caring behaviors most often identified. One of the objectives of this project was to identify strength and weaknesses of the tools in

identifying the behaviors most often viewed as caring, by patients, so the direct care nurse can choose a behavior to use with intention. Perhaps the challenge is of the various tools that measure the patients perception of caring, was that they are so very different. This is difficult to compare the results of their individual results. The review did identify a mix of expressive and instrumental caring behaviors. Expressive activities noted included considering spiritual needs, being sensitive and care about them as an individual whereas instrumental activities included behaviors such as knows what they are doing, providing treatments on time, knows how to give shots. Figure 2 summarizes the results of the caring behaviors identified in the articles.

Figure 2. Summary of top caring behaviors from articles

Top Three Caring Behaviors Noted			
Article	Behavior 1	Behavior 2	Behavior 3
1	skill	assurance	respect
2	Consider my spiritual needs	Offer things (position changes, blankets, backrubs, lighting...)	Accept my feelings without judging them
3	Meeting the patient's stated and unstated needs;	White patients being confident with the patient	Giving the patients treatments and mediations on time;
4	Being sensitive to the patient	allowing the patient to express about his or her disease and treatment	Allowing the patient to express about his or her disease and treatment
5	Gives me my pain medication when I need it	Treats me with respect	Is gentle with me
6	Gives the patient's treatments and medications on time	knows how to give shots, IVs etc. and how to manage the equipment like IVs, suction machines, etc.	Gives a quick response to the patient's call.
7	Know what they are doing	Know when it is necessary to call the doctor"	Know how to give shots, IVs, etc.
8	Help me with my care until I'm able to do it for myself	Give my treatments and medication on time,	Check my condition closely
9	Explains and facilitates	anticipates;	Monitors and follows through

10	Care that recognized them as unique individuals with need to share feelings	Have someone listen to them	Be accepting of them
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Other studies have noted that there may be a difference in how patients and nurses define caring behaviors. Patients see the instrumental care or tasks of nursing skills as being caring (Papastvrou, Efstathiou, & Charalambous, 2011). Student nurses start their education viewing the instrumental or technical behaviors of nursing as caring behaviors, but as they progress in their academic career, they begin to perceive psychosocial and expressive behaviors as being the “more caring” behaviors (Watson, Deary, & Hoogbruin, 2001). Therefore, seeing these instrumental behaviors scoring so high, as perceived by patients, seems surprising. Asking a direct care nurse to choose a behavior such as “give medications and treatments on time” as a caring behavior may not be perceived by the direct care nurse as an intentional caring behavior, rather as a required task of their job. Assessing if direct care nurses perceive the individual patient identified behaviors as caring behaviors or tasks of being a nurse, is an opportunity for future research. Assessing at different levels of care such as ICU, Progressive Care or Medical Unit, may be interesting to research as well.

A second objective was to identify a gap in research. There are several studies assessing the patient’s perception of caring, but the results vary. There are several factors that may affect the variance in results, but more research should be done to limit the variance as well as find one tool to measure of multitudes of settings.

This review opened many doors for research. One being a standard language for caring behaviors, or at the very least standard domains. A standard language for caring would allow for

accumulation to the body of knowledge of what caring behaviors are most effective in influencing patient outcomes.

The differences in perceptions of caring from one acute care setting to another would be another research option. Do patients perceive caring differently in a surgical setting versus a medical setting versus a critical care setting? Perhaps another systematic review seeking behaviors by particular acute care setting to assess if there is a difference in perception. Then multiple replications to accumulate results.

Implications

The effectiveness of health care policies can only be enhanced with the participation nurses, as they will promote a positive change (Ridenour & Trautman, 2009). Professional nurses have chosen a career where they are caring for individuals. Caring can be spread beyond the bedside, by being the nurse advocate for communities and becoming involved in health care policy (Stokowski, McDonald, & Lovejoy, 2010). Interventions that promote and enhance caring/compassion satisfaction, such as intentional caring behaviors, can improve nurse satisfaction, decrease work-related stress and burnout (Burtson & Stichler, 2010). More evidence needs to be gathered to link improved patient outcomes because of caring (Papastavrou, Efstathiou, & Charalambous, 2011).

This project has added knowledge on the caring behaviors research by highlighting the diversity within each tool that measures patient perceptions of caring. The systematic literature review also highlighted the diversity of results obtained by each of the tools. Study results were not duplicated among tools. Different behaviors were found to be the highest, perhaps because of the wording or phrasing or perhaps the order of the questions asked. Many factors could play

into why the patients chose the behaviors that they most often perceived as caring. Identifying what factors impact why the patients choose certain caring behaviors is the greatest opportunity for future research. Perhaps the level of care the patient is in, or perhaps the age of the patient or even cultural factors that affect the patient's choices will be identified.

The implications for the direct care nurse are many, such as highlighting caring behaviors, identifying research opportunities and summarizing results from caring research on caring behaviors as perceived by patients. This review added to the body of knowledge around caring behaviors by highlighting research opportunities. Further research will clarify the caring behaviors in individual acute care areas that can affect patient outcomes.

Information from this review can be used for education of new nurses. By using the results of the patients' perceptions of caring, the direct care nurse can reflect on their daily tasks and skills as intentional caring behaviors. Even though, no top behaviors were identified, altering how nurses view their daily tasks and skills from purely technical to a hybrid of technical/caring could prove to be profound and practice changing for some nurses. Nurses focused on completing tasks and checking them off checklists, can then turn their attention to the caring aspect of these tasks.

Strength and Limitations

The strength of this project is the recognition of the state of caring research. Caring research on individual caring behaviors of direct care nurses is diverse and because of this, difficult to compile a large compelling level of evidence for the most effective caring behavior that can be used with intent. This challenge sheds light on the need for additional research to identify and minimize variance and bias in caring behavior perception.

A major limitation of this project is selection bias. Although inclusion criteria was identified and followed, this limitation may cause selection bias and to reduce this, a minimum of two independent reviewers would need to participate in the selection and evaluation of the articles (Polkki, Kanste, Kaariainen, Elo, & Kyngas, 2013). Since there was, only one reviewer the potential is great for selection bias.

Analysis of Self

Learning what is and what is not a systematic literature review was as much part of the learning experience on this project as what are the most common caring behaviors as perceived by patients. A systematic review is more than reading multiple articles, but rather a structured method of evaluation. This project provided me the experience in selection criteria and exclusion criteria as a review method. The process of conducting the review was as valuable as the information gleaned from the articles. The work was more cumbersome than expected, but very interesting and valuable. There may be another review in my future, as I have thought of other angles or inclusion/exclusion criteria.

As a practitioner, this journey has provided me the opportunity to recognize a gap in caring research. There is great opportunity to learn more about how location (nursing unit, level of care) can influence perception of caring, how phrasing of caring behaviors and how culture influences perception of caring behaviors. As project developer, I can see my next journey to begin gathering perceptions on the same unit using different tools and then perhaps different units using the same tool. Would the perception of caring be the same on the same unit with different tools or would the perception of caring be the same on different units using the same tool? Perhaps the perception of caring would never be the same due to cultural diversity.

Summary

A systematic literature review is a summary of the research literature focused on a single question (Bettany-Saltikov, 2012). The goal of this systematic literature review was to organize and synthesize the current tools that measure caring and the outcomes of caring which can provide the direct care nurse guidance for using caring behaviors with intention to improve outcomes. The goal of this systematic literature review was to format the evidence in the research into an easy to read format for the direct care nurse.

Although the individual caring behaviors were identified, the articles did not provide a conclusive abundance of evidence of what were the best or most often identified behaviors as perceived by patients. The diversity of the tools used to measure and assess caring behaviors did not provide an easy way to assess for commonalities. The inability to easily compare results between caring behavior tools at first was perceived as a negative result. As reflection was used to assess the results, the exact opposite was noted. The opportunities for future research and the education of nurses on how they perceive the tasks and skills they use with their patients are extensive. Imagine how this small review can lead to additional reviews and individual research on caring behaviors is exciting

The caring behaviors were compiled, but no consensus was found. Further research is needed to clearly identify the behaviors most often identified as caring by patients.

Section 5: Scholarly Product

Problem, Purpose, Goals, and Outcomes

The purpose of this systematic review was to gather evidence from the literature on tools for measuring caring and the outcomes in order to make the body of knowledge easily accessible to the direct care nurse for implementation. The review placed the evidence into an easy-to-read format to help the direct care nurse identify the caring behaviors that best fit into her or his personal practice.

Using the inclusion and exclusion criteria, 10 articles were identified for review. These articles were plotted on a table and the top caring behaviors were identified. The caring behaviors were identified across six different tools. This made it difficult to identify the top behaviors across the various tools. Each tool used its individual verbiage to describe or summarize behaviors.

The commonalities among tools that measure caring were not as easily identified as expected. Although not the expected outcome, this outcome is still valuable: It provides a summary of caring behaviors, as identified by the participants, in an easy-to-read format from which direct care nurses can choose.

Implications for the Practice of Nursing

The effectiveness of health care policies will certainly be enhanced with nurses' participation, as they will promote a positive change (Ridenour & Trautman, 2009). Professional nurses have chosen a career in which individuals are carried for. Caring can expand beyond the bedside if nurses advocate for their communities and become involved in health care policy (Stokowski, McDonald, & Lovejoy, 2010). Interventions that promote and enhance

caring/compassion satisfaction among patients, can improve nurse satisfaction, and decrease work-related stress and burnout (Burtson & Stichler, 2010). More evidence needs to be gathered to link improved patient outcomes with caring (Papastavrou, Efstathiou, & Charalambous, 2011).

This project has added knowledge to the literature on caring behaviors by highlighting each tool's diversity in measuring patients' perceptions of caring. It has also highlighted the diversity of results obtained by each of the tools. Why the patients chose the behaviors they most often perceived as caring could involve many factors. This represents the greatest opportunity for future research.

The intent of this scholarly product is to identify and share intentional caring behaviors that direct care nurses can include in their professional practice. Intentional caring behaviors that would have the biggest impact on outcomes, would be the caring behaviors perceived by patients. The scholarly product will be shared through presentation at professional conferences, local and national.

The implications for the direct care nurse are many. This review added to the body of knowledge around caring behaviors by highlighting research opportunities. Further research will clarify the caring behaviors in individual acute care areas that can influence patient outcomes. Information from this review can also be used for education of new nurses. By using the results of the patients' perceptions of caring, the direct care nurse can reflect on their daily tasks and skills as intentional caring behaviors. Even though, no top behaviors were identified, altering how nurses view their daily tasks and skills from purely technical to a hybrid of technical/caring could prove to be profound and practice changing for some nurses. Nurses focused on

completing tasks and checking them off checklists, can then turn their attention to the caring aspect of these tasks.

Recommendations

This project enlightened many areas for future research to increase the clarity of key caring behaviors for the direct care nurse. Each caring tool has proven to be reliable and valid. A future project could be comparing and looking for commonalities across acute care settings and level of care. Do we see the same patient perceptions, using the same tool, in Intensive Care, Intermediate Care and a Medical Unit? How can we as nurses adapt to our patients needs for caring behaviors at these different levels?

Another recommendation would be to seek a common terminology for identifying patient perceptions of caring. This perhaps will be a long process or even one that may never be fully agreed upon. The project has highlighted the difficulty in measuring caring with the variety of tools available. In caring there are many perceptions and descriptions of caring. Coming to a consensus may not be a realistic goal. Developing a clear way of comparing results of different tools could increase the body of knowledge by identifying the caring behaviors that are most effective and may be more realistic goal.

Dissemination

The dissemination of the DNP project is the telling of the story, and can include may be in many formats including article for publication, or presentation at a professional or community meetings (Moran, Burson, & Conrad, 2014). The dissemination of these results will begin with a poster presentation at the Virginia Nurses Association conference in Richmond, VA, November 20-21, 2015 (Appendix C). Presenting at this conference will provide the opportunity to discuss

the results with colleagues and collect their perspectives on the results. One of the limitations of this review, was there was only one reviewer. Other perspectives will be interesting and valuable to gather.

Project Summary and Evaluation Report

A scholarly project is an instrument for which a student can demonstrate advance knowledge in a particular area (Moran, Burson, & Conrad, 2014). Although, the results from this project were not what I expected, I do believe the project did bring me closer to being an expert.

The project also eliminated the need for clarity on what the caring behaviors that patients most often recognize. The variety of tools available for measure caring make comparing results difficult. There is also very little evidence of results of one tool, in multiple levels of care in acute care. The systematic review was successful in identifying the top behaviors from the 10 selected articles, but was unsuccessful in identifying clear commonalities among the top results. Nurses can still see the caring behaviors to choose from

This result has spurred lots of discussion at work. Our research committee is considering launching a large study, using one tool, at several levels of care. I believe that with more research we can identify caring behaviors at every level of care that have the greatest impact on patient outcomes.

The results were interesting enough to submit as a poster presentation to the Virginia Nurses Association annual conference. The poster was accepted and will be presented at the conference in November 2015. Although the systematic review itself is a scholarly product, sharing the results through professional conferences is an excellent way to stimulate conversation and perhaps inspire more research for clarity.

Sharing the literature review with direct care nurses so they can easily see caring behaviors identified by research and identified by patients, using a caring tool, will provide the direct care nurse the opportunity to incorporate the caring behavior with intention into their professional practice. Presenting at the Virginia Nurses Association annual conference is a means for sharing this information.

The nursing research committee for Inova Fairfax Medical Center is interested in following up this project with research. Discussion is underway on means for choosing one tool that measures caring behaviors as perceived by patients, and implementing a study on results based on level of care. The tool will be used in ICU to measure caring behaviors as identified by patients, Progressive Care Units and then Medical/ Surgical Units. The information learned from research will further guide direct care nurses in choosing intentional caring behaviors.

Caring needs to be intentional, and remember how and why nursing is our profession. Nurses will need to learn again to seek the caring moment, recognize the caring moment and take in. If nurses become so task oriented and focused on all the other aspects of care, the human connection of human caring was lost.

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Appendix A: Research Evidence Appraisal Tool

Johns Hopkins Nursing Evidence-Based Practice Research Evidence Appraisal Tool

Evidence Level and Quality: _____

Article Title:	Number:		
Author(s):	Publication Date:		
Journal:			
Setting:	Sample (Composition & size):		
Does this evidence address my EBP question?	· Yes	· No Do not proceed with appraisal of this evidence	
Level of Evidence (Study Design)			
<p>A. Is this a report of a single research study? <i>If No, go to B.</i></p> <p>1. Was there an intervention?</p> <p>2. Was there a control group?</p> <p>3. Were study participants randomly assigned to the intervention and control groups?</p> <p>If Yes to all three, this is a Randomized Controlled Trial (RCT) or Experimental Study →</p> <p>If Yes to #1 and #2 and No to #3, OR Yes to #1 and No to #2 and #3, this is Quasi Experimental (some degree of investigator control, some manipulation of an independent variable, lacks random assignment to groups, may have a control group) →</p> <p>If Yes to #1 only, OR No to #1, #2, and #3, this is Non-Experimental (no manipulation of independent variable, can be descriptive, comparative, or correlational, often uses secondary data) or Qualitative (exploratory in nature such as interviews or focus groups, a starting point for studies for which little research currently exists, has small sample sizes, may use results to design empirical studies) →</p> <p>NEXT, COMPLETE THE BOTTOM SECTION ON THE FOLLOWING PAGE, "STUDY FINDINGS THAT HELP YOU ANSWER THE EBP QUESTION"</p>	<input type="checkbox"/> LEVEL I	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No

Article Number	Name of Article	Author / Date (Year)	Evidence Type	Sample,	Study Findings that Help Answer the EBP Question	Limitations	Evidence Level and Quality	Top three Caring Behaviors Noted
				Sample Size and				
				Setting				
1	Perceptions of caring in China: patient and nurse questionnaire survey.	He, T.; Du, Y.; Wang, L.; Zhong, Z.F.; Ye, X.C.; Liu, X.H. International Nursing Review (INT NURS REV), 2013 Dec; 60 (4): 487-93. (28 ref)	Caring Behaviors Inventory-24	595 patients (87.50%) and 445 (82.41%) nurses completed the survey. Results The mean item score on the Caring Behaviors Inventory-24 was 4.32 and 4.96 for patients and nurses, respectively. The subcategory with the highest mean score for both groups was knowledge and skills (4.73, 5.25), and the lowest for both groups was positive connectedness (3.98, 4.51). Nurses' scores were significantly higher than those of patients for all four subcategories (P < 0.001).	Identified top three behaviors	Participants came from a limited number of hospitals in three cities. A larger sample from different hospitals in mainland China could have increased the power of the study.	Level III and Good Quality Rating	Highest score was knowledge and skill ; second was assurance; third was respect

2	Perceptions of patients and nurses towards nurse caring behaviors in coronary care units in Jordan.	Omari, Ferdous H; AbuAlRub, Raeda; Ayasreh, Ibrahim RA Journal of Clinical Nursing (J CLIN NURS), 2013 Nov; 22 (21/22): 3183-91. (24 ref)	demographic form and the Caring Behavior Assessment scale	A convenience sample of 150 patients who complained from coronary artery diseases and 60 critical care unit nurses	Identified top three behaviors	1. The use of a convenience sample, which limits the generalizability of the findings, 2. The length of the CBA scale that needed prolonged time to be filled by either patient or nurses and 3. a measurement error could occur as a result of the different ways of administering the CBA scale	Level III and Good Quality Rating	#1 Consider my spiritual needs; #2 offer things (position changes, blankets, back rubs, lightening...); #3 Accept my feelings without judging them
3	Do they Really Care? How Trauma Patients Perceive Nurses' Caring Behaviors.	Merrill, Alison S.; Hayes, Janice S.; Clukey, Lory; Curtis, Denise Journal of Trauma Nursing (J TRAUMA NURS), 2012 Jan-Mar; 19 (1): 33-7. (19 ref)	Caring Behaviors Inventory	Administered in a 1-to-1 interview format to hospitalized trauma patients in a level 2 trauma center.	Identified top three behaviors; had two sets of behaviors from white population and Latino population	Smaller size does not allow to identify differences in gender and confirm results in ethnic	Level III and Good Quality Rating	#1 White patients--meeting the patient's stated and unstated needs; #2 white patients being confident with the patient; #3 white patients--giving the patients treatments and mediations on time;; #1 Latino patients being sensitive to the patient; #2 Latino patients--allowing the patient to express about his or her disease and treatment; #3 Latino patient--allowing the patient to express about his or her disease and treatment

4	Applying Watson's nursing theory to assess patient perceptions of being cared for in a multicultural environment.	Suliman WA; Welmann E; Omer T; Thomas L; Journal of Nursing Research (Taiwan Nurses Association) (J NURS RES), 2009 Dec; 17 (4): 293-300. (24 ref)	Caring Behaviors Assessment (CBA)	A probability sample of 393 patients was drawn from three hospitals in three different regions of Saudi Arabia.	Identified top three behaviors	Length of the assessment tool and potential burden on patients;	Level III and Good Quality Rating	#1 Gives me my pain medication when I need it; #2 treats me with respect;; #3 is gentle with me
5	Perceptions of nurses' caring behaviors by trauma patients.	Hayes JS; Tyler-Ball S; Journal of Trauma Nursing (J TRAUMA NURS), 2007 Oct-Dec; 14 (4): 187-90. (8 ref)	Caring Behaviors Inventory	744 bed hospital with level I trauma center and a 28 bed surgical trauma intensive care unit	Identified 6 items in the CBI that accounted for top 95%. Highest rating was "treating the patient confidentially.	Data collection done in personal interview format, researcher at bedside, discussion often beyond questions on caring behavior inventory. Could impact bias by researcher. Patients had difficulty separating their care into phases. Researcher seeking information on their trauma experience.	Level III and Good Quality Rating	1. Being hopeful for you; 2. Being empathetic or identifying with you; 3. Being sensitive to you; 4. Treating your information confidentially; 5. Meeting your stated and unstated needs; 6. putting you first
6	Cancer patient and staff ratings of caring behaviors: relationship to level of pain intensity.	Chang Y; Lin Y; Chang H; Lin C; Cancer Nursing (CANCER NURS), 2005 Sep-Oct; 28 (5): 331-9. (43 ref)	Caring Assessment Report Evaluation Q-sort (CARE-Q)	The study included 50 matched cancer patient-staff pairs from oncology inpatient units of 3 hospitals in northern Taiwan.	Identified top three caring behaviors	Limited by its small sample size, use of forced format of CARE-Q could reduce the number of significant correlations between level of pain intensity and ratings of importance of caring behaviors	Level III and Good Quality Rating	#1 gives the patient's treatments and medications on time; #2 knows how to give shots, IVs etc. and how to manage the equipment like IVs, suction machines, etc.; #3 gives a quick response to the patient's call.

7	The importance of nurse caring behaviors as perceived by patients receiving care at an emergency department.	Baldursdottir G; Jonsdottir H; Heart & Lung (HEART LUNG), 2002 Jan-Feb; 31 (1): 67-75. (40 ref)	Caring Behavior Assessment (CBA) Tool	A 61-item questionnaire designed on the basis of Cronin and Harrison's Caring Behaviors Assessment tool, which reflected the 10 carative factors of Watson's theory, was mailed to 300 ED patients. The response rate was 60.7%.	Identified individual caring behaviors		Level III and Good Quality Rating	Results showed that subjects scored the items "Know what they are doing", "Know when it is necessary to call the doctor", "Know how to give shots, IVs, etc.", and "Know how to handle equipment" as the most important nurse caring behaviors.
8	Caring behaviors by nurses: women's perceptions during childbirth.	Manogin TW; Bechtel GA; Rami JS; JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing (JOGNN), 2000 Mar-Apr; 29 (2): 153-7. (17 ref)	Caring Behavior Assessment (CBA) (Cronin and Harrison)	A convenience sample of 31 childbearing women.	Identified individual caring behaviors	Very small sample size of only 31	Level III and Low Quality Rating	Behaviors in the human needs assistance subscale, which included items such as "help me with my care until I'm able to do it for myself," "give my treatments and medication on time," and "check my condition closely," were perceived as the most caring.
9	Perceptions of caring among patients with cancer and their staff: differences and disagreements.	Widmark-Petersson V; von Essen L; Sjöden P; Cancer Nursing (CANCER NURS), 2000 Feb; 23 (1): 32-9. (43 ref)	CARE Questionnaire; Care Satisfaction Questionnaire (CARE/SAT)	10 women and 11 men met criteria	identified caring behaviors important to patients	Very small sample size of only 21	Level III and Low Quality Rating	#1 Explains and facilitates; #2 anticipates; #3 Monitors and follows through

10	Quality and care: patients' perceptions.	Williams SA; Journal of Nursing Care Quality (J NURS CARE QUAL), 1998 Aug; 12 (6): 18-25, 70-2. (59 ref)	Holistic Caring Inventory (HCI)	Inpatient medical unit and an outpatient oncology clinic connected with a large southeastern regional medical center. The sample consisted of 94 hospitalized medical patients and 165 outpatients being treated for cancer with IV chemo	Identified individual caring behaviors		Level III and low quality	Care that recognized them as unique individuals with need to share feelings; have someone listen to them; be accepting of them
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Figure 3. Individual Evidence Summary Tool of the 10 chosen articles.



Tools That Measure Caring, a Systematic Literature Review

Jennifer L Drake RN DNP-c ONC

Background/Purpose

Background: Caring is essential in nursing. As technology increases safety in healthcare, it is impacting the caring in nursing. Technology and complexity of patient care pulls the focus of the direct care nurse to caring for the technology and the tasks rather than the caring moments shared with the patient.

Purpose: The goal of this systematic literature review was to organize and synthesize the current tools that measure caring. This will provide the direct care nurse guidance for using caring behaviors with intention. The literature supports a focus on caring as the returns and outcomes may likely transcend all other technology, pharmacotherapy or process that is in use or is being investigated in today's healthcare setting (Nelson, 2011). The evidence shows caring behaviors improve nurse satisfaction outcomes and patient satisfaction outcomes.

Literature Review Methods

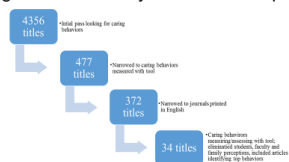
This systematic literature review was reviewed by the Institutional Review Board.

Design: A systematic literature review was done to provide the direct care nurse an easily read and interpreted summary of caring research identifying caring behaviors.

Study Sample: 34 articles measuring caring as perceived by the patient, identifying caring behaviors of the nurse.

Study procedures: Each article was appraised using the Johns Hopkins Nursing Evidence-Based Practice Model and Guidelines Research Evidence Appraisal Tool (Dearholt & Dang 2012) to see if the article meets inclusion criteria and for quality appraisal. Using the inclusion and exclusion criteria, 10 articles were identified to include. The caring behaviors were identified across 6 different tools. This provided a challenge of identifying the top behaviors across the variable tools. Each tool used their individual verbiage to describe or summarize behaviors.

The outcome is a summary of identified caring behaviors and not an identification of top behaviors. This outcome, as not the expected outcome, is still valuable as it provides a summary of identified caring behaviors in an easy to read format for direct care nurses to choose. The commonalities among tools that measure caring are not as easily identified as expected.



Literature Review Results

Although caring behaviors were identified, comparing results from one tool to the next proved to be challenging. Each tool used their own description and identifiers of behaviors. While this didn't seem to be a barrier at first, during analysis it became challenging to identify the individual caring behaviors most often identified. One of the objectives of this project was to identify strength and weaknesses of the tools in identifying the behaviors most often viewed as caring by patients, so the direct care nurse can choose a behavior to use with intention. Perhaps the weakness is of the various tools that measure the patients perception of caring, was that they are so very different, it is difficult to compare their individual results. The review did identify a mix of expressive and instrumental caring behaviors. Expressive activities noted included considering spiritual needs, being sensitive and care about them as an individual where as instrumental activities included behaviors such as knows what they are doing, providing treatments on time, knows how to give shots.

Article	Top Three Caring Behaviors Noted		
	#1 Behavior	#2 Behavior	#3 Behavior
1	skill	assurance	respect
2	consider my spiritual needs	offer things (position changes, blankets, back rubs, lightening...)	Accept my feelings without judging them
3	meeting the patient's stated and unstated needs;	white patients being confident with the patient	giving the patients treatments and medications on time;
4	being sensitive to the patient	allowing the patient to express about his or her disease and treatment	allowing the patient to express about his or her disease and treatment
5	Gives me my pain medication when I need it	treats me with respect	is gentle with me
6	gives the patient's treatments and medications on time	knows how to give shots, IVs etc. and how to manage the equipment like IVs, suction machines, etc.	gives a quick response to the patient's call.
7	Know what they are doing	Know when it is necessary to call the doctor	Know how to give shots, IVs, etc.
8	help me with my care until I'm able to do it for myself	give my treatments and medication on time,	check my condition closely
9	Explains and facilitates	anticipates;	Monitors and follows through
10	care that recognized them as unique individuals with need to share feelings	have someone listen to them	be accepting of them

Conclusions

The goal of this systematic literature review was to organize and synthesize the current tools that measure caring to provide the direct care nurse guidance for using caring behaviors with intention to improve outcomes. Another goal of this systematic literature review was to format the evidence in the research into an easy to read format for the direct care nurse.

Although the individual caring behaviors were identified, the articles did not provide a conclusive abundance of evidence of what were the best or most often identified behaviors as perceived by patients. The diversity of the tools used to measure and assess caring behaviors did not provide an easy way to assess for commonalities. This at first was perceived as a negative result. As reflection was used to assess the results, the exact opposite was noted. The opportunities for future research and the education of nurses on how they perceive the tasks and skills they use with their patients are extensive. It is exciting to imagine how this small review can lead to additional reviews and individual research on caring behaviors.

Implications for Practice

Information from this review can also be used for education of new nurses. By using the results of the patients' perceptions of caring, the direct care nurse can reflect on their daily tasks and skills as intentional caring behaviors. Even though, no clear top behaviors were identified, altering how nurses view their daily tasks and skills from purely technical to a hybrid of technical/caring could prove to be profound and practice changing for some nurses. Nurses focusing on completing tasks and checking them off of checklists, can then turn their attention to the caring aspect of these tasks.

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