

## Original Article

# Comparison of Nursing Care Perceptions between Patients who had Surgical Operation and Nurses who Provided Care to those Patients

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### Abstract

**Aim:** This descriptive study which was conducted in the surgical clinics of a university hospital in Gaziantep/Turkey aims to compare care perceptions of patients who had surgical operation and those of nurses.

**Method:** The participants were 379 patients and 70 nurses who provided care to those patients. The data were collected using Identification Form and CBI-24 (Caring Behaviours Inventory-24).

**Result:** It was determined that CBI-24 total average of score of patients ( $5.08 \pm 0.97$ ) is significantly lower than nurses ( $5.28 \pm 0.45$ ) in statistical sense ( $p=0.05$ ). It was found that patients' sub-dimension scores for knowledge and skill  $5.13 \pm 1.0$ , being respectful  $4.97 \pm 1.03$ , are lower than scores of nurses and the difference between them is at significantly high level in statistical sense (respectively  $p < 0.001$  and  $p = 0.002$ ).

**Conclusion:** It was determined that level of patients' perception of nursing care is lower than those of nurses. It was observed that nursing care is influenced from characteristics of patients and nurses.

**Keywords:** Care perception, patient, nurse, nursing care

### Introduction

Care is one of the fundamental concepts of nursing. Nurses should consider the concept of care from an ethical point of view, the concept which is not easy to define (Austgart, 2008; Rolfe, 2009), which is multidimensional, which requires professionalism and expertise, and which is an interpersonal process based on sensitivity (Potter and Perry, 2005; Watson, 2010). The main purpose of caring behaviour is to reduce patients' pain and trouble. The care provided with this purpose would have positive contributions to the patients' life (Suhonen, Berg, Idvall and et al., 2009). Although individuals' perceptions of nursing services are to a large extent associated with their social status, age, education level, cultural background and ethnicity (Potter and Perry, 2005; Suhonen, Berg, Idvall and et al., 2009), the support and care they receive from

nurses affect their perceptions of care (Potter and Perry, 2005).

Today, the factors such as the competition between the health institutions, professionalism, cost increase, demographic changes in society, use of advanced technology, and shorter duration of hospital stay have changed patients' perceptions of and expectations from the nursing care (Christopher and Hegedus, 2000; Çoban and Kaşıkçı, 2008).

The related literature demonstrates that patients' and nurses' perceptions of care that are consistent with the goals are of great importance in patients' benefitting from the nursing and adapting to the treatment after being discharged from hospital (Ahmad and Alasad, 2004). However, studies show that patients and nurses do not have similar perceptions about nursing care. In these studies,

nurses were found to give more importance to psychological and emotional aspects (Christopher and Hegedus, 2000; Alger, Abbasoğlu, Hakverdioğlu and et al., 2005) and clinical competence (Von Essen and Sjoden 1991) while patients emphasized that physical and medical sides of care were more important (Widmark-Petersson, Von Essen and Sjoden,1998).

Nurses' knowing about the perceptions of patients regarding nursing care helps them to become more sensitive about their caring behaviours. Besides, identification and correct comprehension of the perceptions of those who receive and provide care can help to increase the quality of caring and thus the quality of the service. It is important to investigate patients' views, priorities, and needs regarding nursing care in order to provide a patient-centred care based on expanding and improving knowledge (Hegedus, 1999). Although studies at national level have investigated nurses' perceptions of care, studies which compare patients' and nurses' perceptions of care in the surgical field seem to be limited in number. Therefore, the purpose of this study is to compare patients' and nurses' perceptions of nursing care in surgical clinics.

### **Aim**

This study which is descriptive in nature aims to compare care perceptions of patients who had surgical operation and those of nurses in surgical clinics.

### **Materials and Methods**

The study was conducted in the surgical clinics of a university hospital located in Gaziantep/Turkey between November 2012 and April 2013. Surgical clinics of the hospitals where the study was conducted had 270 inpatient bed availability and there were 78 nurses who worked in these clinics during the time the study was conducted.

Target population of the study was all nurses who worked in the surgical clinics of the aforementioned hospitals and all patients who had operations in those clinics.

The participants were the patients who met the research criteria and who had operation and all nurses who provided care to these patients. The patients were selected using sample calculation

formula with known target population. This number was identified 379. Although the number of nurses was 78, seven nurses did not participate in the study: three nurses were on maternal leave, two nurses were on annual leave, and two nurses did not want to participate in the study. One of the nurses was a contract employer, and she quit her job during the time the study was conducted. Thus, the study was conducted with 70 nurses.

The inclusion criteria for patients involved being hospitalized in the surgical clinic for at least two days, having had a surgical operation, being 18 and over, having no communication difficulties or mental deficiency, and volunteering to participate in the study.

As for nurses, the inclusion criteria were working in the surgical clinic at least for one month and volunteering to participate in the study.

### **Collection of the Data**

The data were collected face to face from the patients and the forms were taken back right after the patients filled them. The forms were administered to the nurses and collected from them on the following day.

The participants were informed about the purpose of the study before they were administered the inventory, their verbal consent was obtained, and the inventories were filled by the participants under the researcher's observation.

The researcher filled in the inventory according to their responses for the patients who had visual impairment or who did not want to read themselves. It took about 10-15 minutes to fill the inventory.

### **Data Collection Tools**

The data were collected through three instruments.

#### **Patient Identification Form**

It contains information about patients' sociodemographic data (age, gender, occupation, education, etc).

#### **Nurse Identification Form**

It contains information about nurses' sociodemographic data (age, gender, marital status, education, etc).

## Caring Behaviors Inventory-24

Reliability and validity of the Turkish adaptation of the inventory was performed by Kurşun (Kurşun and Kanan, 2012). The scale which was prepared by Wu et al. was the long form of the 42-item "Caring Behaviours Inventory-42" which was appropriate for two-way identification by nurses and patients and which was prepared by Wolf et. al. The inventory was designed to evaluate the nursing care process (Wu, Larrabee and Putman, 2006; Wolf, Giardino, Osborne and et al.,1994). CBI-24 is used with a view to comparing nurses' self-evaluation and patient perceptions (Wolf, Giardino, Osborne and et al.,1994). It is also used in order to evaluate the care provided before and after the surgical operation (listening, informing, caring behaviours that involve patients in decision making). The inventory has 4 sub-groups and 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 scores in the scale are calculated as follows:

-Obtaining the total score: All the scores obtained from the 24 items are added up and then divided into 24, and the result is a scale score between 1 and 6.

- Obtaining the sub-groups: For each sub-group, the items in each sub-group are added up, and the total score is divided into the number of items, which yields sub-group scores that range between 1 and 6. Evaluation of the scale is done according to the total scores; thus, low scores indicate low perception of care and high scores indicate high perception of care.

## Data Analysis

Categorical measurements were indicated by numbers and percentages and numerical measurements were summarised using means and standard deviations (minimum and maximum where necessary). CBI-24 sub-groups and total scores were compared according to patients' and nurses' features, using Independent Groups t-test analysis. Statistical significance was taken 0.05 in all tests.

## Ethical consideration

Before the study was conducted, the official permissions were obtained from the hospital

administrators where the study was conducted and from our Hospital Clinical Studies and Ethics Committee. The patients' verbal consent was obtained before each interview.

## Results

Socio-demographic features of the patients were analysed. Results showed that 57% (n=215) of the participants were male, 54% (n=206) were aged between 40 and 64. 78% (n=296) were married, and 45% (n=169) graduated from primary school.

Analysis of the Socio-demographic features of the nurses showed that 73% (n=51) were female, 66% (n=46) were aged between 20 and 29, 46% (n=32) were married and a great majority 91% (n=64) graduated from university. Average age of the participants was  $28 \pm 4.75$  (range: 21-38).

A comparison of the CBI-24 Sub-group and total mean scores of patients and nurses using independent groups t-test indicated the following results:

There was not a significant difference between the patients' and nurses' assurance and positive connectedness sub-scale scores ( $p=0.085$  and  $p=0.329$  respectively), but in the knowledge-skill and respectful deference to others sub-scales, patients' scores were significantly lower than nurses' scores ( $p<0.001$  and  $p=0.002$  respectively). Patients' CBI-24 total score means were significantly lower than nurses' total score means ( $p=0.005$ ) (see Table 1).

An analysis of nurses' and patients' CBI-24 sub-scale and total scale scores demonstrates that the patients' CBI-24 total scores were  $5.19 \pm 0.97$  for the assurance sub-scale,  $5.13 \pm 1.0$  for the knowledge and skill sub-scale,  $4.97 \pm 1.03$  for the respectful deference to others sub-scale,  $4.96 \pm 1.04$  for the positive connectedness sub-scale, and  $5.08 \pm 0.97$  for the total scale. Sub-scale and total scores for nurses were  $5.32 \pm 0.46$  for the assurance sub-scale,  $5.51 \pm 0.44$  for the knowledge and skill sub-scale,  $5.24 \pm 0.54$  for the respectful deference to others sub-scale,  $5.05 \pm 0.62$  for the positive connectedness sub-scale, and  $5.28 \pm 0.45$  for the total scale (see Table 1).

An analysis of CBI-24 sub-scale scores of patients and nurses indicate that in the assurance sub-scale, nurses gave importance to reducing the

**Table 1. Comparison of the CBI-24 Sub-group and Total Mean Scores of Patients and Nurses**

Caring Behaviour Inventory	Patients	Nurses	t	p
	Mean±SD	Mean±SD		
Assurance	5.19±0,97	5.32±0.46	-1.732	0.085
Knowledge and Skill	5,13±1,0	5.51±0.44	-5.149	<0.001
Respectful	4,97±1,03	5.24±0.54	-3.177	0.002
Connectedness	4,96±1,04	5.05±0.62	-0.979	0.329
Total Score	5,08±0,97	5.28±0.45	-2.826	0.005

**Table 2. Distribution of the Scores obtained from CBI-24 and Sub-scales**

Caring Behaviours Inventory		Nurses		Patients	
		Mean±SD	Min-Max	Mean±SD	Min-Max
Assurance	16. Returning to the patient voluntarily	5.03±0,7	3-6	5.08±1,16	1-6
	17. Talking with the patient	5.37±0,71	4-6	5.14±1,18	2-6
	18. Encouraging the patient to call if there are problems	5.33±0,77	3-6	5.2±1,16	1-6
	20. Responding quickly to the patient's call	5.09±0,9	3-6	5.08±1,22	1-6
	21. Helping to reduce the patient's pain	5.54±0.56	4-6	5.22±1.1	1-6
	22. Showing concern for the patient	5.33±0.72	4-6	5.13±1.15	2-6
	23. Giving the patient's treatments and medications on time	5.5±0.63	4-6	5.39±1.01	2-6
Knowledge-Skill	24. Relieving the patient's symptoms	5.39±0.69	3-6	5.31±1.03	1-6
	9. Knowing how to give shots,. Ivs, etc.	5.73±0.54	4-6	5.18±1.05	1-6
	10. Being confident with the patient	5.39±0.71	3-6	5.16±1.12	1-6
	11. Demonstrating professional knowledge and skill	5.36±0.66	4-6	5.11±1.14	1-6
	12. Managing equipment skilfully	5.53±0.61	4-6	5.08±1.21	1-6
Respectful	15. Treating patient information confidentially	5.54±0.72	3-6	5.12±1.18	1-6
	1. Attentively listening to the patient	5.3±0.67	4-6	5.06±1.2	1-6
	3. Treating the patient as an individual	5.59±0.65	4-6	4.96±1.21	1-6
	5. Supporting the patient	5.24±0.81	3-6	4.89±1.21	1-6
	6. Being empathetic or identifying with the patient	5.11±0.81	3-6	4.8±1.24	2-6
	13. Allowing the patient to express feelings about his or her disease and treatment	5.31±0.63	4-6	5.06±1.16	1-6
Connectedness	19. Meeting the patient's stated and unstated needs	4.86±0.87	3-6	5.05±1.15	1-6
	2. Giving instructions or teaching the patient	5.01±0.88	3-6	4.8±1.32	1-6
	4. Spending time with the patient	5.14±0.84	3-6	4.89±1.21	1-6
	7. Helping the patient grow	5.06±0.83	3-6	4.92±1.24	1-6
	8. Being patient or tireless with the patient	5.14±0.8	3-6	5.19±1.12	1-6
	14. Including the patient in planning his or her care	4.87±0.95	3-6	4.99±1.19	1-6

patient's pain while patients defined more privileged nursing behaviour as giving the patient's treatments and medications on time. As for the knowledge and skill sub-scale, both nurses and patients indicated that the most privileged caring behaviour was "knowing how to give shots, IVs, etc.". In the respectful deference to others sub-scale, the privileged caring behaviour was "treating the patient as an individual" for nurses and "attentively listening to the patient" for patients. As for the positive connectedness sub-scale, the statement "being patient or tireless with the patient" was found to be the most privileged item for both nurses and patients (see Table 2).

### Discussion

Patients have various expectations regarding their care during the time they stay in the hospital. Meeting patients' expectations is not only related with their perceptions regarding the quality of care, but also it affects their perceptions about the quality of the institution and the health system (Lynn and McMillan, 1999). The related literature indicates that patients' perceptions about nursing care should be the main issue to be focused and that patient care should be considered from the patients' point of view (Williams, 1998).

Cronbach Alpha reliability co-efficient of the CBI-24 for patient and nurse groups shows that reliability of the scale was high for the sub-scales and total values of the scale (in the patient group: = 0.98 for the total scale, between =0.91 and 0.95 for the sub-scales; in the nurse group: = 0.93 for the total scale, between =0.72 and 0.82 for the sub-scales). Short form of the scale used in the study (24 items and 5 sub-scales) was developed by Wu et al. Cronbach Alpha reliability coefficient of the scale in their study was 0.96 for the total scale for nurses, and 0.96 for the total scale for patients (Wu, Larrabee and Putman, 2006).

The present study has indicated that the nurses' total caring perception scores are higher than those of patients; there are no differences between the patients' and nurses' CBI-24 assurance and positive connectedness sub-scale scores ( $p=0.085$  and  $p=0.329$  respectively); patients' scores are lower than those of nurses in

the knowledge-skill and respectful deference to others sub-scales ( $p<0.001$  and  $p=0.002$  respectively) (see Table 1). Although the related literature encompasses results similar to the ones in the present study (Zhao, Akkadechanunt and Xue, 2009), Wu et al. and Wolf et al. compared caring perceptions of patients and nurses and found, unlike the present study, that patients' caring perceptions were higher than those of nurses (Wu, Larrabee and Putman, 2006; Wolf, Giardino, Osborne and et al., 1994). Lee and Yom compared the caring perceptions of the patients who were rehospitalized and the nurses who provided care to them, aimed to investigate their satisfaction with caring, and found that the patients' satisfaction scores (5.11) were higher than those of nurses (4.52) ( Lee and Yom, 2007). Another study which investigated level of burnout, job satisfaction and care perceptions of nurses indicated that nurses' CBI-24 scores were 5.36 in the assurance sub-scale, 5.56 in the knowledge-skill sub-scale, 5.16 in the respectful deference to others sub-scale, 4.89 in the positive connectedness sub-scale, and 5.25 in the total scale (Burtson and Stichler, 2010).

In their study which investigated surgical patients in Europe, Palese et al. found that patients got 4.9 in the assurance sub-scale, 5.3 in the knowledge-skill sub-scale, 4.6 in the respectful deference to others sub-scale, 4.5 in the positive connectedness sub-scale, and 4.57 in the total scale. It was found that patients' caring perceptions were varied among the countries in Europe, as well (Palese, Tomietto, Suhonen and et al., 2011). Similar studies in the literature which investigated patients' and nurses' caring perceptions show that there are differences between the groups in terms of their caring perceptions (Christopher and Hegedus, 2000; Çoban and Kaşıkçı, 2008; Algier, Abbasoğlu, Hakverdioğlu and et al., 2005; Von Essen and Sjoden, 1991; Widmark-Petersson, Von Essen and Sjoden, 1998; Zhao, Akkadechanunt and Xue, 2009). These studies showed that expression behaviours (listening to the patient, treating the patient as an individual, etc.) were most important for nurses (Christopher and Hegedus, 2000; Çoban and Kaşıkçı, 2008) while instrumental behaviours (treatment, monitor follow-up) were most important for patients (Von

Essen and Sjoden 1991; Widmark-Petersson, Von Essen and Sjoden,1998).

As these results suggest, there are differences between nurses' and patients' caring perceptions. These differences could be resulted from such factors as cultural and socio-economic status, religious beliefs, different caring standards and nursing education programs of the countries, or individuals' personal characteristics.

The prioritised areas regarding care seem to differ in the studies which investigated patients' and nurses' caring perceptions. Suliman et al. found that the most important nursing behaviour indicated by patients was "helping to reduce the patient's pain" (Suliman, Welmann, Omer and et al., 2009). In the present study, the items with the highest scores were "helping to reduce the patient's pain" indicated by patients, and "giving the patient's treatments and medications on time" by nurses (see Table 2). These results show similarity with the results found by Holroyd et al ( Holroyd, Yue-keun, Sau-wai and et al., 1998). Chang et al. found that "giving the patient's treatments and medications on time" was perceived highly important both by patients and nurses (Chang, Lin, Chang and et al., 2005).

While in the present study "knowing how to give shots, IVs, etc." was found to have primary importance in the knowledge and skill sub-scale (see Table 2), this item was found to have secondary importance in the study conducted by Chang et al (Chang, Lin, Chang and et al. 2005).

In the present study, patients saw "attentively listening to the patient" as the most important caring behaviour in the respectful deference to others sub-scale, but nurses saw "treating the patient as an individual" more important (see Table 2). According to Patistea, the statement "attentively listening to the patient" which was found to be low in the study conducted with cancer patients by Larson and Mayer (Patistea and Siamanta, 1999). In their study which investigated nurses' perceptions of care, Brunton and Beaman found that "attentively listening to the patient" was the last item in the importance list (Brunton and Beaman,2000).

Suliman et al., in their study conducted in three regional hospitals with different cultural structure, found that "being empathetic or

identifying with the patient" statement had the lowest proportion among patients, which is a parallel finding with our study (see Table 2) (Suliman, Welmann, Omer and et al., 2009). In their study conducted with intensive care unit patients and nurses, Alaca et al. found that a substantial number of patients (69%) stated that nurses did not understand them, were job-centred, and did not listen to or talk to them (Alaca, Yiğit and Özcan 2011). However, in the same study, a large number of nurses (84.4%) stated that they could help patients about their problems (Alaca, Yiğit and Özcan 2011).

Alaca et al. indicated that according to patients, nurses generally helped them about their concrete and physical problems but were not aware of their psychosocial problems (Alaca, Yiğit and Özcan 2011). In their study conducted in the internal and surgical clinics with nurses and patients, Algier et al. found that nurses spent most of their time for nursing enterprises which are in the physiological and safety dimensions (Algier, Abbasoğlu, Hakverdioğlu and et al., 2005). The results of these two studies are similar to the ones in the present study (in terms of nurses' giving more priority to meeting the patients' physiological needs). However, in some of the items, nurses perceived expression behaviours more important than the patients did (e.g. allowing the patient to express feelings about the disease and treatment, talking with the patient, etc.) (see Table 2).

The related literature indicates that patient and nurse interaction could differ according to the care environment (home care, hospital). For instance, while rehabilitation nurses saw physical care important, cancer nurses focused on emotional behaviours (Von Essen and Sjoden, 1991; Holroyd, Yue-keun, Sau-wai and et al., 1998). Surgical nurses in the present study were found to see physical care (knowing how to give treatments and medications was the item with the highest score) more important (see Table 2). This finding might result from the fact that surgical patients need more physical care in the perioperative period.

In the positive connectedness sub-scale, the primary caring behaviour was "spending time with the patient" for the nurses and "being patient or tireless with the patient" for the patients in the

present study (see Table 2). Ahmad and Alasad, in their study conducted in internal and surgical clinics, found that “in her working hours, informing the patient about what is going to be done to him or her” was the caring behaviour indicated most important by the patients while the least important item was “informing patients about the things that are going wrong” (Ahmad and Alasad, 2004).

Different results of the nursing behaviours between patients and nurses might result from the lack of communication between nurses and patients, differences in patients’ and nurses’ personal characteristics, life experiences, and expectation and perception levels (Von Essen and Sjoden, 1991). Meeting the needs that are perceived as the target of the nursing practices is important for a good care.

### Conclusion

It was found that the nurses’ perceptions of care were higher than those of patients, nurses perceived themselves more reassuring and connected than the patients saw them (but not at a significant level), and nurses thought they were better in knowledge-skill and respectful deference to others sub-scales when compared to the patients’ thoughts.

### Recommendations

In line with the findings of the present study, a better nursing care can be provided by conducting systematic studies with larger groups in relation to nurses’ and patients’ perceptions of care and reviewing the care and the affecting factors in line with the results obtained from the study.

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