ABSTRACTS

Science of Human Caring

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Citation
Global Adv Health Med.
2014;3(Suppl 1):BPA09.
DOI: 10.7453/gahmj.2014.BPA09

Key Words
Theory of Human Caring,
stress reduction, HeartMath,
biofeedback

Background: When state-mandated ratios were enacted, our leadership team began exploring the care delivery model. Increasing the number of nurses on each unit provided an opportunity to refocus care on the relationship with the patient and family. During the initial phases of this transition work, we engaged frontline staff in dialogue. What surfaced were feelings of being overwhelmed, anxiety about being able to complete everything before the end of the shift, feelings of defeat or illness before starting work and that there just was not enough time.

Nursing has a long history of needing to set the priorities of care; there is always more to do for a patient than there is time. It seemed that the staff's ability to plan and prioritize what is important to the patient—balanced with the needs for safety, comfort, and information—had been lost.

Methods: The leadership turned to nursing theory—specifically, Dr Jean Watson's *Theory of Human Caring*, as a way of providing a framework or guide for the practice. We selected Dr Watson's theory because of the focus on the relational processes that healthcare workers engage in with patients, families, and each other: those processes that facilitate healing vs task completion. As we began our journey, we had some success in staff satisfaction and an increase in our care experience scores. We also learned that you cannot mandate caring. During this time, Dr Watson founded Watson Caring Science Institute, the theory expanded to a philosophy and ethic (Caring Science), and HeartMath began collaborating with Watson Caring Science Institute.

Two principles central to Caring Science are (1) the caregiver must care for himself or herself in order to be available to patients and families and (2) caring (healthcare) occurs (is delivered) at the point in time when two individuals are able to make a heart-to-heart connection, one that impacts both participants in a such a way that each is changed as a result of the interaction.

HeartMath provided the scientific rationale to help explain how this transfer happens and tools to address the stresses and anxieties of the staff, allowing them to be more fully present and authentic, resulting in a more humanistic approach care. We had the privilege of launching the first pilot of the combined program in 2009.

Conclusion: As the healthcare industry enters a historical period of transformation, focusing on health and not just disease and cure, there is and will continue to be great uncertainty, anxiety, and stress. This will overcome our direct care providers if they are not supported and provided with tools to assist them. We are all being asked to find ways of working more efficiently, making a deep connection to our patients and their families to deliver value-based care. In this author's opinion, to be successful and to provide individualized value-based care as an industry, we will need to return to the heart.