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 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, especially 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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