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Nurse Caring Behaviors from Patients' and Nurses' Perspective: A Comparative Study

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Abstract

Caring is a complex concept but nevertheless with many definitions of it, unfortunately there is not agreement among researchers about the definitions of caring. As patients are the recipients of care, it is important to identify their perceptions of caring. Accordingly, the aim of this study was to compare nurse caring behaviors from patient's and nurse's perspective. The sample consisted of 150 patients hospitalized in Boushehr hospitals and 50 nurses caring for their patients. Data were collected using a quota sampling method and Caring Behaviors Inventory (CBI). Findings showed that, there were significant differences between patients and nurses perspective in subscales including Assurance of human presence and Attentiveness to other's experience. Moreover, there was a significant difference in total scale of nurse caring behaviors between patient's and nurse's perspective (t=2.559, P=0.011). Significant difference in nurse caring behaviors between nurse and patient satisfaction implies, howbeit nurses believe that they care for patients but can't to make an estimate of their expectations. To reduce this Gap, nurses should attend to human caring and inform patients to real caring.

Keywords: nurse caring, caring behaviors, CBI, patient perspective

Introduction

Caring is a complex and highly subjective concept; despite many definitions, there is no consensus among scholars about the definition (Edwards, 2001). Caring is the fundamental structure of many nursing theories (Henderson, 2007). Human Caring is seen as the origin and essence of nursing (Leininger, 1986); according to Watson, it maintains human dignity in health care systems as a moral principle and measure of intervention and treatment (Watson, 1988). Liu, Mac and Wong (2006) wrote: 'The most important task of nursing is caring and nurses continuously use the word, caring; however, caring, its components and processes of caring are still poorly defined'. To meet Individual needs of the patient is the centre of nursing cares (Williams, 1998) and the ultimate goal of nurse is quality caring of the patient (Mander, 1988). In other words, a high quality caring is the right of all patients and a responsibility of all caregiver nurses (dfern and Norman, 1990). Nurse caring is an Interactive and interpersonal process occurring in moments of caring between nurse and patient. This process involves nurses and patients, and it can be measured through a study (Beck, 1999). Basically, there can be no cure without care, while there is caring without cure.

Green and Davis showed a positive correlation between patient perceptions of nurse caring behaviours and patient satisfaction (Green and Davis, 2005). Wolf, Miller and Hajynezhad and colleagues also showed a significant correlation between patient reports of nurse caring and their satisfaction with nurse curing (Hajinezhad et al., 2007; Wolf et al., 2003).

Certainly, patient satisfaction is achieved when there is agreement between patient expectations and received caring; the complete caring is provided with respect to the physical, mental and social needs of patients (Williams, 1998). It is estimated that more than half of health care services represent caring and the remaining represents treatment; thus, more emphasis should be placed on caring (Holm et al., 1986). Disorders in providing health care services to clients are undeniable in many countries (Watson, 1985); therefore, to identify and evaluate the quality nursing care through research projects is necessary, in line with satisfied health needs.

Knowledge, attitude and skills of nurses are the basis of nurse caring behaviours as three most important factors in evaluating the quality of nursing care behaviours. The quality of nursing care can be evaluated by measuring knowledge, attitudes and skills of nurses. However, some patients may not understand properly caring behaviours (Chang et al., 2003). The patients themselves receive care and their perception of the provided caring is important; in addition, the difference in the patient and nurse perceptions of caring behaviours may cause dissatisfaction among patients. Therefore, evaluation of nurse caring behaviours from patient and nurse perspective and comparison can provide better feedback for nurses and nursing administrators. Accordingly, the present study aimed to compare the views of patients and nursing staff on caring behaviours of nurses in surgical and internal wards to raise the quality of nursing care.

Materials and Methods

The present Study is a cross sectional descriptive-comparative study in which nurse caring behaviours were compared in the views of patients and nursing staff. Participants included all Persian-speaking patients admitted to the general medical, general surgery, general cardiology, neurology, women surgery, and other wards of hospitals of Bushehr with at least 18 years old in the third day of hospital stay. Given the small number of nurses working in the wards listed, 150 patients admitted in general and surgical wards and 50 nurses working in those wards were selected as samples. In the listed wards, 85 nurses were working of which 50 nurses who were willing to participate in the study and completed the questionnaire were selected by convenient sampling method. Data collection was conducted from August 2009 until November 2009.

Data collection materials included a questionnaire and a form of personal characteristics including age, sex, marital status, education level, type of illness, type of ward, economic status, occupation, length of hospitalization, number of hospitalizations, hospital experience, surgery and awaiting for surgery. The second part used caring behaviours Inventory [CBI] to evaluate the nurse caring behaviours. This section contained 42 items and 5 subscales, including respectful deference to others (12 items), human presence (12 items), positive connectness (9 items), knowledge and skills (5 items), and other's experiences (4 items). Items were based on the 6-point Likert scale, ranging from 1=never to 6=always. Respectful deference to others refers to behaving politely and respectfully by nurses, at the time of giving care to patient. For example, items of respectful deference to others include listening attentively to patients, teaching patients, giving their time to patients. Human presence refers to caring behaviours which encourage confidence in the patient by the nurse to make the patient have less worry and anxiety; for example, nurses are sensitive to the patient and his problems, they help patients, they talk to the patient. positive connectness refers to a sense of connection, sympathy and solidarity between patients and nurses who show them while caring for their patients; For example, they show caring about the patient, they touch him, they give the patient hope, they courage trust in patient. knowledge and skills refer to professional knowledge and expertise in performing nursing care by supplies, medicines, bandages and other items; for example, they know how to perform injections, intravenous drugs and other items for the patient, they show their professional knowledge and skills, they use equipment professionally. Other's

experience refers to give attention and care a patient through listening to the patient or observing the patient to satisfy patient's needs and demands. For example, they eliminate unpleasant symptoms in patients; they give priority to patient and provide a good health care. Minimum and maximum scores CBI were 42 and 252, respectively. First-person and third-person verbs were used for nurses and patients, respectively. This material does not belong to nurses or patients and both nurses and patients can complete it (Beck, 1999).

Validity was already assessed by the investigator through validity content. To do this, the text was translated into simple Persian; to assess the translated inventory, it was sent for ten members of faculty of Nursing, Tehran University of Medical Sciences and Health Services. Then, the final inventory was prepared and last reviewed by Faculty Council. After validating the inventory, it was allowed to use. This inventory is the translated form of caring behaviours inventory. Furthermore, internal consistency was used to determine the reliability of CBI; therefore, Cronbach's alpha coefficient was calculated for this purpose. Thus, inventories were completed by 20 patients of surgical ward and 10 nurses of medical ward. Then, alpha coefficient was calculated (for patients, r=0.98; for nurses, r=0.93). It should be noted that these samples were excluded.

Convenient sampling method was used to sample. After accessing to samples, the researcher first explained the study objectives to convince them to agree to participate in the study. Then a brief explanation was provided about the questionnaires; after obtaining informed consents, data were collected on the same day from samples of each ward. Items were read for illiterate people and answers were marked on the questionnaire. Deaf, blind and mute Patients and patients known to have mental disorders or physical disability to complete the interview were excluded.

Data were analysed using SPSS (version 15). To achieve the study objectives, descriptive statistics were used. T-independent t-test was used to compare the nurse caring behaviours by nursing staff and patients.

Results

Average age was 36.43 with a range of 16-80. Most patients were married. Most patients had diploma education (37.3%) and 49.3% of the patients were housewives. 74% of patients had moderate economic status. 50.7% of patients had been hospitalized in the past five years. More than half of the patients had a previous good experience of hospitalization, about 41% underwent a surgery during current stay, and 17% were awaiting surgery. The average age of nurses was 32.18 with a range of 23-51. Most nurses were married and most of them (90%) were BS. 61.2% of nurses had an average economic status. 38 percent had less than 5 years of experience. Table 1 shows the personal information of the subjects.

Total mean and standard deviation of CBI in patients' perspective were 4.89 and 0.97, respectively (maximum mean 6); total mean and standard deviation of CBI in nurses' perspective were 5.16 and 0.52, respectively (Table 2). The mean and standard deviation of subscales are shown in the same table. There was a significant difference between patients' and nurses' perspectives (t=2.559, P=0.011).

Discussion and Conclusion

Results of this study identified the difference between nurses' and patients' perceptions about nurse caring behaviours.

Patients more experienced behaviours related to positive connectness of CBI; this finding is consistent with Wolfe et al (2003) and inconsistent with Hajynzhad et al. According to Hajynzhad, patients more experienced caring behaviours related to positive connectness than other subscales (Hajinezhad et al., 2007). This can be associated with several factors, including cultural factors;

because previous studies of Hajynzhad et al had been conducted in Tehran, while the current study was conducted in Bushehr, which have a different cultural context, particularly in terms of establishing connection, suggesting the different behaviours of nurses.

Table 1: personal information of the samples

Variable		Patient		Nurse	
		Number	%	Number	%
Sex	Female	98	49	40	20
	Male	52	26	10	5
Marital status	Single	22	11	11	5.5
	Married	122	61	39	19.5
	Widows and divorcees	6	3	0	0
Ward	General internal medicine	36	18.8	11	5.8
	General Surgery	76	39.8	14	7.3
	Internal cardiac	8	4.2	8	4.2
	Neurology	12	6.3	6	3.1
	Gynecology	6	3.1	9	4.7
	Other wards	4	2.1	1	0.5
Economic status	Bad	6	3.1	3	1.5
	Middle	108	55.4	30	15.4
	Good and very good	32	14.4	16	8.2
Education (patients)	Illiterate	16	1.7		
	Elementary and junior high	49	32.7		
	Diploma	56	37.3		
	University	29	19.3		
Education (nurses)	Diploma			3	6
	Associate			2	4
	BS			45	90
Occupation (patients)	Unemployed	22	15.1		
	Housekeeper	72	49.3		
	Worker	10	6.8		
	Employee	24	16.4		
	Self-employed	18	12.3		
Admission in 5 years (Patient)	Yes	73	5.7		
	No	71	49.3		
Previous experience of hospitalization (patients)	Very bad	2	2.9		
	Bad	6	8.7		
	Not so good	16	23.2		
	Good	38	55.1		
	Very good	7	10.1		
Duration of the recent hospital stay (patients)	Less than a week	106	75.7		
	1-2 weeks	26	18.6		
	More than 2 weeks	8	5.7		

Table 2: mean and standard deviation of subscales of nursing care behaviours from samples' perspective

Subscale	Patient		Nurse		Result
	N=150		N=150		
	Mean	Standard deviation	Mean	Standard deviation	
respectful deference to others	4.83	1.02	5.01	0.59	t=1.580 P=0.116
Positive connectness	4.74	1.10	4.88	0.74	t=1.030 P=0.305
Human presence	4.90	1.01	5.35	0.53	t=4.057 P=0.000
Knowledge and skill	5.22	0.94	5.38	0.53	t=1.530 P=0.128
Other's experience	4.99	1.11	5.39	0.63	t=3.138 P=0.002
Total	4.89	0.97	5.16	0.52	t=2.559 P=0.011

The adaptations and behaviour of patient can be another factor associated with quality of caring and connecting to patient (Teng et al., 2007). Atmosphere of the ward and interpersonal relationships are critical factors in patient's perception of caring. Nurses should notice that caring exhibit itself in nursing functions by nurse-patient relationship (Liu et al., 2006). Shortage of nurses in hospitals cause situations where nurses neglect to focus more on less important tasks to focus more on the main task. However, the nurse-patient relationship is the basis for achieving excellence in nursing care (Chris, 2002). The psychological-social aspects of caring, particularly proper communication with patients will result in patient satisfaction, rather than technical aspects (Wolf, 1986).

Patients more experienced behaviours related to knowledge and skill of CBI; this finding is consistent with Wolfe et al (1998) and Hajynzhad et al and inconsistent with Wolfe et al (2003). According to Wolfe et al (2003), patients more experienced caring behaviours related to human presence than other subscales. More experience of behavioural related to knowledge and skills can be related to objective items of this subscale, because it makes it easier for patients to find this kind of behaviour. This also could be related to the fact that patients might not be able to evaluate technical competencies of nurses properly due to lack of knowledge (Watson, 1985). Some studies have also shown that nurses emphasized on these caring behaviours (Chang et 1l., 2003). In addition, nurses may only perform tasks for which they will not questioned when lacking time and under workload conditions (Rafii, 2004).

The results of this study showed a significant difference between patients' and nurses' views about human presence, other's experiences, and totally, nurse caring behaviours (t=2.559, P=0.011). This difference may be due to various reasons. One of the reasons is unavailability of nurses. When nurses are available, patients potentially feel that nurses care for them. Most nurses consider physical aspects while caring, while many of the patients prefer prioritization, information, cheerfulness and listening as important caring behaviours which nurses may underestimate them (Chris, 2002). Furthermore, patients have less information about health care professions; thus, they measure caring quality in terms of performance quality (Teng et al., 2007). Knowledge, attitude and

skills of nurses are the basis of nursing practices. Through caring attitudes of nurses, patients understand their psychosocial support (Liu et al., 2006).

There was a significant differences in patients' and nurses' views about other's experience (t=3.138, P=0.002). Prioritization is a caring behaviour related to other's experience. According to Watson's theory of human care, prioritization is related to philanthropic-human values, development of self-sensitivity, and a relationship of trust and assistance (lligood and Tomey, 2001). In fact, nurses were likely to prioritize their duties. This finding can be related to labor shortages, staff burnout and reduced quality of care. Some studies suggest that only the patient's physical needs are met in wards in which the overall level of staff and trained nurses is lower than workload (Steffen, 1988); moreover, this can be expected in a Task-oriented nursing system.

Comparison of scores for Caring behaviour subscales of this study and results of Wolf et al. (2003) and Wolf et al. (1998) shows that all scores are lower than in other studies. The result may be associated with a shortage of nursing staff, inadequate facilities, heavy workload and lack of salary for nurses followed by decreased motivation and job dissatisfaction (Griffiths, 2009; Kalisch, 2006). Frequently discussed in the literature is that bureaucratic requirements, such as increased workload and reduced number of employees, lead to a lack of demand forecasting by nurses; thus, patients may not have a good attitude towards nursing care (Henderson et al., 2007).

In relation to lower Scores for positive connectness, it is suggested that nurses provide care consciously (Chang, E., et al. 2003); studies have shown that conscious attention to the patients leads to trust (Teng et al., 2007). Nurses have to spend more time with patients and listen to them; in some studies, nurses have understood that listening to patients was the best caring behaviour (Chris, 2002).

Considering the significant difference between several subscales of caring behaviours from patients' and nurses' perspective, nurses are recommended to consider needs and expectations of patients, particularly in relation to other's experience and human presence. In addition, patients have less information about health caring systems and measure caring quality by function; therefore, nurses are recommended to focus on objective behaviours and provide patients with necessary information. Patient perceptions of care quality are associated with personality of nurses. Therefore, more attention is required on behaviours reflecting personality of nurses (Chang et al., 2003).

Moving, turning, feeding, teaching, discharge planning, psychosocial support, health, and recording intake and excretion are those which are removed, because of a severe shortage of nursing staff, lack of time for nursing interventions and inappropriate use of staff (Kalisch, 2006). The ratio of nurses to patients has an important relationship with patient outcomes such as mortality, reduced hospital stay etc.; therefore, it is necessary to increase the number of nurses (Griffiths, 2009; Kalisch, 2006). Nurses' willingness to help patients is the second important (Henderson et al., 2007). Atmosphere of the ward and interpersonal relationships are important factors in the perception of caring by patient. Nurses should consider that caring manifest itself in nursing functions by nurse-patient relationship. It is recommended that nurses pay special attention to their relationship with patient and adjust the atmosphere of the ward and interpersonal relationships (Liu et al., 2006).

Because nursing care and caring behaviours can best be researched using qualitative approaches, it is recommended to use qualitative methods to measure individual differences in patients' perceptions of care and caring behaviours (Liu et al., 2006; Raper et al., 1999). The need for further studies of caring behaviours among patients in private hospitals, university hospitals or specialized units is necessary. Some patients may not recognize correctly the nurse caring behaviours [15]; hence, it is recommended to evaluate and compare nurse caring behaviours by checklist and CBI.

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