Organizational Climate and the Theory of Human Caring in Hospitals

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Abstract

Patient care in hospitals has become perfunctory, task focused, and **void of a personalized human connection,** which has become an area of concern among scholars since the 1970s. This **experimental, post-test only, control-group study** with **a purposive patient and clinical staff sample** explored the **relationship between human caring and patient satisfaction;** and the **role of leadership in transforming the organizational culture** in an long term acute care hospital (LTACH) setting implanting the Magnet initiatives.

Problem

Nursing **care in hospitals** has **become mechanistic** and **task oriented** resulting in a **negative** impact on patient care and nurses' job satisfaction. Watson's theory of human caring (THC) is an attempt to address this situation given the constraints of the modern hospital.

Significant gaps in the literature include:

• A **dichotomy exists** in **professional practice** for clinical staff wanting to provide a caring practice framework in conjunction with the medical model.

• **Studies exploring human caring** and **patient satisfaction** utilizing **Watson's Caritas Patient Score** are **unknown**.

• Studies analyzing how Watson's theory of human caring interacted with transformational leadership and organizational culture within an LTACH setting were unknown.

Purpose

The purpose of this **quantitative study** was to analyze the relationship between **human caring** (IV) and **patient satisfaction** (DV) within an LTACH setting; studies on caring found patients and nurses were influenced by caring and non-caring practices.

An additional purpose of the study was to analyze the **role of transformational leadership** in facilitating the implementation of the **theory of human caring** (IV) within a **LTACH's organizational culture** (DV).

Relevant Literature

An interplay relationship exists between the **theories** of **transformational leadership**, **organizational culture**, and **human caring** within the LTACH patient setting (Bass & Avolio, 1993; Smith, 2004; Quinn, Smith, Ritenbaugh, Swanson, & Watson, 2003).

• **Watson's human caring theory** is a relationship-based model. Positive patient caring experiences have been linked to increased patient satisfaction

• In contrast, noncaring practices have been attributed to high levels of patient dissatisfaction (McCance, 2003; Smith, 2004; Watson, 2008

• **Transformational leaders** serve as influential role models, specially pertaining to the process of change and transformation (Bass, 1985; Herold, Fodor, Caldwell, & Lui, 2008)

• The concept of **organizational culture** is embedded within the organizational theory framework and intertwined within the unique history of an organization (Bellot, 2011; Schein, 1985).

Research Questions

RQ1: Does the implementation of Watson's theory of human caring influence patients' satisfaction of care provision?

RQ2: Does the implementation of Watson's theory of human caring impact the LTACH hospital staffs' perception of the organization culture?

RQ3: Does transformational leadership impact the LTACH organizational culture during the implementation of the Magnet initiatives?

Procedures

A **quantitative design** was used.

Sample

Two purposive samples of **151 patients** and **29 clinical staff members** in two LTACH sites – the **experiment and control LTACH sites** were **used.**

Instrumentation

• Watson Caritas Patient Score (WCPS) (Watson, Brewer, D'Alfonso, 2010)

• Revised Professional Practice Environment scale (RPPE) (Erickson et al., 2009)

• Multifactor Leadership Questionnaire (MLQ) (Bass & Avolio, 1995)

Intervention

Implementation of Watson's THC was an ongoing initiative since mid-2011 at the research site.

Data Analysis

Bivariate analysis (t-test) was used to **predict** the **nature** of the **relationship between variables**

Findings

Analysis of WCPS results indicated that **patients' perceptions of care provision** were slightly higher at the experiment site compared to the control site. However, **none of the caring variables** had a **statistically significant difference between the two LTACH sites.**

Data from the **RPPE and MLQ instruments** indicated that none of the variables analyzed had a statistically significant difference between the experiment and control LTACH sites.

Although there was not a significant difference between the two LTACH patient samples, **important insights into care provision were revealed.**

Patient satisfaction to care provision **appeared to be enhanced** by **the practice of a caring environment**.

Limitations

A **need to find an alternate control site** significantly impacted the availability of the patient sample, resulting in a smaller patient sample than anticipated.

Time of year impacted the number of patients available to participate in the WCPS at the control.

Time constraints and low response rates also may have limited the findings.

Conclusions

Patient comments at both LTACH sites **were consistent with research** that **shows** that **positive caring experiences lead to increased patient satisfaction** while **negative** patient **experiences contribute** to **patients' high level of dissatisfaction**.

While no significant difference between the two LTACH sites was found, **important patient insights** into care provision **suggested** that **caregivers** at both LTACH sites **are emulating the concepts of human caring**.

Social Change Implications

Patient satisfaction to **care provision** appeared to be **enhanced** by the **practice** of **loving-kindness**, **helping** and **trusting relationships**, the creation of a **caring environment**; having basic human needs met and **knowing caregivers valued** their **personal beliefs** and faith, allowing for hope.

A caring philosophy may **positively influence** and **enhance** both **costs** and **outcome measures** as a result of **monitoring patient satisfaction** which could provide a **competitive advantage** in the local healthcare market; **thus potentially** creating a **source** of **sustainable competitive advantage within the healthcare industry.**

Committee
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