Ubiety in Nursing Practice — Making each patient the star of the minute

Rita K. Amoah
University of Massachusetts Medical School

Let us know how access to this document benefits you.

Follow this and additional works at: https://escholarship.umassmed.edu/gsn_diss

Part of the Nursing Commons

Repository Citation

Creative Commons License
This work is licensed under a Creative Commons Attribution 4.0 License.
This material is brought to you by eScholarship@UMassChan. It has been accepted for inclusion in Graduate School of Nursing Dissertations by an authorized administrator of eScholarship@UMassChan. For more information, please contact Lisa.Palmer@umassmed.edu.
Ubiety in Nursing Practice — Making each patient the star of the minute

A Dissertation Presented

By

Rita Konadu Amoah

Submitted to the Graduate School of Nursing
University of Massachusetts Medical School
In partial fulfilment of the requirements for the degree of

Doctor of Philosophy

Nursing

July 2021

Approved as to style and content by:

Carol Bova PhD, RN, ANP

Susan Sullivan-Bolyai, DNSc, CNS, RN, FAAN

Jesica Pagano-Therrien, PhD, RN, CPNP
Table of Contents

Title page………………………………………………………………………………… 1
Table of contents………………………………………………………………… 2
Abstract …………………………………………………………………………… 3
Dissertation proposal…………………………………………………………… 4-35
Summary of changes from proposal ………………………………………… 36
Dissertation defense slides………………………………………………… 37-47
Dissemination plan…………………………………………………………… 48
Interview guide………………………………………………………………..
Abstract

PURPOSE: The purpose of this study was to explore the experiences of registered nurses when practicing ubiety.

SPECIFIC AIMS: The specific aims of the study were to:
1. Describe the attributes of the nurse, the care environment, and the person-centered processes nurses needed to possess to immerse themselves physically, cognitively, and spiritually into caring for one patient at a time in midst of distractions
2. Explore possible patient-related and nurse-related outcomes when caring for one patient at a time in amidst distractions

DESIGN: Qualitative descriptive study guided with the Person-Centered Nursing (PCN) Theory by McCormack and McCance, (2006). A purposive sampling technique was used.

RESULTS: 13 nurses, who were nominated to receive the Daisy Award were recruited. One overarching theme: Practicing Ubiety—Making the patient the star of that minute, and 5 subthemes emerged: anticipating and managing distractions, putting my whole self in, self-preservation, my nursing identity, favorable practice environment. In addition, patient-related and nurse-related outcomes were identified.

CONCLUSION: Ubiety is a concept that is practiced by expert nurses. Results add to existing knowledge about the characteristics of exemplar nurses who practice person-centered nursing care. The importance of anticipating patient needs as a way to deal with distractions and working with nurses to individualize self-preservation strategies are emphasized.
Dissertation Proposal

Introduction

One problem of the modern-day healthcare system is valuing industrialization of healthcare (Youngson & Blennerhassett, 2016) over humanization of healthcare (Tehan et al., 2019; Will et al., 2008; Youngson & Blennerhassett, 2016). Industrializing healthcare—sometimes referred to as corporatization of medicine—is characterized by upholding philosophical ideas like rationalism, materialistic science, productivity, efficiency, and profit (Youngson & Blennerhassett, 2016); leaving limited room for being mindful of the human as the focus of care. Meanwhile, there is ample evidence of the enormous benefits of humanizing healthcare, compassionate care, patient-centered care, person-centered care, and promoting therapeutic provider-patient relationships (Pereira, Figueiredo-Braga, & Carvalho, 2016; Kelley et al., 2014). Nurses play an essential role in promoting this type of care; since building therapeutic relationships and humanizing patient care is the very essence of the nursing discipline (Tehan et al., 2019; and Will et al., 2008).

The ability of nurses to care for one patient at a time amidst numerous distractions is an important nursing art. The nurse-patient relationship is a dynamic subjective process between two human beings (the nurse and the patient) with one needing assistance owing to ill-health (Evans, 2015; Travelbee, 1971). This relationship goes beyond administration of orders and completion of tasks; it calls for the physical/biological, psychological, social, professional, spiritual, and informative/instructional commitment from the nurse. The Nurse-patient
relationship affects coping and influences overall patient satisfaction (Prip et al., 2017) and is at the core of patient satisfaction (Evans, 2015; Waters, Edmondston, Yates & Gucciardi, 2016).

Unfortunately, contemporary nursing practice often leaves little time for building these relationships (Lake, Germack & Viscardi, 2015). It is estimated that 73.4% of nurses miss at least one important nursing task in a shift and 47.6% of the nurses reported being unable to comfort or develop therapeutic communication with their patients due to increasing work demands (Lake et al., 2015). Nurses face numerous practice demands, such as: complex patient needs, widened nurse-patient ratios, increased dependence on technology, cost-efficiency concerns and repeated distractions from hostile work environment such as patient/family-to-nurse abuse, and nurse—to-nurse abuse (Kieft, de Brouwer, Francke & Delnoij, 2014; Yang et al., 2016). The effect of these demands can be detrimental to patient satisfaction and safety (Van Bogaert et al., 2014; Van Bogaert et al., 2017).

Distractions can lead to an increase in burnout and stress among nurses (Trahan & Bishop, 2016) including medication errors and other patient safety concerns (Yoder, Schadewald & Dietrich, 2015). Since the therapeutic nurse-patient relationship is individualistic and complex, with the nurse’s attention drawn in many directions (Evans, 2015), nurses need an all-encompassing concept that considers all of these nurse-patient interaction characteristics in a busy world. The concept of ubiety fits this need.

This concept of ubiety is defined as the ability of nurse to cognitively, physically and spiritually immersed into the care of one patient at a time amidst distractions (Amoah, 2018; unpublished paper). With ubiety, the nurse can help the patient find meaning in illness through respect, empathetic listening, intentional kindness, mindfulness and spirituality. There is a wide range of patient-centered nursing concepts (such as: holism, presence, respect, and caring) in the
literature; aiming to improve nurse-patient/family communication, and also increase patient satisfaction (Edvardsson, Watt & Pearce, 2016; Flagg, 2015). However, few of these concepts have been examined within the context of multiple distractions.

The Person-Centered Nursing Theory by McCormack and McCance, (2006) was chosen to guide this qualitative descriptive study because the main tenets are commensurate with the concept of Ubiety in Nursing Practice. The framework consists of four constructs:

- **Prerequisites**: which are the attributes of the nurse, including being professionally competent, having developed interpersonal skills, being committed to the job, being able to demonstrate clarity of beliefs and values, and knowing self.
- **The care environment** is the context within which nursing care is delivered
- **Person-centered processes**: is the manner and activities the nurse use to deliver person-centered care. These processes include working with patient beliefs and values, engagement, having sympathetic presence, sharing decision-making and providing for physical needs.
- **Expected outcomes** are the results of effective person-centered nursing care (McCormack & McCance, 2006)

The purpose of this study is to use the person-centered nursing theory to explore the experiences of registered nurses in caring for one patient at a time amidst distraction. The specific aims of this study are to:

1. Describe the attributes of the nurse, the care environment, and the person-centered processes nurses need to possess in order to physically, cognitively and spiritually immerse themselves into caring for one patient at a time in the midst of distractions.
2. Explore possible patient-related and nurse-related outcomes when caring for one patient at a time in the midst of distractions.

**Attributes of the Nurse as prerequisites of person-centered care**

The following attributes of the nurse are key to the execution of person-centered care:

- professional competence,
- cultural competence,
- interpersonal skills,
- commitment to the nursing profession,
- clarity of values and beliefs,
- knowledge about the nurse’s own self (McCormick and McCance, 2006; Darnell & Hickson, 2015; Tucker et al., 2011).

Professional competence is the knowledge and skills the nurse possesses to provide quality care in a timely manner, doing all nursing tasks in an order of importance (McCormack and McCance, 2006). Professionally competent nurses approach care from a biopsychosocial perspective; treating the whole biological, psychological and social aspects of the individual’s life (Scholl et al., 2014). Being professionally competent also involves a nurse demonstrating cultural competence (Darnell & Hickson, 2014). Cultural competence of health care providers is not only a prerequisite of patient-centered care; but also significantly associated with adherence to provider treatment regimen recommendations and promotes patient satisfaction (Darnell & Hickson, 2014; Tucker et al., 2011).

A nurse’s interpersonal skills are the yardstick that healthcare consumers use to evaluate nurses (Elmi, Wardatul, Mahardika & Eko, 2018; Kol, Ankan, Ilasian, Akinci, & Kocak, 2018; Prip et al., 2017). For example, about 36% of patient satisfaction is related to the interpersonal
skills of the nurse (Kim-Soon, Musbah, & Ahmad, 2017). In a study by Santos and colleagues (2019), families of pediatric patients indicated that a good nurse is the one who respects individuality of patients, promotes autonomy and reliably takes best actions according to the health needs of patients. Similarly, Randall and Hill (2012) described trustworthiness, kindness, and ensuring privacy and the dignity of patients as the characteristics attributed to a good nurse. Great interpersonal skills that allow the nurse to show respect for individuality and communicate appropriately are attributes highly upheld by patients across the lifespan (Randall & Hill, 2012; Santos et al., 2019; Riviere et al., 2019; Sanakova & Cap, 2019) and among multi-ethnic patients (Goh et al., 2016). There is empirical evidence depicting a strong relationship between the interpersonal skills of nurses and patient satisfaction (Kim-Soon, Musbah, & Ahmed, 2017; Prip et al., 2017).

Demonstration of strong interpersonal skills and cultural competence (in the bid to promote person-centered care) is dependent on how well that nurse knows himself/herself (McCormack & McCance, 2006; Younas, 2020). Self-awareness is the third of the four levels of consciousness, which is defined as deliberately placing one’s attention on oneself while processing private and public information about the person’s values, beliefs, feelings, behaviors, and attitudes (Eckroth-Bucher, 2010; Morin, 2011; Rasheed, 2015; Rasheed et al, 2018). Self-awareness is a valuable tool for increasing the nurse’s cultural competence interpersonal skills. For example, self-awareness is found to be significantly associated with empathy (Haley et al, 2017) and the nurses’ communication ability (Oh, Ko, Kim & Kim, 2015). From the above evidence, one can infer that the attribute of self-awareness—a prerequisite of person-centered nursing like practicing *Ubiety*—promotes effective communication and interpersonal skills
which in turn has the potential to increase patient satisfaction and safety in a fast-paced healthcare environment.

**The Care Environment**

The care environment is an important nursing concern; for example, a one-point increase in the standard deviation of the nurse work environment results in an 8.1% decrease in the odds (OR 0.919, p<0.001) of patient mortality (Olds, Aiken, Cimiotti, & Lake, 2017). In simple terms, an unsafe nurse work environment is associated with increased risk of patient mortality (Olds et al, 2017). The present-day nurse works in a very busy and fast-paced environment characterized by increased use of advanced technology, increased workload and high patient acuity. Interruption can be defined as a brief or lengthy cessation of a task in progress as a result of internal or external distractions (Cohen et al., 2017; Sasangohar et al., 2012). The modern healthcare environment is deluged with many interruptions (Kellogg et al., 2018) and although some interruptions are positive and may help to ensure patient safety, the negative interruptions in the nurse’s environment can be overwhelming. An example of such detrimental interruption is a nurse in the middle of medication administration, stops to go attend to a patient who suddenly screams in agony for help as a result of a fall; or halts medication administration to respond to a phone call. In the above example, the phone call (technology) is a distraction causing an interruption (a cessation) in medication administration. An analysis of a Multihospital Patient Safety Reporting System revealed that nurses are 50% more interrupted than other interdisciplinary healthcare professionals (Kellogg et al., 2018). Medication administration is the most interrupted nursing activity which can result in medication error (Kellogg et al., 2018).

The present healthcare work environment (irrespective of the setting) is described as stressful and unfavorable for nurturing therapeutic nurse-patient relationships across a variety of
healthcare settings; which adversely affects the nurse-patient relationship (Misti et al., 2019). In a study of emergency department nurses, 100% of the participants admitted that the chaotic nature of the environment coupled with high patient acuity, staff shortages, and lack of self-care are the main factors that hinder caring behaviors toward patients (Enns and Sawatzky, 2016). Higher occupational stress among long term care nurses is found to be associated with higher emotional exhaustion and depersonalization (Woodhead et al., 2016). If nurses are emotionally detached from their work, they often consider any patient encounter and nursing in general as just a job and not a calling (Tye, 2017) and the outcomes are detrimental to patient safety and satisfaction (Evans, 2015; Prip et al., 2017; Waters et al., 2016). Based on the characteristics of the modern nursing environment and the detrimental effects on healthcare discussed, there is the need to equip nurses with the necessary resources to deliver the best quality patient centered care possible. A healthier nurse work environment results in greater job satisfaction, better job performance, higher quality of patient care and subsequent increased organizational financial benefits (Wei, Sewell, Woody, & Rose, 2018).

**Person-Centered Nursing**

Person-centered care is about treating the patient as a unique person and not as a disease case. Strategies that nurses use to provide person-centered care including patient engagement, the use of sympathetic presence, working with patient’s values and beliefs, shared decision-making and providing physical care (McCormack and McCance, 2006).

Person-centered care is cost effective (Tay et al, 2017) and results in improved health outcomes (Fonesca, Franco, Ramos and Silva, 2016; Olsson et al, 2013; Tay et al., 2018). Among patients with dementia in an acute care setting, the use of person-centered processes led to a two-day shorter length of stay (Tay et al, 2018). Similarly, Brannstrom and Boman, (2014)
discovered that a reduced number of rehospitalization days occurred among patients with chronic heart failure who received person-centered care; 15 rehospitalizations (103 days) compared to 53 hospitalizations (305 days) in those not receiving person-centered care. Ulin, Olsson, Wolf, and Ekman, (2016) also revealed that the person-centered care intervention group spends 24 fewer days in the hospital than the usual care group (11 versus 35 days). These findings supported a prior quasi-experimental study by Olsson et al, (2014) which depicted 5.3 days as length of stay in the intervention group (patients with total hip arthroplasty receiving person-centered care) as compared to 7 days in the control group. Additionally, Tay and colleagues (2018) assert that about $23,000 per patient per admission can be saved for an average length of stay of 15 days. In the same vein, Hansson et al., 2015 noted a significant lower cost ($p=0.026$) for patients with chronic heart failure receiving person-centered care.

Several studies demonstrated faster wound healing occurs when person-centered care is used (Robinson, Norton, Jarrett, and Broadbent, 2017). For example, a 15-minute empathetic patient-centered interviewing approach (with nurses actively listening to patients’ personal concerns about the surgery and validating their fears and personalizing the delivery of pertinent information) revealed that the intervention group had faster wound healing than the controls (Pereira et al., 2016). In addition, person-centered nursing care increases patient self-care and quality of life (Brannstrom & Boman, 2014). In study, total symptom burden, self-efficacy, and quality of life improved by 18% ($P = 0.035$), 17% ($P = 0.041$), and 24% ($P = 0.047$), respectively among chronic heart failure patients who received person-centered care (Brannstrom & Boman, 2014). Patients with dementia (PWDs) in a prospective cohort study in an acute setting also showed improved wellbeing, quality of life, functional ability and significant reduction in ill-being and agitation when person-centered care processes were used (Tay et al., 2018). Patja et
al., (2012) saw participants improving as diastolic blood pressure dropped 10.8% lower in patients who received a person-centered health tele-coaching. Ultimately, person-centered care promotes patient and patient’s family satisfaction and McCormack and McCance (2006) attribute this outcome to the fact that person-centered nursing care is geared towards addressing a patient’s needs according to his/her uniqueness. Person-centered nursing environments have been found to have a significant direct relationship with increased life satisfaction ($\beta = 0.35$) of the patient (Yoon, 2018).

Person-centered care is not only beneficial to the patient but the provider as well. There is a significant positive association between person-centered care and professionals’ job satisfaction and the well-being (in dealing with work related stress) of employees caring for patients with intellectual disabilities (van der Meer, Nieboer, Finkenflugel, & Cramm, 2018) and also among employees in long-term care facilities (Brownie & Nancarrow, 2013). An approach to patient care that promotes the wellbeing of providers is worth investing as patient satisfaction has being found to be positively correlated with nurses' job satisfaction, work engagement, self-efficacy, self-regulation and anticipation (De Simone et al, 2018).

**The Concept of Ubiety in Nursing Practice**

Ubiety is a new concept being developed by the researcher and is defined as the ability of the nurse to immerse him/herself physically, cognitively, and psychologically in the care of one patient at a time amidst distractions (Amoah, 2018). As a person-centered concept, ubiety in nursing practice will provide nurses with a guiding principle for staying connected with patients in a distracted environment and may serve as the foundation for future interventions to enhance patient-centered care. To date, the attributes of the concept (via concept analysis) include: respect, active empathic listening, intentional kindness, spirituality, and mindfulness; while the
antecedents are the ability to prioritize tasks, delegate tasks participate in a work environment that maintains a culture of teamwork (see Appendix B for a table explaining the antecedents, attributes, and consequences of Ubie in nursing practice and Appendix C for a figure depicting the concept in operation). The proposed study will further elucidate this concept by collecting qualitative data from exemplar nurses to strengthen the original conceptualization.

Methods

Research design

Qualitative description (Sandelowski, 2000; Willis, Sullivan-Bolyai, Knafl & Cohen, 2016) will be used to explore the concept of ubie as practiced by registered nurses in an acute care setting.

Sample and Setting

A purposive sample of acute care registered nurses who have been identified by their managers, co-workers or patients as having the attributes of an exceptional nurse from an academic medical center in the Northeastern part of the USA (as demonstrated by winning the DAISY Award) or through snowball sampling will be recruited to participate in this study. Maximum variation sampling (Sandelowski, 1995) will be used to obtain a sample of nurses who vary by age, race, years of working experience and practice setting. The setting is an academic medical center in the Northeastern United States that has approximately 2,000 RNs. Permission to conduct this study has been granted by the Chief Nursing Officer.

Inclusion criteria: A registered nurse working in the acute care setting who has received the Daisy Award (see criteria below) between 2018 – 2020 will be eligible to participate in this study. This group of nurses was selected because they are the most likely
to practice ubiety because they were chosen by colleagues, patients, families and as demonstrating the qualities of being exceptional nurses. Daisy Award winners are selected based on criteria that the nurse consistently demonstrates:

- Active listening
- Excellent communication skills
- Proactively responsive to patients’ needs
- Being a team player
- Kindness
- Possessing the Florence factor (i.e. ability to create a culture of respect, compassion and also accountable for their own practice) (Tye, 2017)

We will also use snowball sampling to recruit additional registered nurses, referred by the Daisy Award study participants, who meet the same criteria. Participants must be English speaking and be willing to provide informed consent and be interviewed and audio recorded.

**Exclusion criteria:** Nurses who work in a managerial role, students and Licensed Practical Nurses (LPNs) will not be included in this current study owing to the limitations placed on the scope of practice for LPNs in acute settings like the chosen site for this preliminary study.

**Procedures**

All procedures related to the study will be approved by the study site Institutional Review Board (IRB). Participants will be informed about the voluntary nature of their participation and that they can either stop the interview at any time or refuse to answer specific questions. Participants will also be informed that the interviews will take approximately 60 minutes.
**Recruitment.** A purposive sampling technique will be used to recruit 15-20 study participants. Recipients and nominees of the Daisy Award at the study site will be recruited first and then a snowball technique will be used to recruit more nurses if needed. Since the beginning of the program at the study location in 2018, approximately 27 nurses have received the Daisy Award. An email will be sent to both recipients and nominees of this award program by a member of the nursing education team to invite the awardees and nominees to participate in the study. Potential study participants will contact the PI directly via email or cell phone. The PI will then explain the study and obtain informed consent for those interested in participating in the study. A fact sheet (explaining the study’s purpose, rights of participants, and plan in place for protection of participants’ confidentiality) will be sent via email to all potential participants for additional review. In addition, snowball sampling will be used to recruit other nurses that the Daisy Award recipients and nominees believe are exceptional nurses. The recruitment process will continue until informational redundancy occurs (Sandelowski, 1995).

**Data collection**

An iterative process of recruiting, collecting data and initial coding of data will be done. This will be a recurring process whereby the collected and coded data will determine subsequent recruitment and revisions made to the interview questions. Qualitative interviews will be conducted via zoom or face to face (according to subject preference, or current UMMS guidelines during the COVID-19 pandemic) by the principal investigator (PI) and audiotaped (no videotaping will be conducted). Each interview will last approximately up to one hour.
The interviews will be recorded with two digital voice recorders for backup purposes. Demographic data will be collected at the end of each interview to include participants’ age, gender, level of nursing education attained, years of experience, and work setting/nursing specialty. Immediately after each interview, field notes will be documented on participants’ body language, non-verbal cues, and the PI’s thoughts and reflections that could potentially bias findings of the study. An audit trail will be maintained throughout the study (starting from the interview sessions) to ensure the trustworthiness of the data collected (Lincoln & Guba, 1985). Keeping fieldnotes will help ensure transparency of analysis; avoiding forming conjectures without evidence (Willis et al., 2016).

With regards to ethical considerations during the data collection phase of the study, I will adopt Davies and Dodd’s (2002) suggestions for ensuring trust, honesty, and respect for participants. This goal will be achieved by avoiding interrupting the participants while they are answering a question.

The semi-structured interview will be conducted with questions created using the constructs of the person-centered nursing framework as a guide (see Appendix A). The questions on the interview guide are just the starting point and might be revised based on the responses from participants as needed.

**Data Management**

After each interview session, the audio recording will be reviewed to ensure sound clarity and complete recording of the entire interview. Initial notes will be taken, and the recording will be submitted for professional transcription. Demographic data (including participants’ age, race, years of work experience and work setting) will be entered into Statistical Package for the Social Sciences (SPSS) software (v.27) (at the time of data
collection) and saved on a password protected, encrypted drive. Missing data will be minimized, as the researcher will closely monitor the completion of the demographic form. A word document will also be created for the qualitative data (each transcribed interview). Each interview will be reviewed and compared to the recording and transcript to ensure accuracy of verbatim transcription. All observations will be recording in field notes and stored with the audit trail in a Word document. The transcripts, memos and field notes will be saved in the research drive as well. The hard copy of my field notes will be stored in a locked file. All the above-mentioned data sources will be stored for at least three years and then destroyed after publication of this study or within 5 years after data collection.

**Data analysis.**

Descriptive statistics will be used to describe the sample by age, race, and years of work experience as an RN. Data analysis will begin after the first interview by reading the transcripts and developing a written summary of each transcript to provide a gestalt of each interview (Willis et al., 2015). Thematic analysis will be used to analyze, identify, and report patterns found in the qualitative data (Braun & Clarke, 2006). The steps of thematic analysis as outline by Braun & Clarke, (2006) will be used in this study. First, an initial summary of each transcript will be done. Second, chunks of data that follow similar patterns will be color coded in Microsoft Word with a unique research identification (ID) number. Third, all of the data will be reviewed to find similar experiences, thoughts, and ideas across the chunks of data—leading to the identification of themes and sub-themes. Themes will also be identified based on either frequency of appearance within an individual response or across the various responses between various participants (Braun & Clarke, 2006). Fourth, after theme identification, a description and interpretation of meanings will be evaluated. This
level of interpretation will not include latent findings but rather the explicit findings from participants (Braun & Clarke, 2006; Graneheim & Lundman, 2004; Willis et al., 2016).

**Trustworthiness**

Trustworthiness of the study findings will be insured by adhering to Lincoln and Guba’s (1985) techniques for establishing credibility, transferability, dependability and confirmability of the findings of this study. The use of both interviews and field observation (triangulation) will produce better understanding of the concept of ubiety — ensuring credibility and confirmability. By field observation, the body language and non-verbal cues from nurses during the interview will be noted and analyzed. A detailed description of the study findings will be provided to enhance transferability. peer review and member checks will be used as the external audit technique to increase dependability of findings (Lincoln & Guba, 1985). Peer review will be done by asking research colleagues to review my study findings; paying attention to the alignment of my study aims with the findings. Member checks will be done with at least three nurse participants (who exhibited many of the qualities of ubiety in practice).

**Reflexivity**

The development of the ubiety concept came from my experiences and numerous patient encounters as a registered nurse. I acknowledge the fact that my personality and nativity from West Africa can potentially influence the analysis of participants’ descriptions of how they exhibit some of the attributes of ubiety that may differ from culture to culture (e.g. respect). For this reason, a consistent critical thoughtfulness of my personal beliefs, previous knowledge, and life experiences—that could potentially bias the conclusion of this study—will be done and clearly acknowledged (Koch & Harrington,
1998; Lincoln & Guba, 1985; Creswell, 2013). More so, this study is being conducted during the COVID-19 pandemic. It is possible that nurses’ responses could be influenced by providing care during this pandemic. As the principal investigator of this study and a practicing nurse, I’ll be mindful of the potential effect of these factors on the current study.

**Conclusion:**

The role of the modern-day nurse is complex. The ever-changing and busy nursing work environment is putting stress and strain on the development of the nurse-patient therapeutic relationship. There is an urgent need to understand conceptually how nurses practice in a person-centered way. This knowledge could lead to interventions that promote ubiety among students and new nursing graduates. In this way, we will equip the next generation of nurses with the necessary knowledge to reduce distractions and improve patient safety, patient satisfaction and maintain the reputation of nursing as the most trusted profession.


Psychology, 3(2), 77-101. doi: 10.1191/1478088706qp063oa


https://doi.org/10.2147/CIA.S38589


self-efficacy and agentic capacities on nurses' turnover intention and patient satisfaction.

*Applied Nursing Research, 39*, 130-140. https://doi.org/10.1016/j.apnr.2017.11.004


Nursing Therapeutic Communication with Patient Satisfaction.


doi.org/10.1016/j.jen.2015.12.003


Grant, C. and Osanloo, A. (2014). Understanding, selecting, and integrating a theoretical
framework in dissertation research: creating the blueprint for your “house”.

*Administrative Issues Journal Education Practice and Research.* DOI: 10.5929/2014.4.2.9


publications.


Morin, A. (2011). Self-awareness part 1: Definition, measures, effects, functions, and
antecedents. *Social and personality psychology compass, 5*(10), 807-823.
doi.org/10.1111/j.1751-9004.2011.00387.x


Parvan K, Ebrahimi H, Zamanzadeh V, Seyedrasooly A, Dadkhah D, Jabarzadeh F.

doi:10.5681/jcs.2014.004


Health coaching by telephony to support self-care in chronic diseases: clinical outcomes from The TERVA randomized controlled trial. *BMC health services research*, 12(1), 147.


Riviere, M., Dufoort, H., Van Hecke, A., Vandecasteele, T., Beeckman, D., & Verhaeghe, S.
(2019). Core elements of the interpersonal care relationship between nurses and older patients during their stay at the hospital: a mixed-methods systematic review. *International Journal of Nursing Studies.*


centeredness - a systematic review and concept analysis. *PloS one*, 9(9), e107828.

https://doi.org/10.1371/journal.pone.0107828


Summary of Changes from Proposal

No changes were made to the original study proposal.
Ubiety in Nursing Practice — Making each patient the star of the minute

Dissertation Defense by Rita Amoah, B.Ed., RN.
(PhD candidate)
7/12/2021

Committee members:
Dr. Carol Bova (chair)
Dr. Jessica Pagano-Therrien
Dr. Susan Sullivan-Bolyai

Graduate School of Nursing
Objectives

- Background
- Aims of study
- Theoretical framework
- Methods
- Findings
- Implication of findings

Background

- Modern-day nurse environment has increasingly changed
- Detrimental effects on care
- Person-centered nursing care found to yield positive health outcomes
  - Cost effective
  - Decrease in rehospitalization
  - Patient safety and satisfaction
Background cont’d....

- Concept analysis
  - Guides by Walker and Avant (2011)
  - Antecedents
    - prioritization, delegation of tasks, and working as a member of a team.
  - Attributes
    - respect, active empathic listening, intentional kindness, mindfulness and spirituality.
  - Potential consequences

Purpose and aims of this study

**Purpose:** to explore the experiences of registered nurses in practicing ubiety when caring for patients.

**Aims:**

- Describe the attributes of the nurse, the care environment, and the person-centered processes nurses needed to possess in order to immerse themselves physically, cognitively, and spiritually into caring for one patient at a time in midst of distractions and
- Explore possible patient-related and nurse-related outcomes when caring for one patient at a time in amidst distractions.
Methods

- Qualitative Descriptive study
  - Using McCormick & McCance’s (2006) Person-Centered Nursing framework
  - Lincoln & Guba’s (1985) framework for trustworthiness
    - Triangulation, expert review of codes and themes, audit trail, member checks
- Study site’s Institutional Review Board’s approval
- Purposive sampling to recruit Daisy Award nurse nominees
- Semi-structured interview on zoom and recorded
- Transcribed
- Analyzed

Results: Demographics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>N (%)</th>
<th>Mean (Range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td>43.15 (26 – 62)</td>
</tr>
<tr>
<td>Years of experience</td>
<td></td>
<td>16.46 (5 — 39)</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>12 (92.3)</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1 (7.7)</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>1 (7.7)</td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>11 (84.6)</td>
<td></td>
</tr>
<tr>
<td>Black American</td>
<td>1 (7.7)</td>
<td></td>
</tr>
<tr>
<td>Education level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Associate</td>
<td>1 (7.7)</td>
<td></td>
</tr>
<tr>
<td>Baccalaureate</td>
<td>7 (53.8)</td>
<td></td>
</tr>
<tr>
<td>Masters</td>
<td>5 (38.5)</td>
<td></td>
</tr>
<tr>
<td>Practice setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>10 (76.9)</td>
<td></td>
</tr>
<tr>
<td>Outpatient</td>
<td>3 (23.1)</td>
<td></td>
</tr>
</tbody>
</table>
Result cont’d—Theme and subthemes

1 Overarching theme
5 subthemes:
- Anticipating and Managing Distractions
- Putting My Whole Self In
- Nurse Self Preservation
- “My Nursing Identity”
- Favorable Practice Environment

Practicing ubiety — *making the patient a star of the minute*

- *Making the patient the star of the minute*
  - To put the totality of one’s being into the care of one patient in a given moment with full awareness of and making anticipatory efforts to deal with existing and potential distractions.

“*make the patient the star of that minute.*”

- deliberately refrained from appearing to a patient as “*rushing to the next task*”. 
Subtheme 1: Anticipating and managing distractions

- Anticipating patient's need during rounding
- Delegation in advance for other anticipated tasks when nurse is engaged
- Deliberate attempt to set technological devices aside during patient encounter

“Anticipating people's needs or I'll just let the secretary know, "Hey, I'm going to be stuck in [example room] 36 for a little while. So, if anyone needs anything, if it can't wait, maybe the charge nurse could go do it. Instead of being constantly ... called over the loudspeaker”.

Subtheme 2: Putting My Whole Self In

- Physically, cognitive, and psychologically

“I do think that I put my whole self into it. And like I said, with that not reserving anything.”
Subtheme 3: Nurse Self-Preservation

- consistent taking care of self in order to “reset and recharge” for the next patient

“I have been able to cut my hours down over the years... I feel very refreshed every day I go to work... you could’ve given me the most ... horrible assignment, and I had a fresh set of eyes.”

Subtheme 4: My Nursing Identity

- Personal characteristics
- Love for the profession

“It is my passion”

“You don’t go into this profession because someone’s going to pat you on the back about it. You do this because you genuinely care about people that you don't even know.”
Subtheme 5:

- **Favorable Practice Environment**
  - Reliable team
  - Cordial and supportive staff-administration and staff-management relationships

- **Unfavorable factors**
  - Increased organizational expectations from nurses
  - Unit-level limited resources.

“...We bypass each other we ask, "Are you okay? Do you need any help?"... Over here in this place that I used to work, it wasn't like that; I didn't get the help... So it's also very important to know that you have a group of a team or a group of people that work together; that also helps you.

Potential outcomes

- **Patient related outcomes**
  - Patient satisfaction
  - Facilitating healing process
  - Establishing rapport as a tool to notice acute changes requiring intervention
  - Alleviation of patient/family anxiety

- **Nurse related outcomes**
  - Job satisfaction
  - Self-affirmation and validation
Limitations

❖ Study conducted at a single site
❖ Only Daisy Award nominees interviewed
❖ Sample limited by race and sex.

Implications

❖ Incorporate strategies of anticipating distractions and self-preservation through courses, preceptorship and orientation programs
  ❖ Prelicensure nursing students
  ❖ Newly graduated nurses
❖ Further research to develop a scale to measure ubiety and its impact on patient and nurse related outcomes.
Conclusion

Nursing practice environment is never going to be less busy

As roles of the nurse continuously become complex, we can’t lose the essence of nursing

The importance of developing skills to anticipate patient care needs, prevent distractions, and support individual self-preservation strategies cannot be over emphasized

My life quote

• “…but there is a friend who sticks closer than a brother.”

Proverbs 18:24b
• My dissertation committee
• UMMS GSN Faculty
• Iota Phi chapter of Sigma theta Tau
• Nurse leaders at study site
• Study participants
• My PhD cohort
• My customized support system
  • My husband and children
  • My family
  • My friends
Dissemination Plan

The primary description of this dissertation work was submitted as a manuscript on August 10, 2021 to Advances in Nursing Science journal for review and consideration for publication.
### Guide for the Semi-structured Interviews

<table>
<thead>
<tr>
<th>Concept</th>
<th>Interview Question</th>
<th>Probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Question</td>
<td>Please talk a bit about what is unique about how you care for your patient</td>
<td>Please talk a little bit about how you approach patients?[Please talk a little bit about how you approach patients?] Describe your relationship with your patients; the uniqueness of your approach to care; your overall thinking process about your patients and their family during care</td>
</tr>
<tr>
<td>Attributes of the nurse</td>
<td>What personal characteristics do you have that allow you to take such good care of your patients? [How do you think your patients would describe you? [How do you think your coworkers would describe you? [Tell me about your unit and what makes it a good place to take care of patients the way you want to? [Tell me about your institution (name it) and what makes it is a good place to take care of patients the way you want to? [Which conditions on your unit make it less favorable for taking care of patients the way you want to? [Which conditions in your institution make it less favorable for taking care of patients the way you want to?</td>
<td></td>
</tr>
<tr>
<td>Care environment</td>
<td>Tell me about your unit and what makes it a good place to take care of patients the way you want to</td>
<td></td>
</tr>
<tr>
<td>Person centered processes</td>
<td>What does person-centered care mean to you?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What steps do you take to provide person-centered care?</td>
<td></td>
</tr>
<tr>
<td>Concept</td>
<td>Interview Question</td>
<td>Probes</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------</td>
<td>--------</td>
</tr>
<tr>
<td></td>
<td>Talk about how you interact with patients who clearly need your attention?</td>
<td>How do you know they need your attention – what cues do you use?</td>
</tr>
<tr>
<td></td>
<td>What strategies do you use to focus and care for one patient at a time?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How do you do this when you face distractions at the same time?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How do you do this with “a difficult patient”?</td>
<td></td>
</tr>
<tr>
<td>Outcomes</td>
<td>How do you know that you made a difference in the patients you care for?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What outcomes do you see in your patients that you believe may be related to the type of care you provide them?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How does the way you practice affect you personally? What positive /negative outcomes your approach to nursing related to you in person?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If you were going to teach new nurses about how to give the best nursing care possible – what things would you tell them?</td>
<td></td>
</tr>
<tr>
<td>Closing</td>
<td>What additional information would you like to share?</td>
<td></td>
</tr>
</tbody>
</table>