Creating a Caring Atmosphere in an Intensive Stroke Care Unit: an Action Research Approach

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Abstract

This paper describes one cycle of an action research study that was carried out in an intensive stroke care unit at a hospital in Medan, Indonesia. The purpose of this study was to create a caring atmosphere in the unit in order to improve the quality of nursing care. Fifteen nurse participants were involved in this study. Individual in-depth interview, focus group discussion, participant observation, field note, and photo recording were used to collect data and to inform the actions. Gathered data was analyzed by using content analysis with Weft QDA program. The findings showed that the caring atmosphere in the unit had improved to some degree. The nurses had become used to establishing caring relationships with patient and family members by greeting them and often communicating with them. The nurses also had started to change their behaviors to be more caring.

Key words: action research, caring atmosphere, quality of nursing care

Background and significance of the problem

The intensive stroke care unit (ISCU) at Pirngadi General Hospital (PGN) in Medan, Indonesia, is one of the public hospitals that serves as teaching hospital, and provides acute and intensive care for stroke patients. Consisting of eight beds, this unit received 362 patients during the year 2006. Its bed occupancy rate was 90.3%. At the time of this study, medical model approach was still being used by nurses in daily practice. General procedures and manuals developed by administrator nurses were used as guidance in giving care to the patients.

As quality has become the main issue in healthcare settings, the nursing department at PGH has put a lot of effort into enhancing the quality of nursing care in the hospital, including in intensive care units. A series of in-service training programs have been
conducted in order to increase the nurses’ cognitive, affective, and psychomotor skills. However, it was also found that patients satisfaction with the quality of nursing service was only at moderate (Setiawan, Fauziah, & Lubis, 2003). This suggested that there was a need for the improvement of nursing care quality, which could be accomplished by rigorously and routinely examining the modes of care delivery and the quality of care. Concerning this matter, developing a model based on a nursing theory was a vital key to improve quality of nursing care.

Instead of demonstrating caring behaviors to the patients, the nurses usually spent their time completing routine tasks. Caring was done by following set procedures because of the high workload of nurses. Therefore, interpersonal interaction between nurses and patients was infrequent and the care lacked of a humanistic approach. Also it was found that some nurses talked to patients in a loud and impolite manner. In addition, there were no specific guidelines for caring for intensive stroke patients which could help the nurses to practice professionally, so the quality of nursing care was found to be in need of improvement.

**Objective**

The main objective of this study was to create a caring atmosphere in an intensive stroke care unit in order to improve nursing care quality.

**Framework of the Study**

Watson’s Theory of Human Caring and quality of nursing care were employed as a theoretical framework in this study. Watson’s Theory of Human Caring was selected as the framework of this study due to its holistic and comprehensive nature for application in nursing practice. It covers not only physical aspect of care, but also covers spiritual aspect (Watson, 1979). It provides the soul-satisfying care for which many nurses enter the profession and assists in providing the quality of care that client ought to receive (George, 1995). The attention given by this theory to the spiritual aspects of human existence and the soul provides the potential for personal growth of nurses as they engage in transpersonal caring relationships (Fawcett, 2000).

Quality of nursing care was another theoretical framework used in this study. Basically, quality of nursing care can be described by three approaches: studying the structural variables involved; studying the process of care; and studying the outcome of care (Donabedian, 2005). In this study, quality of nursing care was used as guideline in directing the process of change and determining the outcomes.
Research Methodology

Research design. Action research was used in this study. Action research is a participatory, democratic process concerned with developing practical knowledge knowing in the pursuit of worthwhile human purposes which bring together action and reflection (Reason & Bradbury, 2001). It generates knowledge about systems while at the same time attempting to promote social and organizational change (Titchen & Binnie, 1993). It results in facilitated change and help practitioners research their own practice. It offers the possibility of working with participants in a way which is non-hierarchical and non-exploitative, may be used to make change, and closes to the theory-practice gap (Webb, 1999). It is a suitable research method in term of improving quality since action research generates practical knowledge intended to assist in raising standards of care and delivery of nursing service (Holloway & Wheeler, 2002).

Action research method was chosen due to its potential to bridge the gap between theory, research and nursing practice. Action research method’s Kemmis and McTaggart (1988), which consists of 4 phases: planning, acting and observing, reflecting, and re-planning, was used in this study.

Data collection. Data collection methods in this present study included individual in-depth interview, focus group discussion, participant observation, field notes, and photography. Individual in-depth interview and focus group discussion were conducted at the end of the action research cycle. While, participant observation, fields notes, and photography were conducted during the whole research process.

Data analysis. Content analysis was used to analyze qualitative data gathered in this study. Audio records of the interviews were verbatim transcribed. Then the transcripts were analyzed by using Weft QDA program version 1.0.1. It is software for analyzing textual data such as interview transcripts and field notes.

Ethical consideration. Before starting the study, the researcher gained an approval from Institutional Review Board of Faculty of Nursing, Prince of Songkla University. Permission was also granted from the director of Pirngadi General Hospital to conduct this study in the hospital. The nature and process of the study was explained to the participants by giving a full explanation concerning the purposes of the study, the voluntary nature of participating in the study, and the benefits of the findings for nursing profession. The participants then were asked to voluntary involved in this study. Tapes and transcripts from interviews were kept confidential. Tape recordings have been erased after the data were transcribed. All information provided was treated in a confidential manner and no names
appeared on the transcribed interviews. Extracts of the interview might be used in the research report, but participants’ name was not identified in any way. Furthermore, the participants were informed that no risks were associated with their participation.

Results

Fifteen nurse participants were involved in this cycle of action research. The majority of the participants (9 nurses) held a nursing diploma, while three held a bachelor’s degree. The other three held an SPK degree, which is a high school equivalent. Half of the nurse participants had worked at the intensive stroke care unit more than 5 years of experience. Besides the nurse participant, there were other participants who involved in this study. These people included three nurse supervisors, a neurologist, a pharmacist and a physiotherapist.

This study took place at the ISCU of Pirngadi General Hospital in Medan, Indonesia. This unit consists of 8 beds and only received stroke patients who were in comatose or critical condition. Besides 15 nurse participants, this unit also had an administrative staff and a clerk. One physiotherapist was assigned on a daily basis to assist unit patients who needed early rehabilitation. In addition, one general physician-in-charge was also available every shift.

The Action Research Process

Planning. Planning efforts for improving the better practice of nurses in the ISCU were carried out jointly by the participants. Two main plans were made to direct the nursing practice: (1) formulation of a vision and mission of the unit by using caring philosophy and (2) promotion of participants’ awareness of caring atmosphere in the unit.

Some strategies were set up to ensure that the plan would be feasible and applicable. These strategies involved the researcher partially taking part in providing care to the patients, learning together with the nurses about caring for intensive stroke patients, sharing knowledge and experience with the participants, posting pictures of a caring nurse on the unit wall to motivate caring minds, conducting a workshop on caring, and leading regular meetings every two weeks.

Action and observation. Based on the definitive plan, the researcher, the head nurse (acting as a role model of caring-conscious nurse) and the nurse participants carried out the predetermined actions. These actions were described as follows:

(1) Initial meeting with the director of nursing service
An initial meeting among the researcher, three nurse participants, a supervisor, and the director of nursing service was organized to establish the common understanding of the project being implemented. This meeting was important because all parties who needed to be involved in the project were gathered together. The director of nursing service conveyed her agreement of the project and gave her support for its implementation. She also expressed her hope that the project would change the situation in the ISCU and that the unit become a model for the development of patients care effort in other facilities. The unit was expected to be a pilot unit for future caring developing project. Other fruitful outcomes from this meeting included a commitment among the parties involved to give their best effort in the implementation of the project and formal commitment to caring by the meeting’s participants. In addition, the director of nursing service also suggested that the researcher not only implement the project per se, but also, if possible make improvements in the management of the unit so that by the project’s end, it would be a top-quality intensive stroke care unit.

(2) Developing a vision and mission for the unit

At the time of the study, the unit did not have a vision and mission in place to give direction to nurses. Therefore, the researcher, nurse participants, and supervisors agreed to develop a vision and mission for the unit. At a meeting leaded by the head nurse, the vision and mission were developed based on caring philosophy. It was believed that an established vision would encourage nurse participants to be more caring in their interaction with patients, families and other parties involved in the patients’ care. The vision for the unit was thus written as the following: “To be a national center for critical stroke patients that provides high quality care with a humanistic approach”. The missions of the unit consisted of the following: (1) to deliver quality nursing care to critical stroke patients following the vision, (2) to provide nursing practice supported by education, research, innovation and collaboration; (3) to develop a humanistic partnership among the health care team, patients, and family members; and (4) to respect the contribution of health care personnel and (5) to develop a culture of innovation and continuous study.

(3) Providing participants with knowledge on caring, nursing care quality, and action research by means of a workshop and individual discussions

To provide new knowledge to the participants and to refresh their existing knowledge on caring and nursing care quality, a workshop was conducted on March 28, 2008. The theme of the workshop was “improving the quality of nursing care through action research.” As a keynote speaker, Assoc. Prof. Dr. Arphorn Chuaprapaisilp, RN was invited to address topic
of “improving quality of care through action research and caring in eastern context. Meanwhile, the researcher presented the topic of caring in nursing. This workshop was attended by 67 nurses--participants of the project, nurses from other wards who were selectively invited by the director of nursing service, and nurse educators from University of Sumatera Utara School of Nursing who were interested in caring, quality of care, or action research.

After the morning presentation, Assoc. Prof. Dr. Arphorn Chuaprapaisilp, RN was also invited to visit the ISCU. During her visit, she taught the group of nurses (which comprised all of nurse participants and some nurses from other wards) about caring for intensive stroke patients. Besides giving explanation on caring, she also demonstrated directly how to be a caring nurse. She performed massage, talked to a comatose patient (the patient moved her head and produced tears), demonstrated energy therapy, and more. This visit increased the awareness of the nurse participants on the significance of caring nursing practice for patients and it encouraged them to practice better for their patients.

(4) Improving interpersonal interaction

Interpersonal interaction was considered the key to promoting a caring atmosphere in the ISCU. The nurse participants were asked to improve their interpersonal interaction with others, especially with the patients and their families. One method for improving interpersonal interaction was to accompany the families for at least 15 minutes when they visited the patients during visiting hours. This approach helped the nurse participants to spend more time with the patients and their families and also to get to know them better. This was considered one of the best ways to show how caring to patients and their families.

(5) Performing activities to promote caring

Creating a caring atmosphere in the ISCU was also accomplished by the performance of certain activities which promote caring. One of these activities was to greet every person who was in the unit, such as nurses, other health team members, administrative staff, patients, and family members. Every nurse participant was encouraged to greet people every time she or he would meet someone in the unit. Another activity was to inform the patients what procedures the nurses would do with them, and this included comatose patients. Besides showing caring to patients and families, the nurse participants also developed ways to express their caring to other nurses.

(6) Structural changes to promote caring activities

Various changes were made to create a caring atmosphere in the ISCU, including some minor structural changes. An example of a minor change was the effort to post pictures
of caring nurses on a wall in the unit. The main goal of this effort was to encourage the nurse participants in the unit to have caring minds. In addition, the head nurse also emphasized the importance of flexibility for families who wanted to visit patients outside normal visiting hours. The nurses needed to consider the individual reasons family members had for visiting patients outside of visiting hours.

(7) Policy changes to promote caring

Simple policy changes were made to promote a caring atmosphere in the ISCU. Based on the approval of the supervisor, head nurses, and two newly-admitted bachelor’s degree holding nurses, a significant new policy was defined. This new policy aimed to create a team vice-head position for both of the existing teams. Under this new policy, the team heads and vice-heads were all responsible for caring for their patients and for being role models for the team members. They had to arrange activities within their teams so that the team members could spend less time on trivial activities and more time on significant caring activities.

During this cycle, observations were made in terms of the implementation of the tentative caring protocol by the nurse participants and the impacts of the protocol on the caring atmosphere in the unit and the caring behavior of the participants.

Reflection. The nurse participants as care providers were asked to reflect on their experiences regarding caring in the unit. The participants reflected on their experiences in terms of changes observed during implementation, benefits gained, facilitating and inhibiting factors, and their suggestions.

The changes in practice perceived by participants included they informed patients before conducting a procedure, they were more active in their work, they started to provide health education to both patients and family members, they practiced nursing better, and they created a more caring environment. The participants stated the following:

“The environment is quite good now. We, as nurses, have good relationships with the patients. For example, we greet the patients in the morning, saying “Good morning Mrs. F. If a patient cannot talk he or she just opens and closes his or her eyes with a smile.” (Nurse Participant 1)

In addition, they also perceived that their caring behaviors improved from before. They demonstrated more caring behaviors to the patients and family members such as paying more attention and being more responsive to patients, using more touching, showing good manners, and calling patients by name.

The participants gained many benefits which included increased knowledge, more experience, closer relationships with patients, increased family satisfaction, greater trust from
family members, improved quality of nursing care, and the growth of feelings of true caring to the patients. These benefits were expressed by the participants in the following quotes:

“Of course if we love someone we will surely give more attention to him and care the best care for him. We just needed to create feelings of love first. Love did not come because of things like the patient being of the same ethnicity as us. We loved the patients regardless.” (Nurse Participant 5)

Facilitating factors perceived by participants in this cycle included support from the head nurse and the nurses’ heartful intention to improve their level of caring in their practice. The support was not only in the form of giving direction to the participants, the head nurse also became an ideal role model in caring for patients. He personally took care of the patients by delivering comprehensive care and also provided teaching to the patients and family members. Besides the support of the head nurse, the participants also felt that heartful intentions were a very important factor in encouraging them to improve their caring practices. Such strong intentions could successfully motivate them to change their caring habits.

The inhibiting factors in this cycle included the comatose patients’ conditions, time constraints, and negative responses from other colleagues. Most of the patients admitted to the ISCU were in a comatose state. The participants felt there were some difficulties especially in establishing two ways communication between themselves and the patients. The lack of direct verbal and non-verbal responses was perceived by the participants as a major obstacle to improve their caring behavior. Meanwhile, because of the nature of an intensive stroke care unit, the participants needed to spend much time on performing routine tasks. As a consequence, they had limited time to perform their caring behavior for the patients and family members. In addition, performing caring behaviors did not always produce positive results. In this cycle, the participants sometimes received negative feedback from other colleagues from their efforts to implement the caring protocol. The negative feedback took various forms, such as unpleasant or irritating comments or suspicious presumptions and the viewing of caring actions in a negative way.

Before continuing to the next cycle, the participants had some suggestions to make the project more acceptable and applicable for all participants. Their suggestions included having a regular meeting to discuss what happen during the cycle, receiving training on intensive stroke care, having good teamwork, and receiving support from the nursing management of the hospital.

**Revised plan.** After reflection based on this information, it was found that the caring atmosphere in the ISCU had improved to some degree. The nurses had become used to
establishing caring relationships with patients and family members by greeting them and often communicating with them. The nurses also had started to change their behaviors to be more caring for example by paying more attention to their patients’ needs. For the next cycle, two plans were set up: conduct a workshop on caring for intensive stroke patients and to apply the tentative professional caring model on a one nurse one patient basis and evaluate the results.

Discussion

The nurses in this study perceived that they exhibited improved caring behaviors. They stated that they established a higher tolerance for annoyances, created feelings of love for others, and had an increased sense of empathy with the patients and families. These findings were consistent with a study by Wadas (1993) which developed professional nurse case managers using Watson’s 10 caring behaviors. Wadas asserted that the use of the model allowed the nurse manager to exhibit caring behaviors, rather than curing behaviors only. In addition, through the use of the model, the case manager developed transpersonal and empathetic relationships with patients in the hospital.

The nurses also perceived that there was an improvement in their knowledge of intensive stroke care and enrichment in their experiences as stroke care nurse. These may be due to provision of a workshop, individual and group discussions, and also due to the direct application of the caring protocol by the nurses in their daily work. In this way, the purpose of action research empowering the research participants was accomplished through their self-construction of knowledge (Reason & Bradbury, 2001). In addition, improved knowledge is important to the caring process, as it is one of the major concepts in Gout’s Theory of Caring (Gout, 1983). Furthermore, Watson (1999) emphasized the importance of knowledge to caring efforts, and described this as one of the carative factors relating to the systematic use of the scientific problem-solving method for decision making.

Conclusions

Implementation of one cycle of an action research approach to a unit development in a hospital in Indonesia was successful in demonstrating how the nurses and other participants identify problems, develop plan to improve their daily practice, carry out actions to make changes, and empower themselves in effort to create a caring atmosphere in their working place. In addition, it can be concluded that throughout the action research process the nurses
have had the opportunity to contribute to the development of their working place and enhancement of the quality of nursing care.

Recommendations

Based on the successful use of action research to make changes, the author suggests that other nurses or health team members may use action research approach as an effective way to change practice.

References


