

Quality-Caring Model[®]

The Quality-Caring Model[®], which was developed by Joanne Duffy, Ph.D., serves as the theoretical framework for our professional practice model.



This nursing theory guides the practice of professional nursing at MD Anderson.



Dr. Duffy's Quality-Caring Model[®] is a mid-level theory of nursing. This model informs and guides the practice of professional nursing at MD Anderson.

According to Duffy (2009), caring professional practice requires:

1. Knowledge of the caring factors and relationships among, patients and caregivers, the health care team and the community;
2. Skills, which can be both behaviors and competencies;
3. Intentions, which are the attitudes and beliefs that lead to choices; and
4. Time, with a primary focus on relationships; this involves the integration of "being" and "doing."

The role of the nurse in this model is to engage in caring relationships that lead to feeling "cared for." The caring relationships include caring for self, caring for patients and caregivers, and caring for community. Feeling "cared for" assists patients and caregivers in improving short- and long-term outcomes, including those that are nurse-sensitive. The relationships described and the parties involved in those relationships are found in the center of the PPM.

The eight caring factors

Our Quality-Caring Model[®] has eight caring factors. Each factor independently explains the concept of caring. It is within these factors that relationships are developed by the professional nurse. The eight factors are:

- **Mutual problem solving** describes nursing behaviors that help patients and caregivers understand how to confront, learn and think about their health and illness. This gives patients information they need to be better partners in decision-making regarding their care and treatment.
- **Attentive reassurance** refers to availability and hopeful outlook. Patients learn that they can rely on the nurse, and they feel a sense of security. This requires conscious effort on the part of the nurse to concentrate fully on the patient at that moment.
- **Human respect** refers to honoring the worth of humans through unconditional acceptance, kind and careful handling of the human body, and recognition of rights and responsibilities.
- **Encouraging manner** displays caring through the demeanor or attitude of the nurse. Messages of support, positive thoughts and feelings, and openness to the feelings of others are what make patients feel cared for in this factor.
- **Appreciation of unique meanings** refers to knowing what is important to patients, including distinctive sociocultural connections associated with their experiences. Nurses use those features that are important to them in the provision of care.
- **Healing environment** refers to the setting where care is taking place. This environment is focused on holistic care and strives to maintain patient privacy, safety and control.
- **Basic human needs** refers to those needs identified by Maslow – physical needs, safety and security needs, social and relational needs, self-esteem, and self-actualization.
- **Affiliation needs** refer to needs for belonging and membership in families or other social contexts. This factor focuses on the importance of families and other caregivers to the health and well-being of patients in the hospital.

The Quality-Caring Model[®] provides a framework for nursing that resonates with professional nurses and is readily applicable in their daily practice.

Duffy, J.R. (2009). *Quality Caring in Nursing: Applying Theory to Clinical Practice, Education, and Leadership*. Springer Publishing Company: New York.