A Theoretical Framework of the Relationship Among Faculty Caring Ability, School of Nursing Caring Climate, Caring Graduate Nurse Characteristics, and Relationship-based Patient-centered Care

Research Plan

- Instrument Development
  - Expert Panel
- State Wide Survey
  - Caring Ability Inventory (CAI) (Nkongho, 2003)
  - Caring Characteristics within School of Nursing Climate (C²SNC)
- Psychometric Properties of Instruments
- Dissemination of Results
- Regional Survey
- Dissemination of Results
- National Survey
- Dissemination of Results

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Acknowledgements
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In 2011, the Institute of Medicine’s (IOM) report, *The Future of Nursing: Focus on Education* recommended a transformation in nursing education to support the IOM vision of a health care system of patient-centered care. Patient-centered care has been characterized as being compassionate, empathetic, and respectful of the patient’s values, needs, preferences, and culture. Patient-centered care includes participation of the patient and significant others, effective communication, coordination, and both physical and emotional support; in other words, the relationship that occurs when nurses provide care.

The curricula preparing providers of 21st century healthcare have received attention in the nursing literature. Evidence suggests that nursing students learn how to care by first experiencing caring from faculty, and a caring environment has been shown to have a positive effect on student’s professional socialization. The ability of faculty to care and contribute to the development of caring professional nurses and the climate found within schools of nursing that also impacts students experiencing and learning to provide relationship-based patient-centered care, are not well understood.

The framework was developed from a review of literature of organizational climate, caring theories, and patient-centered care and is offered as an approach to understanding the relationship among school of nursing climate, faculty ability to care, and relationship-based, patient-centered care. Primary concepts include the school of nursing climate, faculty perceived ability to care, characteristics of caring nurses, and relationship-based, patient-centered care.

The school of nursing climate provides the environment in which faculty have an ability to care for and demonstrate care to others. A climate of caring or non-caring is significantly influenced by the organizational structure and processes and the affective characteristics of the organization’s members.
i.e., members own ability to care. The structure and processes reflect the leadership, governance, policies, procedures, and curriculum. The interaction of these components impacts the ability of students to learn to care for others.

The affective characteristics of the school’s members contribute to the overall climate of the school of nursing. It is postulated that in order to care, an individual must first be “cared for” by another. A familiar saying, “I don’t care how much you know until I know how much you care” (Maxwell, 2013) is an example. Affective characteristics of care convey general perceptions of caring, trust, concern, support, respect, and teamwork. Faculty should possess and exhibit these characteristics; in other words, the faculty must have the ability to care. The faculty’s perceived ability to care is dependent on individual knowledge, attitudes, and skill.

One outcome of a caring climate and a faculty with the ability to care is a caring graduate nurse. Characteristics of these graduates include respect and dignity for human value, teamwork or collaboration, responsiveness, compassion and empathy, and emotionally and physically supportive. These graduates then function in a variety of health care settings providing relationship-based, patient-centered care.

The framework illustrates the influence and interaction of the environment and the faculty. When combined with all of the other structures and processes that occur within a school of nursing and the educational experience, a student experiences a caring environment, sees caring demonstrated, modeled, mentored, and taught in a relationship built on respect and trust. As a result students grow in their own ability to experience and demonstrate caring in a relationship. The focus of this framework, while acknowledging the existence and influence of multiple variables, is on what the faculty perceives as the caring climate within the school of nursing and the ability of faculty to care.
Attributes of an individual able to care are described as knowing or insight into self and the uniqueness of others, possessing courage to risk exposing oneself to another, and having tolerance and persistence to have a relationship. When one cares there is the acknowledgement or “knowing” of the uniqueness of self and the other. This knowledge of self in nursing is a complex awareness that recognizes the individuality that the faculty and student or nurse and patient possesses and brings to the relationship. Attributes that the faculty or nurse brings to the relationship are the professional knowledge and competencies associated with teaching or providing holistic nursing care that address the mind, body, and spirit of either the student or the patient. Similarly, the faculty is also aware of, or “knows” their emotions, perceptions, needs, and values. A caring climate respects or values this individuality and uniqueness by conveying respect of the individuals in the organization.

Caring requires courage according to Nkongho (2003) because entering into a relationship a faculty person or nurse is entering into the unknown space of another individual. The climate of an organization facilitates caring and courage by clarifying expectations of behaviors that emphasize the welfare of the student or patient, setting limits, and encouraging autonomy. Caring is also the ability to be persistent and tolerant in a relationship. That is why communication is an essential process in a caring positive environment and relationship-based patient-centered care. In order to promote unique individuality for individuals, be they faculty, students, or patients, communication must be effective in conveying preferences, knowledge, coordination, and shared decision making. In a relationship between faculty and students, faculty must “be present” in order to listen and ensure effective communication. Faculty must be persistent in using multiple teaching strategies with students, just as nurses acknowledge and use the different ways patients believe they learn best. These affective characteristics have been shown to impact job satisfaction, productivity, motivation, as well as the desire to learn.