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What is This?

Hearing the Voice of Nurses in Caring Theory-Based Practice

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Abstract

The authors in this paper describe the process and findings of a participatory action research project between a college of nursing and a for-profit acute healthcare organization as practice environment transformation occurred, grounded in caring theory. The participatory action research process and findings emphasize the importance of the intention to know what matters and the required time, courage, and commitment necessary to actualize practice environments that support nursing. Implications show efforts to develop and sustain theory-based practice environments that enable the full expression of nursing and a way of being that honors and celebrates the uniqueness of nurses.

Nurses and nurse leaders recognize the priority of establishing and sustaining work environments that support quality healthcare and nursing practice. Nursing literature is replete with recommendations from scholars who advocate for supportive environments, especially acknowledging the need within acute care settings (Sherman & Pross, 2010). Practical strategies for creating supportive environments are articulated by several nurse leaders (Koloroutis, Felgen, Person, & Wessel, 2007). Nurse researchers also provide compelling evidence to support the link between supportive practice environments and the outcomes of patient safety, quality, nurse retention, recruitment, and satisfaction (Aiken, Clarke, Sloan, Lake, & Cheney, 2009; Sherman & Pross, 2010).

Consequently, professional organizations acknowledged the importance of achieving the goal of supportive practice environments and made clear their recommendations for achieving such goals (American Association of Critical Care Nurses, 2009; American Nurses Credentialing Center [ANCC], 2005; Institute of Medicine [IOM], 2004). As a result, personnel in many acute care practice environments have developed policies and procedures that focused on creating healthy workplaces for nurses. However, the policies implemented often were de-contextualized from theory, and the foundational nature of nursing was not addressed. The focus of nursing often continued to be on *doing things* rather than framed from a lens of "why am I there as professional nurse?" Supportive environments for nursing must clearly articulate the theoretical basis that guides practice.

Theory-based practice requires the professional nurse to intentionally live and communicate nursing to others (Alligood, 2011; Bulfin, 2005; Purnell, 2009). Professional associations also articulate the importance that nursing practice be theory-based (ANCC, 2005; IOM, 2004), and numerous organizations are engaging in important initiatives to actualize theory-based practice. By aligning with specific caring nursing theories, it is believed that professional nurses will create an environment for practice that is congruent with the essence of nursing (Dyess, Boykin, & Rigg, 2010).

Ray (1989) and others (Boykin, Bulfin, Baldwin, & Southern, 2004; Boykin, Bulfin, Schoenhofer, Baldwin, & McCarthy, 2005; Boykin & Schoenhofer, 2001b; Boykin, Schoenhofer, Smith, St. Jean, & Aleman, 2003; Bulfin, 2005; Turkel, 2003) highlight the importance for nurse managers to create practice environments from caring theoretical frameworks. They urge nurse leaders to balance economic ideals and profit margins with ethical and spiritual values. While ethical and spiritual values appear to be in opposition to corporate organizational approaches, they should be the base to guide decisions. Some researchers find that a foundation in caring theory is critical in fostering an environment that is respectful, supportive, and honoring of the unique gifts that each person brings to the organization (Turkel, 2003). Theory-guided practice from a caring perspective has shown improved patient and nurse satisfaction, and improvement in institutional reputation (Boykin et al., 2003; Boykin et al., 2004; Boykin et al., 2005). The authors in this paper

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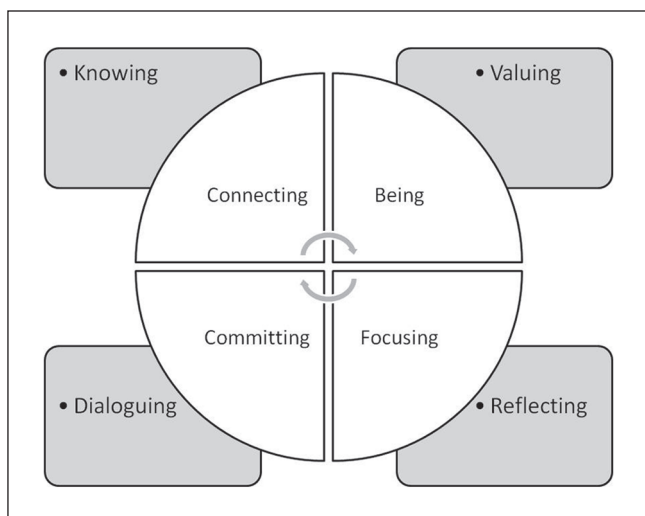[3]Chief Nursing Officer, St. Mary's Medical Center, West Palm Beach, FL.

Figure 1. Hearing the voice of nurses in practice: A process of practice environment transformation.

Table 1. Nursing as Caring - Major Assumptions (Boykin & Schoenhofer, 2001)

Persons are caring by virtue of their humanness.
Persons are caring moment to moment.
Persons are whole or complete in the moment.
Personhood is a process of living grounded in caring.
Personhood is enhanced through participating in nurturing relationships with caring others.
Nursing is both a discipline and a profession.

describe the process of a participatory action research (PAR) project (Figure 1) within a critical care practice unit in a for-profit hospital, and show how the findings illuminate nurses' service of caring.

Method

A 2-year PAR initiative was developed using the theoretical lens of nursing as caring (NAC) (Boykin & Schoenhofer, 2001a). This research began with a desire to transform the practice environment and was designed to thoroughly integrate caring theory, practice, and education. The basic aim of the PAR project was to transform an acute care practice environment through a caring-based nursing model that involved all who were directly associated with the unit (Wadsworth, 1998). This approach was consistent with the tenets of NAC (Boykin & Schoenhofer, 2001a) (Table 1), with a participatory plan that respected the unique contributions of all persons involved.

Grounded theory analysis supported the iterative nature of the participatory method (Charmaz, 2006). The following

three assumptions were held: (a) the manner in which professional nurses create an environment for nursing practice can be influenced (Dyess et al., 2010); (b) "the nature of relationships is transformed through caring" because "caring is lived in the context of relational responsibilities" (Boykin & Schoenhofer, 2001a, p. 4); and (c) nurses desire to return to the soul of nursing. The PAR journey was not prescriptive but rather inductive, iterative, and inclusive. The journey was based on caring intention, data collection, analysis, and action.

Sample

A critical care unit of a for-profit, non-Magnet hospital in the southeast region of the United States was collaboratively and mutually selected to participate in the development of the PAR initiative. The total number of beds in the facility was 450 but occupancy rates fluctuated regularly due to seasonal residency changes in the region. All healthcare personnel of this critical care unit were involved (total $N = 94$; $n = 80$ registered nurses). The educational level of the practicing nurses varied from diploma to post-masters education and they were from a variety of ethnic backgrounds including: Caucasian ($n = 55$), Hispanic ($n = 10$), African-American or Afro-Caribbean ($n = 4$), Asian ($n = 8$), and other ($n = 3$).

After Institutional Review Board approval the research process began. Initial mutual goals for the PAR included; celebrating the expertise of current healthcare personnel; supporting evolving transformation of personnel and the practice environment; responding to what mattered most; and integrating caring theory. The model that guided the process was based on the *dance of caring persons* (Boykin & Schoenhofer, 2001a; Dyess, Boykin, & Rigg, 2010). Relating reflected a way of being with others that did not impose hierarchy, but rather enabled shared leadership that was mutually experienced.

Process and Findings

Healthcare personnel, administrators, faculty, and students were involved in the PAR journey. The project coordinator, a faculty member from the college of nursing, was accountable for data collection, storage and initial analysis. All were involved with the repetitive analysis associated with grounded theory. An essential aspect of the journey was an intentional focus on the process of transforming and creating a nursing practice environment underpinned by NAC theory (Boykin & Schoenhofer, 2001a). The process of this journey is depicted in Figure 1 and can be best summarized by the expression, *hearing the voice of nurses in practice—a process of practice environment transformation*. Early and repeatedly the findings from Boykin and colleagues' (2005) work were affirmed, "It takes time, courage and commitment

to live nursing" (p. 16). The remaining portion of this paper will consider hearing the voice of nurses in practice as a process of caring transformation.

Connecting and Knowing

This PAR process began with the project coordinator intentionally connecting with each member involved in the project. Initially, some of the personnel made remarks that could be perceived as sarcastic or disparaging, such as, "Do you seriously think you can change anything?" or "Nothing will get done, don't waste your time." The project coordinator courageously committed to honor the honesty voiced and sought to know all persons associated with the setting.

The intention to connect with persons and know them as caring persons aligned closely with basic elements of caring postulated by the philosopher Mayeroff (1971). The essential ingredients of caring that he identified included not only knowing, but also "patience, trust, honesty, hope, courage, alternating rhythms, and humility" (p. 8). Although this connecting-knowing aspect of the PAR process could be viewed as step one, it was an important enduring component that illustrated the time-intensive method required to establish community commitment in practice environment transformation. The connecting-knowing step defeated a common perception sometimes pervasive in acute care practice settings, labeled the *we-they* mentality (nursing staff versus nursing administration).

Formal connecting-knowing occurred through qualitative interviews that were conducted individually and in small focus groups. Forty percent of all staff (*n* = 38) responded within interviews and focus groups. Four questions guided the semi-structured interviews:

- Please share a story of caring.
- What was the caring in the situation you just described?
- What went into making that a caring situation?
- What factors do you believe go into quality caring?

The 15 to 60 minute interviews were audio-taped and transcribed verbatim. Through the thorough reading (and re-reading) of the textual data, categories emerged that underscored the importance of hearing the voice of nurses in practice. These categories implied interrelationships. Repeated analysis with textual data and survey data included open coding, selective coding, memo writing, and theoretical writing.

Informal connecting-knowing occurred through the engagement of the project coordinator immersing herself on the unit 1 day per week at various times. The immersion included being present, assisting (minimally) with small tasks, and listening to what mattered most. Special relationships, family dynamics, and hopes and dreams for many members of the PAR were discussed. As the things that mattered were shared by those involved in the PAR, trust was cultivated. The time invested in intentional connecting-knowing was invaluable.

The initial efforts toward connecting-knowing transpired over approximately 3 months. Baseline data and developing analyses were shared with participating members of the PAR project for confirmation of findings. Baseline connecting-knowing data affirmed evidence supporting their desire for transformation of the practice environment. The primary theme that emerged from the initial data was *caring practice without caring consciousness*.

The nurses expressed profound caring through their verbal discussions of nursing situations in conversations and interviews. Although specific caring theoretical language was not used, their stories provided illustrations of caring expressed through humor, empowerment, advocacy, technical proficiency, collegial vulnerability, respect, faith, endurance, and mutual interaction. Eloquent recollections of caring nursing situations were provided by the nurses but they frequently questioned themselves to wonder if what they were sharing was truly caring. The participants were not overtly confident in discussing caring and often hesitated when they described attributes of caring; nevertheless caring thrived. For example,

> U-u-h-m, I'm trying to think. She was probably in her early '80s, and she had COPD and pneumonia. She had been on the ventilator for probably, close to a month or so. Her husband was absolutely devoted, and every day, every visiting hour, came religiously, sat there with her. They played cards. He brought movies, home movies. Her daughter came down from up north every time she could. And, it looked like she was going to be ventilator-dependent and have to go to long term care, type of a thing. Uhm, and it's something that was just so simple. So what we had decided to do—we were going to wash her hair. And we gave her a haircut. And then we hooked her up to an oxygen tank, and we took her outside for the first time in almost 2 months. And just for that, it just lit up her face, and just gave her, like, a will to want to keep on going. And I think, once she got to the extended care facility with rehab and what-not over there, she walked back in, and came and sought us out, to just let us know that we gave her a reason to want to stay on this planet.

Countless nursing situations were shared that illustrated caring. As the connecting-knowing continued, the nurse's technical competency highlighted the profound caring that was lived through their knowing and responding to others. Exquisite illustrations of caring in practice were voiced over and over, yet their consciousness of caring was not predominant in the discussions.

Being and Valuing

The hectic nature of the critical care practice environment prioritized the *being* process. The intention to value persons' unique contributions to the work of the unit was an important aspect of modeling caring and hearing their voices. There was a reciprocal openness that appreciated every aspect of living and growing in understanding of caring that was shared throughout the PAR project. The being-valuing aspect of the process established unspoken boundaries for the respectful expression of what was authentic. Interprofessional being-valuing acknowledged and celebrated the special *gifts* persons brought to the practice environment as they lived their commitment to care for others. No person's role was viewed as better than another; rather, each role was recognized as essential within the PAR project. Examples of being-valuing were evident within the regular meetings of the leadership team, administration, other health professionals, and nurses. New nurses were invited to join in the dialogues. Simple actions that guided progress included encouraging nurse engagement, nurturing leadership, actualizing trust and respect, and honoring knowledge. The nurses expressed that "without this structured dialogue time we would never have these conversations," and "this gave us a platform to voice our concerns and issues." The following comment illustrates how hearing the voice of nurses in practice showed some of the challenges faced:

> Sometimes I just feel so beat down by the amount of paper work and just what you are expected to do during the day, and the things that take you away from your patients. There's so much. And the paper work is just—it's killing—it's killing nursing. The paper work and what the regulatory agencies say we have to document, which really has nothing to do with what you see when you go in and take care of the patient at the bedside.

This being-valuing aspect of the PAR process was essential to hearing what mattered most. It enabled actions that could enhance the foundation for caring, support resources, and improve inter-collegial relationships. Participants expressed that their caring was lived though their endless dedication to provide exquisite, technologically competent healthcare to those patients and families with whom they interacted regularly, and their living unconditional acceptance of others. One nurse stated,

> Instead of just thinking about what her physical comforts were, I think that we thought about what her emotional and her mental comforts and status were. You know, you kind of, like, figured out what she needed as a whole.

As a way of tangibly living the being-valuing aspect of the process, an interactive poster was placed in the lounge. Personnel were invited to respond to the questions, "What does it mean to be caring," "how do you know self as caring," and "what do you offer to the dance of caring?" A marker and post-it notes were provided next to the poster for their responses to be affixed to the poster. Not surprisingly, many responses were received; they were collated, valued, and shared in the dialogues as a way to help all persons begin to appreciate unique ways of living caring within the critical care unit. Words selected by staff members to represent their commitment to caring within the process of being–valuing included "perseverance," "cooperative," "tolerant," "grateful," and "responsive."

Focusing and Reflecting

All participants were invited to share in weekly dialogues through formal and informal gatherings that considered "how they lived caring uniquely in practice." The majority of the meetings occurred in the early morning to open the dialogue to participants working both days and nights. Seasoned nurses willingly and proudly shared their reflections of nursing situations that conspicuously portrayed caring. Conversations began to shift from a dialogue over issues such as a newly adopted uniform, to consider the exquisite caring that was occurring within the practice environment. The nurses became focused on how to sustain themselves and their practice environment in order to contribute to exquisite caring. The *heightening of caring consciousness* was becoming evident.

These weekly gatherings focused and reflected attention on calls for caring and expressions of caring noted within the critical care practice environment. The holistic aspects of nursing practice were depicted as the nurses narrated nursing situations. The following nursing situation revealed the intention to care for an individual and to respond to what mattered in the midst of tremendous physical challenges:

> And basically this very sick woman is an 84-year-old, who has taken care of herself her whole entire life and now she is in the hospital and that's all been taken away from her. I asked her, what is the biggest thing today that you really want to do? She said I just want to get up to go to the bathroom to clean my face. So I said ok, sure. I helped her with all of her lines and tubes and airway. You know she grabbed my arm and she kind of made me cry a little bit. She grabbed my arm and she said thank you so much for taking time to help me. In nursing, it is difficult because sometimes you get so focused on tasks, passing meds, you know, vitals, physical challenges, this and that, you forget the whole picture.

Through focusing-reflecting upon nursing situations, caring was affirmed as the essence of nursing. The understanding of caring was nurtured through the sharing of caring-based nursing literature, including the Nursing as Caring theory (Boykin & Schoenhofer, 2001a). Caring theory gave health

professionals the language of caring that they needed to articulate the essence of nursing practice. Caring in the practice environment or living caring intentionally was discussed as ontology (a way of being) as opposed to the just an epistemology of caring (knowing what to do). Focusing-reflecting on caring theory also facilitated the understanding of how caring was uniquely expressed in nursing. Focusing-reflecting on nursing caring theory enabled participants, not only to interface with caring content, but also to resonate with important ideas that celebrated the essence of nursing. Exposure to the ideas and content on caring allowed the nurses to intentionally connect with what matters (Dyess et al., 2010). The focusing-reflecting on nursing as caring transformed practice for some nurses, which in turn transformed the practice environment.

The voice of nurses in practice often reflected on nursing situations that communicated their desire to practice with a focus that moved beyond reaching regulatory and objective goal-oriented mandates. Nurses sought a practice focused on humanness that resonated with nursing theory. The voice of nurses communicated their desire to integrate caring in multiple ways, and to be part of the patient and family experience which at times was dramatic and life altering. Nurses' voices shared situations from their professional practice such as "I will never forget," or "That changed my nursing approach forever." Within the reflections, the nurses described not only their desire to practice nursing with a caring focus, but also their awareness that the breadth of nursing was transformative for all involved. For instance, one nurse expressed her awareness that the fullness of nursing comprised more than a task-oriented, medical-minded approach represented by passing medications and responding to technology as she stated, "sometimes [nursing] is making it easier for the family members, it's not just about showing up, going in and dropping off medication, it is being with them, being part of their experience." That nurse continued to share how her caring supported a daughter as "[the daughter] was able to move from being totally overwhelmed and unable to move, to actually being able to make decisions, move forward and, you know, survive the trauma experience."

The voice of nurses asserted that a predetermined "checkbox" approach to documenting the practice of nursing failed to recognize the caring service of a profession that daily affected human lives. Nurses were clear that *to nurse* called for coming to know whole person. One nurse boldly discussed her irritation at a recent policy mandate that ensured that positioning and alignment documentation was maintained hourly for patients, but she stated,

> No one was concerned that it took almost 2 hours to sit with the family and communicate their options for the future of the patient, no, that was not on any checklist for quality or Joint Commission, but that was what was needed, nursing is so much more than preventing bedsores, the family, the patient needed me and my attention, and I wouldn't do it any other way.

Another nurse commented on the seeming encouragement of a limited actualization of professional nursing when she shared the following:

> The way we want to care, is you know not being, not being burned out and being told to hurry up to take another patient from ER, to hurry up and finish the paperwork to transfer someone, to just get it done. We want to be given the resources to be able to support the patient and family members as much as we need to, to be able to have the time. Sometimes you know, all they need is like 10 minutes for you to sit with them, be with them and listen to them.

Committing and Dialoguing

Creating a caring-based practice environment through transformation called for ongoing re-commitment. The labile nature of the critical care unit with fluctuating patient census and acuity level made staffing levels difficult to maintain in ratios that met the approval of the personnel. The nurses often voiced their concern regarding proper staffing ratios. Yet all involved worked tirelessly to seek solutions and harness the themes that emerged from the year 1 data of the PAR project: *a heightened caring consciousness and a commitment to actualize caring in the practice environment*. At times when discontent prevailed, it was recognized as courageous expression of honesty. At times, the voice of nurses in practice expressed honest anguish over their perceived inability to actualize their caring in a manner they desired. As this discontent was shared, dialogue ensued to reinforce the commitment to a caring-based practice environment.

Commitment was sustained as evident by remarks such as, "We need to keep up these conversations;" "Even though I am frustrated with the reality of the bad housekeeping, I feel as though I am being heard;" "We are so glad you are here, you keep us on track;" "There is something to this caring, isn't there;" or "I see now, caring really is big and involves all of us." As the first year drew to a close, the commitment to the transformative work and caring was noted as prominent within dialogue and the commitment defused discontent.

The process within the PAR project of committing-dialoguing communicated the intention of wanting to hear the voice of nurses in practice and to support living caring within the practice environment. The following four statements validate the importance of articulating the caring service offered by nurses. One shared,

> "You know that when you take report it isn't that you're just taking report on the systems of the patient but you take report on an entire person. Somebody who's life has been interrupted because now they're laying in this bed and maybe they are going to be in this bed for 6 months and you wonder what's going to happen to them, what's going to happen to their family,

you know what services do we have available that could potentially positively affect them—remember that it's somebody's father, mother, brother, sister, you know, and that they have a life outside of here."

Others said, "When you do something that makes the patient feel reassured and take away some of the fear that they have, you know that is caring," "This is my experience with the patients, you're not taking care of just the patient; you are taking care also of the patient family. I like when they (the family) say after I leave the room–she's very caring, we can trust her, now we can go home. That for me is very rewarding", and

> "Caring is about patience, empathy, having love, explaining things and understanding that they don't have a medical background and this is all new and overwhelming for them. It is about talking to your patients, getting to know them, having conversations with them, joking with them. Makes them feel important and that you care about them."

After 1 year through the processes of the PAR project, the findings indicated the nurses had affirmed their commitment to caring and had developed a heightened caring consciousness.

Discussion and Implications

The process of transforming a practice environment can be best illustrated in the model depicted in Figure 1. The model exemplifies the ongoing iterative process that informed caring action and responded to what mattered. This model could serve as a basic guide to any nurse leader interested in developing and sustaining an environment supportive of practice.

Nurses in this project clearly expressed that caring was their mission. However, their inability to articulate he meaning of caring at the onset of the research made the concept seem more emotive than substantive. As nurses engaged in the PAR processes and discussed nursing situations and caring theory, they became eloquent in languaging the essence of nursing. As nurses shared their practice, they described nursing situations that were unique, mutually experienced and often unpredictable. Nurses became focused on knowing persons and understanding what mattered most.

Nurse leaders can and must intentionally influence practice environments. Without the intention, the connecting, being, focusing, and committing will not occur. Nurse leaders can also strongly advocate for a practice environment that supports nurses to be authentic in practice, to be secure in the fact that their practice is a unique expression of who they are as caring person. Hearing the voice of nurses in practice environments requires that nurse leaders listen.

As the PAR project progressed, the presence of a commitment to caring and the development of caring consciousness were apparent, not only in the critical care unit, but also extended to other units throughout the hospital. Leaders in the organization came to understand and to believe that caring values ought to guide a way of being for all. Transformation could not be contained; the voice of nurses could not be silenced.

Declaration of Conflicting Interests

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