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Watson's Theory of Human Caring: Effect on Nurse Perception of Care Environment

by

Shannon N. Jones

A thesis submitted to the faculty of  
Gardner-Webb University Hunt School of Nursing  
in partial fulfillment of the requirements for the  
Master of Science in Nursing Degree

Boiling Springs, North Carolina

2018

Submitted by:

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Shannon N. Jones

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Date

Approved by:

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Dr. Ashley Isaac-Dockery

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Date

## Abstract

Psychiatric and mental health nurses face unique problems related to the specifics of the role including low morale and burnout. These problems stem from many factors including insufficient staffing, lack of support from management, and patient behaviors such as aggression or noncompliance which lead to poor patient outcomes. The purpose of this study was to determine what effect adoption of Dr. Jean Watson's Theory of Human Caring has on nurse perception of the care environment on an inpatient psychiatric unit in a rural community hospital as measured by a modified version of the Combined Assessment of Psychiatric Environments (CAPE) instrument. A review of the literature revealed gaps in data related to this care area and particularly use of theory in psychiatric and mental health nursing. This study used a quantitative pre-test/post-test design using one group of participants: psychiatric nurses on the inpatient psychiatric unit in a rural community hospital. Results indicate adoption of Dr. Jean Watson's Theory of Human Caring on an inpatient psychiatric unit improve nurse perception of the care environment as measured by a modified version of the staff version of the CAPE instrument in the category of effectiveness.

*Keywords:* Psychiatric nursing, mental health nursing, theory of human caring, Jean Watson, perception of care environment, CAPE, nursing theory

## Acknowledgements

This project would not have been possible without the support, guidance, and encouragement received from others during the Master of Science in Nursing Thesis process. I would like to express my appreciation to my family and friends for their support during this time, particularly my mother, Vicki, and my husband, Benji, for their patience and understanding during this process. I would like to thank my nurse manager, Terri, for her support and willingness to assist me in this process and all my colleagues for their encouragement. I would like to express my deep gratitude to my Thesis Advisor, Dr. Isaac-Dockery, for all her guidance and encouragement during this process which kept me focused and determined. Lastly, I want to thank God for his guidance through this process and for placing these special individuals in my life to ensure my successful completion of my Thesis project.

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## CHAPTER I

### Introduction

Psychiatric and mental health nurses face unique problems related to the specifics of the role including low morale and burnout. These problems stem from many factors including insufficient staffing, lack of support from management, and patient behaviors such as aggression or noncompliance which lead to poor patient outcomes. Although there are theories which guide psychiatric and mental health nursing practice there is much debate over the appropriateness of different theories for this area of nursing (Guner & Pehlivan, 2016). The purpose of this study was to determine what effect adoption of Dr. Jean Watson's Theory of Human Caring has on nurse perception of the care environment on an inpatient psychiatric unit in a rural community hospital as measured by a modified version of the Combined Assessment of Psychiatric Environments (CAPE) instrument. Improvement in nurse perception of the care environment could be critical to boosting morale and combatting nurse burnout in psychiatric and mental health nursing.

### Significance

Poor patient outcomes is one factor in psychiatric and mental health nurses' poor perception of care given. In a study of shared decision-making involving consumers of psychiatric and mental health services, patients were interviewed regarding experiences and perceptions negatively affecting their ability to become involved in the decision-making process. The researchers identified one core category, *struggling to be seen as a competent and equal person*, as well as three related categories, *being the underdog*, *being controlled*, and *being omitted* which describe the difficulties patients have with becoming involved in their own care (Dahlqvist-Jonsson, Schon, Rosenberg, Sandlund, &

Svedberg, 2015). Utilization of Watson's Theory of Human Caring assist nurses in making a deeper connection with patients in which patients may see themselves as valuable to the relationship. This allows nurses to see the value in their work, thus improving perception of the psychiatric care environment.

Cleary, Horsfall, O'Hara-Aarons, Jackson, and Hunt (2012) conducted a study exploring mental health nurses' perception of care. The researchers identify five themes related to positive perception of care given: *teamwork, interpersonal interactions with patients, providing practical and holistic support to patients, patients' mental health improvements, and optimism-pessimism continuum* (Cleary et al., 2012). Adoption of Watson's theory could improve experiences in each of these areas as the Theory of Human Caring may transform relationships with patients and self, creating a deeper, more meaningful and compassionate connection (Watson, 2015). The Master of Science of Nursing (MSN) student conducted this study to measure mental health nurses' perception of the care environment on an inpatient psychiatric unit in a rural community hospital before and after the adoption of Dr. Jean Watson's Theory of Human Caring.

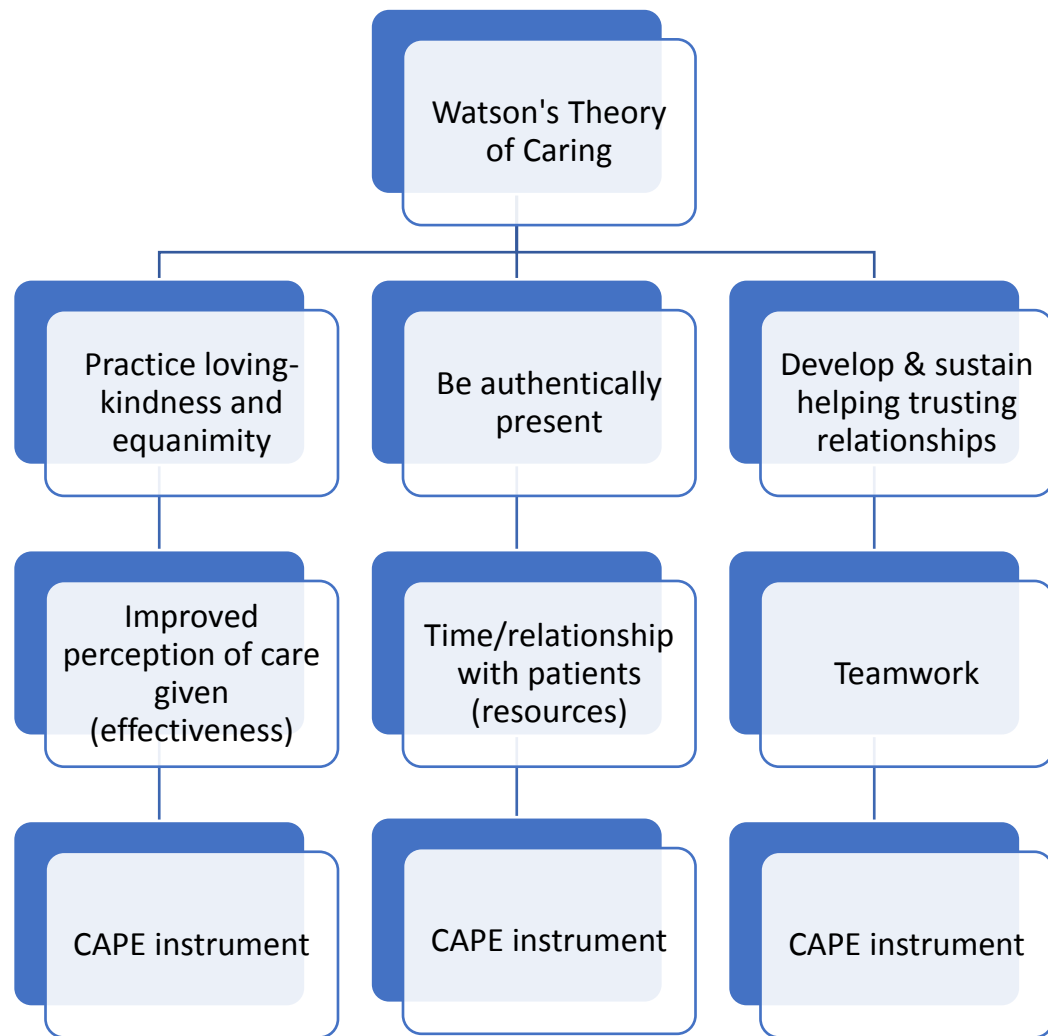
### **Purpose**

Direction to nursing care provided by utilization of a nursing theory could affect nurse perception of care, including the care environment. The purpose of this study was to determine what effect adoption of Dr. Jean Watson's Theory of Human Caring had on nurse perception of the care environment on an inpatient psychiatric unit in a rural community hospital as measured by a modified version of the Combined Assessment of Psychiatric Environments (CAPE) instrument. Improvement in nurse perception of the

psychiatric care environment could lead to improved nurse satisfaction, decrease in burnout and low morale, and improved patient outcomes.

### **Theoretical Framework**

Dr. Jean Watson's Theory of Human Caring is the theoretical framework utilized for this research study (Figure 1). Watson's theory emphasizes connecting with patients on a spiritual level with love. Watson describes 10 caritas processes to guide nurses in providing a healing environment for patients. These processes involve being authentically present with each individual, practicing loving kindness, opening oneself to others, and engaging meaningfully with patients to develop authentic caring relationships in which healing may occur. These processes not only involve nurse-patient relationships, but in practice may transform personal beliefs and values of the nurse which affects relationships with self, others, and the universe. Watson asserts that the caritas conscious nurse seeks to find the spirit behind the person, diagnosis, or personality and to make a spiritual connection (Watson, 2015).



*Figure 1.* Conceptual-Theoretical-Empirical Diagram (CTE)

### **Thesis Question**

This study aimed to determine whether there were measurable changes in nurse perception of the psychiatric care environment pre-implementation and post-implementation of adoption of a nursing theory. Dr. Jean Watson's Theory of Human Caring was the theory adapted for this project. One thesis question was identified for this study: What effect does adoption of a nursing theory, Dr. Jean Watson's Theory of Human Caring, have on nurse perception of care environment on an inpatient psychiatric unit in a rural community hospital?

## CHAPTER II

### Literature Review

The purpose of this study was to determine what effect adoption of Dr. Jean Watson's Theory of Human Caring had on nurse perception of the care environment on an inpatient psychiatric unit in a rural community hospital as measured by a modified version of the Combined Assessment of Psychiatric Environments (CAPE) instrument. Improvement in nurse perception in these areas could be critical in boosting morale and combatting nurse burnout in psychiatric and mental health nursing. A review of the literature was performed using Bulldog OneSearch, CINAHL, and Google Scholar databases. Keywords used by the MSN student during the search included "psychiatric nursing", "mental health nursing", "burnout" and "psychiatric nursing", "morale" and "psychiatric nursing", "psychiatric nursing" and "perceptions of care", "psychiatric environment" and "nursing", "psychiatric patients" and "nursing", "nursing theory" and "psychiatric", "Watson" and "psychiatric nursing", "Theory of Human Caring", "satisfaction" and "psychiatric nursing", "psychiatric nursing" and "screening tool", "psychiatry" and "instrument", and "CAPE".

#### **Nurse Perception of Care**

Unfortunately, there are many gaps in the literature related to psychiatric and mental health nursing. In a 2015 article responding to the Institute of Medicine (IOM) report on psychosocial interventions for mental health and substance use disorders, Adams addresses these gaps. Contributing factors for lack of evidence in these areas are identified by Adams as limited funding, competition with other disciplines for funding, small number of doctoral prepared nurses engaged in research, and few researchers who

focus on mental health issues (Adams, 2015). Despite gaps in the literature, multiple sources were discovered related to the problem: poor nurse perception of the care environment in psychiatric and mental health nursing.

A 2014 study by Madathill, Heck, and Schuldberg utilize the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) to determine the extent of burnout among psychiatric and mental health nurses. Results of the survey indicate that psychiatric nurses experience higher levels of burnout when compared to other mental health workers. The researchers examine the relationship between burnout, autonomy, leadership, and psychological distress, but are unable to determine any causal relationships due to limitations related to the cross-sectional study design. Further limitations of the study are identified by researchers as use of a convenience sample, small sample size, and lack of statistical power (Madathill et al., 2014). Findings of higher levels of burnout among psychiatric nurses in relation to other mental health workers is worrisome and research aimed at determining and alleviating related factors is needed.

Factors which contribute to burnout and low morale may influence nurse perception of their ability to provide care that positively impacts patients. In a 2012 qualitative interpretive study by Cleary et al. (2012) researchers identified five broad themes related to mental health nurses' perception of "good work" in acute settings: *teamwork, interpersonal interactions with patients, providing practical and holistic support to patients, patients' mental health improvements, and optimism-pessimism continuum*. The researchers discussed how positive relationships between nurses, peers, and patients are essential for satisfaction and perception of "good work". Limitations for



the study listed by researchers included use of a convenience sample, use of notes rather than recordings during interviews, and subjective nature of the data (Cleary et al., 2012). The themes revealed in this study may be influenced in part by perception of care environment. It is important to explore nurse perception of care environment to determine if a relationship exists, especially concerning interpersonal relationships with peers and patients.

Kurjenluoma et al. (2017) utilized a web-based survey, *The Person-Centered Nursing Index*, to explore psychiatric nurses' perception of workplace culture in relation to stress, job satisfaction, and practice environment. One hundred and nine nurses in Finland responded to the survey. Respondents indicated that nurses "occasionally" experience stress in the workplace and participants are "fairly" satisfied with their job and the practice environment. Based on responses for demographic categories, the researchers determined more experienced nurses had a more favorable view of the workplace in the areas described and the use of restrictive interventions had a negative impact on scores for all categories. Researchers list limitations of the study as cross-sectional study design, low response rate, and technical issues with the web-based survey. Utilization of a nursing theory could allow less experienced nurses to more confidently interact with psychiatric patients, which could decrease the need for restrictive interventions. This could improve psychiatric nurses' perception of workplace culture (Kurjenluoma et al., 2017).

A study by Nemeč and Trifković (2017) examined stress among psychiatric nurses. The list of stress factors most frequently reported during the study include low pay (55%), poor interpersonal relationships in the workplace (32%), and the sense of

insecurity due to unpredictable behavior of patients (44%). The researchers noted that 72.5% of study participants are frequently exposed to dangerous situations and 52% of respondents are not fully aware of the critical nature of therapeutic communication with patients. Researchers listed limitations for the study as small sample size and poor response rate which make it difficult to generalize the findings for the population of psychiatric nurses. Adoption of a nursing theory could potentially give direction to nursing care which could mitigate the stress factors in this study. Dr. Jean Watson's Theory of Human Caring, in particular, could improve therapeutic communication techniques, which could affect the level and frequency of unpredictable behaviors in psychiatric patients (Nemec & Trifkovic, 2017).

A 2016 qualitative study by Johansson and Wiklund-Gustin described one common thread among mental health nurses caring for patients with substance use disorders which may also affect nurse perception of the care environment. The theme is labeled by researchers as "*the multifaceted vigilance*" which encompasses mental health nurses' struggle to deliver safe quality care for patients with substance use disorders, while remaining vigilant for patient behaviors and personal reactions to behavior. The study describes the frustration that nurses feel while caring for this patient population in relation to symptoms, interventions, relationships, and preservation of self. This is important as frustration may negatively affect nurse perception of the care environment which may negatively affect patient care (Johansson & Wiklund-Gustin, 2016). Addressing aspects of the nurse/patient relationship as well as the care environment may alleviate some of these frustrations.

A 2014 qualitative study by Marques de Lima, Pedrao, and Costa Junior examined the roles, conflicts, and rewards of psychiatric and mental health nurses. The researchers list conflicts discovered as lack of professional recognition, poor perception of work environment, and poor perception of teamwork. Rewards were found to be personal recognition and professional qualifications. Limitations for this study include a small convenience sample including nurses who completed a specialization course; lack of operational definitions for roles, conflicts, and rewards for analysis; and lack of correlation between answers given and content of the specialization course (Marques de Lima et al., 2014). Research aimed at providing an evidence base for psychiatric nursing, particularly in the area of nursing theory, could improve professional recognition for nurses in this area.

Lack of professional recognition may also be due in part to the undervaluing of therapeutic knowledge and practice in psychiatric and mental health nursing. In a 2015 paper by McSherry, Loewenthal, and Cayne the authors examined the implications of Kristeva's notion of abject in the understanding of how significant the background and current application of therapeutic practice is in mental health nursing. Kristeva's notion of the abject places emphasis on the nonverbal, and largely unmeasurable aspect of psychiatric and mental health nursing which includes creating a safe nurturing space for patients to heal. The authors explained how the unobservable and unmeasurable facet of psychiatric and mental health nursing care may lead to lack of recognition of knowledge and skills leading further to feelings of dissatisfaction (McSherry et al., 2015). This study also indicated a need for research related to the use of nursing theory in psychiatric and

mental health environments to create a system in which nursing care in these areas can be objectively observed.

In relation to the care environment, in 2016 Godelieve de Vries, Brazil, Tonkin, and Bulten conducted a qualitative explorative study examining the relationship between patient characteristics and perceived ward climate, as well as the differences between patient and nurse perception of ward climate within a high secure forensic psychiatric hospital. The study found that differences in perception of ward climate between patients could be explained by patient characteristics including risk for violence and antisocial traits. Perception of ward climate between patients and nurses varied particularly in relation to perceived safety and cohesion on the unit. This could be explained in part by nurse perception of a lack of control over patient behaviors including violence and aggression. Researchers listed limitations of the study as use of a convenience sample from a single ward, data gaps resulting from the voluntary nature of the study, and lack of availability of complete records which limited the characteristics of patients that could be examined during research (Godelieve de Vries et al., 2016). This study indicated a need for further research related to nurse perception of the care environment to ensure nurses feel safe in psychiatric and mental health settings. Nurse perception of the care environment could be affected by feelings that a work environment is unsafe.

Verhaeghe et al. (2016) conducted research in 2016 aimed at exploring the attitudes and perceived self-efficacy of mental health nurses toward inpatient aggression. This cross-sectional study examines associations between these attitudes, perceptions, and characteristics of nursing staff. Nurse characteristics are associated with variations in attitudes and perceptions of self-efficacy included gender, experience, nurse burnout,

secondary traumatic stress, and compassion satisfaction. The researchers listed limitations for the study including inability of the researchers to completely control the sample population due to organizational issues and low internal consistency of one of the scales used in the study, the Attitude toward Aggressive Behavior Questionnaire (ATABQ) (Verhaeghe et al., 2016). This study also highlights the need to assess nurse perception of the care environment to identify factors which may contribute to poor perception of the care environment.

Another study which examined the experience of mental health nurses related to violence was conducted in 2016 by Jeffery and Fuller. This qualitative study employed a grounded theory approach to redress gaps in the literature related to the experience of mental health nurses related to violence. The study reveals five major themes: *wanting holistic control, feeling responsible, making the right decision, dealing with feelings, and wanting cohesive support*. Limitations of the study are listed by researchers as small sample size, disproportionate representation of qualified to unqualified staff, interview as data collection method which could have impacts from recall bias, potentially emotive nature of the subject matter, and impact of the researcher on the interpersonal dynamics of an interview (Jeffery & Fuller, 2016). This study also indicates a need for research that measures nurse perception of the care environment and the effect on nursing care.

A 2015 cross-sectional study by Hemingway et al. (2015) illustrated how factors such as ward climate, including environmental distractions and work-related pressure, are perceived as barriers to safe administration of medications in psychiatric and mental health settings. These factors were found to be perceived as more obstructive than five other themes which included insufficient pharmacological knowledge, poorly written and

incomplete medication documentation, inability to calculate medication dosage correctly, poor patient adherence to medication regimens, and cultural and linguistic communication barriers. Although researchers list the small sample size and use of a convenience sample as limitations to the study they assert the themes may be pertinent to psychiatric and mental health nurses in varying settings (Hemingway et al., 2015). This study is important as it illustrates that patient safety can be directly related to perception of the care environment.

### **Theory in Psychiatric Nursing**

As in other areas of psychiatric and mental health nursing, literature related to the use of nursing theory in psychiatric and mental health nursing is sparse. A 2016 article by Guner and Pehlivan discussed the lack of agreement among healthcare professionals regarding an appropriate theoretical framework for psychiatric nursing. The author emphasized the need for studies related to the use of nursing theory in psychiatric and mental health nursing to establish a research base related to nursing theory in this specialized area (Guner & Pehlivan, 2015). In addition to a lack of sources in general related to the use of nursing theory in psychiatric and mental health nursing, there are no sources which directly link Dr. Jean Watson's Theory of Human Caring to psychiatric and mental health environments. There is; however, research related to Watson's theory in other areas of nursing which indicate that the Theory of Human Caring could have benefits for psychiatric and mental health nurses and patients.

A 2017 study by Tektas and Cam examined the effects of nursing care guided by Watson's Theory of Human Caring on the mental health, specifically anxiety, depression, hopelessness, and prenatal attachment of pregnant women who had previously suffered

the loss of a pregnancy. This randomized, controlled study contains an experimental and a control group. The experimental group experienced encounters with nursing care guided by Watson's theory, while the control group received the usual nursing care for this setting and was not guided by Watson's theory. The researchers found that rates of anxiety, depression, and hopelessness were statistically significantly decreased in the experimental group, while prenatal attachment was statistically significantly increased. Limitations identified by the researchers included lack of comparison studies, lack of routine nursing care for the control group, and the possibility that increased time spent with the experimental group patients may have influenced results (Tektaş & Cam, 2017). This study indicated that the nurse/patient relationship may positively impact the well-being including the mental health of patients.

A 2013 study by Arslan-Ozkan, Okumus, and Buldukoglu measured the effects of nursing care based on Watson's theory on distress, self-efficacy, and adjustment in infertile women. This randomized, controlled study contains an intervention and a control group. The intervention group received nursing care driven by Watson's theory alongside routine nursing care while the control group received routine nursing care only. Each group was given a pre-test and post-test using the Infertility Distress Scale, the Turkish-Infertility Self Efficacy Scale Short Form, and the Turkish-Infertility Adjustment Scale. The intervention group's pre-test and post-tests showed statistically significant differences indicating positive effects of nursing care driven by Watson's theory, while the control group showed no statistically significant differences between pre-tests and post-tests. Limitations of the study listed by researchers included collection of quantitative data only, exclusion of fathers from the design, use of a convenience sample,

and inability to blind subjects or investigators to group assignment (Arslan-Ozkan et al., 2013). This study also illustrated the importance of the nurse/patient relationship and particularly the caring nature of that relationship in relation to well-being and mental health.

In a 2011 study by Nelms, Jones, and Treiber researchers implemented a nursing unit-based set of interventions grounded in Watson's theory intended to increase focus and concentration during the medication administration process to potentially decrease the instance of medication administration errors. Quantitative and qualitative data were gathered including instances of medication administration errors pre-intervention and post-intervention and staff response to interventions and perception of efficacy. Researchers found although implementation of the interventions did not significantly decrease the number of medication administration errors, facets of Watson's theory may inspire nurses to increase focus and concentration during the medication administration process. Although the researchers do not list limitations, the possibility of a confounding variable, a mandate nurses carry phones at all times for communication purposes is identified as a possible cause for distraction during the medication administration process (Nelms et al., 2011). This study showed that caring theory may not only enhance interactions between nurses and patients but may affect nurse perception of their environment as well.

Regarding patient safety, a 2017 article by Hochberger and Lingham examined the nurse's role in applying Hildegard Peplau's Interpersonal Theory of Nursing to medication self-management and self-administration in mental health patient populations. The article discussed the sacred nature of the nurse/patient relationship and its impact on



patient self-care. The authors described how use of Peplau's theory may assist nurses in fostering relationships with mental health patients in which the patient is encouraged to assume responsibility of self and to become productive in the community. This illustrated the ability of the nurse/patient relationship to assist psychiatric and mental health patients to reach their full potential and the important role nursing theory may play in this relationship (Hochberger & Lingham, 2017).

A study by Dahlqvist-Jonsson et al., (2015) examined patient perception of participation in decision making in mental health services. An explorative design based on the Constructivist Grounded Theory (CGT) was used. Participants were interviewed as members of focus groups and categories related to ability to participate in care decisions emerged in analysis. These categories as related to mental health professionals include: *struggling to be perceived as a competent and equal person, being the underdog, being controlled, and being omitted*. Findings emphasized perception of the ability to participate in care decisions can be directly influenced by the nurse/patient relationship. Limitations listed by the researchers included small number of participants due in part to drop-outs, use of a convenience sample, and the possibility the neutrality of the findings were influenced by the researchers' knowledge and experience (Dahlqvist-Jonsson et al., 2015). This study illustrated the importance of a caring nurse/patient relationship in relation to patient perception of self and perceived ability to care for self.

### **CAPE Instrument**

A search of the literature for an instrument that directly measures nurse perception of the care environment revealed that only one such tool exists: The Combined Assessment of Psychiatric Environments (CAPE) instrument. The instrument design is

discussed in a 2015 article by developers Delaney, Johnson, and Fogg. The researchers developed and tested two versions of the CAPE. One version was designed to measure patient perception of the care environment, the other measures staff perception of the care environment. Overall reliability for both versions of the CAPE was found to be 0.91. The test-retest reliability for both versions was found to be statistically significant at the 0.01 level. Construct and criterion-related validity were demonstrated in both versions of the CAPE instrument. The researchers identified limitations during CAPE development as small sample size, subjective nature of the unit selection process for the study, and possible need for rewording of items on the patient version of the CAPE (Delaney et al., 2015). The development and testing of the CAPE tool is important due the CAPE being the first valid and reliable instrument that can be used to measure patient and staff perception of care environments in psychiatric and mental health settings.

It is obvious that there are large gaps in the literature related to psychiatric and mental health nursing. There is little published research that exists related to the implications for use of nursing theory in psychiatric and mental health settings. There is only one instrument which is valid and reliable that measures patient and staff perception of the care environment in psychiatric and mental health settings. These factors illustrated the importance of further research in this area. As more patients seek help related to psychiatric and mental health conditions including substance use disorders, it is imperative nursing care be evidence-based to improve patient outcomes. Studies focusing on this area of nursing care are critical for the future of this unique area of the profession of nursing.

## **CHAPTER III**

### **Methodology**

The purpose of this quantitative study was to determine whether adoption of a nursing theory, Dr. Jean Watson's Theory of Human Caring, on an inpatient psychiatric unit affects mental health nurses' perception of effectiveness, resources, and teamwork as measured by a modified version of the CAPE instrument. Improvement in nurse perception in these areas could be critical in boosting morale and combatting nurse burnout in psychiatric and mental health nursing. Dr. Jean Watson's Theory of Human Caring was the theoretical framework utilized for this research study.

### **Study Design**

This study utilized a pre-test and post-test design using one group of participants: psychiatric nurses on the inpatient psychiatric unit in a rural community hospital. This design allowed the Master of Science in Nursing (MSN) student to compare scores pre-implementation and post-implementation of the adoption of Dr. Jean Watson's Theory of Human Caring to determine the effect on nurse perception of the care environment on an inpatient psychiatric unit in a rural community hospital as measured by a modified version of the staff version of the CAPE instrument. Both the pre-test and post-test consisted of completion of the modified version of the staff version of the CAPE instrument. The instrument was self-administered individually and took about 10 minutes to complete. Permission was gained from the chief nursing officer at the hospital and the Institutional Review Board (IRB) of the University approved the study.

### **Setting and Sample**

The population for this study was psychiatric and mental health nurses employed in an inpatient setting. A convenience sample was obtained for this study. The MSN student sent information related to the study including instructions for completing the data collection instrument via email to nurses employed on an inpatient psychiatric unit in a rural community hospital. There are 12 nurses employed on the unit. The unit is a 14-bed inpatient psychiatric unit which treats adult patients with diverse diagnoses including depressive and anxiety disorders, bipolar disorders, personality disorders, psychotic disorders, and those with dual diagnoses. The nursing staff at the time of the study did not incorporate nursing theory into daily patient care. Sample size was determined by voluntary completion of the assessment tool.

### **Design for Data Collection**

The MSN student emailed a brief explanation of the research study to the 12 nurses employed on the inpatient psychiatric unit. Information contained in the email informed nurses of four mandatory education sessions scheduled on the unit concerning adoption of Dr. Jean Watson's Theory of Human Caring as the unit nursing theory. The email informed nurses that a survey would be distributed by the MSN student for voluntary completion during the week prior to the education sessions. The MSN student hand-delivered a modified version of the CAPE instrument with attached informed consent to each nurse on the unit in an envelope labeled "A" (pre-test). Nurses were asked to read the attached informed consent. The informed consent informed nurses' completion of the CAPE instrument constituted consent to participate in the study. Nurses were instructed to place completed instruments through a slot in a locked locker

within the staff breakroom to be collected by the MSN student at the end of one week. Anonymity and confidentiality were ensured by the lack of identifying information on the modified staff version of the CAPE instrument. Education sessions took place during the following week.

During each session, information was presented regarding unit adoption of Dr. Jean Watson's Theory of Human Caring on the psychiatric unit. The information was provided to the nurses via PowerPoint, handout, and discussion. There were four education sessions offered during one week to ensure that all staff members could attend. Sessions were approximately 30 minutes in duration. Information included during education involved description of the theory including the 10 caritas processes and ways in which elements of the theory could be applied to nursing care, specifically in a psychiatric or mental health environment. Education also covered ways in which elements of Watson's theory could be applied to relationships between staff and patients. Posters were placed on the unit reminding nurses of the concepts within the theory with examples related to psychiatric patient care and teamwork.

After four weeks the MSN student sent another email to staff informing nurses that the MSN student would again hand-deliver the modified version of the staff version of the CAPE instrument in an envelope labeled "B" (post-test) to be completed again. Nurses were again instructed to place completed instruments through a slot in a locked locker within the staff breakroom to be collected by the MSN student at the end of one week.

### **Measurement Methods**

A modified version of the staff version of the CAPE instrument was used for this study. The CAPE instrument was designed by Delaney et al., (2015) based on a theoretical framework which holds a patient-centered care environment depends upon the quality of nurses' work environment. The CAPE has two versions: the patient version of the CAPE which measures patient perception of the care environment, and the staff version of the CAPE which measures staff perception of the care environment. For the purposes of this study a modified version of the staff version of the CAPE was used with permission from the developers of the CAPE. This study focused on nurses' perception of effectiveness, resources, and teamwork pre-implementation and post-implementation of Dr. Jean Watson's Theory of Human Caring as the unit nursing theory. Therefore, the staff version of the CAPE was modified to exclude questions related to staff perception of management and autonomy (Delaney et al., 2015).

The original staff version of the CAPE instrument consists of 21 questions. Five of the 21 questions were removed as they were each related to staff perception of two of the dimensions (management and autonomy) measured by the staff version of the CAPE which were not used for this study. The modified CAPE instrument contains a total of 17 Likert-type scale questions which specifically relate to the study purpose. The remaining 17 questions measure staff perception of the psychiatric environment related to the remaining three dimensions (effectiveness: items 1, 2, 6, 9, 14, 15, 16, 17; resources: items 3, 4, 7, 10, 11, 12; and teamwork: items 5, 8, 13.) (Delaney et al., 2015). See the Appendix for modified version of the staff version of the CAPE instrument.

Reliability of the CAPE instrument was determined by developers using Cronbach's alpha, which was 0.91 for the staff version of the assessment tool. Pearson correlations for the entire staff CAPE as well as the five dimensions measured (effectiveness, resources, management, teamwork, and autonomy) were statistically significant, indicating that the CAPE is stable over time. The developers of the CAPE established construct validity via factor analysis and criterion validity by measuring correlations between the CAPE and existing assessment instruments for psychiatric environments. Validity was further determined with comparison of responses among diverse environments (urban, inner-city, and medical center sites). Three factors for the staff version of the CAPE were significant at the 0.05 level (Delaney et al., 2015).

### **Protection of Human Subjects**

Anonymity was maintained for participants throughout the study. No identifying information was contained within the modified version of the staff version of the CAPE instrument. Respondents were instructed to place completed instruments through a slot in a locked locker during a period of one week. The locker was not monitored or opened during this time. Although participation in educational sessions was mandated by the unit director, completion of the CAPE instrument was voluntary for all participants. No deception of any kind was involved in the research. No incentives were used. Participants were assured they could withdraw from the research at any time with no personal or professional consequences.

### **Data Analysis**

Data obtained from the pre-test and post-test modified staff version of the CAPE instrument was entered into SPSS 25 for analysis. T-tests were used to determine the presence of any statistically significant differences. Results were reviewed to determine effect of adoption of Dr. Jean Watson's Theory of Human Caring on nurse perception of the care environment on an inpatient psychiatric unit in a rural community hospital.



## **CHAPTER IV**

### **Results**

The purpose of this study was to determine what effect adoption of a nursing theory, Dr. Jean Watson's Theory of Human Caring, has on nurse perception of the care environment on an inpatient psychiatric unit in a rural community hospital as measured by a modified version of the staff version of the CAPE instrument. Improvements in nurse perception of the care environment in psychiatric and mental health nursing was the goal of this project. Increasing morale and mitigating nurse burnout is an additional benefit of implementing theory such as Dr. Jean Watson's Theory of Human Caring within an inpatient psychiatric unit.

### **Sample Characteristics**

The population for this study was psychiatric and mental health nurses employed in an inpatient setting in a rural community hospital. There are 12 nurses employed on the unit. Ten nurses voluntarily completed the pre-test (A) and 11 nurses voluntarily completed the post-test (B). Demographic information was not obtained for participants in this study due to small sample size to ensure anonymity of participants.

### **Major Findings**

A modified version of the staff version of the CAPE instrument was used for this study. The modified CAPE instrument contains a total of 17 Likert-type scale questions which specifically relate to the study purpose. Items included on the CAPE instrument were grouped by dimensions of perception of care measured into three categories: nurse perception of effectiveness of care provided: items 1, 2, 6, 9, 14, 15, 16, 17; nurse perception of resources: items 3, 4, 7, 10, 11, 12; and nurse perception of teamwork:

items 5, 8, 13 (Delaney et al., 2015). Data was entered and analyzed using SPSS Version 25.

Paired-samples *t*-tests revealed that mean scores improved for the categories of nurse perception of effectiveness of care provided (pre-test mean 1.85, standard deviation 0.731; post-test mean 1.95, standard deviation 0.692) and nurse perception of resources (pre-test mean 1.78, standard deviation 0.904; post-test mean 1.88, standard deviation 0.640). However, mean scores declined for the category of nurse perception of teamwork (pre-test mean 2.60, standard deviation 0.855; post-test mean 2.13, standard deviation 0.629). The *t* value for the category of nurse perception of effectiveness of care provided was  $t=-2.963$ , which was significant at the 0.005 level ( $p=0.004$ , two-tailed). The *t* value for the category of nurse perception of resources was  $t=-1.181$ , which was not significant at the 0.005 level ( $p=0.243$ , two-tailed). The *t* value for the category of nurse perception of teamwork was  $t=5.037$ , which was significant at the 0.005 level ( $p<0.001$ , two-tailed) (Tables 1, 2, & 3).

Table 1

*Pre-test*

Item	Never	Sometimes	Very Often	Always	Do Not Know
Effectiveness: items 1, 2, 6, 9, 14, 15, 16, 17	n=0, 0%	n=28, 35%	n=36, 45%	n=16, 20%	n=0, 0%
Resources: items 3, 4, 7, 10, 11, 12	n=1, 1.7%	n=27, 45%	n=18, 30%	n=12, 20%	n=2, 2.2%
Teamwork: items 5, 8, 13	n=0, 0%	n=2, 6.7%	n=13, 43.3%	n=10, 33.3%	n=5, 16.7%

Table 2

*Post-test*

Item	Never	Sometimes	Very Often	Always	Do Not Know
Effectiveness: items 1, 2, 6, 9, 14, 15, 16, 17	n=0, 0%	n=21, 23.9%	n=42, 47.7%	n=25, 28.4%	n=0, 0%
Resources: items 3, 4, 7, 10, 11, 12	n=2, 3%	n=10, 15.2%	n=41, 62.1%	n=13, 19.7%	n=0, 0%
Teamwork: items 5, 8, 13	n=0, 0%	n=4, 12.1%	n=18, 54.5%	n=11, 33.3%	n=0, 0%

Table 3

*Statistical Analysis*

Item	Mean	Standard Deviation	<i>t value</i>	Sig. (2- tailed)
	<i>Pre-test/Post- test</i>	<i>Pre-test/Post- test</i>		
Effectiveness: items 1, 2, 6, 9, 14, 15, 16, 17	1.85/1.95	0.731/0.692	-2.963	0.004
Resources: items 3, 4, 7, 10, 11, 12	1.78/1.88	0.904/0.640	-1.181	0.243
Teamwork: items 5, 8, 13	2.60/2.13	0.855/0.629	5.037	0.000

## **CHAPTER V**

### **Discussion**

The purpose of this study was to determine what effect adoption of Dr. Jean Watson's Theory of Human Caring has on nurse perception of the care environment on an inpatient psychiatric unit in a rural community hospital. Results were measured by a modified version of the CAPE instrument. Improvements in nurse perception of the care environment could be instrumental in boosting morale and combatting nurse burnout in psychiatric and mental health nursing.

### **Implication of Findings**

Results indicated that adoption of Dr. Jean Watson's Theory of Human Caring on an inpatient psychiatric unit improve nurse perception of the care environment as measured by a modified version of the staff version of the CAPE instrument in the category of nurse perception of effectiveness of care provided. For the category of nurse perception of teamwork, results indicated a decline in scores which was statistically significant but could be affected by study limitations listed below. While the data demonstrated an increase in scores related to nurse perception of resources, results for this category are not statistically significant and could be contributed to other factors related to the sample or unit processes or limitations of the study which are both discussed below.

### **Limitations**

Several limitations were identified during this study including small sample size and the use of a convenience sample. For this study, the sample consisted of 12 registered nurses employed on an inpatient psychiatric unit in a rural community hospital. Factors

within the sample that may have affected study results included two staff members terminating employment on the unit and two new staff members hired during the course of the study. The two new staff members hired were newly graduated registered nurses with no prior psychiatric experience. This may have affected the results of the post-test. The unit had changes made to the treatment team meeting process and the treatment plan implementation and documentation process. These changes involve patient participation and input concerning both processes, during the course of the study, which may have affected results.

### **Implications for Nursing**

The results of this study may be beneficial to the nursing profession in addressing the unique problems related to the specifics of the psychiatric and mental health nurse role including low morale and burnout. The results indicated that adoption of Dr. Jean Watson's Theory of Human Caring on an inpatient psychiatric unit may improve nurse perception of the care environment in the category of nurse perception of effectiveness of care provided. Improvement in perception in this area may lead to increased satisfaction for psychiatric and mental health nurses and improved outcomes for psychiatric and mental health patients.

### **Recommendations**

Suggestions for future research included repetition of this study in diverse settings to determine generalizability of data such as on larger units with more staff members and outpatient mental health settings. Repetition of this study in similar settings for comparison would also be beneficial to test validity and reliability of the results. Use of

the modified version of the staff version of the CAPE instrument is recommended for duplication of this study.

### **Conclusion**

Dr. Jean Watson's Theory of Human Caring has been shown in several studies to improve patient outcomes and patient perception of care. Unit adoption of Dr. Jean Watson's Theory of Human Caring after staff education in the inpatient psychiatric setting may improve nurse perception of the care environment in the category of nurse perception of effectiveness of care provided. Improvement in nurse perception of their effectiveness could be critical in boosting morale and combatting nurse burnout in psychiatric and mental health nursing. This could, in turn, improve patient outcomes for this care area. When nurses feel effective they may provide care more confidently and be able to make deeper connections with patients that enhance the healing nature of the nurse-patient relationship. It is hoped problems related to gaps in the literature in psychiatric and mental health nursing may be addressed by this study and future studies, particularly in building an evidence base for the use of nursing theory in the psychiatric and mental health settings. Use of nursing theory in this area could give guidance and direction to nursing care and improve outcomes for this patient population.

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## Appendix

CAPE Profiles: A Patient Centered-Quality Measure for Inpatient Psychiatric Treatment  
Staff Version – Modified

1. In the last month, you helped patients learn how to cope with their illness.  
Never            Sometimes            Very Often            Always            Do Not Know
2. In the last month, you were able to use your skills when working with a difficult patient.  
Never            Sometimes            Very Often            Always            Do Not Know
3. In the last month, you had sufficient time to get to know your patients.  
Never            Sometimes            Very Often            Always            Do Not Know
4. In the last month, you had enough staff to meet patients' daily needs.  
Never            Sometimes            Very Often            Always            Do Not Know
5. In the last month, nurses & mental health workers worked together as a team.  
Never            Sometimes            Very Often            Always            Do Not Know
6. In the last month, you felt that you made a difference in people's lives.  
Never            Sometimes            Very Often            Always            Do Not Know
7. In the last month, you felt safe on the unit.  
Never            Sometimes            Very Often            Always            Do Not Know
8. In the last month, your team worked well together during an emergency situation.  
Never            Sometimes            Very Often            Always            Do Not Know
9. In the last month, you believed your patients felt understood and supported.  
Never            Sometimes            Very Often            Always            Do Not Know
10. In the last month, the unit was sufficiently staffed for each shift.  
Never            Sometimes            Very Often            Always            Do Not Know
11. In the last month, you had the time to figure out what a patient needed at a specific moment in time.  
Never            Sometimes            Very Often            Always            Do Not Know
12. In the last month, you had opportunities to discuss the care of patients with other staff during your shift.  
Never            Sometimes            Very Often            Always            Do Not Know
13. In the last month, you trusted the person who took the lead in de-escalating situations.  
Never            Sometimes            Very Often            Always            Do Not Know
14. In the last month, you helped a patient find hope in his/her situation.

Never	Sometimes	Very Often	Always	Do Not Know
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15. In the last month, you had a sense of confidence in your work.

Never	Sometimes	Very Often	Always	Do Not Know
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16. In the last month, you were able to help patients reach treatment goals.

Never	Sometimes	Very Often	Always	Do Not Know
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17. In the last month, you were able to use creative approaches when intervening with patients.

Never	Sometimes	Very Often	Always	Do Not Know
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