RESPONSE TO THE NOVEMBER/December 2010 Column “When Caring Stops, Staffing Doesn’t Really Matter” has been strong (Douglas, 2010). This topic has struck a cord. It is one that clearly needs more attention. A deeper dive has confirmed the importance of bringing this more into the light of day. It is the kind of thing that can easily get buried or set aside, but that would be a mistake. Thankfully there are many concerned about the topic of caring, from bedside nurses, managers, leaders to accomplished researchers.

Let’s start the continuation of the topic by bringing in the voice of some of our readers.

Good Morning Kathy:
I have just read your article “When Caring Stops, Staffing Doesn’t Really Matter” and I felt it important to respond. You articulated what I have intuitively felt for a very long time. You constructed a logical argument that does suggest we have been looking at staffing, patient care, and satisfaction from the wrong vantage point. You have only to look around and see the large numbers of obese and tired looking nurses to know that we are not taking care of ourselves. How many nurse managers have actively and, I mean actively, encouraged wellness among their staffs? How many managers have really addressed the nurses who no longer have that caring attitude? Do they even see it? How do we do it? My husband, a businessman and somewhat of an objective observer of my 30-year career, recently said of how hospitals work: “They sap the life out of you. There is something wrong with a culture that operates that way.” I am sure you have heard all the horrors encountered by many nurses before. Yet, there are still many of us who are resilient and continue. We truly try to seek satisfaction and personal meaning in our work. My nursing school motto was “In caring we serve.” I always took it to heart. I think the numbers going forward tell the story. There will not be enough nurses. I have forwarded your article to our VP of patient care services. Hopefully, it will stir discussion.

Eileen Curry
Nurse Manager

Good Morning Ms. Douglas:
I just finished reading your recent article online in Medscape Nurses, “When Caring Stops, Staffing Doesn’t Really Matter.” I felt compelled to comment as I too had numerous encounters with uncaring nurses (and other hospital personnel) when my father became ill several years ago (he died exactly 4 years ago today). Not only was it a very difficult time for my father and our family, but for me the uncaring attitude was extremely disturbing. I experienced the worst of it the night he passed away. No one, especially a nurse who has given her “all” to nursing, should have to experience this sort of treatment from a fellow nurse of all people!

I have been an RN for 29 years, and I so strongly feel that empathy and compassion are two of the most important traits a nurse needs to have. Over the years, I have worked with very intelligent, organized, and technically competent nurses, but many of these nurses lacked compassion for their patients. The patients were numbers and they were just “doing their job.” It’s time this problem is brought to light — apathy has no place in the nursing field.

Ana Halley, RN, COHN

Dear Kathy:
Thank you from the other side of the world on your article titled “When Caring Stops, Staffing Doesn’t Really Matter.” I am a registered nurse of 30 years. Over the last 6-10 years I have wanted to leave the profession here in Australia as I see too many changes that are not necessarily for the better. Over the last couple of months, I have been dealt a heavy blow of grief on the home
on the professional front, I teach second-level nurses and it is hard when you are faced with ignorant arrogance from students and an unrealistic production schedule from management. The breaking point came when the media spotlighted a mismanaged case at the local hospital. As a result of the incident, two staff have resigned/been fired (depending on the report you access). All I wanted to do at that point was scream at the media to leave the nurses alone. The Health Care System in Australia is among the best in the world, yet there are glitches in the system which leave nurses vulnerable to abuse from both the public and then management. When I found your article, I started to see that I have been, still am to some degree, showing early signs of compassion fatigue. Yes, I found out a couple of years ago, when I suffered a bout of depression from overload, that I need to take better care of myself. Along the way, I have discovered there really is very little thought given among Australian care providers as to how they treat their staff. I would very much like to send your article to a couple of my prior employers to make my point. I hesitate, because I am sure they will highlight the fact self-care is just that — self-care. I am cynical enough to know they will not even see the section that suggests they could do better by the staff.

So, after a circuitous route, I would like to say thank you for making sense of where I have been in my own career journey. You have given me enough hope to not quit, at least not yet anyway. I am not sure nurses will be able to employ meditation as a stress buster in a workplace environment. My feeble experience tells me a 10-minute tea break is barely enough time to rehydrate let alone try to still my mind enough to meditate. However, I get the drift of the suggestion. A chance to breathe and leave one drama behind before tackling another would be most appreciative. I remember only too well the shifts where we had three cardiac arrests with attendant deaths on one shift. Management’s response: You are nurses, deal with it. Or the day I tried to bring attention to a sick man who was being discharged because the physician said so, despite there being obvious signs that he was not well. He arrested and died at midday. Once again it was the local team of nurses who decided to debrief ourselves at a coffee shop that day. As I said, thank you and keep up the good work.

Cheryl Brockwell, RN
Melbourne, Australia

Morning Kathy:
I have just read your article “When Caring Stops, Staffing Doesn’t Really Matter.” Nursing fatigue, compassion for our profession, and the importance of a healthy work environment are issues in nursing that need more attention. You have stated that organizations and managers have to recognize the signs of fatigue and burnout, and should consider it a priority to ensure optimal patient care. I couldn’t agree with you more. Do you offer any classes or more information on this topic?
Zelda Reister, BSN, RN

Hi Kathy:
After a 25-year career in human resources, I am now returning to the health care arena and am currently completing a long-term care administrator internship. I read your article in Nursing Economics and was intrigued with how you’ve tied the concept of caring to employee engagement, productivity, and the level of care residents receive. I’m curious if you have encountered any good predictive measures of “caring” in the form of pre-employment screens or particularly insightful interview questions? I look forward to hearing back from you and also reading your future work!
Teresa Smile

Measuring and Monitoring Caring
Others wrote inquiring about how to quantify caring, how to demonstrate the financial impacts of loss of caring/compassion, and how can it be measured? How can we screen for it when hiring? Monitor for it in care delivery? Interest is high and I am sure many more stories could be told that highlight the importance of looking more closely at caring.

Inquiries into how to address some of the questions raised lead to the extraordinary work of Jean Watson, PhD, RN, AHN-BC, FAAN, distinguished professor of nursing who holds the nations first endowed chair in caring science at the University of Denver in Colorado. While she has authored multiple books on the topic of caring, her text Assessing and Measuring Caring in Nursing and Health Sciences is an excellent resource for understanding the state of measurement, background on the topic of caring, and an array of opportunities and obstacles in moving forward with effective caring measuring and monitoring.

Watson (2009) offers an introduction to measuring caring within which it was surprising, and quite frankly disturbing, to discover there are actually nurse scholars who argue that caring is not a central concept in nursing science, but rather that it is “ubiquitous, not unique, nonsubstantitive, nongeneralizable and feminine” (p. 4). Could it be possible there are individuals representing nursing who are so out of touch with the realities of patient care they spend their time questioning the importance of caring and compassion? This is hard to comprehend and one can only hope represents a small opinion base. A group perhaps we should have compassion for.

On the other hand, healthy debate over how exactly to measure something like caring makes complete sense; it is after all a complicated concept. In Watson’s book you will find an in-depth look into the chal-
Challenges of measuring caring as well as a variety of tools for consideration. A few stood out. The Nyberg Caring Assessment Scale (also know as CAS Caring Attributes Scale), focuses on attributes vs. behaviors used in day-to-day practice. The tool is a self-assessment, asking such questions as “Do you have deep respect for the needs of others?” “Do you communicate a helping, trusting attitude towards others?” “Do you give full consideration to situational factors?” (Watson, 2009, p. 115).

Another, The Caring Ability Inventory developed by Nkongho, uses four theoretical assumptions “(1) caring is multidimensional (with attitude and cognitive components); (2) the potential to care is present in all individuals; (3) caring can be learned; and (4) caring is quantifiable” (Watson, 2009, p. 116). This tool has been through various reliability and validity tests and has been used in academic and clinical settings nationally and internationally. A self-administered inventory, individuals respond to statements such as “I am able to like people even if they don’t like me;” “In dealing with people it is difficult to let my feelings show;” “It does not matter what I say as long as I do the correct thing.”

Many more measurement instruments and informative discussion sit within the pages of Assessing and Measuring Caring in Nursing and Health Sciences. There should be enough there to get you started in forming an approach to measuring caring for most any given situation in the caring professions.

Beneath the instruments for measuring caring sits foundational work that can help us get our minds more clear on the topic of caring and just where it sits in our philosophies, intentions, patient care models, and care delivery systems. Several other books by Watson could prove valuable resources to the serious investigator into the topic of caring.

We are cautioned to not get too lost in the current demands of evidence and outcomes. Watson makes a call to us: “The next generation of caring research and instrument development needs freedom for researchers and instrument developers to pursue directions and multiple methods that explore the caring phenomenon in diverse practice domains, in educational caring curricula/pedagogies, and in administrative, environmental, structural and system-organizational computer designs, thus revealing and improving our knowledge of those caring practices operating at the ontological level, where caring is lived” (Watson, 2009, p. 271). At the same time we need to continue to encourage and fund research that will help us unequivocally demonstrate the impacts of caring or lack there of on health care and, yes, related financial and operational effectiveness.

Watson goes on to say, “There is intellectual room and freedom in nursing science, and all sciences in this new millennium turn to explore greater depths of construct and concept and empirical validity of caring. This is an era in which to consider conceptual triangulation. This is a moment to dare to move between and beyond methods and dated research traditions” (p. 271). What Watson so powerfully brings to our attention is the place where science and practice merge, that the two are inseparable from the place where “all healthcare practitioners and all patients ultimately live” (Watson, 2009, p. 271).

There is much to think about on this topic and much more research to investigate. Perhaps it lends itself better to open dialogue so we can all learn from each other. Please feel free to share your ideas, resources, and opinions at http://www.nursingeconomics.net and clicking on the “Crucial Conversations” page.

REFERENCES