

Registered Nurses' Perceptions of being Present for their Patients

Carol Kostovich, RN, PhD

Edward Hines, Jr. Veterans Affairs Hospital, Hines, IL
Saint Xavier University, Chicago, IL

Eileen Collins, RN, PhD, FAAN

Edward Hines, Jr. Veterans Affairs Hospital, Hines, IL
University of Illinois at Chicago, Chicago, IL

Lee Schmidt, RN, PhD

Loyola University Chicago, IL

30/October 2011

Sigma Theta Tau 41st Biennial Convention



Acknowledgements

This study was funded by the
Department of Veterans Affairs
HSR&D/OAA Postdoctoral Nursing Fellowship
TPN 42-002.

Nursing Presence....

...is the intersubjective human connectedness shared between nurse and patient, manifested through compassionate concern, openness and commitment to another grounded in knowledge, direct and indirect physical availability and empathetic attention.

(Kostovich, *in press*)

Nursing Presence...

... exists in the cognitive, behavioral, affective, and spiritual domains all at once.

Nursing Presence....

... is the “being with” and “doing for” patients.

Research Questions

1. What are registered nurses' perceptions of being present for their patients?
2. What is the relationship between nurses' perceptions of nursing presence and professional commitment, job satisfaction, practice environment, and personality type?
3. Is there a difference in the RNs' perception of nursing presence based on their certification, status, specialty area, shift, education, age, number of years an RN, and gender?

Participants

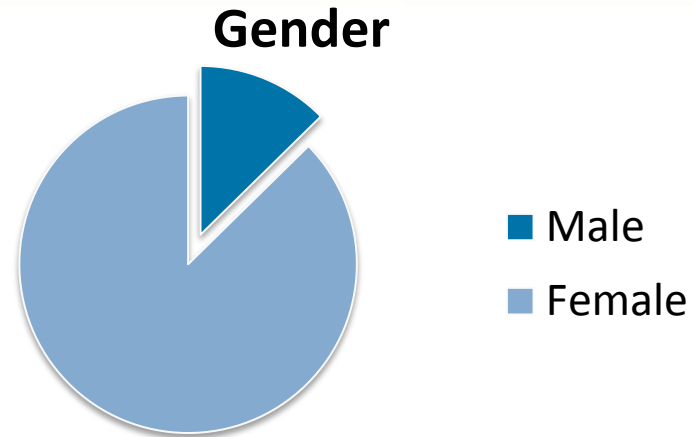
- 89 RNs from a Department of Veterans Affairs acute care hospital and extended care facility
- 87 surveys with complete data
- Response rate = **91.5%**



Demographics

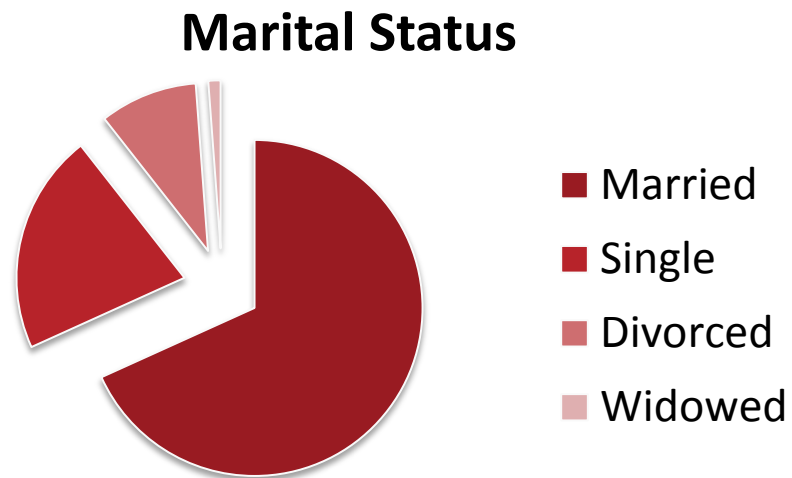
Gender:

- Male: N=11 (12.6%)
- Female: N=76 (87.4%)



Marital Status:

- Married: N= 58 (66.7%)
- Single: N= 18 (18%)
- Divorced: N= 8 (9.2%)
- Widowed: N=1 (1.1%)

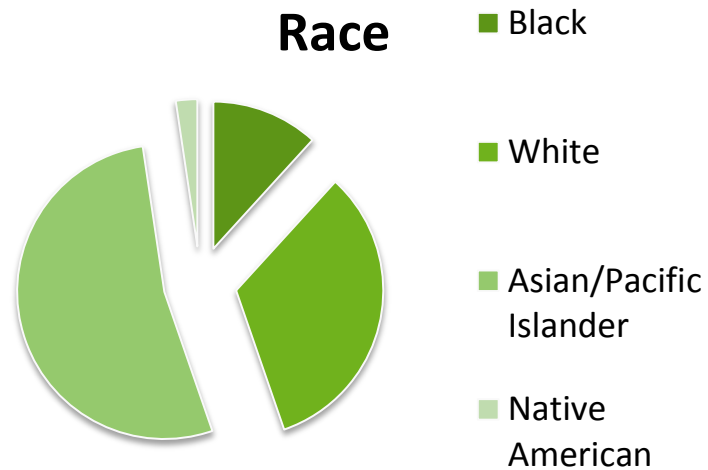


Demographics

Race:

- Black: N= 10 (11.5%)
- White: N=28 (32.2%)
- Asian/Pacific Islander: N= 45 (51.7%)
- American Indian/Alaskan Native: N=2 (2.3%)

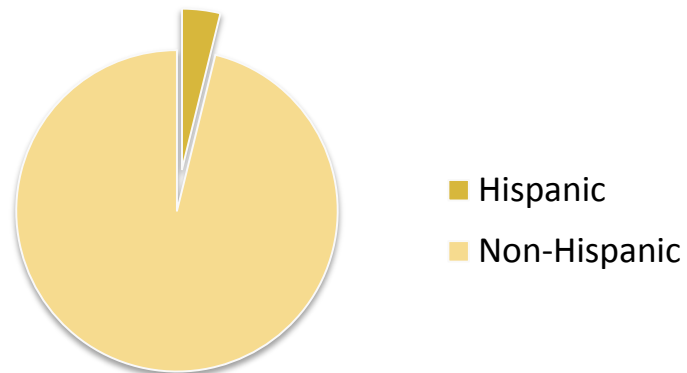
Race



Ethnicity:

- Hispanic: N=3 (3.4%)
- Non-Hispanic: N=75 (86.2%)

Ethnicity

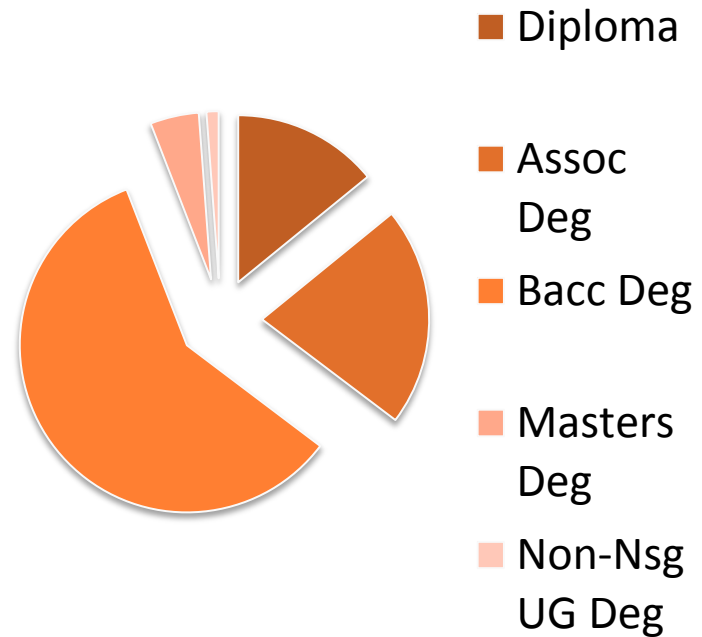


Demographics

Education:

- Diploma: N= 12 (13.8%)
- Associates Degree: N=18 (20.7%)
- Baccalaureate Degree: N=50 (57.5%)
- Masters Degree: N= 4 (4.6%)
- Non-Nsg UG Degree: N=1 (1.1%)

Education

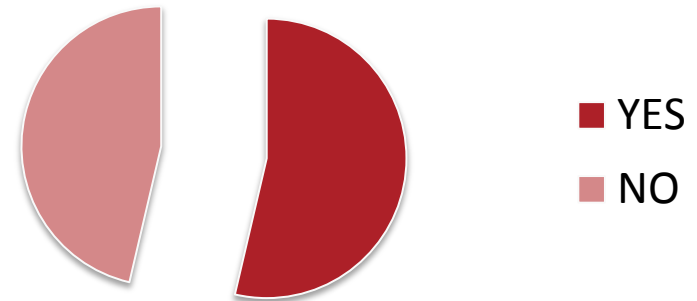


Demographics

- **Certification:**

- YES: N= 44 (50.6%)
- NO: N= 38 (43.7%)

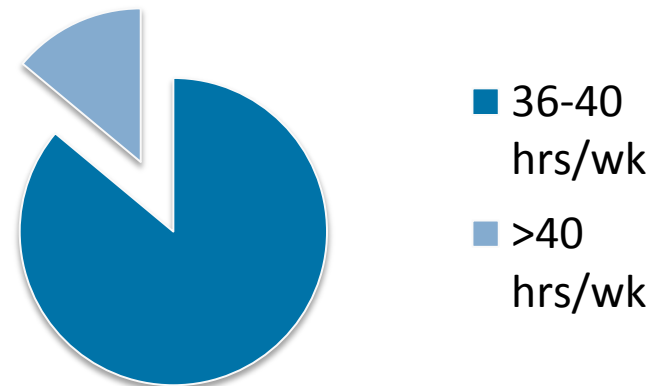
Certification



- **Status:**

- 36-40 hours/week: N=74 (85.1%)
- >40 hours/week: N=12 (13.8%)

Status

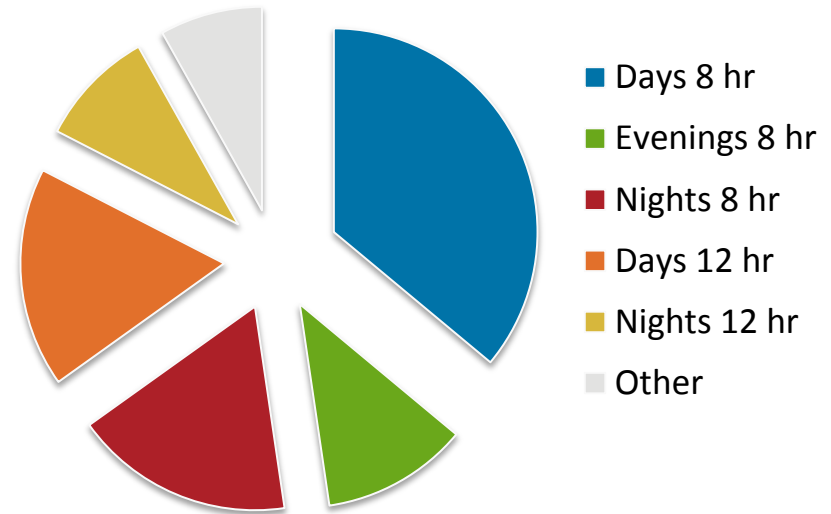


Demographics

Shift:

- Days- 8 hours: N=31 (35.6%)
- Evenings- 8 hours: N=10 (11.5%)
- Nights- 8 hours: N=15 (17.2%)
- Days- 12 hours: N=15 (17.2%)
- Nights- 12 hours: N=8 (9.2%)
- Other- N=7 (8%)

Shift



Research Question#1

What are RNs' Perceptions of Nursing Presence?

- Instrument developed: Presence of Nursing Scale-RN Version (PONS-RN)
 - Content validity: Established by 2 content experts
 - Substantive validity: Established by 21 RNs
 - Matched 64 items to conceptual definitions of sub-constructs of nursing presence
 - Instrument reduced to 32 items

Construct Validity

- Factor Analysis
 - 32 items reduced to 18
 - 2 factors emerged:
 - “Doing for” the patient (12 items)
 - “Being with” the patient (6 items)
 - Consistent with Paterson & Zderad’s Humanistic Nursing Theory (1976)

PONS-RN: Sample Items “Doing For” Subscale

Likert Scale 1-5 / Strongly Disagree → Strongly Agree

- “I taught my patients what they needed to know.”
- “I was able to prioritize the care of my patients.”
- “I knew what would work to make my patients better.”

Factor 1: Doing For

Item	Factor 1 Item Loadings	Factor 2 Item Loadings
Prioritize	.816	.220
Confident	.803	.070
Knew when to intervene	.758	.248
Patient as Individual	.711	.362
Care met my standards	.710	.142
What works to make pt better	.705	.294

Item	Factor 1 Item Loadings	Factor 2 Item Loadings
Listened	.693	.193
Contacted support staff prn	.671	.182
Organized care	.627	.143
Planned care	.625	.167
Physical comfort	.574	.067
Patient teaching	.573	.079

PONS-RN: Sample Items

“Being With” Subscale

Likert Scale 1-5 / Strongly Disagree → Strongly Agree

- “I talked to my patients about non-health-related topics.”
- “I held my patient’s hand or patted their arm when I felt they needed a human touch.”
- “I am willing to open myself up to my patients.”

Factor 2: Being With

Item	Factor 2 Item Loadings	Factor 1 Item Loadings
Emotionally engaged	.782	.145
Talk about non-health topics	.765	-.067
Share feelings	.746	.164
Sensitive to patient beliefs	.697	.404
Human touch	.678	.329
Open up to patients	.668	.244

Reliability

- Total scale: Cronbach's $\alpha=0.910$
- Factor 1 "Doing For" (12 items)
 - Cronbach's $\alpha=0.916$
- Factor 2 "Being With" (6 items)
 - Cronbach's $\alpha=0.877$

Research Question#1

What are RNs' Perceptions of Nursing Presence?

- RNs perceive themselves as being highly present to their patients
 - “Doing For:” Mean score = 54.47 (possible 60)
 - “Being With:” Mean score = 24.33 (possible 30)

Research Question#2

What is the relationship between nurses' perceptions of nursing presence and professional commitment, job satisfaction, practice environment, and personality type?

Instruments

- Professional Commitment Scale (adapted from Aranya, Pollock & Amernic, 1981)- 8 items
 - 5-point Likert scale (strongly disagree - strongly agree)
 - Reliability: Cronbach's $\alpha = 0.969$
 - **“I am loyal to the nursing profession.”**
 - **“I am proud to tell people that I am an RN.”**

Professional Commitment

- No significant correlation between Professional Commitment and:
 - PONS-RN “Doing For” subscale:
 $r=.149$ ($p=.172$)
 - PONS-RN “Being With” subscale:
 $r=.077$ ($p=.483$)



Instruments

- McCloskey-Mueller Job Satisfaction Survey (MMJS) (1990) - 31 items
 - 5-point Likert scale (very dissatisfied- very satisfied)
 - 3 items changed
 - Total scale reliability: Cronbach's $\alpha = 0.936$
 - 8 sub-scales

Instruments: MMJS

<u>Subscale 1: Extrinsic Rewards</u> ; 3 items; Cronbach's $\alpha = 0.783$	<u>Subscale 5: Interaction opportunities</u> ; 4 items; Cronbach's $\alpha = 0.734$
<u>Subscale 2: Scheduling</u> ; 6 items; Cronbach's $\alpha = 0.841$	<u>Subscale 6: Professional opportunities</u> ; 4 items; Cronbach's $\alpha = 0.803$
<u>Subscale 3: Family-work balance</u> ; 3 items; Cronbach's $\alpha = 0.570$	<u>Subscale 7: Praise and recognition</u> ; 4 items; Cronbach's $\alpha = 0.843$
<u>Subscale 4: Co-workers</u> ; 2 items; Cronbach's $\alpha = 0.706$	<u>Subscale 8: Control and responsibility</u> ; 5 items; Cronbach's $\alpha = 0.874$

Job Satisfaction

- Significant correlations between 7 Job Satisfaction subscales and **PONS-RN “Doing for”** subscale:
 - ***Praise and recognition (r=0.376; p=0.000)**
 - ***Control and responsibility (r=0.369; p=0.001)**
 - ***Professional opportunities (r=0.320; p=0.003)**
 - ***Interaction opportunities (r=0.267; p=0.013)**
 - ***Family-Work balance (r=0.244; p=0.030)**
 - ***Scheduling (r=0.232; p=0.034)**
 - ***Co-workers (r=0.231; p=0.033)**
 - Extrinsic rewards (r=-0.047; p=0.668)

Job Satisfaction

- Significant correlations between 2 Job Satisfaction subscales and **PONS-RN “Being With”** subscale:
 - ***Interaction opportunities (r=0.220; p=0.043)**
 - ***Professional opportunities (r=0.220; p=0.045)**
 - Family-Work balance (r=0.144; p=0.209)
 - Control and responsibility (r=0.030; p=0.791)
 - Praise and recognition (r=0.097; p=0.376)
 - Extrinsic rewards (r=0.011; p=0.916)
 - Co-workers (r=0.190; p=0.080)
 - Scheduling (r=-0.039; p=0.724)

Instruments

- Practice Environment/Staffing & Resource Adequacy Subscale (Practice Environment Scale of the Nursing Work Index, Lake, 2002)
4 items
 - 5-point Likert scale (strongly disagree - strongly agree)
 - Reliability: Cronbach's $\alpha = 0.898$
 - **“My unit has enough staff to get the work done.”**
 - **“There are adequate support services to allow me to spend time with my patients.”**

Practice Environment

- Small but significant positive correlation between Practice Environment and PONS-RN “Doing For” subscale

($r=0.243$; $p=0.024$)



Practice Environment

- No significant correlation between Practice Environment and:
 - “Being With” subscale:
 $r = -.029$ ($p = .788$)



Instruments

- Myers-Briggs Type Indicator® - 93 items
 - Based on psychologist Carl Jung's work
 - Dichotomous items
 - **Measures personality on 4 opposing dimensions:**
 - **Introvert-Extravert**
 - **Sensing-Intuition**
 - **Thinking-Feeling**
 - **Judging-Perceiving**

Personality Type (Myers-Briggs Type Indicator[®])

- “Extravert” nurses scored significantly higher on the **PONS-RN “Being With”** Subscale than “Introvert” nurses ($t=-3.550$; $p=0.001$)

Research Question#3

Is there a difference in the RNs' perception of nursing presence based on their certification, status, specialty area, shift, education, age, number of years an RN, and gender?

Certification

- No significant difference in scoring on the PONS-RN subscales between certified and non-certified RNs:
- **PONS-RN “Doing For”**
($t=0.512$; $p=0.610$)
- **PONS-RN “Being With”**
($t=1.631$; $p=0.107$)



Status

- No significant difference in scoring on the PONS-RN subscales between nurses working full-time and > full-time:
- **PONS-RN “Doing For”**
($t=0.054$; $p=0.958$)
- **PONS-RN “Being With”**
($t=0.816$; $p=0.425$)



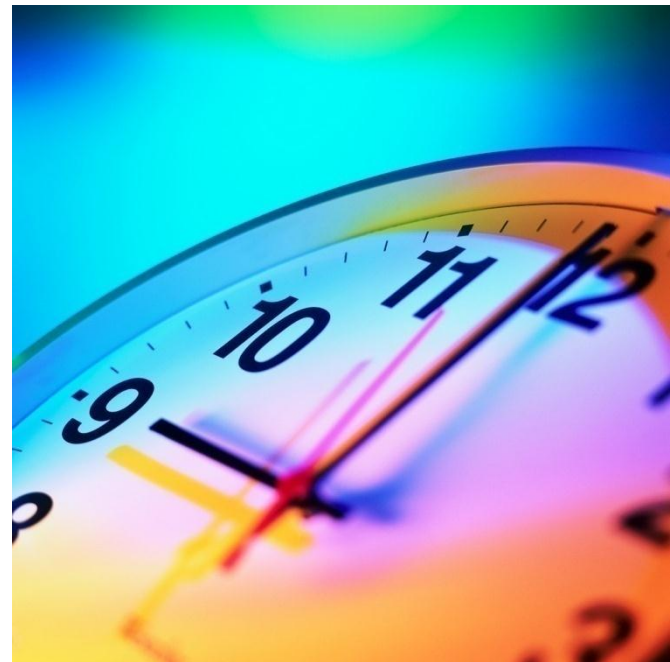
Gender

- No significant difference in scoring on the PONS-RN subscales between male and female nurses:
- **PONS-RN “Doing For”**
($t=0.294$; $p=0.774$)
- **PONS-RN “Being With”**
($t=0.793$; $p=0.801$)



Shift

- No significant difference in scoring on the PONS-RN subscales between nurses working day shift and other shifts:
- **PONS-RN “Doing For”**
($t=0.93$; $p=0.926$)
- **PONS-RN “Being With”**
($t=1.031$; $p=0.306$)



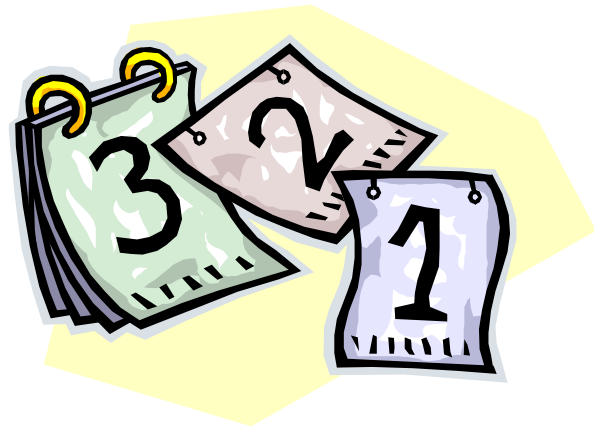
Area of Practice: Acute vs. LTC

- No significant difference in scoring on the PONS-RN subscales between nurses working acute care and LTC:
- **PONS-RN “Doing For”**
($t=1.273$; $p=0.206$)
- **PONS-RN “Being With”**
($t=0.904$; $p=0.369$)



Age

- No significant relationship in scores on the PONS-RN subscales and nurses' age:
- **PONS-RN “Doing For”**
($r=0.132$; $p=0.248$)
- **PONS-RN “Being With”**
($r=0.043$; $p=0.708$)



Number of Years RN



- No significant relationship in scores on the PONS-RN subscales and number of years an RN:
- **PONS-RN “Doing For”** (r=0.188; p=0.095)
- **PONS-RN “Being With”** (r=0.019; p=0.870)

Education

- No significant difference on the PONS-RN subscales among nurses with varied educational background:
- **PONS-RN “Doing For”**
 $F(4,79)=0.740$; $p=0.567$
- **PONS-RN “Being With”**
 $F(4,79)=0.330$; $p=0.857$



Limitations

- Small sample size
- One data collection site

Future Research

- Examine PONS-RN rating scale (data skewed toward positive end)
- Further evaluate the PONS-RN in other settings
- Collect data with larger sample size (multi-site) to strengthen psychometric properties of the PONS-RN

Thank you!

Questions?

kostovich@sxu.edu