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Improving Quality of Care and Patient Education

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The University of New Mexico

N501: Theoretical Foundations of Advanced Nursing

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Improving Quality of Care and Patient Education

From a young age, I have always had an interest in the medical field. It wasn't until I was fifteen that I knew I specifically wanted to pursue a career in nursing. Growing up, my grandparents on my father's side were deceased before I was born and my grandfather on my mother's side passed when I was just two years old. My grandmother on my mother's side, however, got to see me grow into my mid-teenage years, fifteen, then she got sick.

She was a type 2 diabetic with hypertension, which was uncontrolled by her nonadherence to her diabetic diet. She loved eating sandwich meat; it was her guilty pleasure. My grandmother initially got sick when she had developed a diabetic foot ulcer that got infected. This is when she needed to be hospitalized. Due to my grandmother's uncontrolled diabetes, her kidneys failed. She then had end stage renal disease and needed to go on hemodialysis. My grandmother went into cardiac arrest during her first dialysis treatment. She was resuscitated and from there, her recovery plan was to receive rehabilitation at a nursing home.

Instead of getting stronger to discharge home, she became weaker. The inpatient rehab did not provide the proper equipment or education to my grandmother in regards to skin breakdown prevention. My family had to supply barrier creams for her and even purchased an air cushion for her wheelchair. Unfortunately, the air cushion went missing. She suffered multiple pressure injuries due to not being turned and repositioned adequately. A specialty air mattress should have also been provided to my grandmother, but wasn't. The multiple pressure ulcers my grandmother developed eventually became necrotic. My grandmother went into cardiac arrest for a second time, was transported back to the hospital, and was put on a ventilator. The decision was made to take my grandmother off life support on July 18, 2011. If she were to remain on the ventilator her quality of life would be poor, or what the doctor had described at the time as a

“vegetable.” I feel this provider lacked communication skills and compassion towards my family and grandmother at the end of her life.

Seeing my loved one go through something so traumatic ignited a fire within me to pursue nursing so that nobody’s loved ones would ever have to feel the way my grandmother and family felt towards the end of her life. She lost her dignity, independence, and overall will to live along the way. The concept of health literacy can be applied when focusing on improving quality of care and patient education. The theoretical definition of health literacy states, “the degree in which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (McEwen & Will, 2019, p. 132). It is important to provide patients with the education and knowledge of their disease processes in a language they can understand.

As a nurse, studying to be a nurse practitioner, it is important to ensure patient autonomy remains in place while caring for patients. This means the patient should have the right tools necessary to make educated decisions regarding to their healthcare. Focusing on health literacy, patient education, and quality of care also makes self-management of chronic diseases relevant. Chronic disease self-management can help patients with comorbidity disease prevention. For example, my grandmother had type 2 diabetes. Due to nonadherence from her diabetic diet, she also had the comorbidity hypertension as a result. Improving quality of care and educating patients will ultimately increase patient knowledge of illnesses so that prevention is the key. In holistic nursing practice, all these concepts are intertwined.

Science of Caring Theory

A theory that is holistically utilized when considering the concepts of health literacy, patient education and autonomy, and quality of care is Jean Watson’s Philosophy and Science of

Caring Theory. This theory focuses on holistically improving the quality of care nurses provide to their patients through the simple aspect of caring (“Jean Watson,” n.d.). Jean Watson, a nursing theorist, was born in West Virginia in 1939 (McEwen & Will, 2019). She obtained a bachelor’s of science degree in nursing, a master’s of science degree in nursing and sociology, specializing in psychiatric-mental health, and a doctorate degree in educational psychology and counseling (McEwen & Wills, 2019). According to McEwen & Wills (2019), Dr. Watson received many awards and honors, and was formally named by the American Academy of Nursing the “living legend in Nursing” (p. 324).

Her theory was created from a foundation of other nursing theorists, such as Florence Nightingale and Martha E. Rogers (McEwen & Wills, 2019). One of Nightingale’s theories is the Environmental Theory, which states, “the role of the nurse is to use the patient’s environment to help him or her recover and get back to the usual environment” (“Florence Nightingale,” n.d.). Nightingale’s Environmental Theory is seen in Watson’s Science of Caring Theory because environment is one of the four main concepts in Watson’s Theory, focusing specifically on a caring environment. Whereas Rogers’ contribution to Nursing Theory is the Science of Unitary Human Beings Theory. This theory states that a patient is going to be “looked at as a whole” (“Martha Rogers,” n.d.). Rogers’ theory is clearly depicted in Watson’s Science of Caring Theory due to the holistic aspects of accepting a person, as a whole, for who they are.

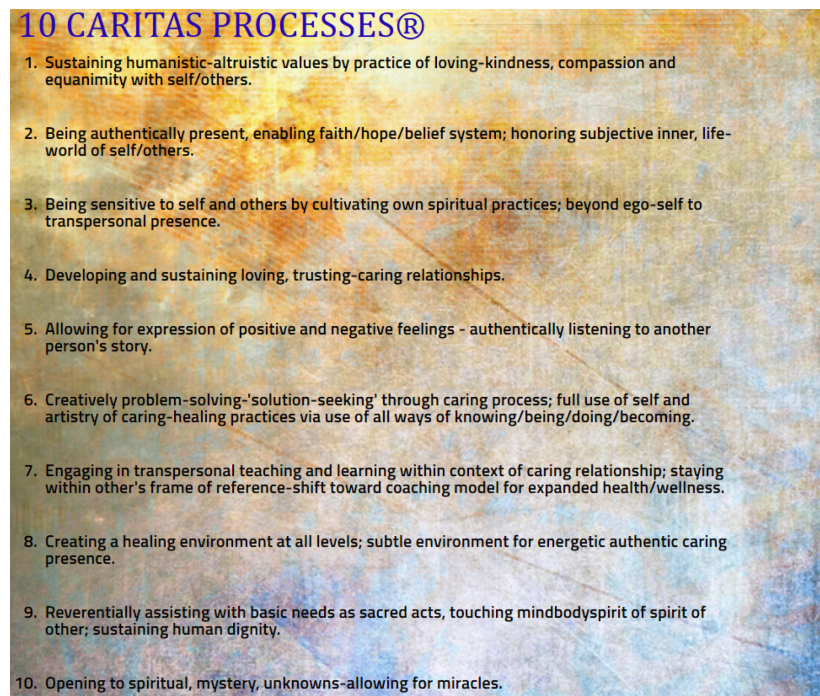
I chose this particular conceptual theory as a good reminder that my concepts of health literacy, patient education and autonomy, and quality of care need to be seen on a holistic level to gain better understanding and guidance for improvement. Watson’s Science of Caring Theory comes from not only a nursing discipline, but also a psychology discipline as well. Watson utilized “concepts from the works of psychologists Giorgi, Johnson and Koch” to formulate her

theory (McEwen & Wills, 2019, p. 324). I think Watson's Science of Caring Theory will help illuminate the issues of poor quality of care, with a lack of patient education and autonomy, and health literacy best because this theory really focuses back to the very stem of the issue, caring.

Digging deeper into Watson's Science of Caring Theory, ten carative factors act as the conceptual framework of the theory, which can be seen in Figure 1 below. To summarize, these ten carative factors include:

“forming humanistic-altruistic value systems, instilling faith-hope, cultivating a sensitivity to self and others, developing a helping-trust relationship, promoting an expression of feelings, using problem-solving for decision-making, promoting teaching-learning, promoting a supportive environment, assisting with gratification of human needs, and allowing for existential-phenomenological forces” (“Jean Watson,” n.d.).

FIGURE 1



Watson Caring Science Institute. (2016b). Core concepts of human caring. Retrieved from

<https://www.watsoncaringscience.org/jean-bio/caring-science-theory/>

From these ten carative factors, assumptions can be made from Watson's Science of Caring Theory. A couple of the assumptions can be outlined as wholeness, unity, the diversity of multiple ways of knowing, moral-metaphysical integration of spirituality, etc. (McEwen & Wills, 2019). There are four main concepts that are essential to the understanding of Watson's Theory. These include "human being, health, environment/society, and nursing" ("Jean Watson," n.d.). Relationships among Watson's Science of Caring Theory are going to be understanding the way of caring for humans in regards to energies and spirituality (McEwen & Wills, 2019).

The concept of the human being goes back to the patient, who they are and how we as nurses must respect, care, nurture, assist, and understand them (McEwen & Wills, 2019). Health is going to be seen for the patient from a holistic view, this includes mind-body-spirit. Next is the environment/society concept. This concept is important in regards to providing a caring environment for the patient. Lastly, the concept of nursing, is depicted as the "professional, personal, scientific, esthetic, and ethical human care connections and relationships" (McEwen & Wills, 2019, p. 326). Breaking down the theory into the ten carative factors, assumptions, concepts, and relationships will help address the issues of poor quality of care, lack of patient education and autonomy, and health literacy.

Application of Theory

To apply Watson's Science of Caring Theory to my grandmother's story, we must look at each carative factor that makes up the conceptual framework of the theory individually. The first being forming humanistic-altruistic value systems. Essentially, this means bringing meaning to an individual's life through forming a loving, kind relationship. This can be applied to my grandmother's story to have a positive outcome if there were better relationships formed between my grandmother (the patient) and the providers. Listening to my grandmother's concern and

knowledge on the situation would have led to utilizing the proper tools for outcomes of better health literacy, patient education, patient autonomy, and overall quality of life.

Secondly, instilling faith and hope is the very holistic side of this theory that can be easily forgotten about when applying it to nursing practice. This carative factor is of high importance because it piggybacks off of that provider and patient relationship. When the patient is able to identify the faith-hope element they possess, they feel more empowered and in control of decision making for their health care plan. In other words, having more patient autonomy can heighten quality of life as well.

Cultivating sensitivity to self and others is also going to be linked to that initial provider patient relationship. This carative factor takes place when recognizing the patient's feelings and being genuine towards those feelings. It is important to remember that everybody copes different. Some people experience sadness, while others experience anger. No matter what the patient is experiencing, acknowledging those feelings and having empathy towards the patient will strengthen the relationship, forming better communication to address the issues of health literacy and patient education.

The next carative factor is developing a helping-trust relationship. Once again, if this relationship can be initially formed between the provider and the patient there will more than likely be better, positive outcomes. Having that strong relationship will allow the provider to know the patient better in a sense of where they come from, what their holistic health is like, etc. On the patient's side, they will feel more comfortable and open to letting the provider know this information because it will be a strong nonjudgmental relationship formed. The quality of life the patient wants to live will be of focus, educating the patient on a level they can understand so that they can make informed decisions regarding their health.

Promoting the expression of positive or negative feelings is the next carative factor that comes into play when forming a strong, trusting, and healthy provider patient relationship. With this carative factor, therapeutic listening would be a great mechanism to utilize. I have noticed that being silent and letting the patient talk or tell a story can go a long way in gaining information about who they are holistically. In my grandmother's situation, if the provider would have just listened to her, he might have discovered her diet noncompliance or lacking the will to live. This could have changed the outcomes of the situation.

Using problem-solving for decision-making would have been beneficial in this critical incident because the provider would have realized my grandmother's nonadherence to her diet, lack of education regarding skin integrity, and poor mental health. Problem-solving could have been used to educate my grandmother and on a level that she could understand. Also, her mental health could have been more of a focus in this situation with this carative factor of Watson's theory.

Promoting teaching-learning involves the main concept of patient education. As I stated earlier, there was a lack of patient education and health literacy was not engaged. If this carative factor was involved in this critical incident, addressing the source of the problem, then the outcomes may have been different. Not only in this situation, but in daily care provided to our patients, as nurses or even in the primary care provider setting, patient education is one of the most important things that can be implemented within their care.

All ten of these carative factors are intertwined and work together. A supportive, healing environment may have also projected different outcomes in this critical incident. Having that support, healing environment makes for an overall stronger provider patient relationship in the end. As I have previously discussed, this strong relationship would serve many benefits.

Human dignity is of high priority for all patients, no matter the age. The gratification of human needs is going to include the mind-body-spirit aspects of the patient. This concept of the Science of Caring theory could be addressed within my grandmother's critical incident by recognizing her as a person instead of a disease or diagnosis. Viewing patients as a mother or father, or sister or brother helps us preserve that human dignity the patient needs.

Lastly, the carative factor of allowing for existential-phenomenological forces. This was a difficult concept to understand but as I read about it, I came to perceive it as how the patient thinks about life's mysteries. Everyone's outlook on this topic is going to be different as there are various beliefs in the world. This could have been utilized in my grandmother's situation by asking about her beliefs, especially towards the end of her life.

One systematic review I read found several benefits to using Watson's Science of Caring Theory. Wei et al. (2019) states "the majority of the studies in this review find positive behavioral, attitudinal, and somatic changes after the implementation of Watson's caring science principles" (p. 19). This supports the application of Watson's Science of Caring Theory to have positive outcomes. Also, there were various strengths seen with therapeutic touch, therapeutic listening, implementing a healing environment, etc. (Wei et al., 2019). These modes of caring not only reached the patient physically, including the body aspect of an individual, but also on a holistic, spiritual level that encompasses the individual as a whole. I believe these particular forms of communication and caring are seen as strengths in addressing the issues of health literacy, patient education, patient autonomy, and quality of life because it all goes back to building that strong, trusting provider patient relationship. If communication is not there then the relationship would be considered weak and does not have the patient's best interests on a holistic level at heart.

Limitations and weaknesses were difficult to find and formulate when analyzing Watson's Science of Caring Theory in regards to the concept issues of health literacy, patient education, patient autonomy, and quality of life. Wei et al. (2019) discusses that because caring is seen as so abstract, it can sometimes be a difficult concept to grasp. I would have to disagree with this limitation because I feel as though it is human nature to have that nurturing instinct of caring. A weakness I do support is the difficulty of balancing caring on a work-life spectrum for providers (Wei et al., 2019). When we become too involved with our patients it can cross the line from a professional relationship to a personal one which is something we must be cautious with. Learning to leave home at home and work at work can be a struggle for some providers, especially when they are on call. Knowing that there is an unspoken line of professionalism that should not be crossed is important when implementing Watson's Science of Caring Theory.

Conclusion

The Science of Caring Theory that was founded by Jean Watson was formulated using several other theories that were established by well known nursing theorists such as Florence Nightingale and Martha Rodgers. Nightingale created the Environmental Theory helping Watson focus on a caring environment to establish the Science of Caring Theory. Rodgers created the Unitary Human Beings Theory to gear Watson in a direction of viewing the entire person on all levels. Watson's Science of Caring Theory focuses on a holistic approach to the nurse patient relationship, assessing the mind, body, and soul of the patient. Taking a holistic approach helps the patient's dignity remain intact and can aid in their trust to start forming a relationship. Initially, there needs to be a strong, healthy, trusting relationship between the health care provider and the patient made so that there is a solid foundation. When this positive relationship is achieved, the patient will feel more open in sharing their life story about who they are, what

they do on a daily basis (as this can be important factors that impact their health such as diet and lifestyle), and where they are at on a health literacy scale.

A patient that has had no college education, like my grandmother, is going to have a low level of health literacy. This is important to know about all patients so that they can be educated appropriately to a level that they will understand. Patient education is going to be one of the main aspects we implement within our professional practice as nurse practitioners. Without proper patient education, negative outcomes will ultimately result. Moving forward, Watson's Science of Caring Theory can be broken down into ten carative factors to better understand and implement this theory within our practice. These ten carative factors really help shed light on how the concept issues of health literacy, patient education, patient autonomy, and quality of life so that they can be impacted in a positive manner.

It would be ideal if future work could take place with Watson's Science of Caring Theory, specifically addressing the concept problems at hand. Without proper patient education, patients are not going to have the information needed to make an educated decision regarding their health. If patients cannot make an educated decision regarding their health, they may make an uneducated decision that will negatively impact their health and overall quality of life such as nonadherence to their specific diet whether it is diabetic, no added salt, cardiac, etc. Small factors can have such a great impact when it comes to the health of our patients.

As future nurse practitioners, we can start making a positive impact on our patients' lives by building that foundation of a relationship. Communication is key and to have ideal communication we need to have that healthy, trusting relationship in place. Once the relationship is formed, patients will have a better readiness to learn and there will be many positive outcomes achieved. Future use and application of Watson's Science of Caring Theory is important as it

acts as a foundation in which we provide our care to patients and build our relationships with them. To make this theory as relevant as possible, as nurse practitioners, taking the time to listen to our patients and treat them with dignity and respect because they are more than just a disease or diagnosis will go a long way.

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