

Nurse's and Patient's Perception of Nurse Caring Behaviors in Cardio Thoracic Setting

Ramya K.R.¹, Havilah Elizabeth Kurian²

Abstract

Caring is the essential element of nursing. It maintains human dignity in health care systems as a moral principle and measure of intervention and treatment. In other words, a high quality caring is the right of all patients and a responsibility of all caregiver nurses. As patients are the recipients of care, it is important to identify their perceptions of caring. This was a descriptive, comparative, cross-sectional study to examine the relationships between patient's perceptions of nurse caring behaviors and nurse's perceptions of nurse caring behaviors in cardiothoracic setting. Data was collected using 24-item caring behaviors inventory from twenty eight nurse - patient dyads.

Findings showed that, no significant differences exist in patient's and nurse's perceptions of nurse caring behaviors. Patients rated assurance dimension as highest while nurses rated knowledge-skill dimension as highest. Both patients and nurses rated connectedness dimension as lowest. The results are useful in their own and in similar settings because they can be used by staff nurses to improve nursing care by refining the way they provide care to patients, and encourage nurses to ask patients about their expectations of care while in the hospital.

Keywords: Caring; Nurse Caring; Caring Behaviors; Patient Perspective.

Introduction

Human caring is seen as the origin and essence of nursing. Caring is the dominant intellectual, theoretical, heuristic, and central practice focus of nursing. No other profession is so totally concerned with caring behaviors, caring processes,

¹Assistant Professor ²Masters in Hospital Administration and Junior Quality Executive, Jubilee Mission College of Nursing and Lead Quality, Jubilee Mission Medical College and Research Institute, Thrissur, Kerala 680006, India.

Correspondence and Reprint Requests:

Ramya K.R., Assistant Professor, Jubilee Mission College of Nursing and Lead Quality, Jubilee Mission Medical College and Research Institute, Thrissur, Kerala 680006, India.

E-mail: raviramya11@gmail.com

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and caring relationships than nursing [1]. As yet, no universal definition or conceptualization of caring exists, but several have been put forward. According to Watson, it maintains human dignity in health care systems as a moral principle, and measure of intervention and treatment [2]. In other words, a high quality caring is the right of all patients and a responsibility of all caregiver nurses [3]. Nurse caring is an interactive and interpersonal process occurring in moments of caring between nurse and patient.

It is the patient's perceptions of nurse caring behaviors that can have a significant impact on patient outcomes and patient satisfaction [4]. Basically, there can be no cure without care, while there is caring without cure. While caring behaviours foster the spiritual freedom and enhance growth and development, noncaring behaviours make patients feel prostrated, isolated, afraid, and helpless [5]. Green and Davis showed a positive correlation between patient perceptions of nurse caring behaviours and patient satisfaction. If patients perceive a number of nursing activities as caring behaviours, patients may feel more confident and empowered, and this will help them gain control and independence. Previous studies have also showed a significant correlation between patient reports of nurse caring and their satisfaction with nurse curing

[6]. Caring behaviours also benefit nurses at the social level by increasing their relationships with clients and by enhancing their sense of personal and professional satisfaction and love for nursing [7].

Declining quality of hospital care is of great concern to patients and health workers alike. Demands on bedside nurses have never been greater as they struggle with competing time demands and priorities to enhance the patient experience. Patient's perceptions of how they want to be cared for is reflected in many studies on quality of care [8]. Without conscious attention to the development of the caring relationship, the patient experience can be negatively affected. Identifying the behaviors that patients perceive as caring can help nurses design interventions that are patient centric, predicated on evidence and contribute to the overall patient experience.

It is therefore, of the utmost importance to know how patients perceive hospital nursing care because nursing care is the single most significant factor in the patient's perception of high-quality hospital care [9]. It is also equally important to understand any differences in the perception of caring behaviors between nurses and patients to close the gaps. Caring for patients and meeting their needs is especially challenging for nurses working in cardiothoracic units as they require to quickly treat patients, minimize pain and suffering, and protect life. Hence the present study was undertaken to know the differences in caring behaviours between patients and nurses perspective in cardiothoracic setting.

Materials and Methods

The present study utilized a quantitative approach and a cross sectional descriptive-comparative design to compare the views of patients and nursing staff on nurse caring behaviours. A total of 28 diads were participated in the study. The population was defined as adult patients who received service in the cardiothoracic wards of the selected tertiary care hospital, South India.

The sample was a nonprobability convenience sample of adult patients (18 years or older) who received care in the cardiothoracic wards during a 1-month period and were discharged from the unit without being admitted to another hospital unit. Patients admitted to other hospital units were excluded to avoid influence from care received at other units. Those who were critically ill, not willing to participate and can't respond adequately to the questionnaire were excluded.

Because dyads were compared, and if a patient agreed to participate in the study, the nurse caring for the patient also had to be enrolled in the study. If the nurse had not already completed the study documents and wished to participate, the nurse was enrolled. Those who were consented, and completed the study instruments the day of data collection. If the nurse declined, the patient was not enrolled.

Nurses' perceptions of nurse caring behaviors and patients' perceptions of nurse caring behaviors were measured using the Caring Behaviors Inventory (CBI) that was developed by Wolf in 1981. The permission to use the tool was also obtained. It remains one of the most widely used instruments to measure nurse caring and was selected due to its conceptual similarity to the theory of human caring and Watson's ten carative factors. The CBI has 4 subscales including Assurance (8 items), Knowledge and Skill (5 items), Respectful (6 items), and Connectedness (5 items). The inventory has 24 items and is evaluated on a 6-point Likert type scale (1=never, 2=almost never, 3=sometimes, 4=usually, 5=often, 6=always). The total score was calculated by adding up all the scores obtained from 24 items. For each subscale, the items in each subscale are added up, and the total score was divided into the number of items, which yields subscale scores that range between 1 and 6. Evaluation of the scale was done according to the total scores; thus, low scores indicate low perception of care and high scores indicate high perception of care. Minimum and maximum scores CBI were 24 and 144, respectively. Data collection was conducted in the month of June 2017. Validity and reliability was ensued before data collection. Furthermore, internal consistency was used to determine the reliability of CBI; therefore, Cronbach's alpha coefficient was calculated after collecting data from 20 patients of admitted in cardiothoracic wards. These samples were excluded from the main study.

Descriptive data on the nurses' demographic data instrument included the nurse's age, gender, marital status, highest level of education, number of years working as a nurse and number of years working in the current area. Descriptive data on the patients' demographic sheet included the patient's age, gender, marital status, highest level of education, and previous visit to the hospital.

Data were analyzed using Statistical Package for the Social Sciences (SPSS), version 20 software for Windows. Descriptive statistics were computed on the sample characteristics and study variables in the form of frequencies, means, standard deviations, and percentages to best characterize the sample. If the score distribution of a continuous variable was

significantly non-normal, transformation of the data was considered. Following descriptive summary of the data, inferential analyses (independent t- test) were employed to answer the research question posed by this study to explore the relationships between patients' perceptions of nurse caring behaviors, nurses' perceptions of nurse caring behaviors.

Ethical Considerations

Permission to conduct the study was obtained the authorities. Provisions for the protection of human subjects in this study were maintained throughout the course of the investigation. They were informed that there were no risks for participating in this research beyond those experienced in everyday life. Participation in the research was completely voluntary, free of coercion and at no cost to the participant as described in the informed consent. Written informed consent was obtained from each participant by the researcher after the participant had time to consider the risks and benefits of participating in the research. The researcher verbally explained the process and provided an opportunity for participants to ask appropriate questions. Research participants, whether they were nurses or patients, were assured of their protection during the Informed Consent process.

Results & Discussion

Socio-demographic features of the patients were analysed. Results showed that 79.2% of the participants were male, 83.3% were married, aged between 19 and 71 (44.63 ±16.7) years. Of all, 33.3% (n=169) were graduated and 29.2% each were educated up to primary and up to secondary school. Out of all 54.2% of them had history of previous hospitalization in the present hospital. Analysis of the socio-demographic features of the nurses showed that 79.2% were female, 66.7% (n=32) were married and 41.7% had diploma in nursing. Average age of the participants was 27.1yrs (range: 22-33). The total years of experience in the present institution was 3.17±0.58, while that of total professional experience was 4.17±2.44yrs.

Table 1 show the differences between nurse's and patient's perceptions about nurse caring behaviours. Patients rated assurance dimension as highest while nurses rated knowledge-skill dimension as highest. Both patients and nurses rated connectedness dimension as lowest. In contrast to the present study

findings, previous research on patient perceptions of caring behaviors indicated that nurse's 'professional knowledge and skills' were rated as the most important caring behavior by patients [10,11]. When comparing the perceptions of nurses and family members of patients O'Connell and Landers reported that the top five caring behaviors reported by relatives in descending order were, 'treat the patient as an individual', 'know what you are doing', 'know how to give injections, IVs, etc.', 'know how to handle equipment and give the patient medications and treatments on time' [12]. The lower mean score for positive connectedness had been reported by Chang, E et al [13]. Nurses have to spend more time with patients and listen to them while nurses have understood that listening to patients was the best caring behaviour [14]. Teng CI et al suggested that nurses have to provide care consciously and conscious attention to the patients leads to trust [15].

The present study findings revealed no significant difference in the in patient's and nurse's perceptions of nurse caring behaviors. Few studies have shown that nurse caring behaviors have been perceived similarly [16], but many studies have demonstrated significant differences in patient's and nurse's perceptions of nurse caring behaviors [17,18].

Table 2 shows the patients and nurses perception of caring behaviours scores obtained from CBI-24. In the assurance sub-scale, "showing concern for the patient" was ranked most important by nurses, while 'Encouraging the patient to call if there are problems and giving the patient's treatments and medications on time' by patients. In the respectful deference to others sub-scale, 'being empathetic or identifying with the patient was rated most important by the patient and "Treating the patient as an individual' by nurses. As for the positive connectedness sub-scale, 'Giving instructions or teaching the patient' was found to be the most important item for both patients and nurses. Though the 'managing equipment skillfully' was most important in knowledge-skill subscale for patients, nurses considered 'being confident with the patient' as most important.

Limitations

This study was limited to (1) patients who received service in cardiothoracic units of one department and nurses at a single site, (2) a convenience sampling was used which limits the generalisability of the findings, (3) the use of a measurement error could occur as a result of the different ways of administering the CBI scale.

Table 1: Comparison of the CBI-24 subscales and total mean scores of nurses and patients

Caring Behaviour Inventory	Nurses		Patients		t-value	p
	Mean ± SD	Rating	Mean ± SD	Rating		
Assurance	5.41±0.456	1	5.52±0.655	2	0.664	0.510 ^{ns}
Knowledge -Skill	5.35±0.468	3	5.59±0.571	1	1.326	0.191 ^{ns}
Respectful	5.36±0.416	2	5.42±0.745	3	0.318	0.752 ^{ns}
Connectedness	5.11±0.523	4	5.19±1.067	4	0.309	0.59 ^{ns}
Total	5.3±0.404	-	5.42±0.691	-	0.667	0.508 ^{ns}

ns Not Significant

Table 2: Distribution of the scores obtained from CBI-24 of nurses and patients

Caring Behaviours Inventory		Nurses	Patients		Patients		
		Mean ± SD	Min-Max	Rating	Mean ± SD	Min-Max	Rating
Assurance	Returning to the patient voluntarily	5.13±0.85	4-6	12	5.21 ±1.474	1-6	13
	Talking with the patient	5.33±0.702	4-6	7	5.33 ±1.129	2-6	10
	Encouraging the patient to call if there are problems	5.38±0.711	4-6	6	5.71 ±0.751	3-6	3
	Responding quickly to the patient's call	5.46±0.721	4-6	4	5.46 ±1.179	1-6	7
	Helping to reduce the patient's pain	5.54±0.658	4-6	3	5.54±1.141	1-6	5
	Showing concern for the patient	5.58±0.584	4-6	1	5.54 ±1.103	1-6	5
	Giving the patient's treatments and medications on time	5.57±0.654	4-6	2	5.71 ±0.751	3-6	3
Knowledge -Skill	Relieving the patient's symptoms	5.29±0.751	4-6	8	5.67 ±0.671	3-6	4
	Knowing how to give shots, IVs, etc.	5.29±0.806	3-6	8	5.67 ±1.007	2-6	4
	Being confident with the patient	5.54±0.658	4-6	3	5.71 ±0.69	3-6	3
	Demonstrating professional knowledge and skill	5.25±0.608	4-6	9	5.38 ±1.056	2-6	9
	Managing equipment skilfully	5.29±0.624	4-6	8	5.79 ±0.415	5-6	1
	Treating patient information confidentially	5.42±0.584	4-6	5	5.25 ±1.032	3-6	12
Respectful	Attentively listening to the patient	5.33±0.637	4-6	7	5.42±1.213	1-6	8
	Treating the patient as an individual	5.54±0.588	4-6	3	5.29±1.122	3-6	11
	Supporting the patient	5.42±0.717	4-6	5	5.38±1.013	3-6	9
	Being empathetic or identifying with the patient	5.42±0.776	4-6	5	5.75±0.737	3-6	2
	Allowing the patient to express feelings about his or her disease and treatment	5.17±0.816	4-6	11	5.17±1.341	1-6	14
	Meeting the patient's stated and unstated needs	5.29±0.624	4-6	8	5.5±1.42	1-6	6
Connectedness	Giving instructions or teaching the patient	5.38±0.647	4-6	6	5.67±0.637	4-6	4
	Spending time with the patient	5.17±0.637	4-6	11	5.08 ±1.55	1-6	15
	Helping the patient grow	4.92±0.929	3-6	13	5.0±1.474	1-6	17
	Being patient or tireless with the patient	5.21±0.779	4-6	10	5.17±1.523	1-6	14
	Including the patient in planning his or her care	4.92±0.776	3-6	13	5.04±1.546	1-6	16

Implications and Recommendations

The results are useful in their own and in similar settings because they can be used by staff nurses to improve nursing care by refining the way they

provide care to patients and encourage nurses to ask patients about their expectations of care while in the hospital. If nurses prioritize their caring behaviour the way patients perceive as important, patients may

feel more confident and empowered, and this will help them gain control and independence. Nurse administrators can also be encouraged exploration of what patients consider important with regard to high quality care. Educational programs may also be developed that highlight the caring expectations of patients. It is also paramount that nurse administrators help nurses, especially the newly employed ones, to develop their competencies and advance their knowledge through continuing education programmes. Nurse administrators could also conduct seminars in which nursing staff discuss newly published articles about caring.

It is recommended that future research focus on more extensive interviews over a period of the patient's hospitalizations in order to capture a more complete view of the patient's experience with hospitalization and care. 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 patient's perceptions of care and caring behaviours. The need for further studies of caring behaviours among patients in private hospitals, government hospitals or specialty hospital is necessary.

Conclusion

Caring is the essential element of nursing. As patients are the recipients of care, it is important to identify their perceptions of caring. Nurses are the caregivers who render the most direct care and have the most contact with patients while they are hospitalized. When patients are hospitalized, they have expectations about the care they will receive. Understanding what patients perceive as caring behaviors is essential in tailoring nursing interventions that meet individual patient needs and impact the patient experience.

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