THE RELATIONSHIP BETWEEN STAFF NURSES' PERCEPTIONS OF NURSE MANAGER CARING BEHAVIORS AND PATIENT EXPERIENCE: A CORRELATIONAL STUDY

A DISSERTATION IN
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DOCTOR OF PHILOSOPHY

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University of Missouri-Kansas City, 2020

ABSTRACT

Background. The Institute of Medicine claimed that effective nursing leadership is essential to fulfilling the vision of nurses as full partners with other healthcare professionals. Nursing leadership education is often focused on business acumen and tasks, which does not include the fundamental element of caring. There is a gap in the literature regarding the relationship between nurse manager caring behaviors and patient outcomes, specifically the patient experience. Patient experience scores have remained moderately flat for the past few years despite numerous documented interventions. Examining the impact of nurse manager caring behaviors on the patient experience is an innovative approach.

Purpose. The aim of this study was to examine the correlation between staff nurses' perceptions of nurse manager caring behaviors and patient experience. The research question was, "What is the relationship between nurses' perceptions of nurse manager caring behaviors and patient experience?"

Setting. The study was conducted at Barnes-Jewish Hospital (BJH), a licensed 1,346-bed urban academic medical center located in the St. Louis metropolitan area. Barnes-Jewish is a Magnet® designated, level 1 trauma center.

Methods. A cross-sectional, correlational design was used to examine the relationship between staff nurses' perceptions of nurse manager caring behaviors and patient experience. The independent variable was staff nurses' perceptions of nurse manager caring behaviors as measured by the Caring Assessment Tool-Administration (CAT-adm©), and the dependent variable was the patient experience using the hospital's Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores.

Results. A final sample of 67 staff nurses (8% participation rate) from 17 departments participated in the study. Two hundred forty-four patients from the same 17 departments were included in the final sample. The correlation coefficient between the CAT-adm© and the HCAHPS overall hospital rating was .497 (p-value = .043). The correlation coefficient between CAT-adm© and nurse manager visibility was .375 (p-value = .002).

Conclusion. Departments have higher patient experience scores for the HCAHPS overall hospital rating when the staff nurses employed in that department perceived their manager as caring. However, the study results should be interpreted with caution based on the small sample size. Additionally, the more staff nurses see their nurse manager during their shift, the more they perceived their nurse manager as caring.

APPROVAL PAGE

The faculty listed below, appointed by the Dean of the School of Nursing and Health Studies, have examined the dissertation titled "The Relationship between Staff Nurses' Perceptions of Nurse Manager Caring Behaviors and Patient Experience: A Correlational Study" presented by Kelley Kostich, candidate for the Doctor of Philosophy degree, and certify that in their opinion it is worthy of acceptance.

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CHAPTER 1

INTRODUCTION

Each year since 2015, national patient experience metrics have remained flat, with only 72% of patients being willing to recommend the hospital from which they were discharged (Hospital Consumer Assessment of Healthcare Providers and Systems, 2019). These patient experiences are measured within the Centers for Medicare and Medicaid Services (CMS) hospital Value-Based Purchasing (VBP) program using the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey (Medicare and Medicaid Services, 2017). The CMS hospital VBP program provides payments for quality performance to hospitals. Patient HCAHPS scores are closely monitored by hospitals because the patient experience is a reimbursable patient outcome and therefore provides financial motivation for healthcare organizations to consistently improve care in an effort to maximize this important metric. In 2019, approximately $1.9 billion was available to hospitals for VBP payments related to patient experience scores (Centers for Medicare and Medicaid Services, 2018). The available funding resulted in high performing hospitals receiving a 3.67% increase in payments from Medicare programs (Centers for Medicare and Medicaid Services, 2018).

Patient experience is comprised of various interactions that patients have with healthcare professionals and staff during their hospital stay (Agency for Healthcare Research and Quality, 2016) and these interactions have been associated with patient safety and clinical effectiveness (Doyle, Lennox, & Bell, 2013). Patient safety and clinical effectiveness are optimal when they occur in healthy professional practice environments (Chau et al., 2015; Hessels, Flynn, Cimiotti, Cadmus, & Gershon, 2015; Institute of

Medicine, 2004; Purdy, Spence Laschinger, Finegan, Kerr, & Olivera, 2010), which are directly influenced by nurse managers (Institute of Medicine, 2004). Nurse manager actions that are necessary for a healthy professional practice environment are (a) balancing the tension between production efficiency and reliability (safety); (b) creating and sustaining trust throughout the organization; (c) managing the process of change; (d) involving workers in decision making pertaining to work design and workflow; and (e) using knowledge management to establish the organization as a "learning organization" (Institute of Medicine, 2004). All of these elements for a healthy professional practice environment share the common element of caring. The fundamental element of caring has been a defining attribute of the nursing profession for decades (Duffy, 2018; Nelson & Watson, 2012; Swanson, 1991; Watson, 2007). Therefore, nurse manager caring behaviors is a relevant phenomenon to explore further in the empirical literature.

Leadership program planners face the challenge of how to develop nurse managers' caring behaviors toward staff nurses for whom they have direct oversight. Defining and measuring nurse manager caring behaviors has, until recently, been difficult. The Caring Assessment Tool – Administration (CAT-adm©) measures staff nurses' perceptions of nurse manager caring behaviors (Wolverton, Lasiter, Duffy, Weaver, & McDaniel, 2018). The development of this instrument will allow researchers to explore the impact nurse manager caring behaviors might have on patient outcomes, such as patient experience during hospitalization.

Efforts have been made to improve the patient experience (Abrahamson, Hass, Morgan, Fulton, & Ramanujam, 2016; Boev, 2012; Centrella-Nigro & Alexander, 2017; Kutney-Lee et al., 2016; Larrabee et al., 2004; Martsolf et al., 2016; McClelland & Vogus,

2014; Smith, 2014; Stimpfel, Sloane, McHugh, & Aiken, 2016; Winter & Tjiong, 2015). However, patient experience scores have not improved over the past few years in response to these efforts (Hospital Consumer Assessment of Healthcare Providers and Systems, 2019), and furthermore, caring behaviors are not a standard part of leadership development. Published literature and the Quality Caring Model (Duffy, 2013) support that there may be a relationship between nurse manager caring behaviors and the patient experience. Therefore, evidence is needed to determine if there is an association between nurse manager caring behaviors and patient experience.

Background and Significance

National patient experience scores have remained constant at a moderate level despite concerted efforts by hospitals to improve them. A quantitative body of literature exists regarding patient experience and factors related to the experiences. Patient experience has been linked to patients' perceptions of nursing care, staff nurse engagement, and the nurse work environment (Kutney-Lee et al., 2016; Kutney-Lee, McHugh et al., 2009; Larrabee et al., 2004). The nurse work environment is impacted by the nurse manager's leadership style (Zaghini, Fiorini, Piredda, Fida, & Sili, 2020) and has been linked to staff nurse satisfaction (Aiken, Clarke, Sloane, Lake, & Cheney, 2008). When staff nurses were more satisfied with nursing leadership style, they reported less strain within interpersonal relationships, and as a result, the patients reported being more satisfied with their care (Zaghini et al., 2020). Additionally, evidence supports a positive relationship between staff nurses' perceptions of nurse manager caring behaviors and staff nurse satisfaction (Duffy, 1993). This indicates that a link exists between nurse managers' relationships with staff nurses and the patient experience. This link was demonstrated in a secondary analysis by

Boev, who found that the role of the nurse manager was, indeed, related to patient satisfaction (Boev, 2012). However, important limitations of this secondary analysis were the small sample of patients and nurses and the patients and nurses who were surveyed were in one intensive care unit in one hospital. These two limitations substantially limit generalizability, and the claim that a relationship exists needs further study. A mapping summarizing the literature is included shown in Figure 1.1: Patient Experience Literature Map.

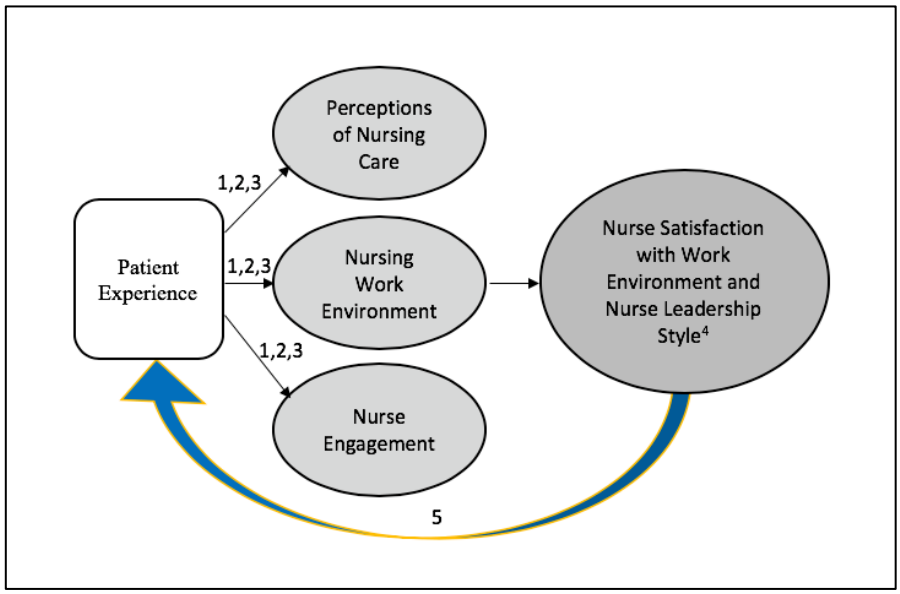

Figure 1.1. Patient Experience Literature Map

There is published literature regarding efforts to improve the patient experience as well as the effects of nurse manager caring behavior. Davidson et al. (2017) conducted a systematic review to explore what interventions had been implemented to improve any of the HCAHPS domains. The authors concluded that the overall quality of literature regarding interventions to improve patient experience was weak in regard to study design and sample size (Davidson et al., 2017). Another study that reviewed patient experience interventions

included discharge phone calls, nurse manager rounding, and discharge teaching (Kennedy, Craig, Wetsel, Reimels, & Wright, 2013). The purpose of discharge phone calls was to identify gaps in hospital discharge education (Kennedy et al., 2013). The authors pointed out that the information obtained guided improvement efforts for more comprehensive hospital discharge teaching materials. However, discharge teaching and phone calls did not go far enough in understanding the relationship between these various interventions and the patient experience.

The intervention of manager rounding on patients is intended to accompany hourly staff rounding. Nurse manager rounding in this intervention is when the manager physically visits the patient and asks questions about the patient's experience during his/her hospital stay. The purpose of manager rounding is to identify opportunities for staff recognition and staff coaching, and for the manager to build a relationship with the patient prior to any negative experiences that would require the nurse manager to intervene (Kennedy et al., 2013). While the manager rounding is intended to build the relationship between the nurse manager and the patient, it does not identify how the relationship is developed beyond a physical presence. Combining relationship skills with everyday tasks was missing from the documented interventions, thereby demonstrating that the element of nurse manager relationship building needs further exploration.

The Institute of Medicine claimed that effective nursing leadership is essential to fulfilling the vision of nurses as full partners with other healthcare professionals (Institute of Medicine, 2011). This partnership is a strategy to transform healthcare (Institute of Medicine, 2011). Research focused on nursing leadership practices is clinically relevant given the nurse manager's impact on the professional practice environment and therefore,

patient outcomes. However, more evidence is needed to determine the relationship between nurse manager caring behaviors and patient experience.

Despite interventions that have been implemented and numerous studies that have been completed over the past few years examining the effect of these interventions on the patient experience, the national patient experience scores have not improved (Hospital Consumer Assessment of Healthcare Providers and Systems, 2019). Other factors that may be associated with the patient experience, such as behaviors demonstrated by nurses, must be explored and tested. Research focusing on nurse manager caring behaviors offers an innovative approach to improving the patient experience outcome. Nurse managers have an influential role over the practice environment and, therefore, patient outcomes. Therefore, the purpose of this study was to examine the relationship between staff nurses' perceptions of nurse manager caring behaviors and patient experience.

Specific Aim and Research Question

The overall purpose of this study was to examine the relationship that staff nurses' perceptions of nurse manager caring behaviors have on the patient experience. Further research that shapes health care through innovative leadership strategies aligns with the mission of professional nursing organizations such as the American Organization for Nursing Leadership (AONL). This study can be used as a springboard for future research to examine the impact of leadership on other patient and family outcomes in other settings, such as home care and ambulatory centers.

The nurse manager's behavior has an impact on the nursing professional practice environment (Moiden, 2002). A healthy environment leads to improved patient outcomes (Chau et al., 2015; Hessels et al., 2015; Purdy et al., 2010). There is a correlation between

nurse managers who focus on relationships and the professional practice environment they oversee (Wong & Laschinger, 2013). Research regarding the impact nurse manager caring behaviors has on patient outcomes, such as patient experience, is needed. Therefore, the research question for this study was, "What is the relationship between staff nurses' perceptions of nurse manager caring behaviors and patient experience?" The aim was to determine if a relationship exists between staff nurses' perceptions of nurse manager caring behaviors and patient experience. A cross-sectional correlational design was carried out in an acute care hospital setting to examine this association. Nurses who work in the acute care hospital setting have incorporated into practice the interventions that show evidence to improve patient experience (leader rounding, purposeful rounding, bedside shift report, and teach-back methodology) without much change in patient experience scores. In 2017, using HCHAPS as the measure for patient experiences of care, 74.2% of patients who responded to the HCHAPS survey gave Barnes-Jewish Hospital, an acute care hospital, a rating of 9 or 10 (on a 0 =lowest to 10 scale).

CHAPTER 2

LITERATURE REVIEW

Chapter 2 begins with a published scoping study titled *Staff Nurses' Perceptions of Nurse Manager Caring Behaviors: A Scoping Study* (Kostich, Lasiter, & Gorrell, 2020). The reference list from this scoping study is included in the references for the dissertation as a whole. Directly following the scoping study article is a review of literature related to patient experience and a conclusion.

Abstract

Objective

The purpose for this scoping study is to review the published evidence regarding staff nurses' perceptions of nurse manager caring behaviors.

Background

As healthcare administration becomes more complex and financial challenges continue, the ability of nurse managers to lead patient care environments that produce desirable outcomes becomes critical. Demonstrating caring behaviors that build relationships with individuals and groups is a necessary competency of nursing administrators to advance healthcare.

Methods

This scoping study was guided by Arksey and O'Malley's methodology to review existing literature.

Results

Published literature provided knowledge of staff nurses' perceptions of nurse manager caring behaviors. The final sample was 13 publications. The results were summarized in both numeric and thematic analysis.

Conclusions

Further research is needed to explore the relationship between nurse manager caring behaviors and patient outcomes.

Staff Nurses' Perceptions of Nurse Manager Caring Behaviors: A Scoping Study

Effective nursing leadership is essential to fulfill the Institute of Medicine's vision of nurses being full partners with other healthcare professionals. The Institute of Medicine and American Organization of Nursing Leadership have emphasized the importance of developing nurse leaders as a strategy to transform healthcare (American Organization of Nursing Leadership, n.d.; Robert Wood Johnson Foundation, 2010). Developing nurse leaders is important because effective leaders can instill staff nurse self-efficacy, which directly translates to staff nurse practice behaviors (Watson, 2006). Additionally, nurse managers play an integral role in creating the environment that promotes nurse job satisfaction (Kleinman, 2004). As healthcare administration becomes more complex and financial challenges continue, the ability of nurse managers to lead patient care environments that produce desirable outcomes becomes more critical.

There are many operational tasks associated with a formal nursing leadership role such as patient placement, staffing, budgets, and supplies; however, nurse managers must not lose sight of the fundamental element of caring (Watson, 2006). Caring for the whole person, as it applies to patient care, has been an integral part of nursing practice for decades.

In addition to caring for patients, recent efforts have included the importance of nurses caring for themselves and each other with the assumption that nurses deliver better care when they, too, are cared for. We propose that caring behaviors demonstrated by nurse managers may be equally important for the health and wellbeing of staff nurses. Thus, in order to advance healthcare, demonstrating caring behaviors by nurse managers that build relationships with staff nurses and healthcare teams becomes a necessary competency for nurse administrators (Watson, 2006).

Staff nurses are the recipients of nurse manager behaviors. We sought to understand nurse manager caring behaviors from the perspective of staff nurses because there is a known disconnect between how nurse leaders perceive their own behaviors and how their behaviors are perceived by staff nurses (Kleinman, 2004). Gaining understanding of how staff nurses perceive their nurse manager's caring behavior will provide insight into nurse leadership development.

Nurse theorists have defined caring through beliefs, processes, and human interactions. Watson developed the theory of human caring based on her own values and beliefs (Watson, 1997). The middle-range theory of caring by Kristen Swanson was built on 5 caring processes: knowing, being with, doing for, enabling, and maintaining belief (Swanson, 1991). Both theories were influential in the development of the quality-caring model (QCM) by Joanne R. Duffy (Duffy, 2013). Applying and advancing Watson's theory of human caring through the QCM, Duffy suggested that positive patient outcomes are produced when patients feel "cared for" by the nurse through a professional interaction that produces a caring relationship (Duffy & Hoskins, 2003). The QCM is comprised of the concepts of humans in relationships, relationship-centered professional encounters, feeling

"cared for," and self-advancing systems (Duffy, 2013). Consistent with the theory of human caring and the QCM, the concepts that are critical to developing nurse-patient caring relationships also can be applied to the caring relationships developed between nurse managers and staff nurses.

Method

A scoping study is a literature review method that identifies the scope of evidence available on a topic (Arksey & O'Malley, 2005). Guided by the Quality-Caring Model (QCM) and the concepts therein, we decided that a scoping study was the best approach for reviewing published literature and identifying behaviors that are known to be nurse managers' caring behaviors. This study was guided by Arksey and O'Malley's scoping study methodological framework (Arksey & O'Malley, 2005). We reviewed available evidence relative to key concepts and our research question to better identify and understand nurse manager caring behaviors (Arksey & O'Malley, 2005). The framework steps included constructing the research questions, identifying published studies, study selection, charting the data, and collating, summarizing, and reporting the results (Arksey & O'Malley, 2005).

Research Question and Identifying Published Studies

Arksey and O'Malley suggested to clearly define the parameters under consideration for a scoping study while also maintaining a wide approach (Arksey & O'Malley, 2005). To begin the scoping study process, we established the research question: What evidence exists regarding staff nurses' perceptions of nurse manager caring behaviors? To meet the objective of a broad overview of this topic, all types of results were included, including any retrieved doctoral dissertations. The original search was conducted by the 3rd author, a medical librarian, and the 1st author conducted a comprehensive search of the following

databases: Ebsco MEDLINE Complete, Ebsco CINAHL Complete, Health Business Elite, Psychology and Behavioral Sciences Collection, PsycINFO, and PsycARTICLES. The following search terms were used: (*nursing staff OR registered nurses) AND (nursing management OR nurse managers OR nurse administrators OR nursing administration OR nursing, supervisory OR leadership) AND (caring OR caring behaviors) AND (acute care OR critical care OR intensive care units)*. Basic limiters used were English language and humans. After removing duplicates, we had 62 publications returned.

Upon further review, we chose to eliminate MEDLINE Complete from our database list, because there were few results and the literature was not relevant to our topic or our research question. We also chose to broaden our search to a wider population of nurses and therefore eliminated the search terms *AND acute care OR critical care OR intensive care units*. The resulting search string was (*nursing management OR nurse managers OR nurse administrators OR nursing administration OR nursing, supervisory OR leadership) AND (caring OR caring behaviors),* which garnered 499 results. Limiters of Research Article, English, and Exclude Book Reviews (the latter only within PsycARTICLES) and a date limit of 2009 to 2019 were applied. We did not use geographic limits. The same search was done in PubMed using the limiters of 10-year date range (years 2009–2019), Humans, English, and Nursing journals. The PubMed search result totaled 2,530. The total articles produced from all database searches totaled 3,029.

Article Selection using Inclusion/Exclusion Criteria

We established inclusion and exclusion criteria prior to reviewing the search results. The inclusion criteria were established by clearly defining caring behaviors, staff nurses, and nurse managers. Caring behaviors defined through QCM caring factors were mutual

problem solving, attentive reassurance, human respect, encouraging manner, appreciation of unique meaning, facilitating a healing environment, basic human needs, and affiliation needs (Duffy, 2013). The American Nurses Credentialing Center's Magnet Recognition Program® provided guidance in defining staff nurses and nurse managers. A staff nurse was defined as a registered nurse (RN) who provides direct patient care for at least 50% of his or her shift (American Nurses Credentialing Center, 2017). A nurse manager was defined as having 24/7 responsibility over a department(s) where patient care is delivered by RNs (American Nurses Credentialing Center, 2017). Once the inclusion criteria were established, the authors reviewed the published literature for article selection.

The database search produced 3,029 results, and there were 27 additional records identified through hand searching. The initial selection step consisted of reviewing all titles of the 3,056 publications for relevancy. After screening all the publication titles and abstracts, 3,026 records were eliminated. There were 30 articles retained for the next step of full text review. All selected publications were reviewed by the 1st and 2nd authors. Articles in question of meeting the inclusion criteria were collaboratively discussed by the authors and consensus was reached. After full text review, 9 publications were eliminated. A sample of 21 publications were eligible for the next phase of Arksey and O'Malley's methodology, charting the data. While charting the data, 8 additional articles were excluded. These 8 articles were focused on leadership styles (Casida & Parker, 2011; Simola, Barling, & Turner, 2012; Wong, Laschinger, & Cummings, 2010), non-nursing leadership practice (Ciulla, 2009; Mahsud, Yukl, & Prussia, 2010; van Quaquebeke & Eckloff, 2010), chief nurse executive perspective (Kempf, 2011), or not focused on nurse manager caring (Bishop, 2013). The authors discussed the articles focused on leadership styles and decided

to exclude these to maintain the focus on caring behaviors of nurse managers. The final sample for the scoping study was 13. The flow of article selection is demonstrated in Figure 2.1.

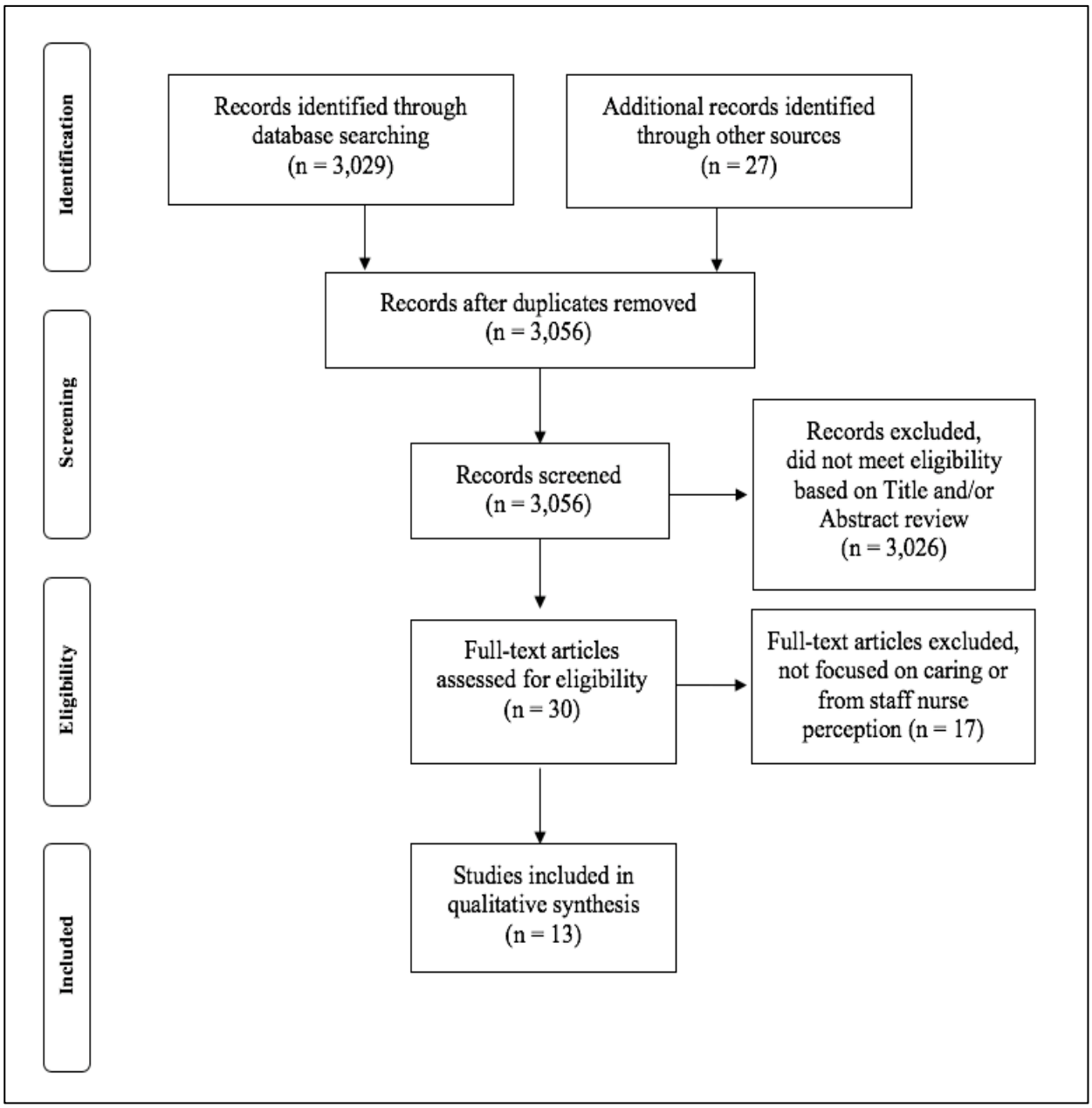

Figure 2.1. PRISMA Flow Diagram

Charting the Data

The framework stage of Arksey and O'Malley's scoping study process is charting the data (Arksey & O'Malley, 2005). A data charting form was developed in the database program Excel. The information recorded in the chart was author(s), study location, intervention, population, aim, methodology, outcome measures, and results. The articles were organized alphabetically by 1st author. Study locations included country and setting (if provided in the article). The study population was consistently staff nurses (1 of the study inclusion criteria). The charting process allowed the authors to ensure inclusion criteria were consistently followed and provided more rigorous review of the articles. The final accepted charted sample is captured in Table 2.1: Final Accepted Chart Sample.

Table 2.1

Final Accepted Chart Sample

Author(s)	Study Location	Intervention	Population	Aim	Methodology	Outcome Measures	Results
Astala, Roos, Harmoinen, & Suominen, 2017	Finland: Institution caring for people with intellectual and developmental needs	None	Staff nurses (n=87)	Describe staff experiences of appreciative management.	Cross-sectional design: Electronic survey	Appreciative Management Scale (AMS)	Staff perceived appreciation most from self and least from upper management.
Bacon, 2017	United States: Acute and critical care medical-surgical units	None	Staff nurses (n=14)	Describe nurses' needs after caring for a patient who died after failure to rescue (FTR).	Qualitative: Phenomenological	Interview questions	Nurses' coping mechanisms are important, immediate peer and manager feedback and support are needed, subsequent supervisor support is needed, and both immediate and subsequent support are needed.
Baggett et al., 2016	United States: Hospital	None	Staff nurses, therapists, technicians, and physicians (n=35)	Explore "feeling cared for" in health-care clinicians in the workplace.	Qualitative: Descriptive	Interview questions	Staff felt "cared for" through words of appreciation, tangible gifts, acts of service, and quality time.

Table continues

Author(s)	Study Location	Intervention	Population	Aim	Methodology	Outcome Measures	Results
Bolima, 2015*	North Eastern United States: Academic medical center	None	Staff nurses (n=183)	Explore the relationship between nurse manager caring leadership to nursing job satisfaction and turnover intentions.	Correlational design: Electronic survey	Caring Factor Survey-Caring of Manager (CFS-CM), Kuopio University Hospital Job Satisfaction Scale (KUHJSS), and the Anticipated Turnover Scale (ATS)	A positive relationship exists between caring leadership and high job satisfaction. A negative relationship exists between caring leadership and turnover intentions.
Dewar & Cook, 2014	Scotland: Acute hospital	Leadership Program	Staff nurses (n=86)	To support staff to work together to develop a culture of inquiry to enhance the delivery of compassionate care.	Program evaluation	Evaluation questionnaire	Staff experienced enhanced self-awareness, better relationships, ability to reflect on practice, more compassionate and respectful conversations in the workplace, and continuation of learning.
Feather, Ebright, & Bakas, 2015	Midwest United States: Two Magnet designated community hospitals	None	Staff nurses (n=28)	Explore staff nurses' perceptions of what nurse manager behaviors most influence staff nurse job satisfaction.	Qualitative: Descriptive	Interview questions	Staff nurses want to be respected, included in communication, and feel cared for by the nurse manager to have increased job satisfaction.

Table continues

Author(s)	Study Location	Intervention	Population	Aim	Methodology	Outcome Measures	Results
Furunes, Kaltveit, & Akerjordet, 2018	Norway: Community homecare	None	Staff nurses (n=12)	Explore experienced staff nurses' understanding of a health-promoting work environment, health-promoting leadership and its role in retention.	Qualitative: Descriptive	Interview questions	Staff nurses believe a health-promoting work environment should provide autonomy, participation in decision-making, skills development, and social support. Health-promoting leaders should support an environment that encourages these elements.
Honkavuo & Lindström, 2014	Finland: Hospital	None	Staff nurses (n=8)	Learn about the difficult situations staff nurses experience that may cause suffering and how nurse leaders can approach and alleviate this suffering.	Qualitative: Narrative	Interview questions	Staff nurses want to discuss issues about nursing and nursing science with nurse leaders. Staff nurses experience painful memories concerning patients struggling between life and death, despair of family and friends, and between hope and hopelessness.
Morsiani, Bagnasco, & Sasso, 2017	Italy	None	Staff nurses (n=87) Staff nurses (n=27)	Describe staff nurses' perceptions of nurse manager leadership style which ensured job satisfaction and identify what behaviors a nurse	Mixed method study: Correlational design and qualitative	Multi-factor Leadership Questionnaire Focus group interviews	Staff nurses believe respectful nurse manager behaviors specifically regarding professional recognition and fairness impact job satisfaction.

Table continues

Author(s)	Study Location	Intervention	Population	Aim	Methodology	Outcome Measures	Results
				manager should change			Staff nurses reported higher job satisfaction when felt "cared for." Nurse managers demonstrated this when they advocated, listened, and supported them. Staff nurses had higher job satisfaction when the nurse manager valued them and fostered development with them.
Olender, 2017	Western United States: Healthcare agencies	None	Staff nurses (n=156)	Examine the relationship between staff nurse perceptions of nurse manager caring and perceived exposure to workplace bullying.	Correlational design: Electronic survey	Caring Factor Survey-Caring of Manager (CFS-CM), and the Negative Acts Questionnaire-Revised	There is an inverse relationship between staff nurses' perceptions of nurse manager caring and exposure to workplace bullying. Demographics influencing this relationship were gender, work environment, and high workload.
Peng, Liu, & Zeng, 2015	China	None	Staff nurses (n=15)	Explore staff nurses' perceptions of nurse manager caring behavior in mainland China.	Qualitative: Phenomenological	Interview questions	Nurse manager caring behaviors included: promoting professional growth, democratic leadership, and supporting work-life balance.

Table continues

Author(s)	Study Location	Intervention	Population	Aim	Methodology	Outcome Measures	Results
Roch, Dubois, & Clarke, 2014	Quebec, Canada: Urban, tertiary hospital	None	Staff nurses (n=292) Staff nurses, nursing personnel, and managers (n=15)	Explain how organizational climate affected nurses' caring practices.	Mixed method study: Cross-sectional survey and single case study	Psychological Climate Questionnaire and Caring Nurse-Patient Interaction Short Scale Interview Questions	Role perception was the strongest predictor of caring practices. Caring practices were performed but not as frequently as clinical or comfort care practices. Managers' presence, respect, and openness promoted caring practices.
Wolverton, 2016**	United States: Acute Care hospitals	None	Staff nurses (n=1143)	Evaluate the validity and reliability of the Caring Assessment Tool-Administration (CAT-adm©) survey.	Psychometric testing	Factor analysis	CAT-adm© instrument was reduced to a 25-item survey. The tool provides hospital administrators and researchers with an instrument to gain information about nurse manager caring behaviors.

Note. *Dissertation; **Dissertation and Publication

Results

The final phase of Arksey and O'Malley's framework is collating, summarizing and reporting the results (Arksey & O'Malley, 2005). This phase provided an overall review of the accepted material (Arksey & O'Malley, 2005). We organized the 1st section of the results through numeric analysis, which provides an overview of the quantity of publications in various categories. The 2nd section of the results is presented using a themed analysis approach organized by caring behaviors.

Numeric Analysis

The 1st part of the results summary focuses on a numeric analysis of the findings. The final sample varied in geographic location, outcome measures, and methodologies. The geographic locations of the published evidence varied amongst the following 7 countries: United States (Bacon, 2017; Baggett et al., 2016; Bolima, 2015; Feather, Ebright, & Bakas, 2015; Olender, 2017; Wolverton et al., 2018), Finland (Astala, Roos, Harmoinen, & Suominen, 2017; Honkavuo & Lindström, 2014), Scotland (Dewar & Cook, 2014), Italy (Morsiani, Bagnasco, & Sasso, 2017), China (Peng, Liu, & Zeng, 2015), Norway (Furunes, Kaltveit, & Akerjordet, 2018), and Canada (Roch, Dubois, & Clarke, 2014). There were several different outcome measures used in the literature. To stay consistent with our purpose, we chose to focus on the outcomes measures relevant to caring behaviors. There were 8 publications that used interview questions for the outcome measure (Bacon, 2017; Baggett et al., 2016; Feather et al., 2015; Furunes et al., 2018; Honkavuo & Lindström, 2014; Morsiani et al., 2017; Peng et al., 2015; Roch et al., 2014), 1 used the Appreciative Management Scale (AMS) (Astala et al., 2017), 2 used the Caring Factor Survey-Caring of Manager Scale (CFS-CM) (Bolima, 2015; Olender, 2017), 1 used the Caring Nurse-Patient

Interaction Short Scale (Roch et al., 2014), 1 used the Multi-factor Leadership Questionnaire (Morsiani et al., 2017), 1 used a program evaluation (Dewar & Cook, 2014), and one used factor analysis for psychometric testing (Wolverton et al., 2018). Different methodologies were found in the literature. There was a mix of both qualitative and quantitative designs published. Six of the publications used a form of qualitative methodology (Bacon, 2017; Baggett et al., 2016; Feather et al., 2015; Furunes et al., 2018; Honkavuo & Lindström, 2014; Peng et al., 2015). Qualitative designs included phenomenology (Bacon, 2017; Peng et al., 2015), descriptive (Baggett et al., 2016; Feather et al., 2015; Furunes et al., 2018), and narrative (Honkavuo & Lindström, 2014). Five publications used quantitative methodology (Astala et al., 2017; Bolima, 2015; Dewar & Cook, 2014; Olender, 2017; Wolverton et al., 2018). From the 5 quantitative publications, two used correlational design (Bolima, 2015; Olender, 2017), 1 was cross-sectional design (Astala et al., 2017), 1 was a program evaluation (Dewar & Cook, 2014), and 1 used psychometric analysis (Wolverton et al., 2018). The final 2 publications were mixed methods (Morsiani et al., 2017; Roch et al., 2014). One used correlational design and focus groups (Morsiani et al., 2017) and the other used cross-sectional survey design with a single case study (Roch et al., 2014). Overall, there were no dominate methodologies or outcome measures.

Themed Analysis

In the 2nd part of the results summary, we organized the data thematically according to caring factors and relevant leadership behaviors as defined by the QCM (Duffy, 2013). Caring behaviors included in the QCM are: mutual problem solving, attentive reassurance, human respect, encouraging manner, appreciation of unique meanings, healing environment, basic human needs, and affiliation needs (Duffy, 2018). All these behaviors were reflected

in the literature and are summarized in Table 2.2 – Caring Behaviors. There were 3 publications that captured all caring factors due to the instrument used (Bolima, 2015; Olender, 2017; Wolverton et al., 2018). Bolima (2015) utilized the CFS-CM, a tool developed based on Watson's caritas process, and concluded that a positive relationship existed between caring leaders and job satisfaction. Olender (2017) also used the CFS-CM to conclude there was an inverse relationship between staff nurses' perception of nurse manager caring and exposure to workplace bullying. Finally, guided by the QCM, Wolverton (2018) completed psychometric testing on the Caring Assessment Tool-Administration (CAT-adm©), which resulted in a 25-item survey measuring staff nurses' perceptions of nurse manager caring behaviors (Cronbach's alpha 0.98). The remainder of the publications reviewed by individual caring behavior.

Table 2.2

Caring Behaviors

Publication	Mutual Problem Solving	Attentive Reassurance	Human Respect	Encouraging Manner	Appreciation of Unique Meanings	Facilitating a Healing Environment	Basic Human Needs	Affiliation Needs
Astala, Roos, Harmoinen, & Suominen, 2017		✓					✓	
Bacon, 2017		✓	✓	✓	✓	✓	✓	
Baggett et al., 2016		✓					✓	
Bolima, 2015*	✓	✓	✓	✓	✓	✓	✓	✓
Dewar & Cook, 2014	✓		✓	✓			✓	
Feather, Ebright, & Bakas, 2015		✓	✓	✓		✓	✓	✓
Furunes, Kaltveit, & Akerjordet, 2018	✓	✓		✓	✓		✓	
Honkavuo & Lindström, 2014		✓	✓			✓	✓	
Morsiani, Bagnasco, & Sasso, 2017	✓	✓	✓	✓		✓	✓	✓
Olender, 2017	✓	✓	✓	✓	✓	✓	✓	✓
Peng, Liu, & Zeng, 2015	✓					✓	✓	✓
Roch, Dubois, & Clarke, 2014		✓	✓				✓	
Wolverton, 2016**	✓	✓	✓	✓	✓	✓	✓	✓

Note. *Dissertation; **Dissertation and Publication

Mutual problem solving. Mutual problem solving is a leader behavior that demonstrates and facilitates decision making and includes behaviors such as brainstorming, soliciting feedback, providing information, education, engaging staff, clarifying and validating, and practice improvement (Duffy, 2018). There were various examples of these behaviors in the literature. Staff nurses reported a continuation of learning after participating in a leadership program (Dewar & Cook, 2014). Mutual problem solving was described as participating in decision making (Furunes et al., 2018), listening (Morsiani et al., 2017), and sharing updated information and new ideas (Peng et al., 2015).

Attentive reassurance. Attentive reassurance is when a leader is physically present and has an optimistic outlook (Duffy, 2018). This caring factor was present in a majority of the publications. Attentive reassurance was found in the literature as recognizing staff nurses (Astala et al., 2017; Baggett et al., 2016; Feather et al., 2015; Morsiani et al., 2017), debriefing after a patient death (Bacon, 2017), being attentive (Furunes et al., 2018), ability to discuss issues related to nursing with the staff nurses (Honkavuo & Lindström, 2014), and overall visibility (Feather et al., 2015; Roch et al., 2014).

Human respect. Human respect demonstrates value for the person as an employee, a health professional, and a stakeholder (Duffy, 2018). Duffy (2018) provides examples of leadership behaviors that demonstrate human respect such as calling employees by name, eye contact, discussing appropriate personal issues, and sharing with employees that they are worthy and valuable to the organization. This caring factor was present in the literature by nurse managers supporting staff nurses after a patient death (Bacon, 2017), having more respectful conversations after a leadership program (Dewar & Cook, 2014), being fair

(Feather et al., 2015; Morsiani et al., 2017), and having an ethical value basis (Honkavuo & Lindström, 2014).

Encouraging manner. Demonstrating an encouraging manner leads to staff nurse empowerment and risk-taking (Duffy, 2018). These behaviors are present when nurse managers are enthusiastic, provide support and training, and exhibit verbal and non-verbal communication skills (Duffy, 2018). We found these behaviors present in the literature when nurse managers supported staff nurses after a patient death (Bacon, 2017), had consistent communication (Feather et al., 2015; Furunes et al., 2018), were supportive of staff (Feather et al., 2015), acted as a staff advocate (Morsiani et al., 2017), and staff nurses participated in more compassionate and respectful conversations after participation in a leadership program (Dewar & Cook, 2014).

Appreciation of unique meanings. Leaders can exhibit the caring factor, appreciation of unique meanings, by recognizing differences in culture as well as past and current experiences (Duffy, 2018). This caring factor is present in the literature when leaders support staff nurses and their coping mechanisms after a patient death (Bacon, 2017). Appreciation of unique meaning was also described in the literature through the nurse manager catering to what is meaningful to the nurses (Furunes et al., 2018).

Facilitating a healing environment. Facilitating a healing environment involves respecting staff nurse privacy and confidentiality, creating a culture of caring, fostering teamwork, designing a manageable workflow, and providing a safe environment (Duffy, 2018). Duffy (2018) notes that this caring factor may be the most important influencer of staff nurse job satisfaction and patient outcomes. This caring factor is present in the literature as evidenced by the following: nurse leaders having debriefs after a patient death

(Bacon, 2017), making sure staff get meal breaks (Feather et al., 2015), staffing support (Feather et al., 2015), staff nurses feeling safe to speak (Feather et al., 2015), supporting staff to alleviate suffering (Honkavuo & Lindström, 2014), team development (Morsiani et al., 2017), and flexible work arrangements (Peng et al., 2015).

Basic human needs. In addition to being present in all caring factors, basic human needs are described as recognizing higher level needs for group activities and self-esteem (Duffy, 2018). All the publications reviewed focused on personal physical and/or emotional health of staff nurses. Therefore, we believe that all the published evidence reviewed in the sample encompassed basic human needs.

Affiliation needs. The final caring factor is affiliation needs and is described as responsive to belonging needs (Duffy, 2018). Affiliation needs is also demonstrated by including others in celebrations and work initiatives (Duffy, 2018). Examples of this caring factor were not as dominate in the literature. Work-life balance (Feather et al., 2015; Peng et al., 2015) and personal and team development (Morsiani et al., 2017) were the only behaviors that represented affiliation needs in the study sample.

Discussion and Conclusion

This scoping study identified published literature regarding staff nurses' perceptions of nurse manager caring behaviors. Current literature provides descriptive evidence on what staff nurses perceive as caring behaviors from a nurse manager. In the past 10 years there is evidence that examined the relationship between nurse manager caring behaviors and nurse job satisfaction (Bolima, 2015; Feather et al., 2015), nurse retention (Bolima, 2015; Furunes et al., 2018), workplace bullying (Olender, 2017), organizational climate (Roch et al., 2014) and work environment (Furunes et al., 2018). The evidence clearly supports a positive

relationship between nurse manager caring behaviors and the positive impact caring behaviors have on nurses and their work environment. However, there is a stark absence of how these behaviors translate from staff nurses to their care of patients. Further research is needed to understand these relationships, especially the relationships between nurse manager caring behaviors and patient outcomes.

Implications for Nurse Leaders

Nurse leaders should use this evidence to identify and incorporate caring behaviors in their practice so that staff nurses feel cared for. Understanding caring behaviors can also be used for leadership development and education. Over time and with practice, nurse managers demonstrating caring behaviors build relationships that result in staff nurses feeling cared for (Duffy, 2013, 2018).

Patient Experience

Background

The Institute of Medicine (2001) made six recommendations for strategies to improve healthcare. To realize improvement, one recommendation was that healthcare should be patient-centered. The following year, the Centers for Medicare and Medicaid Services partnered with the Agency for Healthcare Research and Quality (AHRQ) to develop and test an instrument that measured patient experience. This instrument was the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey (Medicare et al., 2019a). The HCAHPS survey was implemented by CMS in October of 2006 (Medicare et al., 2019a). Six years later, the Patient Protection and Affordable Care Act included HCAHPS as a measure to calculate incentive payments in the Hospital VBP

program (Medicare et al., 2020). As a result, improving patient experience, using HCAHPS survey results as the measure, serves as financial motivation for healthcare organizations.

The terms "patient experience" and "patient satisfaction" are used interchangeably in the literature; however, they are different. AHRQ differentiated patient experience from satisfaction. Satisfaction was whether the patient's expectations were met during their encounter with healthcare (Agency for Healthcare Research and Quality, 2016). The AHRQ determined that patient experience "encompasses the range of interaction that patients have with the health care system, including their care from health plans, and from doctors, nurses, and staff in hospitals, physician practices, and other health care facilities" (Agency for Healthcare Research and Quality, 2016, para. 1). The AHRQ definition of patient experience served as the conceptual definition for this research study. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a standard survey instrument that measures patients' perspectives of hospital care (Centers for Medicare and Medicaid Services, 2019a). The HCAHPS survey was the operational definition of patient experience for this research study.

Search Method

A literature review for patient experience was completed for the years 2000–2020. Inclusion and exclusion criteria were established prior to reviewing the search results. The inclusion criterion was patient experience using the AHRQ definition of patient experience. Once the inclusion criterion was established, a comprehensive search was completed using the following databases: Ebsco MEDLINE Complete, and Ebsco CINAHL Complete. The following search terms were used: (*patient experience) AND (HCAHPS)*. Basic limiters used were English language, United States, journal articles, and humans. After removing

duplicates, 50 publications were returned. The PubMed search result totaled 102. The total articles produced from all database searches totaled 152.

Results

The titles of all 152 articles were reviewed. As a result, 48 articles were relevant to patient experience and HCAHPS. One article completed a systematic review of instruments that measure patient experience and concluded there were 11 international instruments (Beattie, Murphy, Atherton, & Lauder, 2015). However, the search was limited to including only HCAHPS as the measurement because the tool is that national, standardized, publicly reported survey that measures patients' perceptions of hospital experience (Centers for Medicare and Medicaid Services, 2019a). The variables that have been used in patient experience research were patient health status (Doos et al., 2015; Eftekhary et al., 2019; Iannuzzi et al., 2015; Kennedy, Tevis, & Kent, 2014; Levin et al., 2018; Li, Lee, Glicksberg, Radbill, & Dudley, 2016; Wallace, Hanson, Dowdy, & Habermann, 2018); patient care environment (Abrahamson et al., 2016; Boev, 2012; Boylan, Slover, Kelly, Hutzler, & Bosco, 2019; Herrin, Mockaitis, & Hines, 2018; Kutney-Lee et al., 2009; Levin et al., 2018; MacAllister, Zimring, & Ryherd, 2019; McFarland, Shen, Parker, Meyerson, & Holcombe, 2017); patient demographics (Elliott et al., 2010; Goldstein, Elliott, Lehrman, Hambarsoomian, & Giordano, 2010; McFarland, Johnson Shen, & Holcombe, 2017; Weech-Maldonado et al., 2012; Zhu, Weingart, Ritter, Tompkins, & Garnick, 2015); communication (Bartlett Ellis, Bakoyannis, Haase, Boyer, & Carpenter, 2016; Centrella-Nigro & Alexander, 2017; Dempsey, Reilly, & Buhlman, 2014; Gillam, Gillam, Casler, & Curcio, 2016; McFarland, Johnson Shen et al., 2017; Otani, Herrmann, & Kurz, 2011); and nursing (Kutney-Lee et al., 2009; Smith, 2014; Stimpfel et al., 2016; Zhu, Dy, Wenzel, &

Wu, 2018). The following sections comprise a discussion of the literature relative to the patient experience.

Health status. Patient health status impacts the patient experience. Patients who perceive themselves in poor health or who experienced post-operative complications were less satisfied with their experience (Iannuzzi et al., 2015). When patients have co-morbidities, they are less satisfied with their experience related to discharge instructions and transition of care (Doos et al., 2015). Patients who experienced an increased length of stay had lower patient experience scores as measured by HCAHPS (Wallace et al., 2018). Also, specific patient diagnosis is correlated to patient experience. An example of this phenomenon is patients who had a total hip arthroplasty (THA) and experienced a 30-day readmission had lower patient experience scores (Cleveland Clinic Orthopaedic Arthroplasty, 2018). In addition, patients within the bone marrow transplant (BMT) oncology division rated their patient experience lower than other departments surveyed (Li et al., 2016).

Patient care environment. Two environmental factors are found in the literature that impact patient experience. First, the geographic region affects patient experience based on accessibility of primary care physicians and specialists (Herrin et al., 2018). Counties with higher numbers of primary care physicians and less specialists per capita had higher HCAHPS scores, indicating a better patient experience (Herrin et al., 2018). Herrin and colleagues (2018) also noted that geographic areas with increased poverty and unemployment rates had lower HCAHPS scores; this correlation was noted as being modest.

Second, hospital environmental factors have an impact on patient experience. Overall hospital size is associated with different questions of HCAHPS. Larger hospitals

have higher patient experience scores overall (Kennedy et al., 2014; McFarland, Shen et al., 2017). However, larger hospitals have lower scores in receiving help, cleanliness, and doctor communication. Patient experience scores were favorable regarding nurse communication (McFarland, Johnson Shen et al., 2017). The overall room layout was correlated with patient experience (MacAllister et al., 2019). Specifically, private rooms resulted in higher patient experience scores (Boylan et al., 2019).

Demographics. There is a correlation between various patient demographics and patient experience (Goldstein et al., 2010; Zhu et al., 2015). Race and marital status have been correlated to patient experience scores (Eftekhary et al., 2019). For example, respondents who were divorced or separated demonstrated lower patient experience scores (Eftekhary et al., 2019). Race was correlated to an increase in patient experience score, specifically Caucasians (Eftekhary et al., 2019; McFarland, Johnson Shen et al., 2017) and African Americans (Eftekhary et al., 2019). English as a secondary language and being foreign born were also predictors of decreased patient experience scores (McFarland, Johnson Shen et al., 2017). The impact patient demographic data has on the patient experience is important for healthcare organizations to understand in order to develop communication techniques and address transition of care concerns. Adapting communication to the unique needs of the patient is an example of the caring behavior, appreciation of unique meaning (Duffy, 2018).

Communication. Communication was a predominate intervention used to improve patient experience (Bartlett Ellis et al., 2016; Centrella-Nigro & Alexander, 2017; Gillam et al., 2016; McFarland, Johnson Shen et al., 2017; Otani et al., 2011), especially communication regarding medications (Bartlett Ellis et al., 2016). A strategy used to

improve medication-related HCAHPS scores is implementation of the teach-back method when communicating instructions to patients. However, evidence supporting the teach-back method for improving patient experience scores is mixed. For example, Centrella-Nigro and Alexander (2017) found no evidence to support the notion that teach back improved patient experience. Gillam et al. (2016) supplemented the teach-back method with medication information labels and found that medication communication scores improved when teach back was paired with medication reminder techniques. Additional interventions that have improved patient experience scores include staff nurse education on how to communicate with patients using courtesy and respect (Levin et al., 2018; Otani et al., 2011).

Patient experience scores improve when nurses communicate using the caring factors within the QCM. For example, sharing information with a patient about his or her health is an example of mutual problem solving (Duffy, 2018). When the nurse communicates in a supportive and respectful manner and discusses information about the patient's health, they are demonstrating the caring behavior of human respect (Duffy, 2018).

Nursing. Nursing care directly impacts patient experience (Dempsey et al., 2014). Organizations with Magnet® Designation, a hospital recognition of nursing excellence, have increased patient experience scores (Smith, 2014; Stimpfel et al., 2016; Zhu et al., 2018). Nurse work environments have not only been linked to nurse satisfaction, but also patient experience (Kutney-Lee et al., 2009). Nursing strategies that improve patient experience are purposeful hourly rounding, bedside shift report, and leadership rounding (Dempsey et al., 2014; Emerson, Chmura, & Walker, 2014; Gillam, Gillam, Casler, & Cook, 2017; McFarlan, O'Brien, & Simmons, 2019; Skaggs, Daniels, Hodge, & DeCamp, 2018). Dempsey et al. (2014) suggested that nurse managers should receive training on how to

coach and mentor subordinates in an effort to improve patient experience. Coaching and mentoring staff nurses is an example of providing support and training. Support and training describe the caring factor, encouraging manner, demonstrated by a nurse manager (Duffy, 2013).

In a cross-sectional correlational study, patient experience was correlated to nurse leader practice characteristics (Adams, Djukic, Gregas, & Fryer, 2018). Leadership characteristics were measured using the LIPPES instrument, and patient experience was measured using the HCAHPS instrument (Adams et al., 2018). The sections of the HCAHPS survey analyzed were RN communication, MD communication, staff responsiveness, room cleanliness, and noise. The scores of these categories were totaled and used as interval level data. However, psychometric testing for the HCAHPS survey does not support this method of measurement. The LIPPES instrument measures the leadership characteristics of collegial administrative approach, internal strategy and resolve, authority, access to resources, leadership expectation of staff, and status (Adams et al., 2018). The characteristic collegial administrative approach aligns with caring behaviors as it is defined as a relationship-based leadership style between the leader and subordinate. However, the leadership characteristics in the LIPPES instrument are not a comprehensive representation of leadership caring behaviors. Also, the leader practice characteristics were collected from a sample of nurse leaders and not staff nurses. Nurse leaders perceive their leadership style differently than staff nurse subordinates (Failla & Stichler, 2008).

Conclusion

The most frequently mentioned factor that influences patient experience scores is the demonstration of caring about the unique needs of each patient and applying the caring

factors during patient interactions. Elements that improve patient experience have been used to develop and test interventions focused on improving patient experiences. Interventions that demonstrate improvement in patient experience include nurse manager patient rounding (Dempsey et al., 2014; Emerson et al., 2014; Gillam et al., 2017; McFarlan et al., 2019; Skaggs et al., 2018); bedside shift report (Dempsey et al., 2014); purposeful rounding (Dempsey et al., 2014); communicating with courtesy and respect (Bartlett Ellis et al., 2016; Gillam et al., 2016; McFarland, Johnson Shen et al., 2017; Otani et al., 2011); and using teach back (Centrella-Nigro & Alexander, 2017). However, in order to be effective, the interventions must be individualized to the environment and to individual patient needs. Furthermore, for the nurse-patient interactions to contribute to an excellent patient experience, nurses must apply the caring factors in daily practice. Nurses may be more likely to apply caring factors in daily practice where caring is valued and demonstrated by the nurse manager.

Patient experience has not been discussed in relation to nurse manager caring behaviors. Nurse managers have influence over the patient care environment, and the patient care environment impacts front-line staff nurses who have the most influence over the patient experience. This process was explored by Boev (2012) who completed a longitudinal study exploring the correlation between leadership and patient experience; however, there were several limitations in this study. The first limitation was that the researchers did not use a valid and reliable instrument to measure patient experience. The second was that the instrument used was not psychometrically tested to measure nurse manager leadership characteristics. Thirdly, the staff nurse population was limited to ICU nurses; ICUs traditionally do not measure patient experience, as patients are not discharged to home from

the ICU and have different needs than those in inpatient departments. Additional research is needed to take Boev's research further by using more reliable instruments and more diverse staff nurse populations. The current study addressed this gap in the literature regarding staff nurses' perceptions of nurse manager caring behavior and its relationship to the patient experience.

CHAPTER 3

METHODS

Theoretical Framework

The current study was guided by the Quality-Caring Model (QCM). The QCM is a middle-range theory derived from health care quality and the elements of nursing that are relational (Duffy, 2013). The QCM identifies the power of nurse-patient relationships towards improving patient outcomes (Duffy, 2013). The major metaparadigm concepts for the QCM are humans in relationship (person), relationship-centered professional encounters (health), feeling "cared for" (nursing), and self-advancing systems (environment) (Duffy, 2013). The first concept, humans in relationship, is described as the way individuals' unique attributes interact and, as a result, evolve and advance (Duffy, 2013). The second concept, relationship-centered professional encounters, occurs when a healthcare professional and a patient engage in an interaction or episodes of acute care (Duffy, 2013). The third concept is feeling cared for and is defined as a positive emotion as a result of caring relationships that influences health outcomes (Duffy, 2013). The fourth and final concept is self-advancing systems, which is defined from the perspective of patients and families as their unique experiences of care and achievement of self-caring practices (Duffy, 2013).

For the purpose of this study, the theory of nurse-patient relationship improving patient outcomes can also be applied to the nurse manager and staff nurse relationship in improving patient outcomes. The concepts from the QCM most relevant to this study are relationship-centered professional encounters and feeling cared for. Relationship-centered professional encounters are positive interactions between the nurse manager and the staff

nurse resulting in the staff nurse feeling cared for. Also, the specific element of feeling cared for has been adopted for this study as a mechanism for improved patient satisfaction.

Duffy (2013) identified that relationships are grounded in caring factors. These caring factors are mutual problem solving, attentive reassurance, human respect, encouraging manner, appreciation of unique meaning, facilitating a healing environment, basic human needs, and affiliation needs (Duffy, 2013). The identified caring factors, definitions, and relevant leadership behaviors from Duffy (2013) are summarized in Table 3.1 – Caring Factors and Leadership Behaviors.

Assumptions

The assumptions of the QCM are the values and beliefs that guided the model's development. The assumptions of the QCM are reflected in the following statements:

- Humans are multidimensional beings capable of growth and change.
- Humans exist in relationship to themselves, others, communities or groups, nature, and the universe.
- Humans evolve over time and in space.
- Humans are inherently worthy.
- Caring consists of processes that are used individually or in combination and often concurrently.
- Caring is protective.
- Caring is embedded in the daily work of nursing.
- Caring is a tangible concept that can be measured.
- Caring relationships benefit both the carer and the one being cared for.
- Caring relationships benefit society.

- Caring is done “in relationship.”
- Feeling “cared for” is a positive emotion.
- Professional nursing work is done in the context of human relationships (Duffy, 2013, pp. 33-34).

Table 3.1

Caring Factors and Leadership Behaviors (Duffy, 2013)

Caring Factor	Definition	Relevant Leadership Behaviors
Mutual problem solving	Behaviors that promote a safe environment where staff nurses and management can plan courses of action together. Facilitates decision making	Brainstorming, soliciting feedback, providing information, educating, engaging, clarify and validate, practice improvement
Attentive reassurance	Behaviors that demonstrate the manager is present	Availability, optimistic, authentic presence, notice, recognize, maintain belief in employees, use of humor and celebrations
Human respect	The worth of the individual staff nurse as a person and healthcare professional	Acceptance, value, recognition of rights, responsibilities, ethics, standards, legalities, patients first, call people by name, eye contact
Encouraging manner	Behaviors that support staffing nurses to feel empowered and safe to take risks	Encouraging demeanor, enthusiastic, provide support and training, congruent verbal and nonverbal communication, build relational capacity
Appreciation of unique meaning	Behaviors that recognize culture and past experiences	Appreciate frames of reference, point out meaning in the work, acknowledge the subjective, preserve the uniqueness of the patient-nurse relationship
Facilitating a healing environment	Ensuring the surroundings where the staff nurses work support patient care. Critical for the role of the nurse manager as this factor is linked to nurse satisfaction and patient outcomes	Respect privacy and confidentiality, create a department culture of caring, foster team work, design manageable workflow, safe environment
Basic human needs	Behaviors that recognize and respond to the staff nurses' physical need, safety and security needs, social and relational needs, self-esteem, and self-actualization	Attend to personal and employees' physical, emotional health; recognize higher level needs
Affiliation needs	Behaviors that recognize the staff nurses' need for belonging and membership within the team	Responsive to belonging needs

Propositions

The propositions of the QCM are identified in the following statements (Duffy 2013):

- Human caring capacity can be developed.
- Caring relationships are composed of processes or factors that can be observed.
- Caring relationship require intent, specialized knowledge, and time.
- Engagement in communities through caring relationships enhances self-caring.
- Independent caring relationships between patients and health care providers influence feeling "cared for."
- Collaborative caring relationships among nurses and members of the health care team.
- Caring relationships influence feeling "cared for."
- Caring relationships facilitate growth and change.
- Feeling "cared for" is an antecedent to self-advancing systems.
- Feeling "cared for" influences the attainment of intermediate and terminal health outcomes.
- Self-advancement is a nonlinear, complex process that emerges over time and in context.
- Self-advancing systems are naturally self-caring or self-healing.
- Relationships characterized as caring contribute to individual, group, and system self-advancement (Duffy, 2013, p. 38).

Design

A cross-sectional, correlational design was used to examine the relationship between staff nurses' perceptions of nurse manager caring behaviors and patient experience. The independent variable was staff nurses' perceptions of nurse manager caring behaviors as measured by the Caring Assessment Tool-Administration (CAT-adm©), and the dependent variable was the patient experience using hospital HCAHPS scores. Data for both variables were collected over a researcher-selected calendar month (approximately 30 days) and purposefully avoided national and religious holidays that might affect nurses work days and patient hospital admissions. Data about nurses' perceptions of nurse manager caring behaviors using the CAT-adm© (Wolverton et al., 2018) instrument were collected and transferred using the secure web-based data platform, Research Electronic Data Capture (REDCap) (REDCap, n.d.). Patient experience data were collected via the HCAHPS mailed survey, and results were provided for analysis by the hospital information technology department.

Aim, Hypothesis, and Research Question

The aim of this study was to examine the correlation between staff nurses' perceptions of nurse manager caring behaviors and patient experience. It was hypothesized that patients would report a better hospital experience after receiving care in hospital departments where staff nurses perceive their nurse managers demonstrate caring behaviors. The research question to test this hypothesis was, "What is the relationship between nurses' perceptions of nurse manager caring behaviors and patient experience?"

Setting

The study was conducted at Barnes-Jewish Hospital (BJH), a licensed 1,346-bed urban academic medical center located in the St. Louis metropolitan area. Barnes-Jewish is a Magnet® designated, level 1 trauma center. The 2018 hospital population demographics are under age 5 (6.2%), under age 18 (19%), age 19-64 (61.1%), and over age 65 (13.7%) (Barnes-Jewish Hospital, 2020). The patient population ethnic/race demographics are white (47.7%), black or African-American (45.9%), Hispanic or Latino (4.1%), and other (2.3%) (Barnes-Jewish Hospital, 2020). The median household income of the patient population for the study site is $41,107, and 24.2% of the population is living below the poverty level (Barnes-Jewish Hospital, 2020). Barnes-Jewish Hospital had 53,428 admissions and 79,457 emergency visits in 2018 (Barnes-Jewish Hospital, 2019). BJH granted permission to access their HCAHPS data and use the facility to collect staff nurse data after the University of Missouri-Kansas City IRB and BJH research committee approved the study proposal.

Sample

Convenience sampling was used to recruit staff nurses working in an inpatient setting for this study. Departments were included in the study if HCAHPS data were collected for that department and the department manager had been in his/her managerial role for at least six months (ensures the individual is established in their role and has had sufficient time with the staff nurses to display or not display caring behaviors) (Feather et al., 2015). Staff nurses must have been employed on the eligible department for a minimum of six months. Six months employment ensured the staff nurses were oriented to their role and had time to establish a relationship with the nurse manager of the eligible department (Wolverton et al., 2018). Staff nurses must have worked a minimum of 24 hours per week

on one of the departments included in the study. Inclusion and exclusion criteria for the patients eligible to participate in the HCAHPS survey is consistent with Centers for Medicare and Medicaid (CMS) criteria and are listed in Table 3.2: Inclusion and Exclusion Criteria.

The HCAHPS was administered to a random sample of patients who received care from nurses in hospital non-intensive care units by a third-party vendor. Patients are contacted to participate in the HCAHPS survey between 48 hours and six weeks after the patient's discharge date (Centers for Medicare and Medicaid Services, 2020). The study site and third-party vendor followed the inclusion criteria as defined by CMS. There were 32 departments that collected HCAHPS data at the site during this research study. On average, the organization receives 10 to 60 HCAHPS responses per department each month. These data are de-identified and provided to the hospital by department. Survey data were requested for patients who received the HCAHPS from the eligible departments and who received care during the month of March 2020. Data were extracted from the hospital database by a designated hospital employee, de-identified, and provided for study analysis. These HCAHPS survey data were provided by individual question and individual response. The HCAHPS data, received in an Excel document, were imported into the Statistical Package for the Social Sciences (SPSS) for analysis.

Table 3.2

Inclusion and Exclusion Criteria

Sample	Inclusion	Exclusion
Department	Manager in role > 6 months Inpatient department collects HCAHPS data	Manager in role < 6 months
Staff Nurse	Worked in department > 6 months Works > 24 hours/week in same department	Worked in department < 6 months Works < 24 hours/week
Patient	Patient discharged from eligible department 18 years of age At least 1 overnight stay on the department Non-psychiatric MS-DRG/principle diagnosis at discharge Alive at time of discharge	Prisoner Psychiatric diagnosis < 18 years old Discharge to hospice, nursing home or SNF Foreign home address

Measures/Instruments

Three instruments were used for this study: The Staff Nurse Demographic Questionnaire (see Appendix A), the Caring Assessment Tool-Administration (CAT-adm©) (see Appendix B), and the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey (see Appendix C).

Demographic questionnaire. The demographic and work-related questions on the Staff Nurse Demographic Questionnaire developed specifically for this study were:

- Average number of hours worked in the department
- Years worked in current department
- Current department employed (used for correlating the department HCHAPS data with the CAT-adm©)
- Primary shift worked

- Number of patient care departments for which your nurse manager is responsible
- Number of times you see your nurse manager during your shift
- Age
- Gender
- Ethnicity
- Race
- Highest level of education
- Certification

The years worked on current department and average hours worked per week were collected first to establish if the staff nurse had met inclusion criteria. The primary shift worked data were used to explore the perceptions of each shift towards their nurse manager as caring. Literature supports that nurses perceive caring behaviors when their manager is visible (Feather et al., 2015; Roch et al., 2014); managers traditionally work Monday through Friday during the day shift. Managers have varying amounts of responsibilities, staff nurses who report to the nurse manager, and number of departments for which they are responsible, which may impact how much time they can devote to staff nurses. Questions about the number of patient care departments and number of times the staff nurse sees their nurse manager provided data about the nurse managers' span of control and frequency of staff nurse interaction. Age, gender, ethnicity, race, education, and certification data were gathered for description and generalization of results.

Nurse manager caring behaviors. This study measured nurse manager caring behaviors from the perspective of staff nurses using the Caring Assessment Tool-Administration (CAT-adm©). Staff nurses who completed the CAT-adm© survey also

completed a demographic questionnaire. Permission was granted by Dr. Cheryl Wolverton, Ph.D., RN to use the CAT-adm© for this study (see Appendix D). The CAT-adm© is a 25-item tool that uses a 5-point Likert scale anchored from 1 (never) to 5 (always) and was developed based on the QCM (Wolverton et al., 2018). The scores from the CAT-adm© are interval level of measurement ranging from 25 to 125. Seven hospitals served as study sites for the CAT-adm© psychometric testing (Wolverton et al., 2018). Internal consistency and reliability were confirmed by Cronbach's alpha ($\alpha = 0.98$) (Wolverton et al., 2018).

Patient experience. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) was used to measure patient experience. The HCAHPS survey is a 29-item survey that measures patients' perceptions of their hospital experience (Centers for Medicare and Medicaid Services, 2019a). The survey contains 19 items that ask "how often" the patient experienced a critical aspect of hospital care (Centers for Medicare and Medicaid Services, 2019a). The survey has three screener items that direct patients to relevant questions (Centers for Medicare and Medicaid Services, 2019a). Five survey items adjust for patient mix across hospitals (Centers for Medicare and Medicaid Services, 2019a). Finally, the survey includes two congressionally-mandated reports (Centers for Medicare and Medicaid Services, 2019a). The HCAHPS survey can be administered through mail, telephone, mixed (mail with telephone follow-up), or interactive voice response (Centers for Medicare and Medicaid Services, 2019a).

There are ten HCAHPS measures within the 29-item survey that includes six composite measures, two individual items, and two global items (Centers for Medicare and Medicaid Services, 2019a). The six composite measures are (a) communication with nurses, (b) communication with doctors, (c) staff responsiveness, (d) communication about

medicines, (e) discharge information, and (f) care transition (Centers for Medicare and Medicaid Services, 2019a). Two individual items ask respondents about the cleanliness and quietness of the hospital (Centers for Medicare and Medicaid Services, 2019a). The two global measures request the patients' overall rating of the hospital and patients' willingness to recommend the hospital (Centers for Medicare and Medicaid Services, 2019a).

A national sample of 132 hospitals was included in psychometric testing of the HCAHPS survey, which concluded the median reliability estimate was $\alpha = 0.69$ (internal consistency) and $\alpha = 0.74$ (hospital-level reliability) (Agency for Healthcare Research and Quality, 2003). Reliability coefficients were completed for both individual questions and composites for the HCAHPS survey (Agency for Healthcare Research and Quality, 2003). The composite measures were associated with the global measures (Agency for Healthcare Research and Quality, 2003). The global measures, overall rating of the hospital, and patients' willingness to recommend are considered summaries of the patients' experience and did not have a validity and reliability measure available in the literature (Agency for Healthcare Research and Quality, 2003; Westbrook, Babakus & Grant, 2014). The care transition composite measure did not have reliability measures reported in the literature. Patients were sampled from medical, surgical, and childbirth services (Agency for Healthcare Research and Quality, 2003). Responses were collected by both phone and mail methods (Agency for Healthcare Research and Quality, 2003). The Agency for Healthcare Research and Quality (AHRQ) completed the psychometric testing and attests that HCAHPS is a valid and reliable instrument (Centers for Medicare and Medicaid Services, 2019b). A more recent study completed additional psychometric testing on the HCAHPS survey (Westbrook, Babakus & Grant, 2014). However, the study used two non-profit hospitals

within the same hospital system to collect data and did not complete reliability coefficients for the individual questions (Westbrook et al., 2014).

The following HCAHPS composite measures with specific survey questions were used for this study because they are relevant to nursing care. The Cronbach's alpha coefficient, if available in the literature, is included next to the question (Agency for Healthcare Research and Quality, 2003).

Communication with nurses ($\alpha = .85$):

1. During this hospital stay, how often did nurses treat you with courtesy and respect? ($\alpha = .72$)
2. During this hospital stay, how often did nurses listen carefully to you? ($\alpha = .76$)
3. During this hospital stay, how often did nurses explain things in a way you could understand? ($\alpha = .68$)

Responsiveness of staff (α = N/A):

4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? ($\alpha = .56$)
10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using the bedpan? (α = N/A)
11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? ($\alpha = .56$)

Communication about medicines (α = N/A):

12. During this hospital stay, were you given any medicine that you had not taken before? (α = N/A)
13. Before giving you any new medicine, how often did hospital staff tell you what the medication was for? (α = N/A)
14. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? (α = .50)

Overall rating of hospital (α = N/A):

18. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay? (α = N/A)
19. Would you recommend this hospital to your friends and family? (α = N/A)

Understanding your care when you left the hospital (α = N/A):

20. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left. (α = N/A)
21. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health. (α = N/A)
22. When I left the hospital, I clearly understood the purpose for taking each of my medications. (α = N/A)

Procedures

An outline of the study procedures is provided in Table 3.3 – Study Procedures. The Chief Nursing Officer (CNO) and department directors were contacted to gain permission to include their department in the study. Permission was validated through a letter of endorsement from the CNO (see Appendix E). Once the University of Missouri-Kansas City's Institutional Review Board (IRB) approval (see Appendix F) was complete, the proposal was presented to the study site's research council. After the council approved the study (see Appendix G), a member of the research department provided the managers' contact information for the departments that met the inclusion criteria. The department managers received an email with a description of the study, a copy of the letter from the CNO, and the specific ask (see Appendix H). The ask was to verify if the manager has been in their role for at least six months. If the manager had been in their role for six months, the manager was asked to 1) forward the email and survey link to the appropriate emails for the staff nurses in the department, and 2) send the researcher the number of staff nurses to whom the nurse manager forwarded the survey link. Once the nurse manager validated the length of time in the role, they received the study flyer (see Appendix I) to post as appropriate in the department. The eligible managers then received an email to forward to the staff nurses in their departments (see Appendix J). The subject of the email was "Caring Behaviors: Research Study Participation Invitation." If the manager had not been in their role for six months, the department was not eligible for the study.

Details about the study were included in the introduction and participants were asked to verify consent as the first question. Once the participant consented, the participant was taken to the Staff Nurse Demographic Questionnaire. The Staff Nurse Demographic

Questionnaire was developed specifically for this study, and completion of the demographic survey was estimated to take approximately 5–7 minutes. After the Staff Nurse Demographic Questionnaire was completed, the participant was able to complete the CAT-adm© survey. The survey link was active and available for participants for one calendar month (approximately 30 days). Participants received reminder emails after 14 and 21 days of the study start date (see Appendix K).

Limitations may have included decreased participation because subordinates were asked to answer questions about their manager. Fear of retaliation may have inhibited participation. Ensuring identities remain confidential, not disclosing the specific department, and using aggregate data addressed participants' concerns regarding retaliation and were emphasized to the prospective participants.

The Director of Patient Experience from the study site provided individual patient responses for each question from the HCAHPS survey from the eligible departments. The data were provided in an Excel document without patient identifiers. The HCAHPS item response data were collected from patients who received inpatient care during the same calendar month that the staff nurse data were collected.

Table 3.3

Study Procedures

Steps	Description
1	Hospital Directors and CNO contacted to gain permission to conduct this study
2	UMKC IRB approval obtained
3	Study proposal presented to study site's research committee
4	Contact the managers of the 32 departments – describe project and include the ask of the manager
5	Nurse manager notified PI if he/she has been in his/her role for six months. If no, the link was not sent to the staff nurses in the department. If yes, department manager notified the PI of the number of staff nurses employee in the department
6	Study flyers provided to eligible departments to be posted
7	Staff Nurse Demographic Questionnaire and CAT-adm© survey link built and provided to department managers in email to forward to staff nurses
8	Department manager forwarded email that contains REDCap study link to staff nurses in eligible departments
9	Each staff nurse in eligible departments received REDCap survey link to participate in the study on first day of the designated month
10	Staff nurse completes consent
11	Staff nurse completed Staff Nurse Demographic Questionnaire
12	Staff nurse completed CAT-adm© survey
13	PI sent reminder emails to department managers to forward to staff on day 14 and day 21.
14	Survey closed at 2359 on the last day of the calendar month

Data Analysis

Data were analyzed by the Principal Investigator using the SPSS program. CAT-adm© survey data were directly entered into a secure web-based data platform, Research Electronic Data Capture (REDCap) (REDCap, n.d.), by participants. The REDCap data were exported in a format compatible with SPSS. HCAHPS data were imported into SPSS from the Excel document. The following staff nurse demographics were analyzed using descriptive statistics: age, gender, ethnicity, race, educational degree, length of time (duration) on the current department, number of years as a registered nurse, nursing certification(s), manager span of control, and manager visibility. Descriptive analysis for demographic data was completed. A correlational analysis was used to measure the relationship between variables. The following statistical values were used for analysis: .80 power, .05 alpha level, and .30 effect size. The effect size was selected based on Cohen's medium effect size (Gignac & Szodorai, 2016). To achieve these values, the target sample size was 85 using a correlation sample size calculator.

CHAPTER 4

RESULTS

The purpose of this study was to explore the relationship between staff nurses' perceptions of nurse manager caring behaviors and the patient experience. The results of the study are presented in this chapter including a discussion about participation response rates, the sample demographics, correlational analysis, and a summary of the findings for the hypothesis.

Participation Rates

Participant nurses were recruited from inpatient hospital departments in a large, academic medical center located in the Midwest. Thirty-two inpatient departments were initially eligible to participate in this study. Seven departments were excluded because the department nurse manager had not been in the nurse manager role for greater than six months and therefore was not eligible. Two additional departments were excluded because the nurse manager did not respond to the study invitation. Twenty-three departments met the eligibility criteria and staff nurses were recruited from these departments. These 23 departments involved 20 nurse managers. Three nurse managers had responsibility for more than one department.

The nurse managers of the eligible departments emailed the survey link to the staff nurses in their department. The survey link was emailed to 862 staff nurses. Eighty-six responses (10% response rate) were received at the conclusion of the survey window. Of the 86 responses, five participants did not consent. Three participants had been in their position for less than six months and were not eligible. One participant reported working 12 hours to 23 hours and was not eligible as a result. Seven participants worked in departments where

HCAHPS data was not collected during the study timeframe. As a result, 70 staff nurse participants from 18 different departments completed the staff nurse demographic questionnaire. Three participants completed the staff nurse demographic questionnaire and did not complete the CAT-adm©; as a result, the final sample size for the CAT-adm© was 67 participants (8% response rate) and 17 departments. Staff nurse participation from each department ranged from one participant to nine participants. The participation for each CAT-adm© survey question is shown in Table 4.1: CAT-adm© Frequencies. The sum of the CAT-adm© questions were computed using SPSS "compute variable" and then using the sum function. As a result, a zero was placed in the missing data fields to produce the overall CAT-adm© score for each participant.

Table 4.1

CAT-adm© Frequencies

Question	Valid N	Missing N	Mean	Median	Std. Deviation	Range	Minimum	Maximum
1	67	0	4.18	4.00	.952	4	1	5
2	67	0	3.90	4.00	1.195	4	1	5
3	67	0	3.78	4.00	1.216	4	1	5
4	67	0	3.30	3.00	1.314	4	1	5
5	66	1	3.24	3.00	1.348	4	1	5
6	67	0	3.81	4.00	1.184	4	1	5
7	66	1	4.00	4.00	.992	4	1	5
8	66	1	4.00	4.00	1.137	4	1	5
9	67	0	3.87	4.00	1.166	4	1	5
10	67	0	3.64	4.00	1.227	4	1	5
11	66	1	3.73	4.00	1.235	4	1	5
12	67	0	3.63	4.00	1.166	4	1	5
13	66	1	3.02	3.00	1.364	4	1	5
14	67	0	2.72	3.00	1.241	4	1	5
15	66	1	3.55	4.00	1.243	4	1	5
16	65	2	3.08	3.00	1.327	4	1	5
17	66	1	4.00	4.50	1.277	4	1	5
18	64	3	3.34	3.00	1.371	4	1	5
19	66	1	3.70	4.00	1.277	4	1	5
20	65	2	3.97	4.00	.984	4	1	5
21	67	0	3.70	4.00	1.255	4	1	5
22	66	1	3.70	4.00	1.301	4	1	5
23	66	1	3.45	4.00	1.372	4	1	5
24	67	0	3.36	3.00	1.311	4	1	5
25	67	0	3.42	3.00	1.257	4	1	5

Fourteen questions from the HCAHPS survey were used for this study. The individual patient responses to these questions were obtained for each of the 17 departments. HCAHPS was administered using random sampling. The number of patients included in the sample was unknown. During the survey period, there were a total of 244 patient responses among the 17 departments. The missing values of HCAHPS data are listed in Table 4.2: HCAHPS Frequencies. The inpatient departments that participated in the study included:

bone marrow transplant, cardiac surgery, cardio thoracic, cardiology, ENT/plastics, general surgery, GYN/oncology, CREU, leukemia/lymphoma, general medicine, oncology, thoracic surgery, transplant, and vascular surgery. Participation ranged from five patient responses to 29 patient responses from an individual department (Table 4.3 – Department Participation Rates).

Table 4.2

HCAHPS Frequencies

Question	Valid N	Missing N	Mean	Median	Std. Deviation	Range	Minimum	Maximum
1	241	3	3.88	4.00	.416	3	1	4
2	242	2	3.79	4.00	.489	2	2	4
3	242	2	3.79	4.00	.511	3	1	4
4	218	26	3.50	4.00	.720	3	1	4
10	240	3				1	1	2
11*	112	132	3.54	4.00	.721	3	1	4
12	234	10				1	1	2
13*	139	105	3.78	4.00	.614	3	1	4
14*	138	106	3.11	4.00	1.099	3	1	4
18	243	1	9.21	10.00	1.285	10	0	10
19	240	4	3.82	4.00	.472	3	1	4
20	233	11	3.48	4.00	.602	3	1	4
21	240	4	3.64	4.00	.531	2	2	4
22	213	31	3.70	4.00	.497	3	1	4

Note. * = question response based on previous question

Table 4.3

Department Participation Rates

Variable	Description	Frequency	Percent
Staff Nurse Participation by Department	Department 1	3	4.3%
	Department 2	7	10%
	Department 3	1	1.4%
	Department 4	3	4.3%
	Department 5	1	1.4%
	Department 6	1	1.4%
	Department 7	1	1.4%
	Department 8	6	8.6%
	Department 9	2	2.9%
	Department 10	9	12.9%
	Department 11	4	5.7%
	Department 12	8	11.4%
	Department 13	9	12.9%
	Department 14	3	4.3%
	Department 15	4	5.7%
	Department 16	4	5.7%
	Department 17	2	2.9%
	Department 18	2	2.9%
HCAHPS Patient Participation by Department **Department 7 was not included due to incomplete CAT-adm© survey.*	Department 1	21	8.6%
	Department 2	14	5.7%
	Department 3	5	2%
	Department 4	17	7%
	Department 5	19	7.8%
	Department 6	18	7.4%
	Department 7	N/A	N/A
	Department 8	7	2.9%
	Department 9	6	2.5%
	Department 10	10	4.1%
	Department 11	11	4.5%
	Department 12	12	4.9%
	Department 13	19	7.8%
	Department 14	13	5.3%
	Department 15	11	4.5%
	Department 16	23	9.4%
	Department 17	29	11.9%
	Department 18	9	3.7%

Staff Nurse Sample Demographics

The staff nurse demographics collected were shift, tenure, education level, professional certification, nurse manager span of control, nurse manager visibility, age, gender, ethnicity, and race. The patient demographics for the HCAHPS data were not available. The detailed description of sample demographics is included in Table 4.4: Staff Nurse Demographics.

Shift. The majority of participants worked 12-hour day shift (n=38, 54.3%) or 12-hour night shift (n=20, 28.6%). The remainder of the participants worked 8-hour day shift (n=2, 2.9%), 12-hour weekend day shift (n=2, 2.9%), 12-hour weekend night shift (n=4, 5.7%), and a rotation of multiple shifts (n=4, 5.7%).

Tenure. Most participants had worked on their current department for 1-3 years (n=34, 48.6%). The remaining participant years worked on their current department were: 6 months–1 year (n=11, 15.7%), 3–5 years (n=14, 20%), 5–10 years (n=2, 2.9%), 10–15 years (n=3, 4.3%), 15–20 years (n=3, 4.3%), and greater than 25 years (n=2, 2.9%).

Education level. The majority of participants had a Bachelor's degree in nursing (n=56, 80%); this is higher than the national average of 41.8% (Smiley et al., 2018). There were 7.1% (n=5) of participants who had a Master's degree in nursing and 5.7% (n=4) who had a Master's degree in a non-nursing field. There was only one participant (1.4%) who had an Associate's degree in nursing, one participant (1.4%) with a Bachelor's degree in non-nursing, and one participant (1.4%) who had a doctorate. Two participants (2.9%) responded that they had some graduate classes.

Professional certification. Only 12.9% (n=9) of participants had a professional nursing certification. Two participants (3%) were certified medical-surgical nurses (RN-

BC). One participant (1.5%) was a certified oncology nurse (OCN). Two participants (3%) were progressive care certified nurses (PCCN). Four participants (6%) selected "other" for type of certification.

Nurse manager span of control. When asked how many patient care departments your nurse manager is responsible for, 71.4% (n=50) of the responses stated the nurse manager was responsible for only one patient care department and 22.9% (n=16) stated the nurse manager was responsible for two departments. The remainder of the responses were four department (n=1, 1.4%), greater than six (n=1, 1.4%), and two participants (2.9%) did not know how many departments for which their manager was responsible.

Nurse manager visibility. The findings included 47.1% (n=33) of participants saw their nurse manager one to three times per shift and 24.3% (n=17) saw their nurse manager zero times per shift. There were 12 participants (17.1%) who saw their manager four to six times per shift, three participants (4.3%) who saw their manager seven to nine times per shift, and five participants (7.1%) who saw their manager greater than 10 times per shift.

Age. The majority of participants were 25–34 years old (n=28, 40%). The national average for nurses under 30 is 9.7% and for ages 30–34 is 10% (Smiley et al., 2018). There were 15 participants (21.4%) who were under 25 years old, 15 (21.4%) participants were 35–44 years old, seven (10%) were between 45 and 54 years old, four (5.7%) were between 55 and 64 years old, and only one (1.4%) was greater than 65 years old.

Gender. The majority of the participants were female (n=67, 95.7%), which is higher than the national average of 90.9% (Smiley et al., 2018). There were two (2.9%) participants who were male and one (1.4%) who preferred not to answer the question.

Ethnicity and race. A majority of the participants were white race (n=60, 85.7%), which is higher than the national average of 80.8% (Smiley et al., 2018). Six (8.6%) participants were Asian, two (2.9%) were African American, one (1.4%) was other, and three (4.3%) preferred not to answer the question. Participants were given the option to select their ethnicity. Two (2.9%) participants were Hispanic/Latino; this is lower than the national average of 5.3% (Smiley et al., 2018). There were 62 (88.6%) participants who were not Hispanic/Latino. Six (8.6%) participants preferred not to answer the question.

Correlational Analysis

Data were analyzed using the statistical analysis software, Statistical Package for the Social Sciences (SPSS) (IBM Corporation, 2019). Two data sets were obtained after the survey window closed. The first data set was from the survey completed by the staff nurse sample, and the second data set was the HCAHPS data completed by the patient sample. Each data set was prepared using the aggregate function in SPSS, which averages the participant responses by department. Therefore, all the staff nurse responses to each CAT-adm© question were averaged for each department. As a result, the average response by department was determined (see Table 4.5: Average Response). The same process was followed to prepare the HCAHPS data. The patient responses to each HCAHPS question was averaged for each department (see Table 4.5: Average Response). Once this step was complete, the data files were merged, resulting in each department having an average CAT-adm© response and average HCAHPS responses.

Table 4.4

Staff Nurse Demographics

Variable	Description	Frequency	Percent
What is the primary shift that you work as a staff nurse on the department you were hired?	8-hour day shift	2	2.9%
	12-hour day shift	38	54.3%
	12-hour night shift	20	28.6%
	12-hour day shift (weekends only)	2	2.9%
	12-hour night shift (weekends only)	4	5.7%
	Rotation of multiple shifts	4	5.7%
How long have you worked in your current department?	Six months to one year (6 months – 1 yr.)	11	15.7%
	Greater than one year to three years (1-3yrs.)	34	48.6%
	Greater than 3 years to 5 years (>3-5yrs.)	14	20%
	Greater than 5 years to 10 years (>5-10yrs.)	2	2.9%
	Greater than 10 years to 15 years (>10-15 yrs.)	3	4.3%
	Greater than 15 years to 20 years (>15-20yrs.)	3	4.3%
	Greater than 25 years	2	2.9%
	I prefer not to answer	1	1.4%
What is your highest level of education?	Associates degree, nursing	1	1.4%
	Bachelor degree, nursing	56	80%
	Bachelor degree, non-nursing	1	1.4%
	Master degree, nursing	5	7.1%
	Master degree, non-nursing	4	5.7%
	Doctorate degree	1	1.4%
	Some graduate classes	2	2.9%
Do you have any professional certifications?	No	61	87.1%
	Yes	9	12.9%
How many departments is your	1 department	50	71.4%
	2 departments	16	22.9%
	4 departments	1	1.4%

Variable	Description	Frequency	Percent
nurse manager responsible?	Greater than 6 departments	1	1.4%
	I do not know	2	2.9%
On average, how many times do you see your nurse manager during your shift	0	17	24.3%
	1-3	33	47.1%
	4-6	12	17.1%
	7-9	3	4.3%
	Greater than 10	5	7.1%
What is your current age?	Under 25 years old (< 25)	15	21.4%
	25-34 years old	28	40%
	35-44 years old	15	21.4%
	45-54 years old	7	10%
	55-64 years old	4	5.7%
	Over 65 years old	1	1.4%
What is your gender that you currently identify yourself?	Male	2	2.9%
	Female	67	95.7%
	I prefer not to answer	1	1.4%
What is your race? *check all that apply	American Indian or Alaska Native	0	0%
	Asian	6	8.6%
	African American	2	2.9%
	Native Hawaiian or other Pacific Islander	0	0%
	White	60	85.7%
	Other	1	1.4%
	I Prefer not to answer	3	4.3%
What is your ethnicity?	Hispanic/Latino	2	2.9%
	Not Hispanic/Latino	62	88.6%
	I prefer not to answer	6	8.6%

Table continues

Table 4.5

Average Response

Department	RN	CAT-Adm©	Patient	HCAHPS Question Number													
	N		N	1	2	3	4	10	11	12	13	14	18	19	20	21	22
Department 1	3	59.50	21	4	4	4	3	1	4	1	4	3	9.24	4	4	4	4
Department 2	7	82.90	14	4	4	4	3	2	4	2	4	3	9.00	4	4	4	4
Department 3	1	37	5	4	4	4	4	1	4	1	4	3	8.80	3	3	3	4
Department 4	3	100.17	17	4	4	4	4	1	4	1	4	3	9.18	4	3	4	4
Department 5	1	108.00	19	4	4	4	3	1	4	2	4	3	9.11	4	3	4	4
Department 6	1	114.00	18	4	4	4	4	2	3	1	4	3	9.22	4	4	4	4
Department 7	6	101.97	7	4	4	4	4	1	4	1	4	4	9.57	4	4	4	4
Department 8	2	103.50	6	4	4	4	4	2	3	2	4	4	9.50	4	4	4	4
Department 9	9	108.17	10	4	4	4	4	2	3	1	4	3	9.70	4	4	4	4
Department 10	4	85.00	11	4	4	4	4	2	3	1	4	3	8.82	4	4	4	4
Department 11	8	103.18	12	4	4	4	3	2	4	2	4	3	9.25	4	4	4	4
Department 12	9	65.59	19	4	4	4	4	2	4	1	4	4	9.21	4	3	4	4
Department 13	3	79.00	13	4	4	4	4	2	3	2	3	3	9.54	4	3	4	4
Department 14	4	93.75	11	4	4	4	4	2	4	2	3	3	9.55	4	4	4	4
Department 15	4	102.00	23	4	4	4	4	2	3	1	4	3	9.23	4	3	3	4
Department 16	2	79.00	29	4	4	4	3	2	3	1	4	3	9.07	4	3	4	4
Department 17	2	53.50	9	4	4	4	3	1	3	1	4	3	8.78	4	3	3	4

Computing the Correlation Coefficient

The aim of this study was to examine the correlation between staff nurses' perceptions of nurse manager caring behaviors and patient experience. The research question was, "What is the relationship between nurses' perceptions of nurse manager caring behaviors and patient experience?" The hypothesis was that patients will report a better hospital experience on departments where staff nurses perceive their nurse manager demonstrates caring behaviors. The null hypothesis was that there is no association between patient experience results and staff nurses' perception of their nurse manager caring behaviors. For this study, an alpha level of .05 and a two-tailed test were used. A two-tailed test was used to include both positive and negative relationships. The types of data were reviewed. The measurement scales of both the HCAHPS and CAT-adm© data are interval. The CAT-adm© data were not normally distributed (see Table 4.6: CAT-adm© Descriptives and Figure 4.1 – CAT-adm© Histogram). Based on these conditions, the Spearman test of correlation was used.

Table 4.6

CAT-adm© Descriptives

			Statistic	Std. Error
CATscore	Mean		89.15	3.148
	95% Confidence Interval for Mean	Lower Bound	82.86	
		Upper Bound	95.43	
	5% Trimmed Mean		90.28	
	Median		93.00	
	Variance		663.947	
	Std. Deviation		25.767	
	Minimum		24	
	Maximum		125	
	Range		101	
	Interquartile Range		42	
	Skewness		-.484	.293
	Kurtosis		-.611	.578

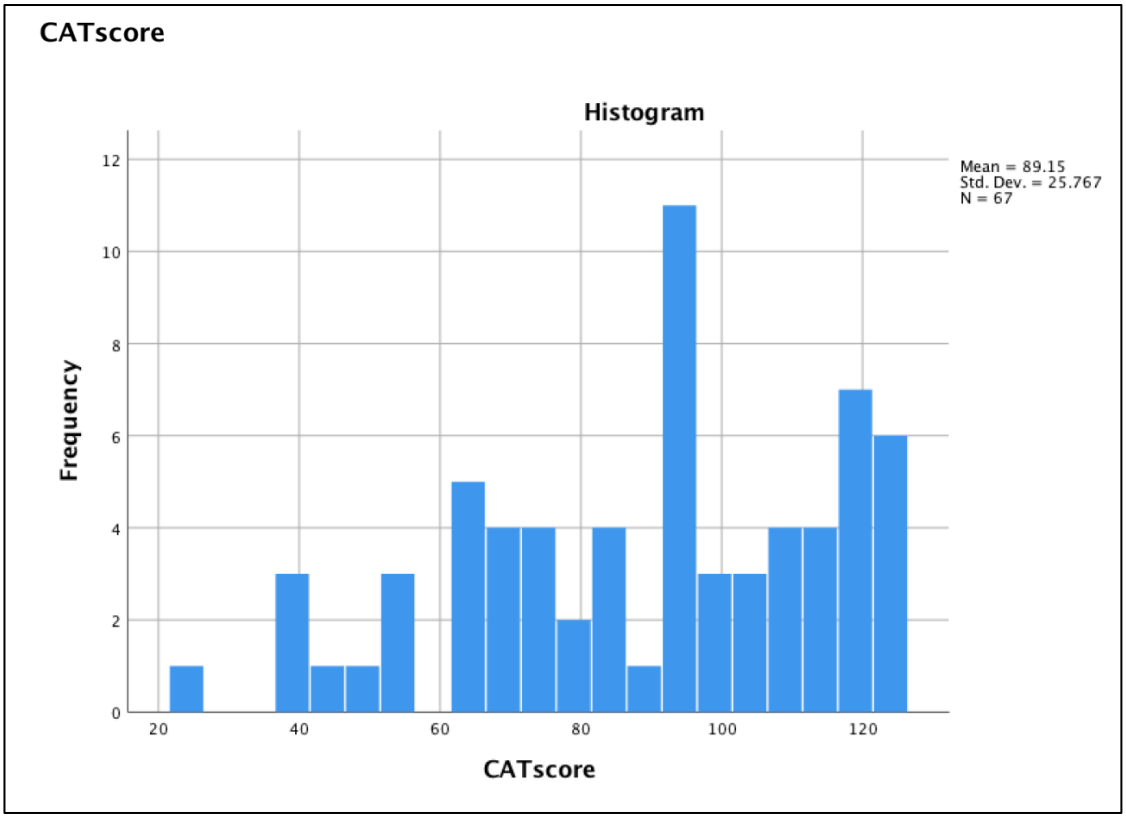

Figure 4.1. CAT-adm© Histogram

A Spearman rank correlation was completed between the CAT-adm© scores and each HCAHPS item (see Table 4.7 – Spearman Rank Correlations). The only correlation that was statistically significant was between the CAT-adm© and question 18, Overall Hospital Rating. The computed Spearman correlation coefficient was .497, with a p-value of .043. Because .043 is less than the established alpha level of .05, it is concluded that the correlation coefficient is statistically significant. The correlation coefficient of .497 suggests a moderately strong, positive correlation. As a result, an association exists between the overall patient experience hospital rating and staff nurses' perceptions of nurse manager caring behavior, and the null hypothesis is rejected. The correlation computations are shown in Table 4.8: Correlation, Overall Hospital Rating and CAT-adm©. A scatter plot was completed between the overall hospital rating and CAT-adm© score in SPSS (see Figure 4.2: Scatter Plot for Overall Hospital Rating and CAT-adm© Score). The scatter plot equation was $y = 0.012(x) + 8.36$.

There was a second correlation between CAT-adm© and HCAHPS question 20 that resulted in a p-value of .077. The p-value of .077 is slightly greater than the established alpha level of .05. The correlation coefficient was .440, which is a moderately strong positive correlation. The decreased sample size has an impact on the power and statistical significance of the results. Additional participants may have impacted the outcome of this correlation. This result demonstrates that there may be a positive correlation between staff nurses' perceptions of nurse manager caring behavior and the patient's perception of being included in his/her plan of care after discharge. Question 20 was "During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what

my health care needs would be when I left." Additional data points are needed to confirm the accuracy of this result.

In addition to completing a correlational analysis between the CAT-adm© and each individual HCAHPS item, an analysis was completed between the CAT-adm© and the "communication with nurses" domain. An alpha level of .05 and a two-tailed test were used. A two-tailed test was used to include both positive and negative relationships. The types of data were reviewed. Because the CAT-adm© data were not normally distributed, a Spearman correlation coefficient was completed. The results were insignificant (p-value = .952). The results are shown in Table 4.9: Correlation, Communication with Nurses and CAT-adm©.

Table 4.7

Spearman Rank Correlations

			CAT-adm©
Spearman's rho	Question 1	Correlation Coefficient	.065
		Sig. (2-tailed)	.805
		N	17
	Question 2	Correlation Coefficient	-.362
		Sig. (2-tailed)	.153
		N	17
	Question 3	Correlation Coefficient	.286
		Sig. (2-tailed)	.266
		N	17
	Question 4	Correlation Coefficient	.128
		Sig. (2-tailed)	.624
		N	17
	Question 10	Correlation Coefficient	.285
		Sig. (2-tailed)	.268
		N	17
	Question 11	Correlation Coefficient	-.232
		Sig. (2-tailed)	.371
		N	17
	Question 12	Correlation Coefficient	.391
		Sig. (2-tailed)	.120
		N	17
	Question 13	Correlation Coefficient	.186
		Sig. (2-tailed)	.476
		N	17
	Question 14	Correlation Coefficient	.263
		Sig. (2-tailed)	.308
		N	17
	Question 18	Correlation Coefficient	.497
		Sig. (2-tailed)	.043
		N	17
	Question 19	Correlation Coefficient	-.021
		Sig. (2-tailed)	.936
		N	17
	Question 20	Correlation Coefficient	.440
		Sig. (2-tailed)	.077
		N	17
	Question 21	Correlation Coefficient	.302
		Sig. (2-tailed)	.239
		N	17
	Question 22	Correlation Coefficient	.324
		Sig. (2-tailed)	.204
		N	17

Table 4.8

Correlation, Overall Hospital Rating and CAT-adm©

			18. Overall Hospital Rating	CAT-adm©
Spearman's rho	18. Overall Hospital Rating	Correlation Coefficient	1.000	.497*
		Sig. (2-tailed)		.043
		N	17	17
	CAT-adm©	Correlation Coefficient	.497*	1.000
		Sig. (2-tailed)	.043	
		N	17	17

Note. * Correlation is significant at the 0.05 level (2-tailed).

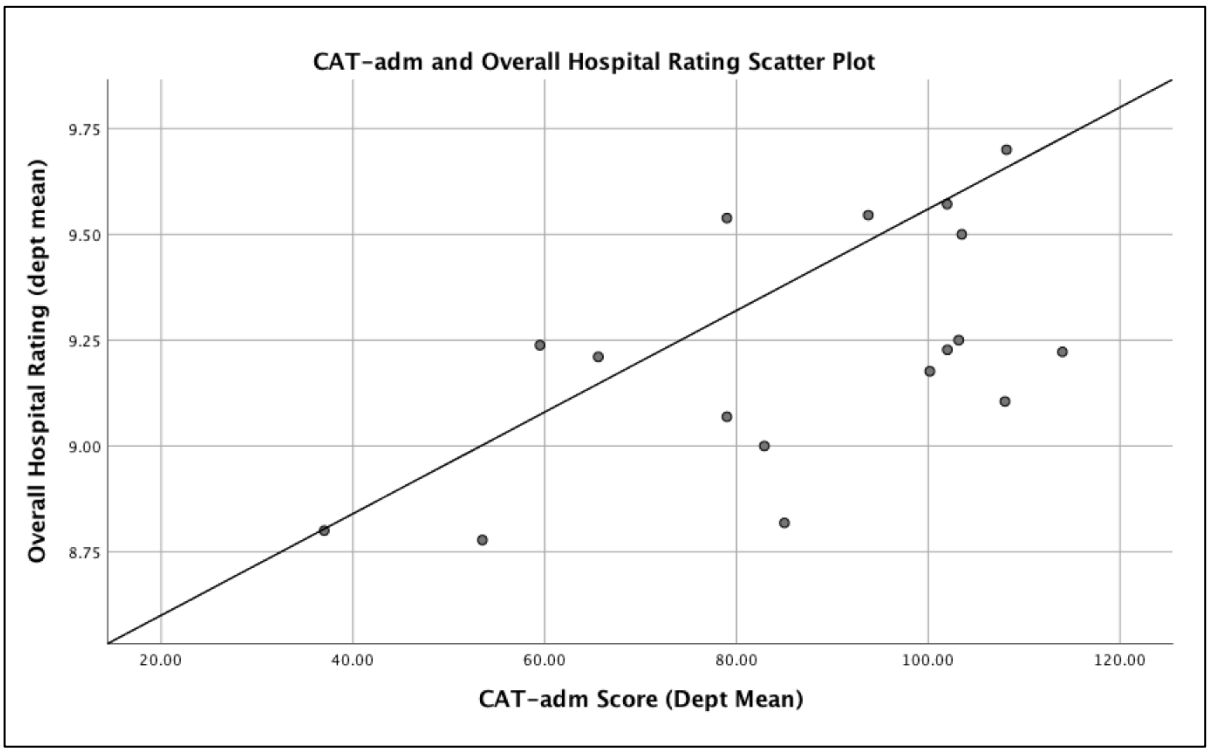

Figure 4.2. Scatter Plot for Overall Hospital Rating and CAT-adm© Score

Table 4.9

Correlation, Communication with Nurses and CAT-adm©

Spearman's rho		Communication with Nurses
CAT-ADM© Score	Coefficient	-.016
	Sig. (2-tailed)	.952
	N	17

Additional Analysis of Interest

A second correlation analysis was completed for the individual staff nurse demographic data and the total CAT-adm© score. Total staff nurses in the sample were 67 (n=67). The null hypothesis was that there would be no association between staff nurse demographic data and perception of nurse manager caring behaviors. An alpha level of .05 and a two-tailed test were used. A two-tailed test was used to include both positive and negative relationships. The types of data were reviewed. Because the CAT-adm© data were not normally distributed, a Spearman correlation coefficient was completed. The only statistically significant finding was related to the association between the CAT-adm© score and the number of times staff nurses saw their nurse manager in a shift (p-value = .002). The Spearman correlation coefficient of .375 suggests a low to moderate strength, positive correlation between the two variables. As a result, the null hypothesis is rejected because there was a relationship between two of the variables. This demonstrates that the more the staff nurses saw the nurse manager during their shift, the more they perceived their nurse manager as demonstrating caring behaviors. The correlation output is shown in Table 4.10: Correlation, Nurse Demographic Data and CAT-adm©. A point biserial correlation was

completed for demographic data that was nominal level data (gender, certification, degree, and shift). The results of these correlations were insignificant. Therefore, the null hypothesis is accepted for these demographics, and there is no relationship between the identified nurse demographics and staff nurses' perceptions of nurse manager caring behavior. The point biserial correlation results are shown in Table 4.11: Point Biserial Correlation.

Table 4.10

Correlation, Nurse Demographic Data and CAT-adm©

Spearman's rho		Tenure on Current Department	Number of Departments Nurse Manager is Responsible	Number of Times RN Sees Nurse Manager	Current Age
CAT-Adm© Score	Coefficient	.089	.178	.375	.148
	Sig. (2-tailed)	.473	.150	.002	.232
	N	67	67	67	67

Table 4.11

Point Biserial Correlation

Pearson Correlation		Education Level	Certification	Gender
CAT-Adm© Score	Pearson Correlation	.139	-.001	-.136
	Sig. (2-tailed)	.260	.996	.272
	N	67	67	67

Summary of Findings

Statistical analysis provided mathematical findings to support the hypothesis and answer the study's research question. Departments received higher overall patient experience scores when the staff nurses perceived their nurse manager as caring. Additionally, the more times staff nurses saw the nurse manager during a shift, the more staff nurses perceived the nurse manager as caring. There was no statistically significant correlation between shift worked, tenure in the department, education level, certification, number of departments for which the manager was responsible, age, or gender and perceptions of nurse manager caring behavior.

CHAPTER 5

DISCUSSION

Chapter 5 includes a discussion of study findings, strengths, limitations, context with current literature, implications, and conclusions. The purpose of this study was to explore the relationship between nurses' perception of nurse manager caring behavior and the patient experience. This study has provided insight into the impact leadership has on patient outcomes.

During the survey window the region experienced a shelter in place order in response to the COVID-19 pandemic. On Monday, March 23, St. Louis city and county enacted the shelter in place order. The survey window opened on Monday, March 2, 2020 and closed Tuesday, March 31, 2020. There were 70 (81%) responses when the shelter in place order was enacted. There were only eight days left in the survey window, during which time 16 (19%) additional responses were collected. While the participation rate was significantly lower than the average response rate for an electronic survey collection, it is unlikely related to the COVID-19 pandemic and shelter in place order. Therefore, the likeliness of the COVID-19 pandemic having a direct impact on the response rate is low. Another concern addressed during the COVID-19 pandemic was the healthcare response to ensuring capacity to care for the positive patient populations. As a result of the pandemic, many hospitals converted units to care for COVID-19 patients. However, during the survey window, no departments included in this study were altered to accommodate COVID-19 patients.

Strengths

There were two notable strengths to this study. First, this study is innovative because it is the first in this domain of research regarding nurse leadership behaviors and the relationship to patient outcomes. There is limited research available that explores the relationship between nursing leadership and patient outcomes. This study was the first to explore the relationship between staff nurses' perceptions of nurse manager caring behaviors and a patient outcome, specifically patient experience. The second strength was the use of the CAT-adm© instrument. The use of the newly developed CAT-adm© offered a valid and reliable tool to measure staff nurses' perceptions of nurse manager caring behavior. Because little is known about how nurse manager caring behaviors impact patient outcomes, this study offers a foundation for future research.

Limitations

There were several limitations associated with this study. The limitations include the use of a single site, study design, and elements of the sample. The first limitation is the use of a single setting as the study site. The setting was a Magnet® organization. Being Magnet® designated implies that that the organization has high patient experience and nurse satisfaction scores that meet or exceed national benchmarks. Including multiple sites would have diversified the baseline status of the organization. The second limitation pertains to the study design. The study was a correlational study, which only identifies the relationship between variables. A correlational study design does not identify cause and effect between variables. While the findings of this study suggest a positive relationship between staff nurses' perceptions of nurse manager caring behaviors and patient experience, they do not support that the caring behaviors cause the outcome of the patient experience. Finally, the

last limitation was regarding three elements of the sample. The first of these was the use of convenience sampling. The limitation of convenience sampling is the lack of clear generalizability (Jager, Putnick, & Bornstein, 2017). The next limitation regarding the sample was the small sample size. There was only an 8% response rate of the sample that participated in the study. An average of 41 staff nurses worked on each department that was included in this study. However, participation per department ranged from one to nine, which is only two to 22% of the total population for each department. The individual data values were averaged for each department and used as a representation of the population average. The low participation rate could have resulted in items not reaching the .05 level of significance, sampling error, and bias, which is a considerable concern regarding the accuracy of the results. The target sample size was 85 in order to achieve a power of .80. A power of .80 was not achieved and therefore increases the probability of rejecting the null when it should have been accepted. The last element of the sample that was a limitation was staff nurses providing feedback on their nurse manager. Asking subordinates to provide their opinion about their nurse manager may cause fear of retaliation. Additionally, the survey link was sent to the staff nurses from their nurse manager. Future study designs should consider removing the manager from the study procedures. The nurse managers' involvement and fear of retaliation could impact response rate.

Context with Current Literature

This study contributes to the state of the science for nurse leadership research, patient experience research, and leadership research as a whole.

Caring Behaviors

Previous research has explored nurse leadership characteristics in relation to patient experience (Adams et al., 2018; Zaghini et al., 2020). However, these studies focused on leadership characteristics and were not a representation of leadership caring behaviors (Adams et al., 2018; Zaghini et al., 2020). There is current literature that provides descriptive evidence for nurse manager caring behaviors. The quantitative body of literature focused on nurse manager caring behaviors supports a relationship with various nursing outcomes and elements of the nurse practice environment. Adams and colleagues (2018) used nurse leaders as the study population rather than staff nurses. Gaining knowledge from the perspective of the staff nurse is important as they are the recipients of nurse manager caring behaviors. The current study advances the state of the science by providing findings that correlate nurse manager caring behaviors to a patient outcome, specifically the patient experience.

A critical element that contributed to the start of advancing this knowledge was the development of a valid and reliable instrument that measured nurse manager caring behaviors from the perspective of the staff nurse (Wolverton et al., 2018). The availability of the CAT-adm© provides an opportunity to explore the relationship of nurse manager caring behaviors on other variables. This study was the first to use the most recent version of the CAT-adm© to examine the relationship of nurse manager caring behaviors to the patient experience.

This study further expands on the state of the science regarding nurse manager visibility. Qualitative study findings have demonstrated that staff nurses felt cared for when they saw their nurse manager during their shift (Feather et al., 2015; Roch et al., 2014). The

results from this study support existing literature that purports the more visible the nurse manager is, the more staff nurses perceive that nurse manager as caring.

Patient Experience

Researchers have identified interventions that healthcare organizations can implement to improve the patient experience. These interventions focused on an action or task between the staff nurse and patient or the nurse manager and the patient. This study added that the relationship between the staff nurses and nurse manager is correlated to the patient experience. The literature on patient experience is not expanded to nurse manager caring behaviors. The caring behaviors highlight the impact of relationship-based interactions between staff nurses and nurse managers on the patient experience.

Leadership Theory

There are a number of leadership theories that are relationship focused but are not specific to nursing. Transformational leadership is defined as leadership behaviors that transform and inspire followers to perform beyond expectations (Avolio, Walumbwa, & Weber, 2009). Authentic leadership theory suggests that leadership behaviors are transparent and ethical by encouraging information sharing and follower input in making decisions (Avolio et al., 2009). Both of these theories include relationship building behaviors. While these theories are not unique to nursing, they have been included in the nursing leadership literature. For example, incorporating authentic leadership principles that focus on self-awareness, relational transparency, and ethical behavior into nurse manager training will promote work engagement of staff nurses (Bamford, Wong, & Laschinger, 2013). Caring behaviors as defined by the QCM provide a leadership framework specific to the nursing profession. This study, when positioned in the context of other leadership theories, is

innovative in exploring specific nurse manager caring behaviors and the relationship with not only nursing outcomes but the patient experience.

Implications

This study has implications on the QCM, policy, leadership practice, patient care outcomes, and future research. While the results indicate there is a positive relationship between staff nurses' perceptions of nurse manager caring behaviors and the patient experience, due to the insufficient sample size to reach the desired power of .80, the results should be interpreted with caution.

QCM

This study's results supported the concepts within QCM that served as a framework to guide this study. The specific QCM concepts that guided this study were the relationship-centered professional encounters and feeling "cared for," measured by the CAT-adm©. For this study, the relationship-centered professional encounter was the interaction between the nurse manager and the staff nurse. As a result of these encounters, the staff nurse felt "cared for." The results of this study supported these concepts; specifically, the correlation between the CAT-adm© and frequency the nurse manager was visible to the staff nurse. This correlation is a direct example of the caring factor, attentive reassurance, where the manager is present and available (Duffy, 2013). Leaders can enact attentive reassurance by having an optimistic outlook and noticing changes and improvements in caring behaviors demonstrated by staff nurses (Duffy, 2013). The frequency of physical presence, such as through rounding, by the nurse manager, will reinforce the caring factor, attentive reassurance (Duffy, 2013).

The CAT-adm© scores support that staff nurses perceived their nurse managers as demonstrating caring behaviors. When the staff nurse felt cared for by his/her nurse manager, patients reported a better overall hospital experience. The patients felt that healthcare professionals considered their preferences for needs after discharge in departments where staff nurses felt cared for by their nurse manager. This correlation implies that staff nurses were able to demonstrate caring behaviors during interactions with their patients. Listening to the patient's preferences and engaging the patient in the plan of care is an example of the QCM caring factors mutual problem solving, human respect, appreciation of unique meaning, and basic human needs. The recommendation for leaders is to model caring behaviors based on the caring factors outlined in the QCM in all professional interactions with staff nurses. Therefore, staff nurses will emulate these behaviors during patient interactions.

Policy

The policy implications of this study are relevant to the reimbursable outcome of patient experience. The results suggest that nurse manager caring behaviors are positively correlated to the patient experience. Specifically, patients rated their hospital experience higher on departments where staff nurses perceived their nurse manager as demonstrating caring behaviors. Responses to HCAHPS questions are used to calculate VBP payments (Centers for Medicare and Medicaid Services, 2018). Therefore, healthcare organizations should consider incorporating the element of caring behaviors when developing leadership programs as a strategy to improve patient experience and ultimately increase financial reimbursement from Medicare services.

The HCAHPS survey was used because it is a standard survey instrument that measures patients' perspectives of hospital care (Centers for Medicare and Medicaid Services, 2019a). The HCAHPS survey results impact the reimbursement for healthcare organizations under the VBP program through CMS. However, psychometric testing has not been completed on the instrument since the original three-state pilot study in 2003 (The Agency for Healthcare Research and Quality, 2003). Since the original psychometric testing, questions have been added and removed from the survey, which impacts the overall validity and reliability. The validity and reliability are important to ensure an accurate reflection of the patient experience and the financial implications the results have on hospitals. There are considerable policy implications of using a tool that is not valid and reliable as a determinant for reimbursement.

Leadership Practice

The results of this study have implications on the relationship between the nurse manager and staff nurses. Results support that the more staff nurses see their nurse manager during their shift, the more the nurse manager is perceived as caring. This correlation could be attributed to developing the caring relationship through interpersonal interactions. The interpersonal interaction aligns with the QCM that served as a theoretical framework guiding this study. The relationship between nurse manager and staff nurses can be developed through the incorporation of caring behaviors in day-to-day interactions. These interactions can occur by a number of methods. However, the results of this study imply these interactions are most effective when completed in person during department rounding.

The correlation between the staff nurses' perceptions of nurse manager caring behaviors and the number of times a staff nurse sees his or her nurse manager during a shift

has a number of implications. The first implication is regarding the frequency that nurse managers should be physically visible and present during a staff nurse's work shift. The frequency of physical interactions allows opportunities to build the caring relationship. The implication for practice is that managers should incorporate a regular department rounding in their daily schedules. Nurse managers should use this time to have interpersonal interactions with staff nurses that lead to the development of a caring relationship. The interaction should be focused on the caring factors as defined by Duffy (2018). These caring factors include engaging the staff nurse in mutual problem solving, providing attentive reassurance, showing respect, being encouraging, appreciating unique meanings, facilitating a healing environment, ensuring basic human needs are met, and providing affiliation needs (Duffy, 2018). In order to ensure the nurse manager can incorporate these elements during staff nurse interactions, caring behaviors should be included in nurse manager training and development curriculum.

Caring behaviors should be incorporated into leadership development programs. These programs should include caring behaviors as an essential element into how a nurse manager completes his or her day-to-day work. The curriculum should incorporate the caring behaviors that contribute to each caring factor as defined by Duffy (2018). The relevant leadership behaviors that contributed to the perception of caring should be an ongoing competency for nurse managers. Offering ongoing development in caring behaviors will strengthen the nurse managers ability to build caring relationships with the staff nurses he or she leads.

The correlation between the demographics and the CAT-adm© scores have implications for nursing leadership practice. The majority of the staff nurses who

participated in this study were 25 to 34 years old. This age range represents a portion of the millennial generation. Millennials have been associated with being technologically savvy and less competent in interpersonal skills (Caramanzana, 2020). Previous qualitative literature has explored how millennial nurses connect with the patient and develop a caring relationship (Caramanzana, 2020). Caramanzana (2020) reported that millennial nurses felt a sense of well-being and fulfillment when they first felt a caring connection with a patient. Caramanzana (2020) suggested that the nurse manager had a role in mentoring staff nurses to develop these caring interactions. The implications of the results in this study suggest that the same is true regarding the relationship built between the nurse manager and millennial staff nurse. Therefore, the results of this study suggest the importance of nurse managers demonstrating caring behaviors and setting an example to staff nurses on how have meaningful professional interactions. The sample was predominantly female. Based on previous research, there is a low probability that gender influenced the results of this study. Liu and colleagues concluded that gender does not impact caring behavior (Liu, Hsu, Hung, Wu, & Pai, 2019).

Patient Care

When staff nurses perceive their nurse manager as caring, the patient has a more positive experience in that patient care environment. Healthcare organizations or departments focusing on improving patient experience should include nurse manager development as a strategy. In addition to the implications for patient experience, there are also implications for patient safety and clinical effectiveness. This conclusion is based on previous literature that patient experience has an impact on patient safety and clinical effectiveness (Doyle, Lennox, & Bell, 2013). Research focusing on understanding the

relationship between nursing leadership practice and patient experience will have an overall impact on improving patient care.

Future Research

Repeating this study may be considered with a different data collection methodology, such as in-person, paper and pencil data collection. One study that used face-to-face interactions with paper surveys saw a response rate of 74% and attributed the high response rate to the in-person data collection procedure (Duffy, Culp, & Padrutt, 2018). The in-person interaction may alleviate any concerns regarding fear of retaliation. This study included the manager in the distribution of the survey link, which may have impacted the response rate of the staff nurses. By removing the department nurse manager from the procedures, there may be an increase in participation.

Multiple study sites could also be considered. The multiple study sites could include urban, community, and rural hospitals. The different study sites could also include Magnet and non-Magnet. Including pediatric hospitals should also be a consideration. Pediatric hospitals would provide additional knowledge in regard to the nurse-parent/guardian relationship. The varying study sites would allow for generalizability in the results. Other instruments that measure patient experience could also be considered. Finally, the demographic questions and instruments used should be reviewed. The question regarding the number of times the staff nurses see their nurse manager could be reworded to better reflect the quality of interactions. Future research should consider using a different instrument, such as Press Ganey, to measure patient experience due to the outdated psychometric testing currently available for the HCAHPS survey. Additionally, future research could include psychometric testing on the current HCAHPS instrument.

Another consideration is to add additional study sites and recruit additional participants until a desirable sample size is achieved. This includes having 85 data points, which for this study were patient care departments, for the correlation. Other study sites could include different hospital demographics such as rural and non-Magnet. Diversifying the study sites will increase the generalizability of the results as well as improve the statistical significance.

Further research is suggested to expand on the correlation between the staff nurses' perceptions of nurse manager caring behaviors and the number of times staff nurses saw their nurse manager in the department during a shift. The purpose of a future study could be to explore if perceptions of nurse manager caring behaviors are positively impacted by the quantity or quality of the interactions with the nurse manager. Based on previous research and the QCM, the hypothesis would suggest that it is the quality of interactions that develop the relationship.

Conclusion

The aim of this study was to examine the correlation between staff nurses' perceptions of nurse manager caring behaviors and patient experience. The results support the research hypothesis that patients on departments where staff nurses perceive their nurse managers demonstrate caring behaviors will report a better hospital experience. This was based on the correlation between the CAT-adm© score and the overall hospital rating question in the HCAHPS survey. The answer to the research question, "What is the relationship between nurses' perceptions of nurse manager caring behaviors and patient experience?" is there is a positive relationship between the two variables. However, the study results should be interpreted with caution based on the low sample size. This study

should be repeated with attention to the methodology of how responses were collected with the intent to increase the sample size.

This study was an innovative contribution to nursing science by being the first study to examine nurse manager caring behaviors and their relationship with patient outcomes. The development of the CAT-adm© instrument has provided opportunities to build on the knowledge regarding nurse manager caring behaviors. This addition to current knowledge will contribute to developing highly competent and skilled nurse managers. As a result of leadership development, nurses will feel cared for and ultimately improve the patient experience.

APPENDIX A

STAFF NURSE DEMOGRAPHIC QUESTIONNAIRE

Confidential

Staff Nurse Perceptions of Nurse Manager Caring Behaviors

Thank you for your participation.

Study Title:
The relationship between staff nurses' perceptions of nurse manager caring behaviors and patient experience: A correlational study

Authorized Study Personnel
Principal Investigator: Rita Lasiter, Ph.D. Office: (816) 235 - 6766
Secondary Investigator: Kelley Kostich, Ph.D.(c)
Cell: (314) 363-4746

KEY INFORMATION
You are being asked to take part in this research study because you are a staff nurse on a unit that collects patient experience data through HCAHPS. Research studies are voluntary and only include people who choose to take part. The purpose of this research is to examine the relationship between nurses' perceptions of nurse manager caring behaviors and patient experience. The total amount of time you would be in this study is 5-10 minutes. During your participation you will be involved in completing the Clinical Nurse Demographic Questionnaire and the Caring Assessment Tool - Administration (CAT-adm). Taking part in this research involves the following risks or discomforts: answering questions about your nurse manager. Taking part in this study includes the following benefits: results may lead to interventions that may improve the patient experience. You have the alternative of not taking part in this study.

Please read this consent form carefully and take your time making your decision. As the researcher(s) discusses this consent form with you, please ask him/her to explain any words or information you do not clearly understand. Please talk with your family and friends before you decide to take part in this research study. The nature of the study, risks, inconveniences, discomforts, and other important information about the study are listed below.

Risks: emotional discomfort in discussing your manager's caring behavior; breach of privacy, as some questions may seem uncomfortable; and breach of confidentiality, as there is a possibility that your data could become disclosed outside of the research team.

Dr. Sue Lasiter, Ph.D., RN and Kelley Kostich, Ph.D.(c), RN, NE-BC will conduct the study.

WHY IS THIS STUDY BEING DONE?
The purpose of this study is to advance the state of the science by developing new knowledge about the relationship between staff nurses' perceptions of nurse manager caring behaviors and the patient experience.

You are being asked to be in this study because you work on a unit that collects HCAHPS data, and the unit manager has been in his/her managerial role for at least 6 months. You must have been employed on the eligible unit for a minimum of 6 months and must work a minimum of 24 hours per week on you unit.

○ I consent to participate in this study.
○ I do not consent to participate in this study.

HOW MANY PEOPLE WILL TAKE PART IN THIS STUDY?
Approximately 250 people will take part in this study at BJH.

WHAT IS INVOLVED IN THE STUDY?
You will be asked to complete 2 surveys using an internet-based questionnaire. Each survey will take 3-5 minutes to complete and you may complete them where you feel most comfortable.

HOW LONG WILL I BE IN THIS STUDY?
The study only includes completing this survey one time.

WHAT ARE THE RISKS OF THE STUDY?
There are no physical risks associated with this study. There is, however, the potential risk of loss of confidentiality. Every effort will be made to keep your information confidential; however, this cannot be guaranteed. Your data will be collected without directly identifiable information, and all data will be reported in the aggregate, so no one will know which responses belong to you.

Some of the questions we will ask you as part of this study may make you feel uncomfortable. You may refuse to answer any of the questions and you may take a break at any time during the study. You may stop your participation in this study at any time.

This research also includes the risk of emotional and/or psychological distress because the surveys involve sensitive questions about your nurse manager.

ARE THERE BENEFITS TO TAKING PART IN THE STUDY?
The benefits to science and/or society may include better understanding of how nurse manager caring behaviors impact the patient experience. However, you may not get any benefit from being in this research study.

WILL MY INFORMATION BE KEPT CONFIDENTIAL?
The University of Missouri System, Authorization No. 00-018 requires research data to be retained for 7 years after the final report.
Reasonable steps will be taken to protect your privacy and the confidentiality of your study data. The data will be stored electronically through a secure server and will only be seen by the research team during the study and for 7 years after the study is complete.

The only persons who will have access to your research records are the study personnel, the Institutional Review Board (IRB), and any other person, agency, or sponsor as required by law. The information from this study may be published in scientific journals or presented at scientific meetings but the data will be reported as group or summarized data and your identity will be kept strictly confidential.

WHAT ARE THE COSTS TO YOU?
There is no cost to you to be in this research study.

WHAT ABOUT COMPENSATION?
No compensation will be provided.

WHAT SHOULD YOU DO IF YOU HAVE A PROBLEM DURING THIS RESEARCH STUDY?

Your well-being is a concern of every member of the research team. If you have a problem as a direct result of being in this study, you should immediately contact one of the people listed at the beginning of this consent form.

WHAT ABOUT MY RIGHTS TO DECLINE PARTICIPATION OR WITHDRAW FROM THE STUDY?
You can choose to stop participating at any time without penalty or loss of any benefits to which you are entitled. However, if you decide to stop participating in the study, we encourage you to talk to the researcher first to make sure it is safe to do so.

You can decide not to be in this research study, or you can stop being in this research study ("withdraw') at any time before, during, or after the research begins for any reason. Deciding not to be in this research study or deciding to withdraw will not affect your relationship with the researcher(s) or with the University of Missouri Kansas City.

You will not lose any benefits to which you are entitled.

WHOM DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?
You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study.

For study-related questions, please contact the researcher(s) listed at the beginning of this form.

For questions about your rights as a research participant, or to discuss problems, concerns or suggestions related to your participation in the research, or to obtain information about research participant's rights, contact the UMKC Institutional Review Board (IRB) Office
• Phone: (816) 235-5927
• Email: umkcirb@umkc.edu

STATEMENT OF CONSENT
The purpose of this study, procedures to be followed, risks and benefits have been explained to me. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction. I have been told whom to contact if I have questions, to discuss problems, concerns, or suggestions related to the research, or to obtain information. I have read or had read to me this consent form and agree to be in this study, with the understanding that I may withdraw at any time.

Have you worked on your current unit for at least 6 months?	○ Yes ○ No
How many hours, average, do you work on the unit you were hired?	○ Less than 12 hours ○ 12 hours to 23 hours ○ 24 hours to 36 hours ○ Greater than 36 hours

What is your department	◯ 2100 ◯ 4900 ◯ 5800 ◯ 5900 ◯ 6200 ◯ 6400 ◯ 6500 ◯ 6800 ◯ 6900 ◯ 7200 ◯ 7300 ◯ 7400 ◯ 7500 ◯ 7900 ◯ 8100 ◯ 8800 ◯ 8900 ◯ 9200 ◯ 9800 ◯ 10200 ◯ 10500 ◯ 10800 ◯ 11200 ◯ 11300 ◯ 11400 ◯ 11500 ◯ 11800 ◯ 12100/12200 ◯ 12800 ◯ 14400/14500 ◯ 16300 ◯ 16400 ◯ 17300 ◯ 17400
What is your primary shift that you work as a clinical nurse on the unit you were hired?	◯ 8-hour day shift ◯ 8-hour evening shift ◯ 8-hour night shift ◯ 12-hour day shift ◯ 12-hour night shift ◯ 12-hour day shift (weekends only) ◯ 12-hour night shift (weekends only) ◯ Rotation of multiple shifts ◯ I prefer not to answer
How long have you worked in your current unit?	◯ Six months to one year (6 months - 1 yr.) ◯ Greater than one year to three years (>1-3 yrs.) ◯ Greater than 3 years to 5 years (>3-5 yrs.) ◯ Greater than 5 years to 10 years (>5-10 yrs.) ◯ Greater than 10 years to 15 years (>10-15 yrs.) ◯ Greater than 15 years to 20 years (>15-20 yrs.) ◯ Greater than 20 years to 25 years (>20-25 yrs.) ◯ Greater than 25 years ◯ I prefer not to answer

What is your highest level of education?	◯ RN Diploma ◯ Associates Degree Nursing ◯ Bachelor Degree Nursing ◯ Bachelor Degree Non-nursing ◯ Master Degree Nursing ◯ Master Degree Non-nursing ◯ Doctorate Degree ◯ Some graduate classes ◯ I prefer not to answer
Do you any professional certifications? (Examples: CEN, CCRN, CMSRN, etc.)	◯ Yes ◯ No
If you answered yes to the above question, please select type of certification (Choose all that apply)	☐ Cardiac medicine certification (CMC) ☐ Cardiac surgery certification (CSC) ☐ Critical care RN (CCRN) ☐ Certified emergency nurse (CEN) ☐ Certified dialysis nurse (CDN) ☐ Certified nephrology nurse (CNN) ☐ Certified pediatric nurse (CPN) ☐ Certified nurse OR (CNOR) ☐ Certified neuroscience RN (CNRN) ☐ Certified post anesthesia nurse (CPAN/CAPA) ☐ Certified pediatric hematology oncology nurse (CPHON) ☐ Certified rehabilitation registered nurse ☐ Certified wound care nurse (CWCN) ☐ Certified wound and ostomy care nurse (CWOCN) ☐ Certified gastroenterology RN (CGRN) ☐ Gerontological nurse (RN-BC) ☐ Medical-surgical nurse (RN-BC) ☐ Pediatric nursing (RN-BC) ☐ Neonatal intensive care (RN-BC) ☐ Oncology certified nurse (OCN) ☐ Orthopedic nurse certification (ONC) ☐ Progressive care certified nurse (PCCN) ☐ Sexual assault nurse examiner adult/adolescent(SANE-A) ☐ Sexual assault nurse examiner pediatric (SANE-P) ☐ Other
How many patient care departments/units is your nurse manager responsible?	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ greater than 6 ◯ I do not know ◯ I prefer not to answer
On average, how many times do you see your nurse manager during your shift?	◯ 0 ◯ 1-3 ◯ 4-6 ◯ 7-9 ◯ greater than 10 ◯ I do not know ◯ I do not wish to answer

What is your current age?	◯ Under 25 years old (< 25) ◯ 25 to 34 years old (25-34) ◯ 35 to 44 years old (35-44) ◯ 45 to 54 years old (45-54) ◯ 55 to 64 years old (55-64) ◯ Over 65 years old (65+)
What is your gender that you currently identify yourself?	◯ Male ◯ Female ◯ Other ◯ I prefer not to answer
What is your ethnicity?	◯ Hispanic / Latino ◯ Not Hispanic / Latino ◯ I prefer not to answer
What is your race (Choose all that apply)?	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ I prefer not to answer

APPENDIX B

CARING ASSESSMENT TOOL-ADMINISTRATION (CAT-ADM©)

Confidential

Caring Assessment Tool - Administration (CAT-adm(c))

Purpose: The purpose of the study is to examine the relationship between nurses' perceptions of nurse manager caring behaviors and patient experience.

Nursing Implications: This study will contribute to the discipline of nursing by providing new knowledge on how nurse manager caring behaviors impact patient experience. The new knowledge will contribute to nurse manager development programs regarding caring behaviors.

Participation is Voluntary: Your participation in this survey is voluntary. Your responses will be kept confidential. The information provided from this survey will be used for research purposes.

Thank you for taking the time to participate in this study and contribute to nursing knowledge!

	Answer the items by considering the frequency that your manager demonstrates the indicated behavior. Begin each item with "My manager..."	
1	Keeps me informed	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always
2	Allows me to choose the best time to talk about my concerns	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always
3	Openly shows concern for me.	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always
4	Asks me about how I like to do my work.	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always
5	Helps me deal with my bad feelings	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always
6	Expresses human emotions when they are with me.	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always
7	Is patient with me even when I am difficult.	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always
8	Is interested in information I have to offer about the work	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always
9	Accepts what I say, even if it is negative.	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always
10	Is aware of my feelings.	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always
11	Helps me find solutions regarding my work problems.	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always
12	Asks me how I think my work is going.	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always

13	Asks me how I think about nursing/healthcare.	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always
14	Provides me with literature about my work.	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always
15	Checks with me to make sure I understand what is going on in the workplace.	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always
16	Makes sure my co-workers know what I need.	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always
17	Makes me feel safe.	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always
18	Helps me feel special.	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always
19	Keeps me challenged.	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always
20	Allows me time off to be with my family/friends.	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always
21	Helps me achieve my work goals.	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always
22	Understands my unique situation.	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always
23	Is concerned about how I view things.	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always
24	Knows what is important to me.	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always
25	Acknowledges my inner feelings.	○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Always

APPENDIX C

HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS

AND SYSTEMS SURVEY

HCAHPS Survey

SURVEY INSTRUCTIONS

- You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient.
- Answer all the questions by checking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

  ☐ Yes
  ☑ No ➔ ***If No, Go to Question 1***

You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.
Please note: Questions 1-22 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #0938-0981 (Expires TBD)

Please answer the questions in this survey about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

YOUR CARE FROM NURSES

1. **During this hospital stay, how often did nurses treat you with courtesy and respect?**

   [1]☐ Never
   [2]☐ Sometimes
   [3]☐ Usually
   [4]☐ Always

2. **During this hospital stay, how often did nurses listen carefully to you?**

   [1]☐ Never
   [2]☐ Sometimes
   [3]☐ Usually
   [4]☐ Always

3. **During this hospital stay, how often did nurses explain things in a way you could understand?**

   [1]☐ Never
   [2]☐ Sometimes
   [3]☐ Usually
   [4]☐ Always

4. **During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?**

   [1]☐ Never
   [2]☐ Sometimes
   [3]☐ Usually
   [4]☐ Always
   [9]☐ I never pressed the call button

YOUR CARE FROM DOCTORS

5. **During this hospital stay, how often did doctors treat you with courtesy and respect?**

   [1] ☐ Never
   [2] ☐ Sometimes
   [3] ☐ Usually
   [4] ☐ Always

6. **During this hospital stay, how often did doctors listen carefully to you?**

   [1] ☐ Never
   [2] ☐ Sometimes
   [3] ☐ Usually
   [4] ☐ Always

7. **During this hospital stay, how often did doctors explain things in a way you could understand?**

   [1] ☐ Never
   [2] ☐ Sometimes
   [3] ☐ Usually
   [4] ☐ Always

THE HOSPITAL ENVIRONMENT

8. **During this hospital stay, how often were your room and bathroom kept clean?**

   [1] ☐ Never
   [2] ☐ Sometimes
   [3] ☐ Usually
   [4] ☐ Always

9. **During this hospital stay, how often was the area around your room quiet at night?**

   [1] ☐ Never
   [2] ☐ Sometimes
   [3] ☐ Usually
   [4] ☐ Always

YOUR EXPERIENCES IN THIS HOSPITAL

10. **During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?**

    [1] ☐ Yes
    [2] ☐ No ➔ **If No, Go to Question 12**

11. **How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?**

    [1] ☐ Never
    [2] ☐ Sometimes
    [3] ☐ Usually
    [4] ☐ Always

12. **During this hospital stay, were you given any medicine that you had not taken before?**

    [1] ☐ Yes
    [2] ☐ No ➔ **If No, Go to Question 15**

13. **Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?**

    [1] ☐ Never
    [2] ☐ Sometimes
    [3] ☐ Usually
    [4] ☐ Always

14. **Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?**

    [1] ☐ Never
    [2] ☐ Sometimes
    [3] ☐ Usually
    [4] ☐ Always

WHEN YOU LEFT THE HOSPITAL

15. **After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?**

    [1] ☐ Own home
    [2] ☐ Someone else's home
    [3] ☐ Another health facility ➔ **If Another, Go to Question 18**

16. **During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?**

    [1] ☐ Yes
    [2] ☐ No

17. **During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?**

    [1] ☐ Yes
    [2] ☐ No

OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

18. **Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?**

    [0] ☐ 0 Worst hospital possible
    [1] ☐ 1
    [2] ☐ 2
    [3] ☐ 3
    [4] ☐ 4
    [5] ☐ 5
    [6] ☐ 6
    [7] ☐ 7
    [8] ☐ 8
    [9] ☐ 9
    [10] ☐ 10 Best hospital possible

19. **Would you recommend this hospital to your friends and family?**

    [1] ☐ Definitely no
    [2] ☐ Probably no
    [3] ☐ Probably yes
    [4] ☐ Definitely yes

UNDERSTANDING YOUR CARE WHEN YOU LEFT THE HOSPITAL

20. **During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.**

    [1] ☐ Strongly disagree
    [2] ☐ Disagree
    [3] ☐ Agree
    [4] ☐ Strongly agree

21. **When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.**

[1] ☐ Strongly disagree
[2] ☐ Disagree
[3] ☐ Agree
[4] ☐ Strongly agree

22. **When I left the hospital, I clearly understood the purpose for taking each of my medications.**

[1] ☐ Strongly disagree
[2] ☐ Disagree
[3] ☐ Agree
[4] ☐ Strongly agree
[5] ☐ I was not given any medication when I left the hospital

ABOUT YOU

There are only a few remaining items left.

23. **During this hospital stay, were you admitted to this hospital through the Emergency Room?**

[1] ☐ Yes
[2] ☐ No

24. **In general, how would you rate your overall health?**

[1] ☐ Excellent
[2] ☐ Very good
[3] ☐ Good
[4] ☐ Fair
[5] ☐ Poor

25. **In general, how would you rate your overall mental or emotional health?**

[1] ☐ Excellent
[2] ☐ Very good
[3] ☐ Good
[4] ☐ Fair
[5] ☐ Poor

26. **What is the highest grade or level of school that you have completed?**

[1] ☐ 8th grade or less
[2] ☐ Some high school, but did not graduate
[3] ☐ High school graduate or GED
[4] ☐ Some college or 2-year degree
[5] ☐ 4-year college graduate
[6] ☐ More than 4-year college degree

27. **Are you of Spanish, Hispanic or Latino origin or descent?**

[1] ☐ No, not Spanish/Hispanic/Latino
[2] ☐ Yes, Puerto Rican
[3] ☐ Yes, Mexican, Mexican American, Chicano
[4] ☐ Yes, Cuban
[5] ☐ Yes, other Spanish/Hispanic/Latino

28. **What is your race? Please choose one or more.**

[1] ☐ White
[2] ☐ Black or African American
[3] ☐ Asian
[4] ☐ Native Hawaiian or other Pacific Islander
[5] ☐ American Indian or Alaska Native

29. **What language do you <u>mainly</u> speak at home?**

[1] ☐ English
[2] ☐ Spanish
[3] ☐ Chinese
[4] ☐ Russian
[5] ☐ Vietnamese
[6] ☐ Portuguese
[7] ☐ German
[9] ☐ Some other language (please print):
_____

THANK YOU

Please return the completed survey in the postage-paid envelope.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

HCAHPS Care Transitions Measure® Copyright Statement
(HCAHPS *Quality Assurance Guidelines V14.0)*

*Hospitals/Survey vendors **must** include the following copyright statement, preferably on the last page of the survey:*

English Version

"Questions 1-19 and 23-29 are part of the HCAHPS Survey and are works of the U.S. Government. These HCAHPS questions are in the public domain and therefore are NOT subject to U.S. copyright laws. The three Care Transitions Measure® questions (Questions 20-22) are copyright of Eric A. Coleman, MD, MPH, all rights reserved."

Internet Citation
http://www.hcahpsonline.org Centers for Medicare & Medicaid Services, Baltimore, MD. *Month, Date, Year the page was accessed.*

APPENDIX D

PERMISSION TO USE CAT-ADM© TOOL

From: Wolverton, Cheryl Lynn <cwolvert@iu.edu>
Sent: Monday, April 1, 2019 5:26 AM
To: Kostich, Kelley (UMKC-Student) <kmp25c@mail.umkc.edu>
Cc: Sue Lasiter <lasiterr@umkc.edu>
Subject: Re: Formal Permission Request

Dear Ms. Kostich,

You have my permission to utilize the Caring Assessment Tool-Administration (CAT-adm©). Your research aim is very exciting and something that is needing further research.

Best,

Cheryl Wolverton PhD, RN, NEA-BC

APPENDIX E

STUDY SITE LETTER OF SUPPORT, CHIEF NURSING OFFICER

October 31, 2019

Kelley Kostich, MSN, RN, NE-BC
PhD Student
School of Nursing and Health Studies
University of Missouri-Kansas City
Kansas City, Missouri 64080

Dear Ms. Kostich:

I am pleased to offer my support for your grant proposal "The relationship between staff nurses' perceptions of nurse manager caring behaviors and patient satisfaction: A correlational study." As the Chief Nursing Officer of Barnes-Jewish Hospital, I fully support this study.

Members of the research department are currently working closely with you and will continue to do so with this dissertation study. Nursing leadership is very important to maintaining a healthy nurse practice environment to produce a positive patient experience. Again, I offer my full support for this much needed work. I look forward to hearing your results at a presentation with the Medicine Leadership group.

I wish you success in obtaining funding for this project and look forward to continued collaboration with you in the future.

Sincerely,

Angelleen Peters-Lewis, PhD, RN
Vice President, Patient Care Services
Chief Nursing Officer
Barnes-Jewish Hospital

APPENDIX F

INSTITUTIONAL REVIEW BOARD (IRB) APPROVAL

UMKC Institutional Review Board
University of Missouri-Kansas City

5319 Rockhill Road
Kansas City, MO 64110
816-235-5927
umkcirb@umkc.edu

February 24, 2020

Principal Investigator: Rita S Lasiter Department: Nursing - General

Institutional Review Board University of Missouri-Kansas City

5319 Rockhill Road Kansas City, MO 64110 816-235-5927 umkcirb@umkc.edu

Your Amendment Form to project entitled "The relationship between staff nurses' perceptions of nurse manager caring behaviors and patient experience: A correlational study" was reviewed and approved by the UMKC Institutional Review Board according to the terms and conditions described below:

IRB Project Number IRB Review Number

Initial Application Approval Date
Approval Date
RB Expiration Date Level of Review Application Status Project Status
Risk Level
Type of Consent HIPAA Category

Approved Documents

2017612
260203

December 17, 2019

February 21, 2020 N/A
Expedited Approved

Active - Open to Enrollment
Minimal Risk
Consent with Waiver of Documentation No HIPAA

Stamped Consent v. 2.16.2020
Attachment to the "email to YES unit managers" explaining how to set emails on delay in outlook.
email sent to managers if they meet the eligibility criteria for the study 1st email send to unit managers
Revised consent

The principal investigator (PI) is responsible for all aspects and conduct of this study. The PI must comply with the following conditions of the approval:

1. No subjects may be involved in any study procedure prior to the IRB approval date or after the expiration date (if applicable).
2. All unanticipated problems must be reported to the IRB on the Event Report within 5 business days of becoming aware of the problem. Unanticipated problems are defined as events that are unexpected, related or possibly related to the research, and suggests the research places subjects or others at a greater risk of harm than was previously known or recognized. If the unanticipated problem was a death, this is reportable to the IRB within 24 hours of notification of occurrence/becoming aware of occurrence.

3. On-site deaths that are not unanticipated problems must be reported within 5 days of awareness on the Death Report, unless the study is such that you have no way of knowing a death has occurred, or an individual dies more than 30 days after s/he has stopped or completed all study procedures/interventions and required follow-up.
4. All deviations (non-compliance) must be reported to the IRB on the Event Report within 5 business days of becoming aware of the deviation.
5. All changes must be IRB approved prior to implementation unless they are intended to reduce immediate risk. All changes must be submitted on the Amendment Form.
6. All recruitment materials and methods must be approved by the IRB prior to being used.
7. For studies requiring a Continuing Review Report (CRR) must be submitted to the IRB for
   review and approval at least 30 days prior to the project expiration date. If the study is complete, the Completion/Withdrawal Form may be submitted in lieu of the CRR.
8. Securely maintain all research records for a period of seven years from the project completion date or longer depending on the sponsor's record keeping requirements.
9. If applicable, utilize the IRB stamped consent documents and other approved research documents located within the document storage section of eCompliance. These documents are highlighted green.

If you have any questions, please contact the IRB at 816-235-5927 or umkcirb@umkc.edu.

Thank you,

MKC Institutional Review Board

APPENDIX G

STUDY SITE RESEARCH COUNCIL APPROVAL

From: Jennifer Sledge <jennifer.sledge@bjc.org>
Sent: Monday, January 20, 2020 10:46 AM
To: Kostich, Kelley (UMKC-Student) <kmp25c@mail.umkc.edu>
Cc: Marilyn Schallom <marilyn.schallom@bjc.org>; Jennifer Sledge <jennifer.sledge@bjc.org>
Subject: RE: BJH Proposal Review Decision (Kelley Kostich)

Good morning Kelley,

Thank-you for addressing the review committee recommendations.
We have a few minor edits to the email (see attached).
All BJC emails are listed with first and last names, as such: Jennifer.sledge@bjc.org
Please let me know if you receive a bounce back from any emails.

You have permission to begin your study at BJH.
We wish you all the best with your doctoral research.

Please contact us with any questions,

Lynn and Jennifer

APPENDIX H

RECRUITMENT EMAIL TO DEPARTMENT MANAGERS

Dear <department manager name>,

Your unit, <insert department>, has been invited to participate in a research study being conducted at Barnes-Jewish Hospital for a doctoral student's dissertation. This study has been endorsed by the BJH proposal review committee, your department director, and your Vice President of Patient Care Services/Chief Nursing Officer, Dr. Angelleen Peters-Lewis, Ph.D., RN, FAAN (see attached letter of support).

The research question for this study is, "What is the relationship between nurses' perceptions of nurse manager caring behaviors and patient experience?"

The reason we want to know more about nurse manager caring behaviors is for leadership development and education. Over time and with practice, nurse managers demonstrating caring behaviors build relationships that result in staff nurses feeling cared for and may ultimately lead to improved patient outcomes.

My ask of you as the unit manager is:

Reply to this email by Tuesday, February 25th answering "yes" or "no" to the following question: "Have you been the manager on this unit for at least 6 months?"

- If "No", your unit is not eligible for the study and no further action is needed
- If "Yes" see below additional asks
    1. Let me know how many (headcount) staff nurses work in your department(s).
    2. Post the attached research study flyer in your unit
    3. You will receive a separate email from me with additional instructions
    4. I will send reminder emails for you to forward to your staff on days 14 and 21 of the study start date.

Thank you for your participation in this study!

Best,
Kelley Kostich, Ph.D. (c), RN, NE-BC
UMKC Ph.D. Student
Kmp25c@umkc.edu
314-363-4746

APPENDIX I

STUDY FLYER

APPENDIX J

EMAIL FORWARDED TO STAFF NURSES

Good Evening <department manager name>,

You replied "YES" to "Have you been the manager on this unit for at least 6 months?" As a result, your unit is eligible to participate in the research study - "What is the relationship between nurses' perceptions of nurse manager caring behaviors and patient experience?"

Please forward the below message to all Staff Nurses in your department(s) on Monday, March 2, 2020.

Thank you for your participation in this study!

Best,
Kelley Kostich, Ph.D. (c), RN, NE-BC
UMKC Ph.D. Student
Kmp25c@umkc.edu
314-363-4746

Forward the below message:

Dear Clinical Nurse,

You are invited to participate in a research study being conducted at Barnes-Jewish Hospital for a doctoral student's dissertation.

The research question for this study is, "What is the relationship between nurses' perceptions of nurse manager caring behaviors and patient experience?"

The reason we want to know more about nurse manager caring behaviors is for leadership development and education. Over time and with practice, nurse managers demonstrating caring behaviors build relationships that result in staff nurses feeling cared for and may ultimately lead to improved patient outcomes.

Taking part in research is always optional and the identities of participants are anonymous. You will be asked to select your department, and the data will be reported in the aggregate. This data is necessary to match the department's patient experience data.

To be eligible to participate in this study, you must meet the following criteria:

- Have worked on the current unit for at least 6 months
- Work an average of 24 hours per week on the current unit

Participating in the survey will take about 5-10 minutes. The Institutional Review Board (IRB) from the University of Missouri, Kansas City (UMKC) has approved this study. There is no cost to participate in the study.

Once the study is complete, the project findings will be presented at BJH to which all employees will be invited to attend.

If you are interested in participating in this study, please click the link below:

Staff Nurse Perceptions of Nurse Manager Caring Behaviors

or

https://is.gd/NurseManagerCaringBehaviors

The link will be active until March 31, 2020.
Thank you for your time.

Sincerely,
Kelley Kostich, Ph.D. (c), RN, NE-BC
University of Missouri, Kansas City
Kmp25c@umkc.edu
314-363-4746

APPENDIX K

REMINDER EMAIL FORWARDED TO STAFF NURSES

Good Morning,

Your units are currently participating in a research study being conducted at Barnes-Jewish Hospital for a doctoral student's dissertation.

Please forward the below email to the same distribution group you sent the original invitation.

Dear Staff Nurse,

This serves as a friendly reminder that you are invited to participate in a research study being conducted at Barnes-Jewish Hospital for a doctoral student's dissertation.

The research question for this study is, "What is the relationship between nurses' perceptions of nurse manager caring behaviors and patient experience?"

The reason we want to know more about nurse manager caring behaviors is for leadership development and education. Over time and with practice, nurse managers demonstrating caring behaviors build relationships that result in staff nurses feeling cared for and may ultimately lead to improved patient outcomes.

Taking part in research is always optional and the identities of participants are anonymous. **You will be asked to select your department, and the data will be reported in the aggregate. This data is necessary to match with the department patient experience data.**

To be eligible to participate in this study, you must meet the following criteria:

- Have worked on the current unit for at least 6 months
- Work an average of 24 hours per week on the current unit

Participating in the survey will take about 5-10 minutes. The Institutional Review Board (IRB) from the University of Missouri, Kansas City (UMKC) has approved this study. There is no cost to participate in the study.

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Click on the link below to begin the survey:

Staff Nurse Perceptions of Nurse Manager Caring Behaviors

or

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The link will be active until March 31.
Thank you for your time.

Sincerely,

Kelley Kostich, Ph.D. (c), RN, NE-BC
University of Missouri, Kansas City
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314-363-4746

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Ms. Kostich entered the University of Missouri at Kansas City Nursing Ph.D. program with a passion for learning about the nursing profession. Understanding nursing practice and how the profession significantly contributes to patient outcomes and the community continues to be a source of inspiration for Ms. Kostich. Upon completion of the Doctor of Philosophy degree, Ms. Kostich plans to continue elevating the practice of nursing in order to improve patient outcomes.