

CREATING A CARING ATMOSPHERE IN AN INTENSIVE STROKE CARE UNIT IN INDONESIA: AN ACTION RESEARCH APPROACH

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ABSTRACT

The purpose of this study was to create a caring-healing environment in the unit in order to improve the quality of nursing care. This paper describes one cycle of an action research study that was carried out in an intensive stroke care unit at a hospital in Medan, Indonesia. Fifteen participants were involved in this study. Individual in-depth interviews, focus group discussions, participant observation, field notes, and photo recordings were used to collect data and to inform the actions. Data were analyzed by content analysis with Weft QDA program for data management. The findings revealed that after one cycle of the Action Research study the caring-healing environment in the unit improved to a certain degree. The nurses had become used to establishing caring relationships with patients and family members. The nurses also started to change their behaviors by focusing their nursing more on and about their patients.

Keywords: *action research, caring atmosphere, quality of nursing care*

INTRODUCTION

The intensive stroke care unit (ISCU) is a unit at Pirngadi General Hospital (PGH). PGH is one of the public teaching hospitals that provides acute and intensive care for stroke patients in Medan, Indonesia. Consisting of eight beds, this unit received 362 patients during the year 2006, an occupancy rate of 90.3%. The patient care approach instituted at the time of this study was very task oriented, and was based on a medical model. This was the approach that best described the ethos of care used by nurses in daily practice. General procedures and manuals of care developed by administrative nurses were used as instructive guides that direct the practice of nursing.

As quality has become the main issue in healthcare, the nursing department at PGH placed great efforts into enhancing the quality of nursing care in the hospital, particularly in the intensive stroke care units. Prior to this project, a series of in-service training programs were conducted in order to increase the nurses' cognitive, affective, and psychomotor skills in their practice. Despite these enhancements, patient satisfaction indices regarding the quality of nursing service was only at moderate level (Setiawan, Fauziah, & Lubis, 2003). Particularly addressed as a quality index was that instead of demonstrating caring behaviors to the patients, the nurses usually spent their time completing

routinary tasks. Nursing care was done by following a set of established procedures because of the high workload of nurses. Therefore, interpersonal interactions between nurses and patients were infrequent and the care lacked a humanistic approach. It was also observed that some nurses talked to patients in a loud and harsh manner. In addition, there were guidelines for caring were not specific for intensive stroke patients which could have helped the nurses to practice professionally. This made the quality of nursing care sub-optimal. These findings suggested that there was a need for improvement of nursing care quality which could be accomplished by rigorously and routinely examining the modes of care delivery and the quality of care of patients in intensive care settings. Developing a model of practice grounded on a nursing theory appears to be a vital key to the improvement of quality of nursing care.

In order to effectively induce a lasting change in practice, and change the ethos of a practice site, it is important to engage the staff in the development of these changes (Reason & Bradbury, 2001). In addressing this change, an action-based research approach was used to involve all the nurses on the unit along with the researcher to effectively develop a model of care and define the best way possible to implement the change. This involved a preliminary reconnaissance step to describe and document the existing situation and a series

of action-based cycles of planning, acting, observing, and reflecting (Kemmis & McTaggart, 1988). Results of the first cycle are addressed in this paper. The basic model was developed from extensive literature review and discussions with the staff and one cycle of action research study aimed at beginning to implement the model in a meaningful sustainable way.

PURPOSE

The purpose of this study was to create a caring atmosphere in an intensive stroke care unit in order to improve nursing care quality through the use of an Action Research approach. In this way, the process and the changes can be documented.

FRAMEWORK OF THE STUDY

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

Donabedian's (2005) framework for evaluating the quality of nursing care was also incorporated into the framework of the study. This framework was used to guide the process of action research which has purpose to improve the quality of nursing care in the research setting. Basically, the quality of nursing care can be described in three approaches: studying the structural variables involved; studying the process of care; and studying the outcome of care (Donabedian, 2005). In this study, the quality of nursing care was used as guideline in directing the process of change and determining the outcomes.

METHOD

Study design

Action research is a participatory, democratic process concerned with developing practical knowledge in the pursuit of worthwhile human purposes which

bring together action and reflection (Reason & Bradbury, 2001). It generates knowledge about systems while at the same time attempting to promote social and organizational change (Titchen & Binnie, 1993). It offers the possibility of working with participants in a way which is non-hierarchical and non-exploitative, may be used to make change, and closes the theory-practice gap (Web, 1999). This approach results in facilitated change and helps practitioners research their own practice and because it engages the participants who are in the position both to know the context of the work necessary and to execute the change. In addition, as the participants are engaged in the change, it has the potential to result in change that is sustainable. It is a suitable research method in terms of improving quality of care since action research generates practical knowledge intended to assist in raising standards of care and delivery of nursing service (Holloway & Wheeler, 2002). Action research method was chosen due to its potential to bridge the gap between theory, research and nursing practice.

The specific action research method described by Kemmis and McTaggart (1988) consist four phases: planning, acting and observing, reflecting, and re-planning. This method was used in this study. An early reconnaissance step in the action research approach focuses on the researcher becoming familiar with the unit and establishing a collaborative relationship with the staff. In addition, an initial assessment was conducted to establish baseline data and understanding prior to the action based process to effect change.

Ethical consideration

Before initiating the study, the study was approved by the Institutional Review Board of the Faculty of Nursing, Prince of Songkla University. Permission was also granted from the director of Pirngadi General Hospital to conduct this study in the hospital.

The nature and process of the study was explained to the participants by giving a full explanation concerning the purposes of the study, the voluntary nature of participating in the study, and the benefits of the findings for nursing profession. The participants were asked to volunteer and become involved in this study. Tapes and transcripts from interviews were kept confidential. Tape recordings have been erased after the data were transcribed. All information provided were treated in confidence and no names appeared on the transcribed interviews. Extracts of the interview

may be used in the research report, but participants' names would not be indicated in any way. Furthermore, the participants were informed that no risks other than one would expect in daily life are associated with their participation.

Setting and Participants

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

Fifteen nurse participants were involved in this first cycle of action research. The majority of the participants (nine nurses) held a nursing diploma, while three held a bachelor's degree. The other three held an SPK degree, which is a high school equivalent, and their role was similar to a nursing assistant. Half of the nurse participants had worked at the intensive stroke care unit more than five years of experience. Other than the nurse participants, there were other participants involved in this study; three nurse supervisors, a neurologist, a pharmacist and a physiotherapist.

Data collection

Data collection methods included individual in-depth interviews, focus group discussions, participant observation, field notes, and photography. Individual in-depth interviews and focus group discussions were conducted at the end of each of the action research cycle, while, participant observation, fields notes, and photography were conducted during the whole research process.

Data analysis

Content analysis was used to analyze the data in this study. Audio recordings of the interviews were transcribed verbatim. The transcripts were analyzed by using Weft QDA program version 1.0.1. This software was found to be indicated for analyzing textual data such as interview transcripts and field notes.

RESULTS

The Action Research Process

Planning

Planning efforts for improving the practice

of nurses in the ISCU were jointly carried out by the participants and the researcher. Two main plans were made to direct the project:

- 1) formulation of a vision and mission of the unit based on the caring philosophy and
- 2) the promotion of participants' awareness of developing a caring atmosphere in the unit.

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

Action and observation

Based on the research plan, the researcher, the head nurse (*acting as a role model of caring-conscious nurse*) and the nurse participants carried out the following actions:

(1) Initial meeting with the director of nursing service

An initial meeting among the researcher, three nurse participants, a supervisor, and the director of nursing service was organized to establish the common understanding of the project being implemented. This meeting was important because all parties who needed to be involved in the project were gathered together in one setting. The director of nursing service conveyed her agreement of the project and gave her support for its implementation. She also expressed her hope that the project would change the situation in the ISCU and that the unit would become a model for the efforts to develop improved patient care in other facilities. The unit was expected to be a pilot unit for future caring projects. Another fruitful outcome from this meeting included a commitment among all the parties involved to give their best efforts in the implementation of the project and formalize commitments to caring. The director of nursing service also suggested that the researcher not only implement the project per se, but also, if possible make improvements in the management of the unit so that by the project's end, it would be a top-quality intensive stroke care unit.

(2) Developing a vision and mission for the unit

At the time of the study, the unit did not have a vision and mission in place to give direction to nurses in their delivery of nursing care. Therefore, the researcher,

nurse participants, and supervisors agreed to develop a vision and mission for the unit. At a meeting led by the head nurse, the vision and mission were developed based on a caring philosophy. It was believed that an established vision would encourage nurse participants to be more caring in their interaction with patients, families and other parties involved in the patients' care. The vision for the unit was thus written as follows:

"To be a national center for critical stroke patients that provides high quality care with a humanistic approach". The missions of the unit consisted of the following:

- to deliver quality nursing care to critical stroke patients following the vision,
- to provide nursing practices supported by education, research, innovation and collaboration;
- to develop a humanistic partnership among the health care team, patients, and family members
- to respect the contribution of health care personnel and
- to develop a culture of innovation and continuous study.

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

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

After the morning presentation, Assoc. Prof. Dr. Arphorn Chuaprapaisilp, RN was also invited to visit the ISCU. During her visit, she taught the group of nurses (which comprised all of nurse participants and some nurses from other wards) about caring for intensive stroke patients. Besides giving explanation on caring, she also performed nursing actions that demonstrated how caring could be applied to the patients in this unit. She performed massage, talked to a comatose patient

(the patient moved her head and produced tears), demonstrated energy therapy, and more. This visit increased the awareness of the nurse participants on the significance of caring nursing practice for patients and it encouraged them to practice better for their patients. Most importantly it gave them readily applicable examples of nursing actions that they could incorporate in the care to the patients in their unit.

(4) Improving interpersonal interaction

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

(5) Performing activities to promote caring

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

(6) Structural changes to promote caring activities

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

(7) Policy changes to promote caring

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

During this cycle, observations were made in terms of the implementation of the clinical practice guideline (CPG) by the nurse participants and the impacts of the guideline on the caring atmosphere in the unit and the caring behavior of the participants.

Reflection

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

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

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

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

The participants claimed to have gained many

benefits which included increased knowledge, more experience, closer relationships with patients, increased family satisfaction, greater trust from family members, improved quality of nursing care, and the growth of feelings of true caring to the patients. These benefits were expressed by a participant who claimed:

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

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

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

"Some nurses felt unhappy, especially their comments on my performance: You don't need to perform like that. Their comments were really mentally disturbing me. I felt how come there was no good response for what I have done." (Nurse Participant 5)

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

Revised plan

After reflection was made based on this information, it was found that the caring atmosphere in the ISCU had improved to some degree: The nurses had become used to establishing caring relationships with patients and family members by greeting them and often communicating with them. The nurses also had started to change their behaviors to be more caring such as paying more attention to their patients' needs.

For the next cycle, two plans were set up:

- 1) to conduct a workshop on caring for intensive stroke patients and
- 2) to apply the tentative professional caring model on a one nurse one patient basis and evaluate the results.

DISCUSSION

In this study, the nurses perceived that they exhibited improved caring behaviors. One participant exclaimed that she paid more attention to her patients and family members. She even tried using Batak language (local language) when giving explanation in order to promote close relationship and enhance understanding to the patients and family members. Furthermore, they stated that they established a higher tolerance for annoyances, created feelings of love for others, and had an increased sense of empathy with the patients and families. These findings were consistent with a study by Wadas (1993) in which professional nurse case managers were developed using Watson's 10 carative factors. Wadas asserted that the use of the model allowed the nurse managers to exhibit caring behaviors rather than curing behaviors only. In addition, through the use of the model, the case manager developed transpersonal and empathetic relationships with patients in the hospital.

The nurses also perceived that there was an improvement in their knowledge of intensive stroke care and enrichment in their experiences as stroke care nurse. These may be due to the provision of regular workshops, individual and group discussions, and also due to the direct application of the caring protocol by the nurses in their daily work. In this way, the purpose of action research which is to empower the research participants was accomplished through their self-construction of knowledge (Reason & Bradbury, 2001). In addition, improved knowledge is important for nurses in improving their caring when interacting with patients and family members. Furthermore, Watson emphasizes the importance of knowledge in caring, and described this as one of the carative factors relating to the systematic use of the scientific problem-solving method for decision making (Watson, 1999).

CONCLUSIONS

This study indicated that an action research study was useful in creating a caring atmosphere in an Intensive Stroke Care Unit in Indonesia. The participants also began to improve their caring behaviors by focusing their nursing more on their patients and family members.

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

RECOMMENDATIONS

Recommendations will be given on three aspects: nursing research, nursing practice, and nursing education. For nursing research, based on the successful use of action research to make changes, the author suggests that other nurses or health team members may use action research approach as an effective way to change practice. For nursing practice, the author suggests that nurses should apply a caring theory as guideline in providing daily care to patients and significant others. Use of Watson's theory of human

caring in this study helps the participant in improving their caring behaviors by understanding human caring as the essence of nursing. For nursing education, it is recommended that nurse educator to equip their students with caring mind before entering a hospital and having contact with patients. student's understanding on caring will assist them in initiating proper interaction not only with patients, but also with family members and other health care members. **MJN**

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