



“Nurses’ Behaviors, Perceived as Caring Behaviors by the Patients”

Introduction:

The affinity of caring to nursing is shown in following quote “Caring is nursing and Nursing is Caring”. It is not modern notion, but can be dated back to the time of Florence Nightingale. Instead of strong association between nursing and caring, relative little attention has been directed toward the study of the care. The environments in which nurses render the services are one, which suffers from scarcity of the nursing staffs, over workload and limited resources in the ward to perform various nursing activity in the ward. These all affects on quality nursing services. Today most of the economically affordable patients prefer private hospital because they give one of the reasons of non-caring behavior of the nursing staffs in Government hospitals. In order for the profession of nursing to meet its social obligation to provide a “Caring relationship” in which our services are given, we must explore what constitutes a caring relationship for our patient. So there must be need to explore the which kind of nurses’ behavior perceived as caring behavior by the patients

Objectives:

Objectives of study were ...

1. To identify the nurses’ behaviors perceived as most important caring behaviors by the patients.
- To identify the nurses’ behaviors perceived as least important caring behaviors by the patients.
2. To determine does gender makes difference in perception of caring behavior?

Assumptions:

1. Nurses behaviors related to health teaching and advocacy are to be perceived as most important caring behaviors by the patients.
2. Nurses behaviors related to professional knowledge and skill are to be perceived as least important caring behaviors by the patients.
3. There is no gender difference in perception of caring behavior of the nurses.

Methodology:

The research approach adopted in the study was exploratory survey. This approach was considered as appropriate at this study aimed at identifying patients’ perception of most important and least important caring behaviors of the nurses.

The present study was conducted in medical and surgical wards of selected medical college attached and district hospital of Gujarat state. By using non-probability sampling technique i.e. Purposive sampling technique, 300 samples were selected from three selected medical college attached and three district hospitals of Gujarat state. Samples were from the medical and surgical wards of the selected hospitals. There were 180 male and 120 female in the study. A tool was developed and validated it by the experts from nursing science, psychologist and social science. The pilot study was conducted on 40 samples to find out the reliability and practicability of the tool. Final data collection was undertaken. The data were tabulated, analyzed and interpreted in terms of the objectives of the study. A descriptive statistical method was used to analyze data.

Description of tool:

The structured rating scale has two sections.

Section – A : consist of items related to Identification data related to patients admitted in medical and surgical wards of selected hospitals. It includes Name of the patients, gender, name of hospital, code number etc.

Section – B : It consist of listed nurse caring behavior prepared by the investigator through deep study of different types of Caring Behavior Inventories.

There were total 40 caring behaviors of the nurses categories under main 5 topic named

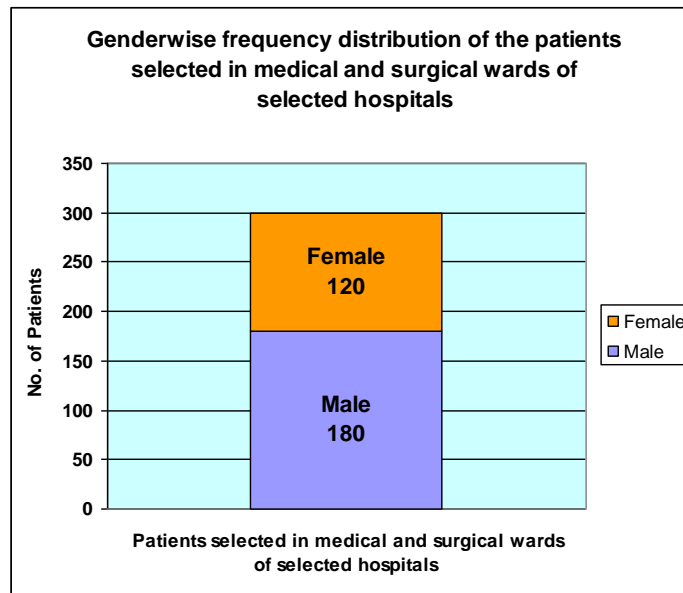
- 1) Nurses' behavior during patient's approach
- 2) Nurses behaviors related to maintaining human dignity and privacy
- 3) Health teaching and advocating behaviors
- 4) Behaviors related to providing safe and protective environment
- 5) Nurses behaviors related to professional knowledge and skill.

These behaviors were rated in 5 scales range from most important caring behavior to not important caring behavior. Patients should put tick marks in the appropriate scale according to his / her perception regarding that particular behavior of the nurse.

Analysis, Interpretation and Findings:

The Collected data was analyzed in terms of frequency, percentage and presented in the form of tables and graphs. Major findings of the study were...

1. There were majority of the male patients i.e. 180(60 %) than female patient's i.e. 120 (40 %).



2. Behavior related to give respect while talking, inject skillfully & safely, addressing by name, prevent infection while treating and take vital measurements are considered as most important behaviors as perceived by the patients.
3. Behaviors related to expose only necessary organ, present during clinical procedure, involve in decision-making, explain discomfort while treating and obtain written consent are considered as least important behaviors as perceived by the patients.
4. Behaviors like addressing the patients with name, give injection skill fully, give respect during talking, prevent cross infection and provide clean and protective environment in the ward are perceived as most important caring behaviors of the nurses by the male patients.
5. Behaviors like expose only necessary body part during examination, involve in decision making, present during clinical procedures, explain about anticipate discomfort during treatment and obtain written consent are perceived as least important caring behaviors by the male patients.
6. Behaviors like give respect while talking, taking vital signs, give injection skillfully, prevent cross infection and addressing the patients by name are perceived as most important caring behaviors of the nurses by the female patients.
7. Behaviors like accept feeling, maintain confidentiality, involve in decision making, explain anticipate discomfort during treatment and obtain written consent are perceived as least important caring behaviors of the nurses by the female patients.
8. As a whole behaviors related to health teaching and advocating are perceived as most important caring behaviors (Mean = 4.42 , S.D =0.42) and behaviors related to human dignity and privacy are considered as least important caring behaviors (Mean = 4.08 , S.D = 0.32) as perceived by the patients.

9. As a whole behaviors related to health teaching and advocating are perceived as most important caring behaviors (Mean = 4.37 , S.D =0.46) and behaviors related to human dignity and privacy are considered as least important caring behaviors (Mean = 4.06 , S.D = 0.32) as perceived by the male patients.

Mean and standard deviation of each nurses' behavior perceived as caring behavior by the patients.

Sr. No.	Behaviors perceived by the patients	Mean	S.D	Sr. No.	Behaviors perceived by the patients	Mean	S.D
1	Give Respect While Talking	4.85	.609	21	Take Precautionary Measures	4.24	.906
2	Inject Skillfully & Safely	4.84	.437	22	Call-bell Orientation	4.23	.959
3	Addressing by Name	4.83	.596	23	Record Accurately	4.22	.747
4	Prevent Infection While Treating	4.77	.583	24	Know All About Disease	4.22	.836
5	Take Vital Measurements	4.76	.564	25	Put Curtain near Bed	4.16	.911
6	Provide Clean Environment	4.74	.570	26	Same Sex Person at Procedure	4.16	.768
7	Aseptic Precaution in Injecting	4.74	.589	27	Immediate Response	4.15	1.025
8	Isolate Infected Cases	4.68	.652	28	Initiate Prompt Action on Problems	4.11	1.277
9	Answer Queries	4.66	.658	29	Be Competent in Nursing	4.05	.744
10	Provide Explanation in Crisis	4.64	.686	30	Explain Disease & Outcome	4.02	.801
11	Encourage Queries on Disease	4.61	.693	31	Procedure with Least Discomfort	3.91	.982
12	Quick Response	4.59	.598	32	Use Advanced Equipment Skillfully	3.89	1.133
13	Check Your Disease Knowledge	4.57	.757	33	Discuss With Concerned ones	3.89	.846
14	Understand Psych. Problems	4.52	.747	34	Accept Feelings	3.83	.992
15	Prevent Physical Injury	4.51	.677	35	Maintain Confidentiality	3.82	.895
16	Ask Purpose	4.49	.864	36	Expose Only Necessary Organ	3.80	.805
17	Explain Risk in Treatment	4.49	.587	37	Present During Clinical Procedure	3.68	1.168
18	Encourage Anytime Call	4.41	.807	38	Involve in Decision-making	3.54	1.026
19	Listen Attentively	4.36	.605	39	Explain Discomfort While Treating	3.35	1.162
20	Explain Procedure	4.25	.869	40	Obtain Written Consent	3.08	1.004

From the above findings it was concluded that nurses' behavior related to health teaching and advocacy are most important according to patients' perception because majority of the patients wants that nurse will provide health education and guidance to them.

Recommendation:

Based on findings, the following Recommendations are proposed for the future Nursing Research:

1. A similar study may be replicated on a large sample covering the different departments of the hospitals and comparing their perception of caring.
2. A study may be replicated on a patients suffering from different disease conditions and comparing their perception of caring.
3. A study can be done by taking nursing staff as sample and find out their perception of caring.
4. A study can be done by taking nursing staff as well as patients as sample and find out their perception of caring and make comparison of their result.
5. A study can be done by taking nursing students as sample and find out their perception of caring.
6. A study can be done by taking caregiver as sample and find out their perception of caring.
7. A study can be done by taking patients as sample irrespective of their age, sex and educational background.
8. A study can be done by taking patients from different specialty hospitals and comparing their perception of caring.

Conclusions:

Based on following findings, it was concluded that demonstration of caring behaviors is important to provide the satisfaction to the patients from nursing services and by knowing the caring behaviors which patients most wants from the nurses during their hospital stay, administrator of the hospitals can formulate caring behavior standards or policy regarding behavior for the nurses.

References:

- I. Attree M: Patients' and relatives' experiences and perspectives to "good" and "not so good" quality care, *Journals of advanced Nursing*, 33(4):456, 2001.
- II. Baldursdottir, M. S., & Jonsdottir, H. (2002). The importance of nurse caring behaviors as perceived by patients receiving care at an emergency department. *Heart & Lung*, 31(1), 67-75.
- III. Beck C.T, Quantitative Measurement Of Caring, *Journal Of Advance Nursing*, 1999, 30(1), p.p. 24-32.
- IV. Benner P, Wrubel ,J : The primacy of caring : stress and coping in health and illness , Menlo Park, Calif, 1989, Addison Wesley.
- V. Benner P. From Novice to expert, Addison-Wesley, California
- VI. Benner P: From novice to expert, Menlo Park, Calif, 1984, Addison Wesley.
- VII. Boyek K, Watson R: A touching story. *Elderly Care* 3:20. 1994.
- VIII. Campo R: The poetry of hailing: a doctor's education in empathy, identification, and desire, New York, 1997, WW Norton.
- IX. Chang Y, Lin YP, Chang HJ, Lin CC, "perceived importance of nursing caring behaviors between patients with cancer pain and oncology nurses , [www.. Pubmed.com](http://www.Pubmed.com).
- X. Coe R. M: The magic of science and the science of magic: an essay on the process of healing, *Journal of Health Social Behavior*, 38(3):1, 1997.
- XI. Cohen M.Z and others: Knowledge and Presence: accountability as describe by nurses and surgical patient, *Professional Nursing*, 3:177, 1994.
- XII. Dorsey, C., Phillips, K. D., & Williams, C. (2001). Adults' sickle cell patients' perceptions of nurses' caring behaviors. *ABNF Journal*, 12(5), 95.
- XIII. Dr. Ying Wu , Dr. June H. Larrabee and Heidi P. Putman, Caring Behavior Inventory, *Journal of Nursing Research*, Vol.55, No.1, January-February-2006, P.P. 18-25.
- XIV. Fosbinder D, Patient perceptions of nursing care : an emerging theory of interpersonal competence, *Journal Of Advance Nursing*, 1994, 20, p.p. 1085-1093.
- XV. Frank AW: Just listening: narrative and deep illness, *Family System health*,16(3): 197, 1998.
- XVI. Fredriksson L: Modes of relating in a caring conversation; a research
- XVII. Freed A; The experience of reassurance: patients' perspectives, *Journals of advanced Nursing* 23:272, 1996.
- XVIII. Gerteis M and others: What patients really want, *Health Manage*15:2, 1993.
- XIX. Greenhalgh J., Nurse caring Behaviors, *Journal of Advance Nursing*, 1998, (27) p.p. 927-932.

- XX. Holzemer's nursing systems framework of quality of care, Paper presentation, funded by Government. Paper presentation at Sigma Theta Tau International Conference .
- XXI. Hoover J: The personal and professional impact of undertaking an educational module on human caring, *Journals of advanced Nursing* , 37(1):79, 2002.
- XXII. Hoover J: The personal and professional impact of undertaking an educational module on human caring, *Journals of Advance Nursing* , 37(11) 79, 2002.
- XXIII. Huggins, K. N., Gandy, W. M., & Kohut, C. D. (1993). Emergency department patients' perception of nurse caring behaviors. *Heart & Lung*, 22, 356-64.
- XXIV. Hungelmann J and others: Focus on spiritual well-being: harmonious interconnected ness of mind-body-spirit—use of the JERL spiritual well-being scale, *Geriatric Nursing* 7(6):262, 1996.
- XXV. J. Greenhanen Nurse caring behavior, *Journal of Advance Nursing*, 1998. (27)-p.p. 928.
- XXVI. Kemper BJ: Therapeutic listening: developing the concept, *Journal of psychosocial Nursing*, 7:21, 1992.
- XXVII. Kyle T.V. The Concept of Caring : a review of literature *Journal of Advance Nursing*, 1995. (21)-506.
- XXVIII. Kyle T.V., The concept of caring : a review of the literature, *Journal of Advance Nursing*, 1995, (21) p.p. 506-514.
- XXIX. Lamb G, Stem pel G : Nursing case management from the client's view: growing as insider-expert, *Nursing Outlook* 42(7):7, 1994.
- XXX. Leininger M.M., *The Phenomenon of caring : Importance, research questions and theoretical consideration* , wayne state university press, Detroit, p.p. 3-15.
- XXXI. Leininger M: *Care: the essence of nursing and health* , Detroit, 1988, Wayne State University Press.
- XXXII. Leininger M: *Transcultural nursing: concept, theory and practice*, New York, 1978, John Wiley & Sons.
- XXXIII. Masayuki Mizuno, Mieko Ozawa, David R. Evans, Caring behaviors perceived by nurses in Japanese hospitals *Nurse studies, NCNJ*, Vol.4, No.1, 2005. p.p. 13-19.
- XXXIV. Masayuki Mizuno, Mieko Ozawa, David R. Evans, Caring behaviors perceived by nurses in Japanese hospitals *Nurse studies, NCNJ*, Vol.4, No.1, 2005. p.p. 13-19.
- XXXV. Mayer DK: Cancer patients' and families' perceptions of nurse caring behaviors, *Top Clinical Nursing*, 8(2):63, 1986.
- XXXVI. Mayer UK: Oncology nurses' versus cancer patients' perceptions of nurse caring behaviors: a replication study, *Oncology Nursing Forum*, 14(3):48, 1987.
- XXXVII. Patients' Perception of Nurses Caring and Uncaring Behaviors in Japan: From a Perspective of Motivation to Help Theory on Sunday”, November 4, 2007.
- XXXVIII. Pederson C: Presence as a nursing intervention with hospitalized children, *Maternal child Nursing*, 3:75, 1993.
- XXXIX. Radsma J., *Caring and Nursing : a dilemma*, *Journal Of Advance Nursing*, 1994, 20, p.p. 444-449.

- XL. Radwin I.: Oncology patients' perceptions of quality nursing care. *Research Nursing Health* 23(3):179, 2000.
- XLI. Radwin.: Knowing the patient: a process model For Individualized Interventions, *Nursing Research*, 44:364, 1995.
- XLII. Rafii F, Oskouie F, Nikravesh M, "Nurses' perceptions of their caring behaviors and related factors in several Tehran burn units", www.Pubmed.com, PMID: 17382190 [PubMed - indexed for MEDLINE].
- XLIII. Schultz, A. A., Bridgham, C., Smith, M. E., & Higgins, D. (1998), Perceptions of caring: Comparison of antepartum and Postpartum patients. *Clinical Nursing Research*, 7(4), 363-378.
- XLIV. Swanson k: Empirical development of a middle-range theory of caring, *Nursing Research*, 40(3):161, 1991.
- XLV. Swanson KM: Empirical development of a middle-range theory of caring, *Nursing Research* 40(.1):161, 1991.
- XLVI. Swanson, KM: Effect of caring, measurement, and time on miscarriage impact and women's well-being, *Nursing research* 48(6):288, 1999.
- XLVII. Swanson-Kauffman K: Caring in the instance of unexpected early pregnancy loss, *Top Clinical Nursing*, 8(2):37, 1986.
- XLVIII. synthesis on presence, touch, and listening, *Journals of Advance Nursing*, 30(5):1167, 1999.
- XLIX. Tanner C and others: The phenomenology of knowing the patient, *Image Journal of Nursing Psychology* 25:27:1, 1993.
- L. Tommasini NR: The use of touch with the hospitalized psychiatric patient, *Archive of Psychiatric Nursing*, 4:213, 1990.
- LI. Toni Winfield Manogin, Caring Behaviors by Nurses: Women's Perceptions During Childbirth, *Journal of Obstetric, Gynecologic, & Neonatal Nursing* 29 (2), 153-157. March 2000.
- LII. Watson J. , *Nursing : A Philosophy and Science of Caring*, 1979, Little, Brown, Boston.
- LIII. Watson MJ: New dimensions of human Caring theory, *Nursing Science Quarterly*, 1:175, 1988.
- LIV. Watson MJ: *Nursing: the philosophy and science of curing*, Boston, 1979, Little, Brown.
- LV. Watson, J. (1997). The theory of human caring: Retrospective and prospective. *Nursing Science Quarterly*. 10(1), 49-52.
- LVI. Watson, J. (2003). Jean Watson and the theory of human caring. Theory overview. Retrieved on February 14, 2003, from
- LVII. Weiss C.J, *Model to discover, validate and use care in nursing* Wayne state university press, Detroit, p.p. 139-149.
- LVIII. Widmark-Petersson V, von Essen L, Sjöden PO, "Perceptions of caring among patients with cancer and their staff. Differences and disagreements", www.Pubmed.com
- LIX. Williams SA: The relationship of patients' perceptions of holistic nurse caring to satisfaction with nursing care, *journal of Nursing care* 11(5):15, 1997.

LX. Wolf Z.R, The caring Concept and nurse identified caring behaviors, 1986, Topic of Clinical Nursing 8(2). p.p. 84-93.

Mr. Anil H. Mandalia

Lecturer

Government College of Nursing

Bhavnagar

Copyright © 2012 – 2017 KCG. All Rights Reserved. | Powered By: Knowledge Consortium of Gujarat