

THE DETERMINATION OF THE CARE BEHAVIOURS OF NURSES AND ITS EVALUATION BY PATIENTS

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ABSTRACT

Aim: To determine the care behaviors of nurses and to evaluate them by evaluating feedback from patients. **Method:** A descriptive study was conducted with 85 nurses and 128 patients. The data were collected from questionnaire form and Caring Behaviors Inventory (CBI). **Results:** 79% indicated that the most important task of nursing was care, 55% of the nurses spent 0.5-1 hour per day for care while 53% had difficulties in caring for patients and 79% considered themselves as patient while providing care. The overall score of the CBI was 5.102 ± 0.591 for the nurses and 5.154 ± 0.905 for the patients and it was statistically significant that only the assurance subscale of the patients was high ($p=0.003$). It was also statistically significant that the overall scale scores ($t=-2,580$; $p=0.012$), assurance (MWU=613.500; $p=0.011$), respect ($t=-2,667$, $p=0.009$) and adherence (MWU=624.000; $P=0.014$) subscale scores of the nurses that had difficulties in caring were lower than those who did not.

Conclusion: It was found that the level of nursing care perceived by the patients and nurses was pretty high, and the perception level of nursing care quality in nurses that had difficulties in giving nursing care was relatively lower.

Keywords: Care, Caring behaviors, Caring behaviors inventory, Patient, Nurse

INTRODUCTION

The concept of "care", which nurses equip themselves with along with professional knowledge-skills, is ethically and emotionally privileged. It is reflected in the patient-nurse relationship, and is at the focal point of basic professional subject areas such as nursing education, health law and ethical codes for nurses (Wu, Larrabee & Putman, 2006). The concept of care, which is so important, includes behaviors such as respect for others, the safety of humanistic existence, positive communication, professional knowledge, skills and attention to the others' experiences (Zamanzadeh *et al.*, 2014). Recognized as a key role of nursing professionals (Liu, Mok & Wong, 2006), care is an interpersonal process created by interpersonal

sensitivity and sincere relationships put forward by expert nurses (Finfgeld-Connett, 2008). Furthermore, nursing care, which has an important and critical role in strengthening human lives, plays the most fundamental role in nursing and it is the mission and vision of nursing care (Coulombe *et al.*, 2002; Wilkin & Slevin, 2004).

Intertwined with trust, hope, belief, respect for human dignity, fair approach in care and scientific accumulation, nursing care necessitates a professional approach (Özkan & Bilgin, 2016). Professional nursing care requires some behaviors such as- being with the patient all the time and doing things for her/him, beginning with how the nurses welcome the healthy/ sick individual so as to develop the perception of the

individual's needs gradually (Eskimez, 2012). Nursing care behaviors which constitute a large part of the service provided for the patients in this period (Merkouris *et al.*, 1999) are an important factor affecting the general satisfaction of patients regarding health care (Larrabee *et al.*, 2004). For this reason, it is very important that the nursing care behaviors of the nurses are evaluated by both the nurses and the patients. This is because the perception of the care outcome and the satisfaction along with fulfilled or unfulfilled expectations could be defined differently by different people and even by the same people at different times (Karadağ & Uçan, 2006).

The studies investigating the relationship between patient satisfaction and nursing care show that patient satisfaction is closely related to the nursing quality and care behaviors of nurses (Wagner & Bear, 2009; Padilha *et al.*, 2008). In a study by Liu *et al.*, (2010), 728 patients reported that nurses and healthcare professionals were helpful and had caring behaviors, had comprehensive knowledge of patient care during the treatment and care, their self-sacrificing behavior came to the forefront and this had a significant effect on satisfaction with the quality patient care (Liu *et al.*, 2010). In other words, it can be said that patients' perception of care is related to how nursing care is reflected to the patient and to the expectations of the patients regarding their care. In this context, the fact that nurses are aware of their care-related thoughts in this relationship and that their perception is reflected to the patient is as perceived by the patient. In this way nursing care becomes an important factor for the health and well-being of the patients.

Therefore, measuring, improving and developing the quality of nursing care requires the evaluation and consideration of nurses and patients' views who are defined as permanent and temporary individuals at health care institutions. Determining the opinions of patients and nurses about care with regular and reliable measurement tools will enable to evaluate the quality of care, to make necessary developments in nursing practices, thus increasing the quality of nursing services (Coşkun & Akbayrak, 2001; Coban, 2008).

The improvement of nurses' awareness of their care behaviors, the identification of how and at what level of care behaviors are perceived by the nurses and the factors that affect care perceptions will shed light on the future of nursing profession and the care that makes up the profession. In the evaluation of the patient

satisfaction and the quality of care she provides, a nurse should evaluate whether the care behaviors she has perceived in the positive or negative direction with his/her own perception of care behaviors. Based on this information, this research was conducted to assess the level of nurses and patients' care behaviors to evaluate care behaviors of nurses as perceived by the patients. It is thought that the results of the research can be used as a source for the future research into this subject by creating data for nurses and patients' expectations.

MATERIALS AND METHODS

Type and Objective of the Study

This study is a descriptive study carried out to determine the nursing care behaviors to evaluate their caring behaviors as perceived by patients.

The Universe and Sampling of the Study

The study consisted of 130 nurses working in a day shift in a university hospital in Trabzon between 15-30th December, 2016 and 132 hospitalized patients in accordance with the study limitations in the same hospital. The study was carried out with 85 nurses and 128 patients who agreed to work voluntarily without a sample selection.

Ethical Aspects and Permissions of the Study

Institutional permission to conduct the research was obtained from Karadeniz Technical University Farabi Hospital on 15th December 2015 and verbal approvals were received from the volunteer nurses and patients.

Data Collection Tools and Process

The data were collected between January 1st and March 15th 2016 with face-to-face interviews using a questionnaire to determine the demographic characteristics and caring behaviors of nurses and patients using Caring Behaviors Inventory (CBI).

Information and Opinion Survey Form for Nurses consisted of 16 questions in total. This form includes 7 questions regarding the age, gender, marital status, education status, position, occupational experience, and working years of the nurses and 9 questions investigating their opinions on care.

Information and Opinion Survey for Patients consisting of 12 questions in total, this form includes 7 questions regarding the age, gender, marital status, educational status, the length of hospital stay of the

patients, companion status, and 5 questions investigating their opinions on the care they are provided.

Caring Behaviors Inventory -24 was constructed by Wu *et al.*, (2006). This scale is a short form of a 42-item "Caring Behaviors Inventory-42 that was developed by Wolf *et al.*, (1994) and is suitable for bi-directional diagnosis of patients and nurses (Wu *et al.*, 2006, Wolf *et al.*, 1998). The inventory was used to make self-assessments of the nurses and compared patient perceptions. This was designed to assess the nursing care process (Wolf *et al.*, 1994; Wu *et al.*, 2006). CBI covers 4 sub-groups [assurance (8 items), knowledge-skill (5 items), respect (6 items) and adherence (5 items)]. A 6-point Likert type scale (1=never, 2=almost never, 3=sometimes, 4=generally, 5=often, 6=always) is used for the responses. The scale is administered by the patient himself/herself or the investigator with the patient. Cronbach alpha was 0.97 in the patients and 0.96 in the nurses for the total of the scale and 0.89-0.93 in the patients and 0.81-0.94 in the nurses for the subscales.

Obtaining the total inventory score: After the scores of 24 items are summed, they are divided by 24 and the scale score between 1 and 6 is obtained.

Obtaining subscale score: For each subscale, item scores in the subscales are summed and 1-6 subscale points are obtained by dividing the score to the number of items.

Analysis of Data

The data were analyzed using number, percentage, mean, standard deviation, one way Anova, Man Whitney-u and Kruskal Wallis tests in the SPSS 22 package program. The significance value of the data was accepted as $p < 0.05$.

Limitations of the Study

The research is limited to the views of the nurses working in a university hospital and the hospitalized patients at the time of the data collection.

RESULTS

It was determined that 46% of the nurses participating in the study were 18-28 years old, 89% were female, 53% were married, 62% were university graduates and 45% had 1-5 years working experience (Table 1). 23% were 51-60 years old, 52% were women, 85% were married, 61% were hospitalized for 1-5 days, 81% had a companion patient and 94% were hospitalized previously (Table 1).

Table 1: Descriptive Characteristics of Nurses and Patients

Descriptive Characteristics of Nurses		N	%
Age	18-28 years old	39	46
	29-39 years old	33	39
	40-50 years old	13	15
Gender	Female	76	89
	Male	9	11
Marital Status	Married	45	53
	Single	40	47
Education Status	High school	13	15
	Associate Degree	15	18
	Undergraduate Completion	2	2
	Undergraduate	53	62
Professional experience	Master	2	2
	1-5	38	45
	6-10 years old	20	24
	11-15 years old	11	13
	16-20 years old	16	19
Descriptive Characteristics of Patients			
Age	≤ 30 years old	21	16
	31-40 years old	10	8
	41-50 years old	23	18
	51-60 years old	30	23
	61-70 years old	20	16
	70 years old	24	19
Gender	Female	66	52
	Male	62	48
Education Status	Vocational School of Health	2	2
	Associate Degree	7	6
	Undergraduate	17	13
	Others	102	80
Marital Status	Married	108	84
	Single	20	16
The length of hospitalization	1-5 days	78	61
	6-10 days	33	26
	Over 10 days	17	13
Having a companion	Yes	104	81
	No	24	19
Previously hospitalized	Yes	120	94
	No	8	6

*n multiple marking.

81% of the nurses considered themselves suitable for about nursing, 79% indicated that the most important mission of a nurse was care, 55% spent 0.5-1 hour per day for care and 53% had difficulty in caring, 79% were patient while providing care, 30% wanted to develop their nursing care qualification, 88% involved patients and their relatives in care, and 81% stated that it was the nurse who should provide care to patient (Table 2).

Table 2: Nurses and Patients' Opinions about Care

Descriptive Characteristics of Nurses		n	%	
Considering themselves suitable for nursing	Yes	69	81	
	No	16	19	
The most important task in nursing*	Care	67	79	
	Treatment	62	73	
	Education	51	60	
	Counseling	47	55	
	Others	18	21	
The qualifications existing in themselves while providing care*	Patience	67	79	
	Empathy	55	65	
	Respect	51	60	
	Courage	46	54	
	Honesty	41	48	
	Trust	40	47	
	Modesty	30	35	
	Hope	21	25	
	Others	2	2	
	The qualities desired to be improved in caring*	Patience	25	29
		Hope	16	19
Courage		12	14	
Modesty		9	11	
Honesty		7	8	
Trust		5	6	
Respect		4	5	
Empathy		4	5	
Others		4	5	
Seeing care as a part of the profession		Yes	78	92
	No	7	8	
Having difficulty in providing care	Yes	45	53	
	No	40	47	
Time spent for care a day	Never	8	9	
	0.5-1 hour	46	54	
	1.5-3 Hours	24	28	
	3 +	7	8	
Involving patients and their relatives in care	Yes	75	88	
	No	10	12	
Who should provide patient care?	Nurse	69	81	
	Patient Relatives	9	11	
	Hospital Staff	7	8	

Descriptive Characteristics of Patients			
The reason for nurse preference	For being smiling	9	31
	For showing more interest	8	28
	Providing better care	5	17
	For being professional	4	14
	As I trust him/her	3	10
Requiring a nurse	Yes	120	94
	No	8	6
It is nurse's job to provide care	Yes	96	75
	No	32	25
Who should provide care?	Nurse	86	67
	Patient relative	25	20
	Hospital staff	17	13
Essential nursing qualifications in providing care*	Patience	97	76
	Respect	96	75
	Modesty	91	71
	Trust	81	63
	Honesty	79	62
	Empathy	78	61
	Courage	67	52
	Trust	64	50
	Others	6	5

*n multiple marking.

It was found that 31%, 75%, 67% and 76% of the patients preferred to take care from smiling nurses, thought that it was the mission of a nurse to provide care, nurses had to provide care and the nurses should be very patient respectively (Table 3).

Table 3: The Mean Scores of Nurses and Patients' Caring Behaviors Inventory and its Subscales

Subscales	Nurse	Patient	
	Mean ± SS	Mean ± SS	P
Assurance	5.064±0.631	5.239±0.919	0.003
Knowledge/ Skills	5.209±0.652	5.295±0.825	0.066
Respect	5.039±0.641	4.996±1.059	0.318
Adherence	5.097±0.624	5.030±1.080	0.377
Overall Caring Behaviors	5.102±0.591	5.154±0.905	0.060

As seen in Table 3, according to the CBI overall score averages, the nurses had 5.102 ±0.591 and patients had 5.154±0.905 and there was no significant difference between them regarding Caring Behaviors Inventory ($p>0.05$). In the CBI subscales, only the assurance scores of the patients ($x=5.239$) was higher than those of the nurses ($x=5.064$) and this was found to be statistically significant ($p=0.003$).

The comparison of the descriptive characteristics of the nurses with the CBI scores showed that there was a statistically significant difference between the nurses who had difficulty in providing care and those who did not in terms of overall average scores ($t=-2.580$; $p=0.012$), assurance (MWU=613.500; $p=0.011$), respect ($t=-2,667$; $p=0.009$) and adherence average subscale scores (MWU=624.000; $p=0.014$) (Table 4).

Table 4: The Comparison of Nurses' Characteristics of Having Difficulty in Care and their CBI Scores

		Assurance	Knowledge-Skills	Respect	Adherence	Caring Behaviors Overall
Having difficulty in providing care	n	Mean.Rank (Med)	Mean.Rank(Med)	Mean ± SS	Mean.Rank (Med)	Mean ± SS
Yes	45	36.630(5.000)	38260(5.000)	4870 ± 0.611	36870(5.000)	4.951 ± 0.549
No	40	50.160(5.222)	48340(5.400)	5.229 ± 0.628	49.900(5300)	5.272 ± 0.598
$t=$				-2.667		-2.580
MWU/Z=		613.500/-2.536	686.500/-1.897		624.000/-2.453	
$p=$		0.011	0.058	0.009	0.014	0.012

DISCUSSION

Nursing, which is an important part of health care, requires giving the right decision for the patients in many fields and providing quality and safe care services (Kocatepe *et al.*, 2017). It is known that the nurses' affection for their occupation, their considering herself/himself suitable for the profession, perception of care concept and regarding care as the main duty of nursing, all these influence on nurses' care behaviors resulting in quality and safe care. In our study, most of the nurses stated that they considered themselves suitable for their profession and that their most important mission was care. Similarly, in a study by Birimoğlu & Ayaz (2015), the majority of the nursing students stated that the primary mission of a nurse was to provide care (Birimoğlu & Ayaz, 2015). Özpancar *et al.*, (2008) and Tan *et al.*, (2007) conducted studies with nursing students and found out that the students regarded the nurse as the caregiver (Özpancar *et al.*, 2008; Tan *et al.*, 2007). According to Granum (2004) nursing students described their profession as "care givers" (Granum, 2004).

In our study, more than half of the nurses spent 0.5-1 hours per day for patient care and had difficulty in providing this care. Erol indicated that the majority of the nurses (66.1%) spent 30-60 minutes for patient care on an eight-hour shift (Erol, 2016). In another study conducted with nurses, nearly half of the nurses argued that there were not enough nurses in the services, the

number of patients per nurse was high and there was not enough time for care (Kocatepe *et al.*, 2017). The results of our study are parallel with the similar study results and although nurses considered care as an important component, they did not have enough time to care for the patient, so it appears that they had difficulty in providing this care.

Quality nursing care is related to smiling at patients, maintaining friendly relationship, trust relationship, compassion, sensitivity, informing, sharing, being responsible, providing patient comfort and individualized care (Fosbmdr, 1994; Attree, 2001). In our study, it was seen that most of the patients were of the opinion that it was the nurse's mission to provide care and they preferred to take this care from smiling nurses. Likewise, in the studies conducted with patients in the literature, patients wanted nurses to be smiling, sincere and interested (Aksakal & Bilgili, 2008; Tükel *et al.*, 2004; Özsoy *et al.*, 2007). In a large-scale study examining the perception of nursing care in Turkey, it was pointed out that patients preferred the hospital since they desired to get good nursing care (Kol *et al.*, 2017).

Our study demonstrated that patients' CBI overall score average were 5.15 ± 0.90 (min=1; max=6), the knowledge-skills and assurance subscales were the highest and perceived nursing care quality levels were high. In another on the patients at a neurosurgery clinics using the same scale, the average CBI score of the patients was 4.71 ± 0.72 and their perception of the nursing care was positive (Çevik & EŞER, 2014). In a study conducted by Aydın (2013) on the assessment of nursing care applied to emergency services, the average CBI score was found as 5.12 ± 0.87 in the patients and the assurance subscale was the highest (5.20 ± 0.93) which is in line with this study. It may thought that since the majority of the patients (81%) in the study had companions, some of the care needs were met by them. So their expectations from the nurses may be reduced and therefore they perceived nursing care behaviors and the quality of care at a high level. The findings of a similar study showed that those who had companions were more satisfied with nursing than those who did not (İçyeroğlu & Karabulutluoğlu, 2011; Çoban, 2008).

Our study revealed that nurses' CBI overall score average was 5.10 ± 0.59 (min=1; max=6), knowledge-skills and adherence subscales were the highest and their perceptions of nursing care behaviors were high. It can

be said that more than half of the nurses (62%) had at least a bachelor's degree and 45% of them had 1-5 years working experience increased their knowledge and skill scores. Similar studies in the literature support this finding (Aydın, 2013; Kurşun & Kanan, 2012; Göğüş, 2016; Kocatepe *et al.*, 2017). Other studies (Green, 2004; Burtson & Stichler, 2010; Erol, 2016) it was found that the level of the nurses' perception of care behaviors was high. The studies conducted with nurses' caring behaviors showed that their perceptions of caring behaviors were high (Birimoglu & Ayaz, 2015; Loke *et al.*, 2015; Labrague *et al.*, 2017). The results of our study are similar to the present study where nurses also scored high on each subscale of the CBI. The highest score in the subscales of the CBI in the similar studies was found to be knowledge and skill which was parallel to the findings of our study (Burtson & Stichler, 2010; Labrague *et al.*, 2017; Erol, 2016). As seen in this and the similar studies, the high perception of care behaviors that constitute the essence of nursing profession is an integral part of professional development and professionalism. The care behaviors of nurses in this study conducted with the nurses working in a university hospital is also important in terms of positive professional attitude. Erol (2016) suggested that the nurses working in a university hospital had higher perceptions of care behaviors and professional attitudes than those working in a state hospital (Erol, 2016).

There was no significant difference between nurses and patients' CBI mean scores ($p>0.05$). As for the subscales, only the patients' assurance scores ($x=5.239$) were slightly higher than those of the nurses ($x=5.064$). There was a significant difference between the assurance subscale and the overall mean score ($p=0.003$). A similar study by Aydın (2013) found that the assurance subscale scores of the patients (5.20 ± 0.93) were higher than those of the nurses (5.18 ± 0.66) ($p>0.05$) and there was no statistically significant difference between the average overall scores and subscale scores. However, in the same study, the average scores of the patients in the respect to adherence subscales were higher than those of the nurses but knowledge-skills subscale scores were higher in the nurses (Aydın, 2013). Kurşun (2010) studied with the same CBI and found out that the highest and the lowest subscales were knowledge-skills (5.30 ± 0.87) and adherence (4.59 ± 1.24) in the patients

respectively and the highest and the lowest subscales were knowledge-skill (5.49 ± 0.55) and adherence (4.79 ± 0.77) subscales in the nurses respectively (Kurşun, 2010).

When the descriptive characteristics of the nurses were compared with the CBI scores, it was observed that there was a statistically significant difference between the nurses who had difficulty in providing care and those who did not in terms the overall scores ($t=-2.580$, $p=0.012$) assurance (MWU=613.500; $p=0.011$); respect ($t=-2.667$; $p=0.009$) and adherence (MWU=624.000; $p=0.014$) average scores. The nurses who had difficulty in providing care had lower scores in the overall care behaviors ($x=4.951$) assurance ($x=4.901$), respect ($x=4.870$) and adherence ($x=4.942$) than the scores of overall care behaviors ($x=5.272$), assurance ($x=5.247$), respect ($x=5.229$), adherence ($x=5.270$) than those who did not. Kurşun (2010) reported that the number of beds per nurse affected the assurance, respect and adherence subscales (Kurşun, 2010).

Erol (2016) reported that the intensive care nurses' perception of care behaviors was high, the perception of care behaviors of clinical nurses was low, the number of patients per nurse in clinics was high and accordingly the nurse spent less time with the patient, which may affect this result (Erol, 2016). The same study also showed that there was a statistically significant difference between nurses' care behaviors, assurance, respect and adherence subscales according to their working position ($p>0.05$). The situations such as the high number of beds per nurse, complicated patient care offered in intensive care, and the length of time a nurse spends with the patient for care was thought to be effective in his/her having difficulty in caring and thus his/her perception of the care behaviors.

CONCLUSION

Consequently, the research demonstrated that the patients and nurses had a high average of CBI scores, and thus the quality of nursing care given was highly perceived by patients and nurses. In addition, the average scores of CBI and its subscale scores were found to be lower in the nurses who had difficulty in giving care. In this context, it can be said that the level of perception of care quality of nurses who had difficulty in giving care was considerably lower than those who did not. Therefore the benefits of the present study are:

- Since it will be a guide to increase the quality of care, it is important that the studies will be carried out periodically to evaluate the views of nurses and patients regarding the nursing care performed in clinical areas through validated and reliable measurement tools.
- Improving the institutional deficiencies such as the number of nurses, the number of patients, workload, working hours that affect nurses and patient's care behaviors and perceptions are important.
- During the nursing undergraduate education, it is recommended to provide necessary knowledge-skills for nurses to ensure positive care behaviors and their continuity.
- The application and dissemination of scientific activities such as congresses, symposiums and courses will contribute to the professional development of nurses and the development of care behaviors.
- It is suggested that the study be done in larger populations, in clinics where there are no patient companions, and also in intensive care units.

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