



#### **Caring Science: Arts & Humanities**

#### Goals:

 Preserving and sustaining Human dignity; wholeness, subjective meaning, integrity of mindbodyspirit-healing environment – living Caritas

#### **Outcomes:**

 Self-care; self-knowledge, self-contro healing potential = Safety - Quality



## 21<sup>st</sup> Century Return to Caring Science as Disciplinary Foundation

- Caring as relational expanding ways of knowing –being-doing;
- Intersection of Caring Competencies with Technical competencies
- Energetic Caring-Healing Modalities
- Caritas/ Heart-centered Love

#### Kaiser and a Culture of Caring Science ■ What Can You Anticipate in Doing This Work? **■**You Culture of Safety ↑ Human Flourishing Kaiser/Your Hospital ROI (Key Financial & Patients **Organizational Indicators**) **Quality & Clinical Outcomes ■**The Community **Constituent Satisfaction** Recruitment & Retention Community Health and Relationships Results, Rewards & Recognition

# Identifying Expected Outcomes and Return On Investment

- What Context?
- What Conditions?
- Underlying Processes, as well as New Forms of Evidence and Evaluation?
- What Outcomes Can You Expect?
- If Nurses and Entire Care Teams Practice Caring Science and Use 10 Caritas Processes Under Certain Conditions of Support from Within System; Leadership/Managers Under Philosophical–Ethic of Caring Science Standard Conditions, You Can Expect Better Outcomes: Patients, Nurses, Improved Services Patients/Families/Communities

#### A Culture of Safety & ROI

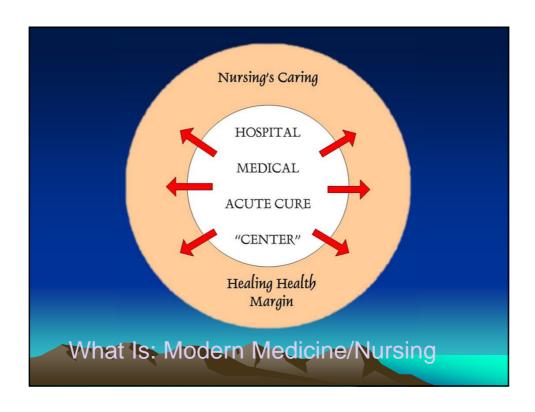
#### NY Times March 16, 2010

"Every hospital in America is wrestling with how to hold practitioners accountable for key safety behaviors...the "just culture model" is designed to address risky behaviors before they lead to harm."

Jean Watson: Nursing - The Philosophy & Science of Caring, 2008

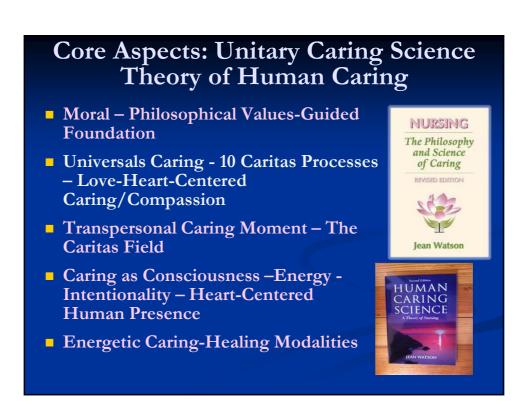
"The Caritas Nurse makes sure to address the person by his or her preferred name and to make direct eye contact when appropriate. The Caritas Nurse use a technical occasion as a caring occasion, allowing a caring moment to emerge from the presenting situation. For example, in instances where medication administration is using bar codes to ensure safety rather than "work around" the bar code system, the nurse can use the occasion to correctly identify the person, to connect with the patient at the human level. Thus, the Caritas Nurse can use the moment as an occasion to touch the other while swiping the bar code, turning a routine requirement into a caring occasion and a potential caring moment. Likewise, when administering medications, the Caritas Nurse pauses and "centers"/empties out so she or he can focus and more clearly concentrate on administering the correct patient with the correct dosage and the correct route at the designated time."

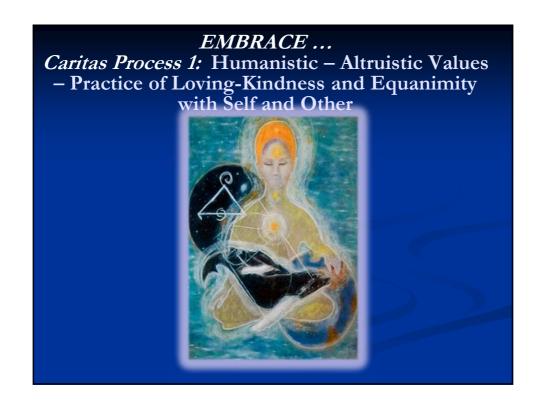
Watson – WCSI Copyright 2010

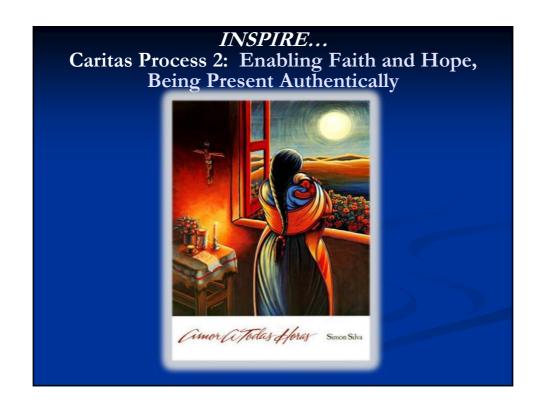


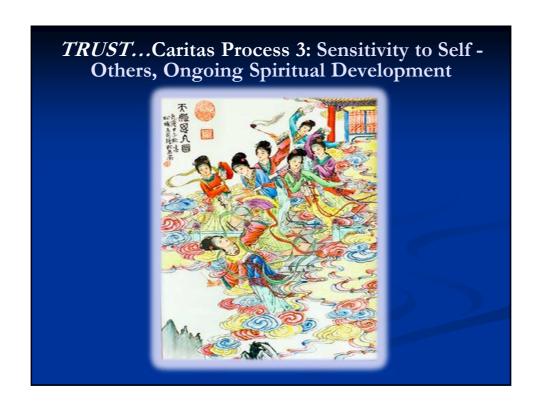


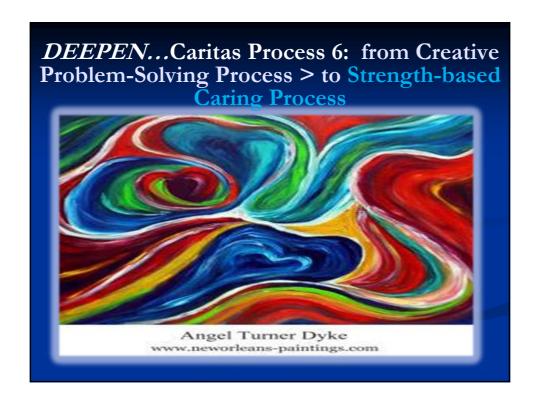


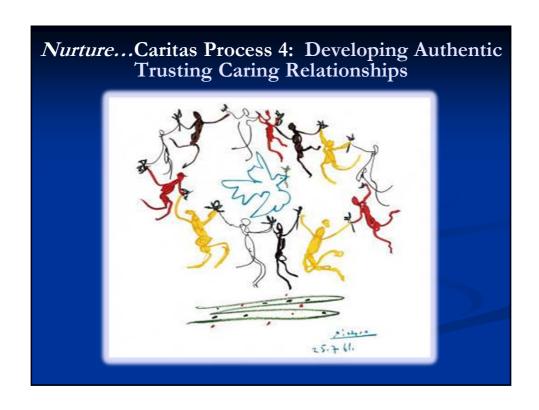


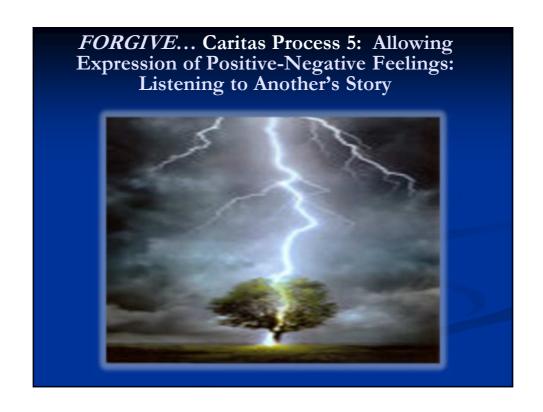


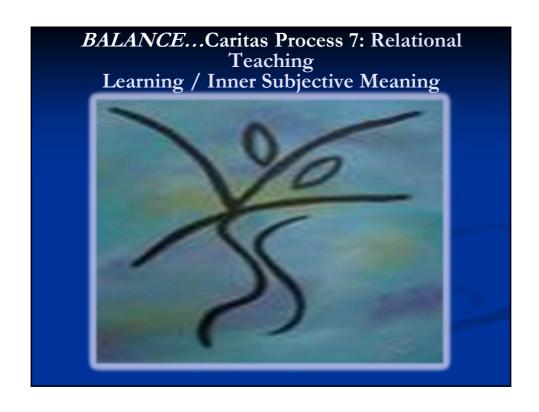


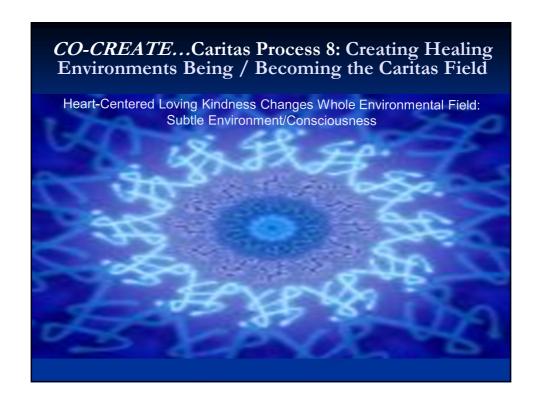






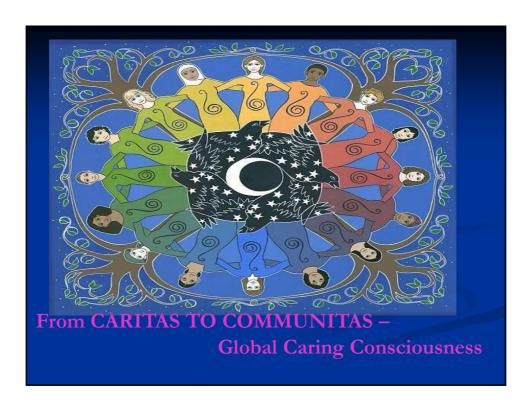














# Search for new forms of Evidence Informed Action A dance of HumanCaring Heartcentered Practice Theory-Research- Practice Knowing/Doing/Being As OME caring action...

#### Rational for Assessing and Measuring

- Improvement of Caring Practices; Mindful Intentional Interventions;
- Benchmarking Settings, Structures for Improvement;
- Tracking Caring Against Routine-Robotic Practices; (from Bio-cidic to Bio-genic)
- Evaluating Caring-Non-Caring: Patients/Practitioners

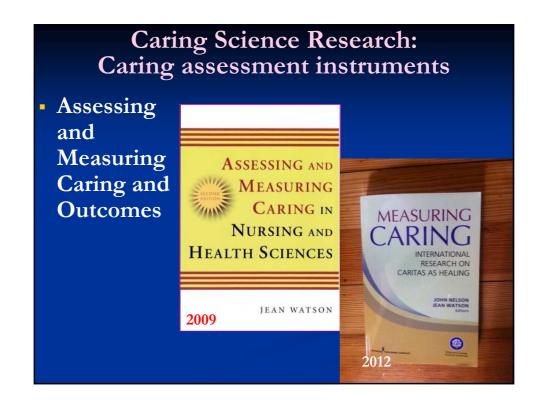
## Caring Science Criteria Outcomes

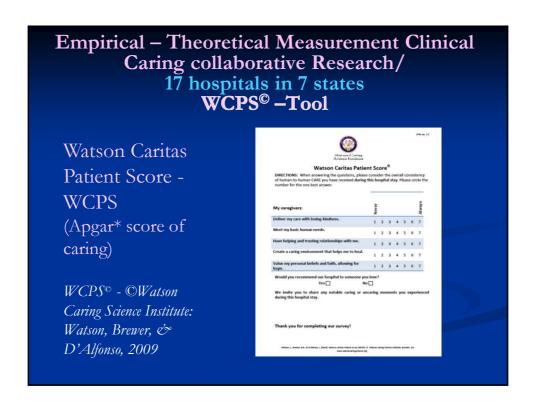
"The outcomes we have seen since adopting Caring Science, include improved nurse retention, increased satisfaction scores and improved benchmarking on our clinical outcomes."

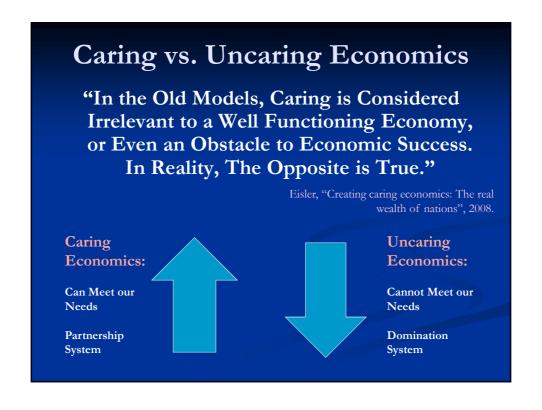
Lance Anastasio, President and CEO Winterhaven Hospital, Winterhaven, FL

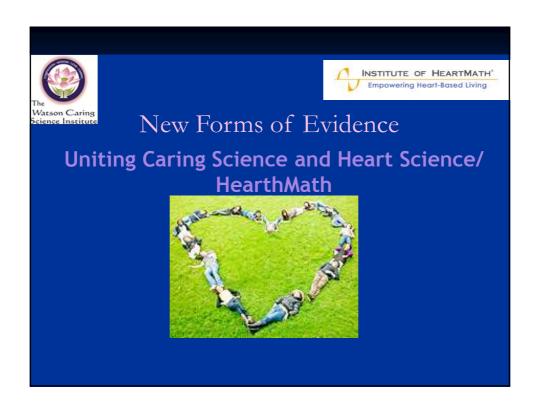
"A major part of creating a Caring environment includes measuring outcomes."

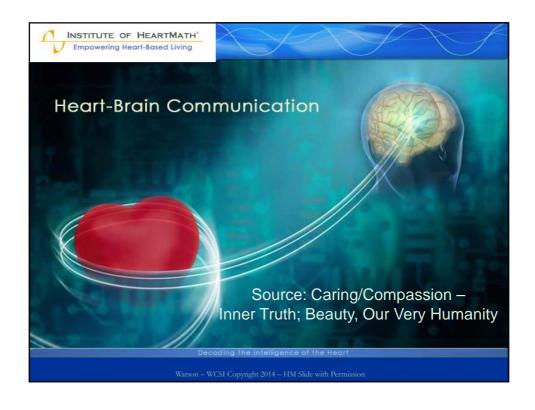
Diane S. Raines, MSN, RN, NEA-BCSr.
Vice President, Chief Nursing Officer
Baptist Health, Jacksonville, Florida

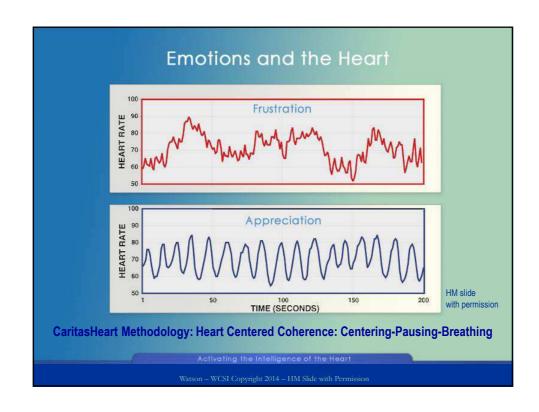


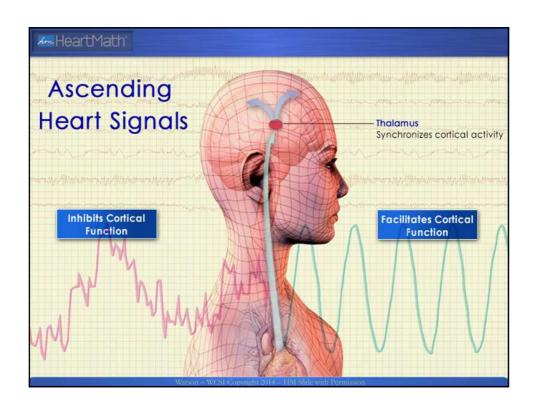












#### Caring Science Indicators Criteria, Citations and Outcomes

- 130 Studies of Patients/Nurses Outcomes: Caring-Non-Caring (Swanson, 1999)
- 3 Year Pilot (The Children's Hospital of Denver)-Caring Science Research on RN – Staff Turnover Rates: (1) 32%
   - (2) 17% - (3) 6% (Watson, Foster, Darden, 2000)
- Classic Levels of Caring Research Biocidic-Biogenic; (Halldorsdottir, 1999)
- Caring Economic Indicators (Eisler, 2008);
- RN Educ-Patient Data Outcomes (Aiken & others, 2003), 2010, 2014;
- MAGNET HOSPITAL RESEARCH current ongoing postive
- Patient Satisfaction/Nurse Retention (Sung-Heui Bae, Mark, B., Fried, B.2010)

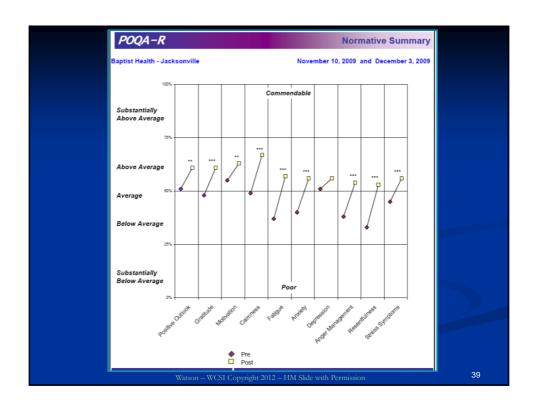
#### Retention Scores: Pilot Study: Attending Nurse Caring Model The Children's Hospital of Denver

- Year 01 = 32% Turnover
  - Return to School, Traveling, Transfers In-house
- Year 02 = 17% Turnover
  - Relocation, Traveling, Transfers Inhouse
- Year 03 = 6% Turnover
  - Return to School & Traveling

#### Caritas HeartMath Pilot Baptist Health, Jacksonville, FL

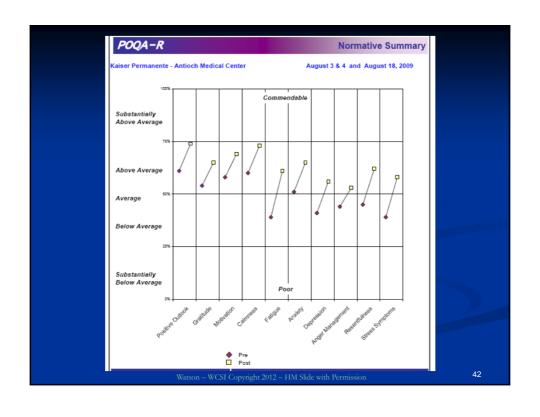
- Personal Clinical Indicators of Stress (e.g. Outlook, Motivation, Fatigue, Resentful, etc.) – 10 or 10
   Indicators Improved with Caritas HM Program After 1 Month
- Organizational Qualities (e.g. Work Attitude, Strategic Understanding of Organizational Goals, Goal Clarity, Value of Contributions, Communication Effectiveness, Productivity, Time Pressure, Morale Issues and Intention To Quit.) – 9 of the 10 Here Also Improved Whereby 1 Item Remained the Same.

Caritas HeartMath Pilot Baptist Health, Pre and Post Data				
% of responses: often - always:	Pre	Post		
I feel thankful	60%	88%		
Grateful	62%	82%		
Enthusiastic	54%	78%		
Calm	31%	52%		
Peaceful	31%	55%		
Tired	50%	26%		
Fatigued	55%	24%		
Exhausted	31%	14%		
Anxious	30%	14%		
Resentful	16%	4%		
Annoyed	39%	6%		
Angry	17%	6%		
There is never enough time	60%	37%		
I feel like leaving this organization	8%	2%		
Watson – WCSI Copyright 2012 – HM	Slide with Permission	N = 52		



Kaiser – Antioch Medical Center				
% of responses: often – always:	Pre	Post		
I feel optimistic about the future	76%	97%		
My life is deeply fulfilling	62%	85%		
Grateful	74%	88%		
Dynamic	55%	76%		
Peaceful	41%	68%		
Relaxed	29%	47%		
Tired	53%	12%		
Fatigued	41%	9%		
Anxious	18%	6%		
Worried	35%	6%		
Unhappy	18%	3%		
Annoyed	24%	6%		
I get upset easily	21%	3%		

Caritas HeartMath Pilot Kaiser – Antioch Medical Center				
% of responses: often – always:	Pre	Post		
My sleep is inadequate	41%	21%		
Body aches (joint pain, backaches, etc.)	38%	12%		
Muscle Tension	33%	6%		
Headaches	9%	3%		
% who agree or strongly agree:	Pre	Post		
A strong rapport with my supervisor	36%	56%		
Tension b/w management and staff	41%	26%		
I feel very useful in my job	74%	94%		
I am creative and innovative	53%	74%		
Conflict b/w work & personal priorities	29%	15%		
We have great confidence about being successful in the future.	72%	91%		
Watson – WCSI Copyright 2012 – HM Slid		N = 34		



### Human Flourishing Caring Science Evidence - Examples

- Energized Caring Consciousness Presence- New Ideas Positive Morale
- Positive Expressions/Outlook Hopeful
- Calmness Under Pressure Peaceful
- Resilience Flexibility/Positive Work Attitude -Adaptable
- Collegial and Accountable Respect for Leadership, Lack of Fatigue and Fully Engaged

#### Human Flourishing Criteria New Caring Science Evidence - Examples

- Self Confidence Organizational Confidence
- Valuing Self and Other Caring Heart-Centered Trusting Authentic Communication
- Eagerness To Be At and Engage In Work -Support From Leadership (Supervisor and Manager)
- Satisfied With Position/Job
- Intention To Stay In Position and Support Vision

## Caritas HeartMath Pilot Baptist Health, Jacksonville, FL

- Personal Clinical Indicators of Stress (e.g. Outlook, Motivation, Fatigue, Resentful, etc.) 10 of 10 Indicators Improved with *CaritasHeart™* Program After 1 Month
- Organizational Qualities (e.g. Work Attitude, Strategic Understanding of Organizational Goals, Goal Clarity, Value of Contributions, Communication Effectiveness, Productivity, Time Pressure, Morale Issues and Intention To Quit.) – 9 of the 10 Improved



## HUMANISTIC - Caring Science Transformation

- Moving From the "Case" to the "Face"
- From Patient to The Spirit Filled Person Behind a Disease
- From Medical Diagnosis to The "Meaning" of Illness;
- From Performance/Doing to Presence; Authenticity
- From Medical-Clinical Views of Humanity to Unity of Mindbodyspirit, Oneness – Connectedness
- From Conventional science to Unitary Caring Science
- From Industrial Models to Mature converging
   Science/Art/Humanities/Spirituality Caring-Healing/Health

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