A Study of Relationship-Based Care and Primary Nursing in an Acute Care Hospital Setting: Implementation of a Culture Shift
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Purpose (Vision)

How does Relationship-Based Care (RBC) and Primary Nursing (PN) affect nursing practice within an acute care setting? This study aimed to define senior nurse perceptions and generalized feelings of working relationships regarding the implementation and practice of RBC and PN within a 431-bed urban hospital. The intended outcome of this qualitative research was to explore, discover, and describe the dominant themes and patterns that presented themselves surrounding practice of these new models of care within the subject population.

Background (Inspiration)

In this millennium, an increasing number of healthcare organizations are implementing RBC and PN as models of better practice. Many affirm that RBC and PN are more personally-inclusive as well as global methods of caring practices to be utilized by all healthcare employees. Specifically, PN is a model of nursing practice that encourages better outcomes within the healthcare setting through the promotion of a sense of patient ownership and subsequent care-outcome improvement. These result from a relationship development between the patient and their PN. In the last decade, both constructs have been implemented in several healthcare institutions across the United States; yet there are little published evidence-based practice (EBP) outcomes or nursing research in the literature to support their benefit as widely recognized and universal methods of care delivery.

Study Design (Infrastructure)

A qualitative, multiple focus group study was designed to discover foundational knowledge of what RBC and PN represent to staff nurses within one hospital system. It aimed to evaluate potential associations between the patient and their PN. In the last decade, both constructs have been implemented in several healthcare institutions across the United States; yet there are little published evidence-based practice (EBP) outcomes or nursing research in the literature to support their benefit as widely recognized and universal methods of care delivery.

Method (Education)

Staff were introduced to RBC through education of its three key tenets of relationship development: with oneself, with colleagues, and with patients and families. This was delivered to staff in several formats, including a video to assist staff in how to have a “five minute conversation” with patients and families in order to develop patient-centered goals looking through to discharge. All staff within the organization received initial RBC educational content. Subsequent forums and webinars were offered, and a “toolkit” was developed for staff to further aid in RBC application. A hospital Intranet site was developed to augment, support, and provide knowledge management of implementation efforts and resource sharing. Unit practice councils were utilized as leaders and champions to model and engage in these operational endeavors. Similarly, other hospitals further along in RBC implementation were invited to consult and share their success stories to help inspire and encourage staff.

Data Analysis (Evidence—)

Data were collected through semi-structured, focus group interviews of senior nurses (N = 39) using open- and closed-ended questions with follow up probes. Content analysis was applied to the interview dialogue to track the themes that emerged. Participants in the first two focus groups had no exposure to formal RBC education and were unaware of the practice of PN. Participants in the second two focus groups (6-months following a phased, system conversion) received basic RBC education and were working towards implementing PN in their specific nursing units. Participants in the final two focus groups (1 year following a phased, system conversion) received at least one form of RBC and PN education, and they were implementing functional PN at one or more stages in their units.

Pre-RBC/PN Education/Implementation (N = 14)

- Assembly line- and task-oriented-practice dominates shift work
- Poor departmental, co-worker accountability
- Loss of quality time spent between patients and nurses
- Patient care takes back-burner to computer documentation requirements (time-wasting perception)
- Lack of teamwork compounded with hard labor: Rewarded with additional work

6-Months Post-RBC/PN Education/Implementation (N = 15)

- Improved peer accountability at the unit level but still challenged at the middle management level
- Professional role confusion related to a new professional practice model along with care documentation requirements
- Distracting: Too much technology-related change at once (implementation of CPOE)

1 Year Post-RBC/PN Education/Implementation (N = 10)

- Human caring factors more valued versus time constraints: Nurse-patient relationships survived no matter what
- Self-care as a mechanism of occupational coping emerged
- Teamwork was perceived to be more present and improved on the unit level but not between or among units
- Teamwork was perceived to be more present and improved on the unit level but not between or among units

Results (Evidence—)

Dominant themes were clustered categorically followed by substantial patterns that emerged over time. The research evidence exposed three distinct patterns: (a) an evaluative snapshot of what the positive effects of RBC and PN were on employee satisfaction among senior nurses (≥ 5 years), (b) a noted discernible culture change perceived by nurses utilizing this new model of care, and (c) an initial glimpse and informal measurement of recognized success for RBC and PN within the hospital system.

Discussion

This study unveiled foundational knowledge of what RBC and PN represents to senior staff nurses within an acute care hospital setting. Nurses expressed that: (a) they feel less task-oriented and more accountable in caring practice, (b) they value working better in teams rather than alone or independent of one another, and (c) they recognize that better care outcomes evolve from the bonds between patients and nurses through relationship development. RBC and PN were also suggested to improve nursing satisfaction from the perspective that as nurses felt they got to know their patients more-care delivery improved. Similarly, more nurses practiced self- and co-worker care which allowed workloads to become less intense. Finally, this study ultimately alluded that RBC and PN are not only a “culture shift” or change for the improvement of patient care practice and care delivery outcomes but also a shift in the perception and need for interpersonal relationship development in the healthcare setting.

Conclusion

This study acted as a measured level of success for RBC and PN implementation among nurses within one healthcare organization, helping it to progress from “good” to “great.” Nurses practicing both constructs implied they not only enjoyed their job and professional practice more, but they became more deeply invested in their patient’s welfare and outcome status—at a level that was never experienced or expressed before in this organization. Similarly, it suggested that the strength of relationship development at the co-worker level was associated to the success in which nurses efficaciously embraced and effectively operationalized and implemented RBC and PN as new practices in healthcare quality from a caring teaming approach.

References available upon request

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