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Fall 12-20-2014

## Just Sit for a Bit: A Moment of Caring

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Running Head: JUST SIT FOR A BIT

Just Sit for a Bit: A Moment of Caring  
Gabrielle Malouf  
University of San Francisco

### **Abstract**

**Background:** Research shows that time spent sitting at the bedside promotes trust, which ultimately improves nurse satisfaction, patient satisfaction and patient outcomes. Patient satisfaction scores have been below benchmark for several months on an adult medical unit at an academic medical center.

**Overview:** The purpose of this project was to improve patient satisfaction in the areas of nursing courtesy, friendliness, and listening. Nurses were asked to sit down for at least 5 minutes per shift with each patient, engaging in a “moment of caring”. Nurse surveys were given and both pre and post implementation. These surveys assessed whether or not nurses physically sit down at least for 5 minutes per shift. Survey also assessed the importance nurses placed on this implementation.

**Results:** Post-intervention, an increased percentage of surveyed nurses reported sitting at the bedside for at least 5 minutes a shift. Additionally, an increased percentage of surveyed nurses reported that physically sitting down with patients as extremely important.

**Conclusion:** The findings show some evidence for improved nurse behaviors and attitudes toward sitting down at the bedside. Time constraints notwithstanding, Press-Ganey results might be evaluated over a longer period to determine the effects of the intervention on patient satisfaction.

## **Statement of the Problem**

Modern day healthcare has caused many nurses to become “task-oriented” and technologically focused, often rushing their time spent with patients at the bedside. Watson (2009) argues that nurses are torn between the caring values that attracted them to the profession and the high paced, task oriented pressures they feel while on the job. Magnet institutions, such as the facility where this study takes place, value both nurse and patient satisfaction. Research shows that achieving mutual satisfaction requires adequate time for establishing trust. Nurses may feel they have endless tasks to complete while on the unit, limiting their time spent with patients (Watson, 2009). With the successful establishment of trust, patients have a more positive recovery, ultimately increasing job satisfaction for nurses (Dinc & Gastmans, 2013).

This study was focused on adult medical unit at an academic medical center in Northern California. In the past few months, patient satisfaction scores were below benchmark in several Nurse Sensitive Indicators on the unit. Press-Ganey data (See Figure 2) released on 9/29/14 indicate that the unit needs improvement in “Friendliness/Courtesy of the Nurses” (92%), “Nurses Listen Carefully to You” (70%), and “Nurses Treat With Courtesy and Respect” (86%). Pre-intervention survey results revealed that only 35% of surveyed RNs on the unit physically sat down with their patients for at least 5 minutes per shift. Additionally, only 35% of surveyed RNs believed it was extremely important to physically sit down and spend time with their patients (See Appendix C). Research shows that patient satisfaction and provider-patient rapport are related to decreased litigation, decreased lengths of stay, decreased costs and improved clinical outcomes (Swayden et al., 2005). To improve patient satisfaction and generate positive outcomes, this study focused on increasing quality time nurses spend connecting with patients at their bedsides through a multifaceted intervention focused on nurse outlooks and behaviors.

## Literature Review

Research shows that patient perception of time spent with the provider is a determinant of patient satisfaction (Johnson, Sadosty, Weaver & Goyal, 2008). Lin et al. (2001) surveyed 1468 patients and 16 physicians in the ambulatory care setting. The study acknowledges that time management is a key issue since administrative duties and cost-effectiveness may limit time spent with patients. Patients were asked to report an estimation of time spent with the physician and whether or not the physician appeared rushed. Patients who estimated they spent more time than expected with their physician were significantly more satisfied with the visit (Lin et al., 2001).

As noted, time management is an important matter in modern healthcare. Johnson et al. (2008) discuss how spending time at the bedside is not always possible, especially on busy days. Sometimes, altering patient perceptions of time spent may be the only alternative. To study this effect, Johnson et al. (2008) sampled 244 consenting patients in an emergency department where physicians were randomly assigned to sit or stand during the initial encounter. After the interaction, participants completed surveys estimating time spent with the physician. When the physician was seated, participants overestimated time spent by an average of 1.3 minutes. Conversely, when the physician was standing, participants underestimated time by an average of 0.6 minutes. A similar study by Strasser et al. (2005) asked 69 randomized patients to watch one of two videos in which the physician was sitting or standing. More than half of the patients preferred the sitting physician, perceiving he was more compassionate and spent more time than the standing physician. When physicians or nurses have limited time, sitting instead of standing can improve the perception of the amount of time spent at the bedside and ultimately patient satisfaction.

Swayden et al. (2005) conducted a study in which 120 adult post-operative inpatients were asked to estimate the time of their interactions with physicians. Patients estimated longer bedside provider time when the provider sat instead of stood. The actual time the physician spent at the bedside did not change significantly whether he was sitting or standing. Patients with whom the physician sat reported a better understanding of their condition and a more overall positive experience (Swayden et al., 2005).

Swanson's Caring Theory is based on the belief that caring *about* patients is as important to patient wellness as caring *for* them. Tonges and Ray (2011) outline the Professional Practice Model and the Caring Theory which link the caring processes to patient wellness. At the University of North Carolina Hospitals (UNCH), patients survey results indicated that their emotional needs were not always met or completely addressed throughout their stay. In response, nurses were asked to spend a "moment of caring" with each patient each shift, sitting down with them for 3-5 minutes to discuss how they were coping with their illness. The "moment of caring" asks nurses to spend a few moments of uninterrupted time to connect and convey concern for their patients. Nurses were encouraged to recognize the feelings of their patients, touching their arm or hand as appropriate (Tonges, McCann, & Strickler, 2014). Prior to the implementation of the Caring Theory (Carolina Care), Press-Ganey results had hovered around the same levels for several years despite multiple improvement efforts. After the UNCH practice council voted to adopt the Swanson Caring Theory as the conceptual framework for professional nursing, all nurses were asked to sit for 3-5 minutes with each patient per shift. With the implementation of the "moment of caring", the mean score for overall patient satisfaction began its first sustained climb in 6 years. Impressive results were seen in the mean score for satisfaction with nursing.

The “moment of caring”, if implemented correctly, can have a dramatic effect on patient satisfactions outcomes in regards to nursing (Tonges & Ray, 2011).

Patient satisfaction is also positively related to trust in nurses. An article by Dinc and Gastmans (2013) describes the development of trust as a dynamically ongoing process that requires time and cannot be hastened. A holistic approach to caring, anticipating and meeting expectations for the care and needs of patients, following through and enjoying the job were all identified as preconditions for a trusting relationship. To achieve a trusting relationship with patients, it was important for nurses to build a rapport. However, before building a rapport, nurses and patients must feel comfortable with each other. Dinc and Gastman’s (2013) literature review of empirical studies reveals that when trust was successfully developed, both nurse and patient satisfaction improved.

Evidence shows that patient satisfaction scores, especially those related to nurse-sensitive indicators, are influenced by many factors. Time spent at the bedside promotes trust, and this ultimately leads to higher levels of nurse satisfaction, patient satisfaction and patient outcomes (Dinc & Gastman, 2013). Furthermore, when a provider sits at the bedside instead of standing, patients report more positive interactions. When nurses become busy, merely sitting instead of standing can enhance the perception of the actual time spent at the bedside. The data provides strong support for an implementation founded in the Caring Theory, especially at a Magnet Hospital where Press-Ganey patient satisfaction scores need improvement.

### **Root Cause Analysis**

A root cause analysis was performed to determine contributing factors to the problem (See Figure 1). Only 35% of surveyed nurses reported physically sitting down with patients for 5 minutes per shift, and Press-Ganey scores have recently declined. The five main contributing

factors include an indifferent attitude, inadequate education, lack of time, the assignment of isolation patients and a high acuity. Attitude was determined in the pre-intervention survey where only 35% of nurses viewed sitting down with patients as extremely important. Another nurse expressed that there may be social and cultural concerns involved with sitting down in a patient's room, and should only be done with consent. It is possible some nurses did not receive education on the importance of patient-centered care, and they may not be aware of benefits involved in taking time to sit down at the bedside. Nurses on the unit mentioned time as a common barrier to spending time with patients. Staff nurses expressed feeling pressure to promptly complete tasks, especially since medications and certain procedures are time-sensitive. Staff voiced concern about sitting down in the room when assigned isolation patients. The unit educator does not sit on furniture in isolation rooms, even with proper PPE and gown. High acuity is another contributing factor, especially when patient load is high. Nurses have stated they are too busy to sit down and connect with patients, especially when physical demands need to be addressed. Despite these factors, patient centered care should always remain a priority, and sitting down can be integrated into the nurse's daily routine.

### **Project Overview**

The purpose of this project was to improve patient satisfaction in the areas of nursing courtesy, friendliness, and listening. This goal was based on recent Press-Ganey scores on an acute medical unit. Nurses were asked to sit down for at least 5 minutes per shift with each patient, engaging in a "moment of caring" as described in the study by Tonges and Ray (2011). After the implementation of initial staff education, unit champions were asked to provide continuous reminders and support for the change. Prior to intervention, staff nurses on the unit were asked to complete a survey (see Appendix A). Nurses were asked to report if they



physically sit down with each of their patients for at least 5 minutes each shift. They were also asked how important they feel it is to physically sit down and spend time with their patients. The goal was to have at least 50% of nurses respond to the survey. Since the survey was designed to examine the actions and sentiments of nurses, patient satisfaction scores were evaluated in the areas of “Friendliness/Courtesy of the Nurses,” “Nurses Listen Carefully to You” and “Nurses Treat With Courtesy and Respect” as reported by Press-Ganey surveys. Surveys were analyzed to determine if nurse behaviors and beliefs play a role in declining patient satisfaction scores.

The implementation of this project proceeded in two phases. After reviewing survey results, the author designed a presentation to be given at each morning huddle for two weeks. Day and night shift nurses received educational reminders on the importance of sitting down with patients and spending a “moment of caring.” The script included a description of how the “moment of caring” will ultimately benefit both nurse and patient satisfaction by establishing a trusting relationship (see Appendix B). The second phase of the intervention included encouragement and reinforcement by nurse champions on the unit. Duffy (2005) explains that appointing a person or committee responsible for “Caring Model” implementation is crucial. This person should be highly regarded throughout the organization, having excellent interpersonal skills and absolute knowledge of the model (Duffy, 2005). The author discussed the future of this project with a well-respected Resource Nurse who is also part of the unit’s Shared Leadership Council. Understanding the importance of the “Caring Theory”, she agreed to advocate for the project both now and in the future.

Two weeks post-implementation, the 17 nurses who completed the pre-implementation survey were asked to complete the same survey again as part of the post intervention data collection. Survey results were analyzed to see if nurses place higher value on sitting with

patients, and if they actually spend more time sitting down at the bedside post-implementation. Current “Press-Ganey” data was unavailable for review due to the delay in response turnaround. As a result, the author was unable to determine if there were improvements in patient satisfaction throughout the two-week implementation period. Throughout this study, the author exhibited the CNL role of systems analyst by investigating trends in nurse behaviors and patient satisfaction scores, implementing an intervention, and measuring its effectiveness on the unit.

### **Methodology**

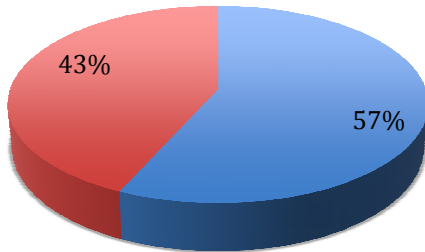
The study was conducted on a 17-bed adult acute care unit at a Magnet Hospital in Northern California. Ultimately, the “moment of caring” is meant to improve patient satisfaction, and “Press-Ganey” data is a critical measurement since it represents patient feedback. Since the adoption of the “Caring Theory” requires “thinking differently” (Duffy, 2005), it was important to consider nurse beliefs both pre and post implementation. The intervention educated nurses about integrating the “moment of caring” into daily routine, emphasizing the benefits of developing trust. The script focused on the personal advantages of the “moment of caring” for both nurses and patients (See Appendix B). A nurse champion was identified to advocate for the implementation and motivate staff compliance. As a well-respected charge nurse and member of the Shared Leadership Council, she will continually promote The Caring Theory on the unit. The Patient Care Manager also spoke at huddles sharing the importance of sitting down with patients.

### **Results**

The nurse survey, given both pre and post implementation, was developed to determine if nurses spend at least 5 minutes sitting down with each patient per shift. 17 of 30 staff nurses responded to the pre-intervention survey, representing 56% of the unit. 12 of 30 nurses responded to the post-intervention survey, representing 40% of the unit.

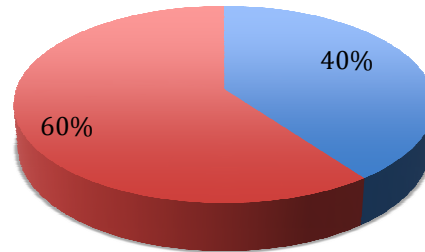
**Nurse Response: Pre-Intervention**

■ Responded ■ Did Not Respond



**Nurse Response: Post-Intervention**

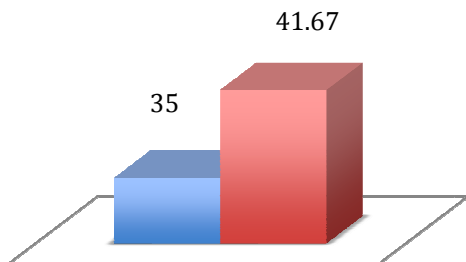
■ Responded ■ Did Not Respond



Pre-intervention results showed that only 35% of the surveyed nurses physically sit down with their patients for 5 minutes per shift. The survey also revealed nurse attitudes toward sitting down with patients. Only 35% of surveyed nurses reported that physically sitting down with patients is extremely important. Post-intervention, an increased percentage (41.67%) of surveyed nurses reported sitting at the bedside for at least 5 minutes a shift. Additionally, an increased percentage (41.67%) of surveyed nurses reported that physically sitting down with patients as extremely important.

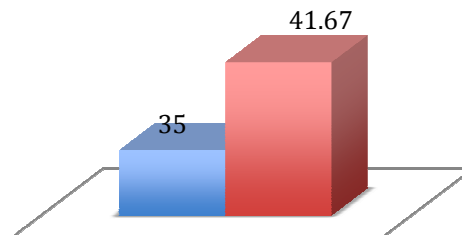
**Percentage of Surveyed Nurses who Reported Physically Sit Down at the Bedside**

■ Pre-Intervention ■ Post-Intervention



**Percentage of Surveyed Nurses who Reported Extreme Importance in Sitting Down at the Bedside**

■ Pre-Intervention ■ Post-Intervention



Unfortunately, updated Press-Ganey data was unavailable at the time of post-intervention data collection. Ultimately, the goal is for a long-term change in nurse behaviors and attitudes toward sitting down with patients, ultimately improving Press-Ganey patient satisfaction over time.

This project had several limitations. Self-reporting has benefits in the clinical setting since it is quick, easy and inexpensive. Disadvantages of self-reporting include errors in self-observation, social desirability and recall bias (Nunes et. al, 2009). Nunes et. al explain that the timeframe of data collection can affect the accuracy of recall as well. Due to the short duration of this study, the intervention was only in place for a week and a half when post-intervention surveys were administered. Additionally, the goal was to achieve 50% of total nurse responses with each survey collection. While 57% of nurses responded to the pre-intervention survey, only 40% of nurses responded to the post-intervention survey. Due to such inconsistency, it's impossible to draw concrete conclusions about the data. Another barrier was the inability to collect up-to-date Press-Ganey results. These results are reported quarterly, and available preliminary data did not reflect the post-intervention time period.

This study would benefit from a longer intervention period and more time for nurses to respond to surveys. The "moment of caring" promotes positive change in nurse behaviors and attitudes, and this cannot be achieved in a 1-2 week period. With an extended timeline, Press-Ganey results could be evaluated over a long-term period. This would allow the author and unit managers to assess the effectiveness of the intervention and make changes as needed. Despite limitations, staff and management worked cooperatively and showed support for the new changes.

**Nursing Relevance**

As stated by Clarke, Watson and Brewer (2009), “Nurses and practitioners who are literate with caring relationships are capable of having loving, heart-centered compassionate...personal caring connections.” Nurses are drawn to the field because of caring values, but modern day institutions can cause job dissatisfaction due to a focus on skills and technology (Watson, 2009). By encouraging nurses to take their time sitting at the bedside, they may be reminded of the caring behaviors that originally attracted them to nursing. Time spent with patients establishes a trusting relationship, and this ultimately has a positive impact on both nurse satisfaction and patient outcomes (Dinc & Gastmans, 2013).

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### **Appendix and Figure List**

Appendix A: Timeline

Appendix B: Blank Nurse Survey

Appendix C: Educational Huddle Script

Appendix D: Pre Intervention Nurse Survey Results

Appendix E: Post Intervention Nurse Survey Results

Figure 1: Root Cause Analysis

Figure 2: Graphed Press-Ganey Data

Figure 3: Graphed Nurse Response (%)

Figure 4: Graphed Pre and Post Intervention Survey Results



## Appendix A

Distribution of surveys to 30 nurses (Goal: to obtain 50% of nurse participation)	October 14-23, 2014
Analysis of survey data	October 24-26, 2014
Intervention: Education and Reminders at Huddles	October 27- November 7, 2014
Distribution of surveys to 30 nurses (Goal: to obtain 50% of nurse participation)	November 8-18, 2014
Analysis of survey data	November 19-23, 2014
Completion of Prospectus and Poster	November 24-25, 2014

Appendix B

1) In your current practice do you physically sit down with each of your patients for at *least* 5 minutes each shift?

Yes \_\_\_\_

No \_\_\_\_

I connect with my patients for 5 minutes a day but do not physically sit down \_\_\_\_

2) On a scale of 1-5, how important do you feel it is to physically sit down and spend time with your patients?

1   2   3   4   5

### Appendix C

Many of you took the 4-question survey that was emailed out, and there were questions regarding whether or not you physically sit down with your patients. Ellie, one of our student nurses from USF is working on her CNL project targeted at improving both nurse and patient satisfaction. Research shows that trust is formed when nurses sit down with their patients throughout the day, resulting in higher job satisfaction and better patient outcomes. “Integrate” sitting into your daily routine. You can sit during medication education, when talking to the families and even during minor procedures like glucose checks. By sitting down, you not only bond with your patients, but you relax your mind and body from the tasks and stresses of the day. The goal is to spend a total of 5 minutes throughout the day sitting at the bedside, sharing a “moment of caring”. Other Magnet Hospitals have incorporated the “moment of caring” into their practice, and Press-Ganey scores increased tremendously! The unit still needs some improvement in the HCAPS “Nurses Listen Carefully to You” and “Nurses Treat with Courtesy and Respect”. Taking the time to sit and listen to our patients may not only improve job satisfaction, but also the Press-Ganey scores on our unit!

## Appendix D

### Pre-Intervention Nurse Survey Results

1) In your current practice do you physically sit down with each of your patients for at least 5 minutes each shift? Responses (17/30)

- Yes: 35.29% (6/17)

- No: 0.00% (0/17)

- I connect with my patients for 5 minutes a day but do not physically sit down: 64.71% (11/17)

2) On a scale of 1-5, how important do you feel it is to physically sit down and spend time with your patients? Responses (17/30)

- Not Important: 0.00%

- A little Important: 0.00%

- Important: 11.76% (2/17)

- Very Important: 52.94% (9/17)

- Extremely Important: 35.29% (6/17)

## Appendix E

### Post-Intervention Nurse Survey Results

1) In your current practice do you physically sit down with each of your patients for at least 5 minutes each shift? Responses (12/30)

- Yes: 41.67% (5/12)

- No: 8.33% (1/12)

- I connect with my patients for 5 minutes a day but do not physically sit down: 50.00% (6/12)

2) On a scale of 1-5, how important do you feel it is to physically sit down and spend time with your patients? Responses (12/30)

- Not Important: 0.00%

- A little Important: 0.00%

- Important: 0.00% (0/12)

- Very Important: 58.33% (7/12)

- Extremely Important: 41.67% (5/12)

Figure 1

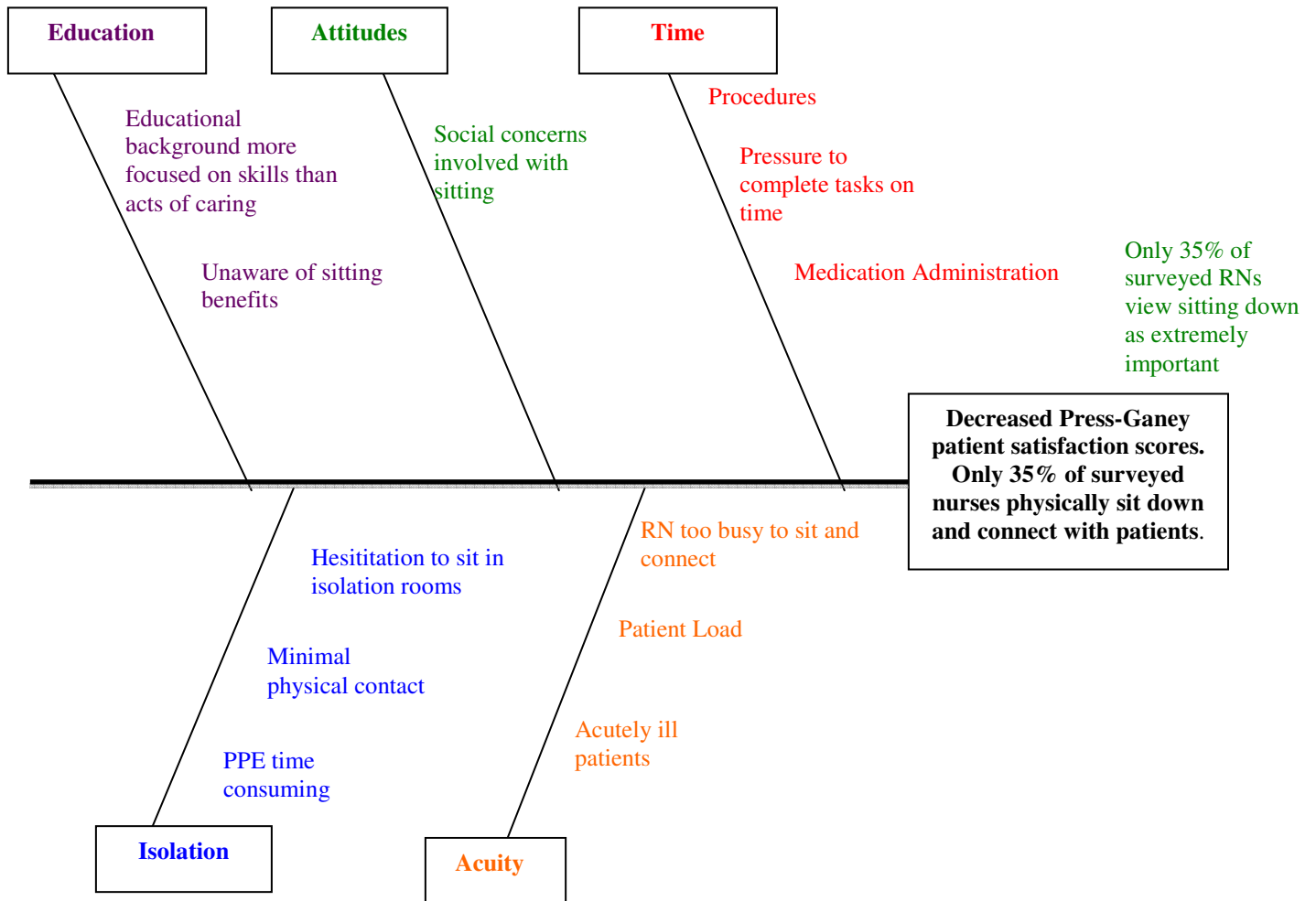


Figure 2

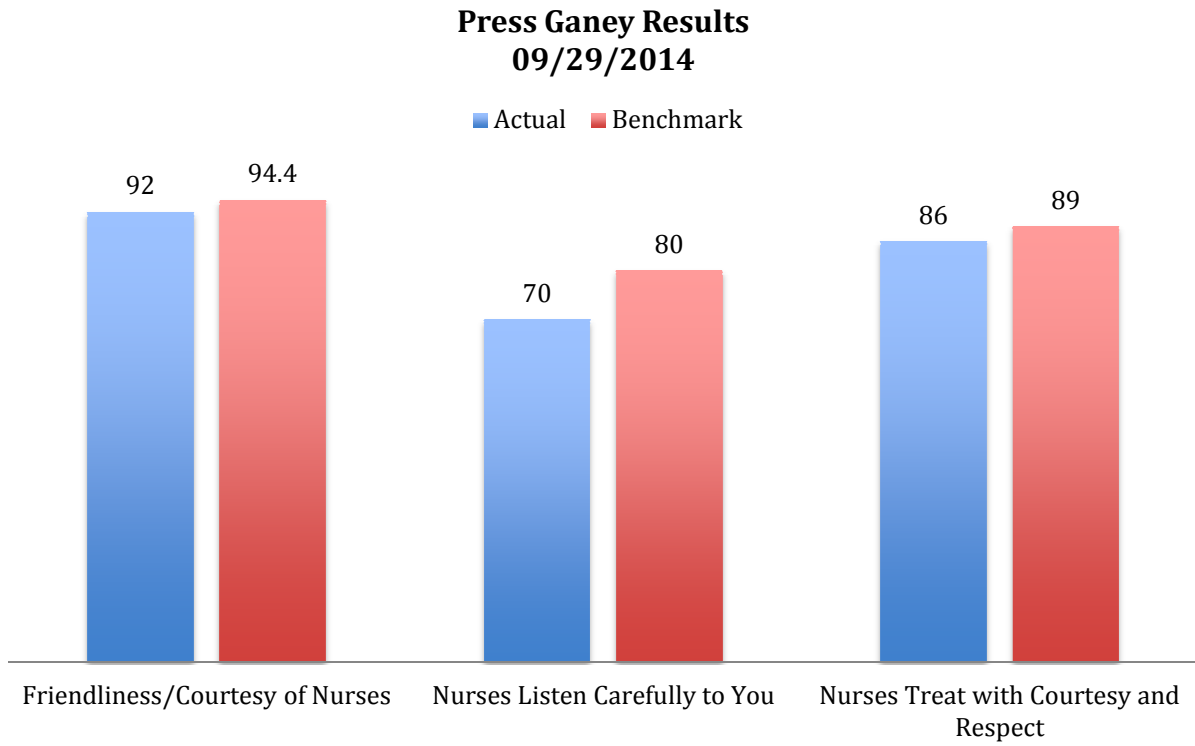


Figure 3

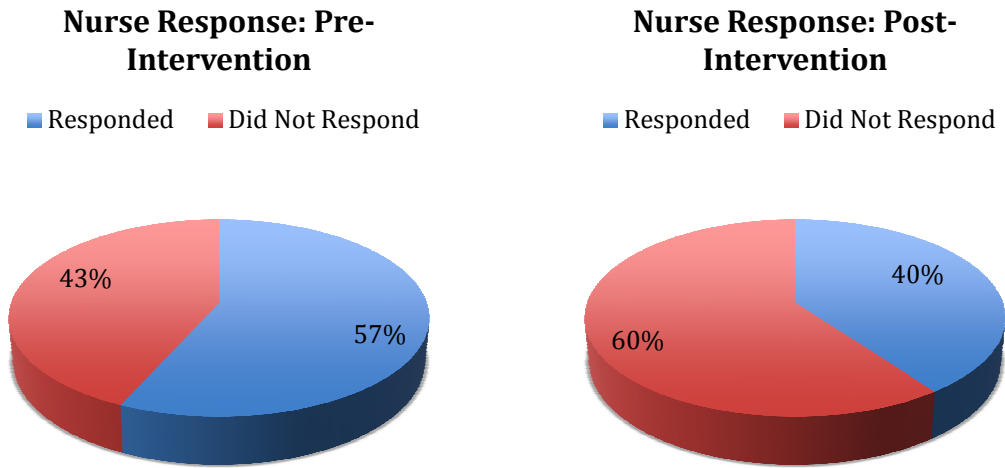




Figure 4

