

Original Article

Caring Behavior and Patient Satisfaction: Merging for Satisfaction

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Abstract

Background: Caring is considered as the fundamental concept of nursing role and provides framework to guide the nursing practice. It involves viewing the totality of an individual in order to provide an optimal level of care to patients. However, this has become a challenge in the current health care system due to the advancement of technology coupled by scarce resources, shortage of nursing personnel and occupational stress.

Objectives: The purpose of this descriptive-correlational study was to determine the level of caring behaviors of nurses as perceived by the nurses and patients and determine the difference between their perceptions. Furthermore, the relationship between the level of caring behavior and patient's satisfaction was determined.

Methodology: A purposive sample of 101 patients and 47 nurses were selected in medical-surgical unit of selected Level 3 Hospitals in Manila, Philippines. Staff nurses and patients were asked to rate the level of caring behavior using the Clinical Nurse Patient Interaction Scale (CNPI) Also, patients were asked to rate their level of satisfaction using the Patient Satisfaction Instrument (PSI).

Results: Finding suggests that nurses rated themselves higher in terms of caring behavior as compared to the ratings of the patients. However, patients were still satisfied in the level of care received from the nurses in the hospital.

Conclusion: A significant difference was noted in terms of the perception of nurses and patients in the level of caring behavior. Moreover, significant relationship was also noted between the level of caring behavior as perceived by patients and the patient satisfaction.

Keywords: caring, behavior, patient, satisfaction, relation

Introduction

Caring is a perception that has received much attention in contemporary nursing literature where it became the core of nursing and other medical profession. Wolf et al. (1992) defined the process of caring as an interactive and inter-subjective human process which occurs during moments of shared vulnerability between two or more people, both the self and other directed process. Caring has been called the essence, core, and focus of nursing practice. Nursing theorists, such as Leininger (1981; 1988), and Watson (1979; 1985), emphasized the central role of caring within the meaning of nursing. Leininger (1988) stated that caring is the central, dominant and unifying feature

of nursing. A growing understanding of this concept is beginning to influence nursing theory, research, education, and practice. Leyson (1996) emphasized that caring is the interaction between the nurse and the patient which is best expressed interpersonally and has done wonders in the preservation of patient's life.

Nurses deal with different patients every day and that means they constantly need to reach their patient's needs and expectation. All the caring behavior that the nurse has been performing needs to be evaluated which is sometimes difficult to assess and understand its effectivity on the patient's end. Evaluating satisfaction is one of the main measurements embedded in healthcare.

The objective of the study is to determine the level of caring behaviors of nurses as perceived by the nurses and patients and determine the difference between their perceptions. Furthermore, the relationship between the level of caring behavior and patient's satisfaction was determined.

Methodology

Design and Sample

In this study, a correlational research was used. Participants were recruited from two (2) Level 3 Hospitals in Manila, Philippines. The Filipino patients who were admitted to medical and surgical units for at least 3 days, at least 18 years old and willing to participate in the study were included as participants. Also, all nurses in different shifting schedules who are assigned in medical and surgical units, employed in the hospital for at least a year and consented to participate were also included in the study. A purposive sample of 101 patients and 47 nurses who met the inclusion criteria were considered as participants.

Ethical Consideration

An ethics approval was secured from the Centro Escolar University Institutional Ethics and Review Board prior to the conduct of the study. Also, the said study was approved for implementation by the ethics review board of selected hospitals. Written consent was obtained from nurses and patients who were included in the study.

Procedure

Prior to the conduct of the study, permission to conduct the study among staff nurses and patients to the hospital administrators and chief nurses were secured and a letter to the original author of the instrument was sent to ask for their consent to use the tool. As soon as the permission was granted, coordination with the nursing department to obtain a list of patients confined in the ward and all nurses in different shifts assigned in medical and surgical area.

Then, the researcher asked the Training Officer permission to be allowed to use one room for participants to answer the questionnaire. Lastly, the researcher asked permission for willing participants that fits in the inclusion criteria set. Purpose of the study was explained to the

participants. Then, CNPI-Nurse Scale was administered to all nurses assigned in different shifts to determine their level of caring behaviors based on their perception. Afterwards, CNPI-Patient Scale was given to the patient to determine their perception on the level of caring behaviors of nurses followed by the PSI Scale to assess their level of satisfaction.

Instruments.

The study utilized the CNPI-Nurse scale developed by Cosette et al. (2006) to determine the level of caring behavior as perceived by nurses while the CNPI-Patient Scale that was translated to Filipino was use to the patients. Also, level of satisfaction was measured using PSI Scale developed by Hinshaw and Atwood (1982) and was also translated to Filipino.

The translated instruments that were used in the study was subjected to evaluation of six experts, four of them were nurses, one linguist and one psychometrician.

Upon return of the questionnaire, the scale content validity index (S-CVI) of the tool was calculated by determining the measure of items rated as three or four on a 4-point Likert scale provided to the experts (one=not relevant, four=highly relevant). Overall, the S-CVI of the CNPI Scale was 0.87 while 0.96 for PSI Scale which met the criteria set by Davis (1992).

After establishing the validity of the instruments, reliability test using Cronbach's Alpha Statistics was conducted which showed that the CNPI-Nurse, CNPI-Patient and the PSI scale has an alpha coefficient of 0.731, 0.961 and 0.815 respectively which satisfies the acceptable range.

Statistical Analysis

The gathered data was analyzed using the Statistical Package for Social Sciences (SPSS) version 23. The study utilized a 95% confidence intervals (CI). The level of caring behavior of staff nurses as perceived by nurses and patients and the patient's satisfaction was calculated using weighted mean.

Mann Whitney U test was used to determine the difference between the perception of the patient and the nurse when it comes to the level of caring behavior. Lastly, Spearman rank order correlation

was utilized to test the association between the level of caring behaviors as perceived by patients and patient’s satisfaction.

Results

Level of Caring Behavior as Perceived by Nurses and Patients

Analysis of the data gathered revealed that nurses rated themselves higher in comforting care,

followed by clinical care, humanistic care and relational care respectively whereas patients rated clinical care as the highest followed by comforting care, humanistic care and relational care.

Level of Patient Satisfaction

In terms of patient satisfaction, patients rated patient education as the highest followed by trust and technical-professional care.

Table 1. Level of Caring behavior as Perceived by Nurses and Patients

CNPI-Nurse	Mean	VI*	CNPI-Patient	Mean	VI*
Comforting Care	4.58	Almost Always	Clinical Care	3.88	Very Often
Clinical Care	4.52	Almost Always	Comforting Care	3.68	Very Often
Humanistic Care	4.11	Very Often	Humanistic Care	3.41	Very Often
Relational Care	3.70	Very Often	Relational Care	3.13	Often

*Verbal Interpretation

Table 2. Level of Patient Satisfaction

PSI	Mean	VI*
Patient Education	3.98	Agree
Trust	3.79	Agree
Technical Professional Care	3.15	Strongly Agree

*Verbal Interpretation

Table 3. Comparison of the Level of Caring Behavior as Perceived by Nurses and Patients

Factor	Group	n [‡]	Mean ± SD	U ^{‡‡}	P
Caring Behavior	Nurse	47	4.22±0.42	1011.5	**0.000
	Patient	101	3.52±0.76		
	Total	148			

‡ n: the number of cases ‡‡Mann Whitney U test ** P-value: the difference between the means is considered statistically significant if the p-value is <0.0

Table 4. Correlation between Caring Behaviors and Patient Satisfaction

Factor	n [‡]	Mean ± SD	Spearman’s rho ^{‡‡}	P	Interpretation
Caring Behavior	101	3.52±0.76	0.203	**0.042	Significant
Patient Satisfaction	101	3.67±0.53			

‡ n: the number of cases ‡‡Spearman rank correlation ** P-value: the correlation between the means is considered statistically significant if the p-value is <0.05

Difference in the Level of Caring Behavior as Perceived by Nurses and Patients

A Mann-Whitney U test was conducted to determine whether there was a difference in the perception of nurses and patients in the level of caring behavior. Results of that analysis indicated that there was a difference, $U=1011.5$, $p < .05$ with nurses having a higher rating ($M=4.22$, $SD=0.42$) than patients ($M=3.52$, $SD=0.76$) in terms of the perception of caring behavior.

Relationship between Caring Behaviors and Patient Satisfaction

In order to determine the relationship between the level of caring behavior as perceived by the patients and the level of patient satisfaction, a spearman rank correlation test was used. Results revealed that a significant relationship was noted ($\rho=0.203$) as proven by p value of less than 0.05.

Discussion

Caring has been considered as a crucial part of nursing. Hence, it is of paramount importance to recognize which behaviors of the nurse are perceived by the patient as caring and to determine if nurses perceive these same behaviors as caring. The nurse-patient relationship can be likened to a 'bridge', in which the patient is being facilitated by the nurse to receive the optimal level of care possible.

According to Combras (2011), the relationship that nurses develop with patients during hospital shift in the wards are the most impactful factors that varies caring behavior and affect satisfaction. Among the caring behaviors assessed, comforting care behavior had the highest among the nurses, this shows that nurses value comfort when it comes to caring for their patients. This was supported by Pedrazza (2015) who stated that comforting takes huge part in gaining and improving health status in patients who have experience a lot. In contrast, clinical care was rated the highest by the patient. Hughes (2008) stated that a good clinical care nursing organize responsibilities by what is in the best interests of the patients while considering the training and competencies needed to provide high-quality, coordinated care specific to the patient's clinical needs and circumstances whereas relational care was rated as the lowest by the patients.

Kuan (1993) stated that caring behavior as manifested by Filipino patients can include many positive factors like hug, attention, a greeting, stroking, pat on the shoulder, prevalence, benevolence, preparedness and even by distance and silence. She added that listening, crying with, laughing together, talking, reminiscing, gentle gaze is all demonstration of caring plus a tactful respect of accepting the person in front of you.

On the other hand, it was noted that relational care was rated the lowest by both the nurse and the patient. The concept of relational practice is related to nursing education. Beckett, Gilbertson and Greenwood (2007) stated that teaching and learning in nursing education often focus on mechanical skills and technical interventions. Educational curricula frequently emphasized scientific, measurable technical knowledge, ignoring interpersonal aspects of nursing care. Delayed relational practice can cause unnecessary stress for patients and increase the risk of harm (Allen et al., 2013). The nurses' interaction or relational behavior has a great impact on developing an effective relationship with the patients and boosts patient's confidence with the care providers. Effective interaction enhances patient's loyalty to the service providers (Gaur, 2011). Thus, nurses should undergo seminars and trainings regarding the provision of care in order for them to recognize the value of caring in optimizing the health of the patients whereas nursing education curriculum should emphasize the value of affective aspect of nursing care and not only on the knowledge and skills aspects. This was also supported by Allen et al. (2013) who stated that delayed relational practice can cause unnecessary stress for patients and increase the risk of harm.

On the brighter side, humanistic care was also rated highly by both the nurses and patients. The study implies that nurse place high importance on the value of respecting patients' privacy and responding to the needs of their patients. According to Longtin (2010), when patients were given a humanistic care, they are more likely to adhere to orders and active participants of care resulting to better outcome. Quiting (2013) wrote that nurses are the ones who keep patients company for the longest time. The duty of nurses is not only to deal the ill but to warm the chill.

Therefore, humanistic caring matters more for them in the practices of loving kindness, the instillation of faith and hope, sensitivity to indicators of disease, improvement of healing environment, communication arts etc. (Watson & Sitzman, 2014). This was supported by the study of Laurente (2002) who stated that behaviors exemplified by a caring Filipino nurse as perceived by patients includes respect, patience, various helping acts, gentleness and guidance.

Before nurses started to care for the patients, there is a quality aspect that is needed to achieve in order to gain desirable outcome and patient satisfaction. This can be attributed to nurses' professional qualities, communication skills, professional competence in the job and interest and commitment in the job (Lleva, 2010). This was supported by Alfonso (2008) who concluded that patients' satisfaction is credited to the compassionate, kind and competent nurses. Patient's satisfaction also appears to have a nurses provide care in a standard way which is averagely rated with related costs. Patient's find it more satisfying when nurses are happy, when there is less stress, approved leaves of absence, and standard work load. Also the findings discovered that the patients rated their satisfaction of nursing care as highly base on the satisfaction when there is affective comfort and compassion showed by nurses (Dey, 2016; Merrill et al., 2012; Tang et al., 2013).

According to Olshanky (2011), nursing profession is regularly valued as the most trusted profession. Furthermore, ANA (2016) stated that trust that should be acquired from patients in order to provide optimal and holistic care needed by the patient itself. However, in the study patient education and not trust was rated as the highest by patients. Patient education is an important concept of modern health care. According to Antsiferov et al. (1998), this involves educating not only the patient but also the relatives of the patients. Moreover, Arnstein (2017) stated that applying the patient education programs can help health care providers and organizations produce better effects and increase the quality of care.

In assessing the difference in the perception of nurse and patients in the level of caring behaviors of nurses, a significant difference was noted

wherein nurses rated themselves higher as compared to the ratings of the patients. The result of this study was also similar to the findings of Modic et al. (2016) who suggest that there is a difference in patient and nurse perceptions of nurse caring behaviors. These findings were also supported by the study of Abdullah et al. (2017). Similarly, Combras (2011) in her study of caring behaviors among Filipino nurses and Filipino patients revealed significant differences in their perception. This was also supported by the study of Lopez (2007) and Leyson (1996) among Filipino nurses and patients.

Level of caring behavior as perceived by patients and patient satisfaction was found to be significantly related. This finding was also supported by Aziz-Fini et al. (2012) which stated that there is a clear interrelationship between caring behaviors in the quality of care and patient satisfaction. However, this was contradicted by Akhtari et al. (2010) who denotes that a negative correlation between nurses' caring behaviors and patients' satisfaction which combined data on nurses caring behaviors and client satisfaction. This shows that caring behaviors and patient satisfaction are correlated, but sometimes at struggle with each other, this was supported by Abejuela (2002) who concluded that patients tend to be satisfied with caring model of a hospital given that some specific nursing care/service will be improved/emphasized.

Specifically, Lleva (2010) identified that Filipino patient satisfaction can be attributed to nurses' professional qualities, communication skills, professional competence in the job and interest and commitment in the job. This was supported by Alfonso (2008) who concluded that Filipino patients' satisfaction is credited to the compassionate, kind and competent nurses. Patient's satisfaction also appears to have a nurses provide care in a standard way which is averagely rated with related costs. Patient's find it more satisfying when nurses are happy, when there is less stress, approved leaves of absence, and standard work load. Also the findings discovered that the patients rated their satisfaction of nursing care as highly base on the satisfaction when there is affective comfort and compassion showed by nurses (Dey, 2016; Merrill et al., 2012 and Tang et al., 2013).

Kuan (1993) stated that caring for Filipinos is more than kindness because the ideal of caring is total gift of self for the others done in the best of ability with love and devotion without counting the cost. Sasa (2012) further explained that the core of the Filipino caring model are family and love whereas Martinez (2013) stated the essence of caring among Filipino nurses is embodied by “oneness”. He added that there is a need to explore more on our own understanding of the caring phenomenon in a different and unique context. For it is necessary that one must understand and connect first with their own culture to fully understand other people cultures as well and in the process make them proud of their own uniqueness and complexities as Filipino nurses.

Conclusion

The researcher conclude that Filipino nurses rated themselves higher in terms of caring behavior as compared to the ratings of Filipino patients, however patients were still satisfied with the level of care received from the nurses in the hospital. A significant difference was noted in terms of the perception of Filipino nurses and Filipino patients in the level of caring behavior. Furthermore, significant relationship was also noted between the level of caring behavior and the patient satisfaction.

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