

Original Article

Students' Perceptions of Nursing Care: The Case of a City of South Turkey

Meryem Kilic, MSc

Lecturer, Sanko University Faculty of Health Sciences, Nursing Department, Gaziantep, Turkey

Correspondence: Meryem Kilic, Sanko University Faculty of Health Sciences - Nursing Department, Gazi Muhtar Pasa Bulv. No: 36 27090 Gaziantep, Turkey E-mail: meryemcal@gmail.com**Abstract****Aim:** This study aimed to identify the perceptions of nursing students who were enrolled in the undergraduate programs regarding the caring behaviours.**Method:** Target population of the study was all second year nursing department students (235) who were enrolled in the nursing departments of two Universities in February 2015. The participants were 227 students who volunteered to participate in the study. The data were collected through the questions regarding the participants' socio-demographic features and their views on nursing profession and Caring Behaviours Inventory (CBI-24). Means, standard deviations, median, frequency and variance analysis tests were used in the analysis of the data.**Result:** Findings demonstrated average mean score for CBI was 5.13 ± 0.52 . Mean scores for the sub-dimensions of the scale were 5.18 ± 0.58 for assurance of human presence, 5.22 ± 0.54 for knowledge and skill, 5.03 ± 0.87 for respectful deference to others, and 5.08 ± 0.66 for positive connectedness. While the item "performing treatment and medication on time" was the most scored item by the participants, "listening to the patient attentively" was the least scored one. It was found that knowledge and skill sub-dimension was indicated significantly high by the students whose age ranged between 18 and 20 ($p < 0.003$).**Conclusion:** The result of this study care perception level of students was lower than expected in some scale items, high mean score of the scale (5.13 ± 0.52) can be interpreted as a positive result.**Key Words:** Nursing student, care perception, nursing care**Introduction**

Nursing, an applied health discipline which evaluates the individual, family and environment in a holistic point of view, has the concept of "helping" in its core (Velioglu, 2012). Nurses have important roles in diagnosing and solving the problems in relation to the disease, connecting with people, and educating the patient and the family in the process of admission to and discharge from the hospital (Demirel et al., 2001).

Nursing and care are two concepts which have a very close academic and historical relationship. Leninger (1984), emphasizes the importance of the issue for the profession by stating that "care is nursing and nursing is care" and tries to highlight that these two pieces which seem to be separate actually function as pieces of a whole. Similarly, "nursing care" and "nursing practice", "care" and "caring" concepts are used interchangeably (Dalpezzo, 2009; Rolfe, 2009).

According to Morse et al., care involves characteristic of a person, a moral ideal,

influence/change, interpersonal relationship and therapeutic enterprise (Madenoglu Kivanc, 2012). Henderson states that the unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery or to a peaceful death. The nurse continues to provide this assistance until the individual gains sufficient strength, will or knowledge and can do these without help (Akca Ay, 2011; Oz, 2010). Watson defines caring as "the core of nursing, the centre of nursing practice and the uniting focal point". Caring is defined with its art and science dimensions. In addition to being a mutual benefit and a growing process between the nurse and the patient, caring is defined as the enterprises which involve the interpersonal process which ends up meeting people's needs for improving and bringing health and preventing diseases (Akca Ay, 2011; Potter & Perry, 2005). Caring is a concept which is at the centre of nursing research and literature, which is not easy to define (Rolfe, 2009; Austgard, 2008), which is a

multidimensional interpersonal process based on professional competence and sensitivity, and which is one of the concepts that nurses should give attention in terms of ethics (Potter & Perry, 2009).

The concept of caring has gained importance especially in the past 20 years and there is an increasing amount of research on caring. Several qualitative and quantitative studies have been conducted in order to explore the meaning of caring. These studies involve patients' caring perceptions (Wolf, et al., 1998; Larsson et al., 1999), nurses' caring perceptions (Burtson & Stichler, 2010; Green, 2004; Yam & Rossiter, 2000), comparison of patients' and nurses' caring perceptions (Mc Cance et al., 1997; Leinonen et al., 2003; Christopher & Hegedus, 2000; Watson & Deary, 1999), and development of caring scales (Wolf et al., 1998; Dozier et al., 2001). Although the related literature encompasses numerous studies, studies on nursing students' caring perceptions are quite limited in number.

Nursing students are potential nurses. Throughout the nursing education, they should be allowed to learn the concept of caring relevantly (Kursun, 2012). Patient care outcomes in practice depend on the learning and teaching process (Karaoz, 2005). Therefore, nursing education should be given in a way that can change physical, mental and moral entity of students who choose the profession and raise professionals who can function in today's modern society (Kursun, 2012). Our responsibility as nurse educators is to improve the nursing curriculum and use supplementary active learning strategies with a view to helping students gain caring behaviours (Karaoz, 2005). The present study aims to identify caring perceptions of second year nursing department students who are enrolled in the undergraduate nursing program in Gaziantep.

Methods

The aim of this study which is descriptive in nature aims to identify caring perceptions of second year nursing department students who are enrolled in the undergraduate program in a city in Turkey.

Target Population and Sample

One state university and one private university were involved in the study. As the private university had no 3rd and 4th years students, the study was conducted with 2nd year students from both universities. Target population of the study

was 235 students who were enrolled in the second year nursing department in the Institute of Health Sciences (45 students from the private university and 190 students from the state university). Eight students who did not want to participate in the study and who did not attend the school could not be involved in the present study which aimed to reach all the target population without sampling. Hence, the study was conducted with 227 students with a participation rate of 96.59%.

Data Collection Method

The data were collected through a questionnaire which had 15 open and closed-ended questions that investigated students' sociodemographic features (age, gender, place of living, education level of the parents) and their views about caring behaviours and CBI-24 (Caring Behaviours Inventory) which measured students' caring perceptions.

Data Collection Tools

The data were collected through

1. "Student Identification Form" which had 15 open and closed-ended questions that investigated students' sociodemographic features and views about caring behaviours.
2. Caring Behaviours Inventory-24 measured students' caring perceptions. Turkish validity and reliability of the scale was performed by Kursun (2012). The inventory which was developed by Wu et al. (2006), is the long form of 42-item "Caring Behaviours Inventory (CBI-42) which was developed by Wolf et al. (1998), and which is appropriate to bidirectional identification.

The inventory was designed in order to evaluate the caring process (Wu et al., 2006). Caring Behaviours Inventory-24 has 4 subscales and 24 items; the responses are given on a 6-point likert scale (1=never, 2=almost never, 3=sometimes, 4=usually, 5=frequently, 6=always). Scoring the inventory is done as follows:

-Obtaining the total scale score: After the 24 items are summed, they are divided by 24; a scale score between 1 and 6 is obtained.

-Obtaining the subscale scores: For each subscale, scores of the items in that subscale are summed and the obtained score is divided by the number of items; subscale scores between 1 and 6 are obtained.

The highest score in the scale is 6. Evaluation of the scale is performed according to the total scores; and low scores indicate low caring perception while high scores indicate high caring perception.

Data Collection

The data were collected through interviews with students enrolled in the aforementioned schools within a period of one month: January 2015 and February 2015. After the students who volunteered to participate in the study were informed about the purpose of the study and how to fill in the forms, the questionnaires were completed by the participants themselves in the presence of the researcher.

Analysis of the Data

Statistical analysis of the data was performed using SPSS package programming. Categorical measurements were presented using numbers and

percentages while numeric measurements were summarised using means and standard deviations (min and max where necessary).

Comparison of the two groups was performed using Independent Samples t-test and that of more than two groups was done using ANOVA variance analysis tests.

Ethical Committee

Necessary permissions were obtained for the study (permission from Kursun for using the inventory, ethical committee approval from the universities where the study was conducted, verbal consent of the students, etc)

Results

The study was conducted with 227 second year nursing department students from two universities. Of all the participants, 74.4% were female and average age was 20.46±1.05 (range 18-24).

Table 1 Mean scores for total CBI-24 and subscales

	Mean±SD	Min-Max
Respectful deference to others	5.03± 0.87	2.67-6.00
Positive Connectedness	5.08±0.66	2.60-6.00
Knowledge and Skill	5.22±0.54	3.20-6.00
Assurance of human presence	5.18±0.58	3.13-6.00
Total Scale Score	5.13±0.53	3.21-6.00

Table 2 Ranking of some items scored highest (3 items) and lowest (3 items) in CBI-24

	Ort±SS	Min-Max
O1*	4.84±0.96	2.00-6.00
O2*	4.93±0.88	2.00-6.00
O3*	4.92±0.86	3.00-6.00
O22*	5.30±0.83	2.00-6.00
O23*	5.33±0.82	3.00-6.00
O24*	5.29±0.86	3.00-6.00

*O1 Listens to the patient attentively, *O2 Teaches and Informs the patient, O3. Treats the patient as an individual, O22 Shows interest in the patient, O23 Performs treatment and medication on time, O24 Relieves the patient's symptoms*

According to the responses given to the caring behaviours inventory by the participants, average caring perception score was 5.13 ± 0.53 . Subscale scores of the caring behaviours inventory were found 5.03 ± 0.87 for respectful deference to others, 5.08 ± 0.66 for positive connectedness, 5.22 ± 0.54 for knowledge and skill, and 5.18 ± 0.58 for assurance of human presence (see Table 1). While the item “performing treatment and medication on time” (O23) was scored highest by the participants, “listening to the patient attentively” (O1) was scored lowest (see Table 2). No differences were detected between males and females in terms of their caring perception scores. Knowledge-skill subscale scores of those aged between 18 and 20 and respectful deference subscale scores of those aged between 21 and 24 were found to be significantly higher. Caring perceptions of students who stated positive changes in their views about the nursing profession were higher than those who expressed negative changes in their views; significant differences were found especially in assurance, positive connectedness and total scale scores (see Table 3).

Discussion

Mean scores for students’ general caring perception was found 5.13 ± 0.53 ; and knowledge and skill was the subscale which was scored highest (see Table 1). In their study which investigated caring perceptions of nursing students, Kursun & Arslan (2012), found the CBI-24 general caring perception score lower than the one found in this study. On the other hand, the subscale which was scored highest was found similar to the one in the present study.

It was found that while the item “performing treatment and medication on time” (O23) was scored highest by the participants, “listening to the patient attentively” (O1) was scored lowest (see Table 2). Students were found to indicate “performing treatment and medication on time” as the most important caring behaviour in several other studies (Khademianand & Vizeshfir, 2008; Zamanzadeh et al., 2014; Leodoro et al., 2015). A similar study which investigated nursing students’ caring behaviours found that students defined essential parts of nursing care as respecting, helping, and valuing the patient. The same study emphasizes that having nursing knowledge and skill is as important as nursing students’ relationships with patients and that

students should be more responsive (Mlinar, 2010). Chipman (1991), reports that nursing students perceive caring as devoting themselves, meeting the patient’s needs appropriately, and taking comforting precautions for patients and their families (Chipman, 1991). Similarly, caring in professional assistance relationship base was found to be perceived by students as respect, affection/mercy, interest/concern, and communication and technological knowledge (Karaoz, 2005).

This study found that caring perceptions of male students were higher, but this difference was not significant (see Table 3). While some similar studies indicate the effect of gender on caring perception (Zamanzadeh et al., 2014), there are some other studies which show just the opposite findings (Kursun & Arslan 2012; Khademianand & Vizeshfir, 2008). Knowledge-skill subscale scores of those aged between 18 and 20 and respectful deference subscale scores of those aged between 21 and 24 were found to be significantly higher than the other age group ($p < 0.05$) (see Table 3). These findings are similar to those of Mlinar (2010), Khademianand & Vizeshfir (2008). In their study which investigated 1st and 4th year nursing students’ caring perceptions, Zamanzadeh et al. (2014), found no difference between age and caring perception. Students who stated to have developed positive changes in views regarding the profession after coming to the nursing school had higher caring perceptions, there was a significant difference between the students who indicated negative changes in views ($p < 0.000$) (see Table 3). In their study conducted with nursing students, Dinc et al. (2007), Kisgut & Ergol (2011), found that students’ views on the profession changed in a positive way in time.

Conclusion and Recommendations

It was found that caring perception levels of students were lower than expected in some scale items, gender did not affect students’ caring perceptions, caring perception differed in some age groups, and students who stated positive changes in views perceived care more clearly. In this regard, it is recommended that nursing schools should be introduced to the society and the youth effectively, more efforts should be made to enhance positive perception of the nursing profession by the society and the healthcare professionals, and necessary legal and

social regulations should be formulated. It is also beneficial to provide nursing students with an effective training and consultancy service on professional values and nursing care by the nursing educators.

Limitations of the study

Limitation of the present study is that it included only 2nd year students. We recommend that a few years later the study should be reconducted with 3rd and 4th year students

Acknowledgements: We would like to thank to our nursing department students Melike Boyercelik and Zehra Zula Zere for their help in the data collection process.

References

- Akca Ay F. (2011) What is theory? Professional Theory and Theoreticians. Akca, Ay F. (Eds.), Basic Concepts and Skills in Healthcare Practice, Nobel Medical Bookstore, Istanbul, Turkey, pp. 30-44.
- Austgard K. (2008) What characterises nursing care? A hermeneutical philosophical inquiry. *Scand J Caring Sci* 22: 314-319.
- Burtson P.L. & Stichler J.F. (2010) Nursing work environment and nurse caring: relationship among motivational factors. *J Adv Nurs* 66:1819-1831.
- Chipman Y. (1991) Caring: its meaning and place in the practice of nursing. *J Nurs Educ* 30:171-175.
- Christopher K.A., Hegedus K. (2000) Oncology patients' and oncology nurses' perceptions of nurse caring behaviors. *Eur J Oncol Nurs* 4:196-204.
- Dalpezzo N.K. (2009) Nursing care: A concept analysis. *Nursing Forum* 44: 256-264.
- Demirel N.B., Taspinar A., Akis S., Tosun A., Atlan O. (2001) An investigation of perceptions of nurses in state hospitals in Manisa about nursing functions and the affecting factors. *Nursing Forum Journal* 4: 62-65.
- Dinc S., Kaya O., Simsek Z. (2007). Knowledge, views and Expectations of Harran University Health High School Students on Nursing Profession. *J of Anat Nur and Heal Sc*,10:1-9.
- Dozier A.M., Kitzman H.J., Ingersoll G.L., Holmberg S., Schultz. A.W. (2001) Development of an instrument to measure patient perception of the quality of nursing care. *Research in Nursing & Health* 24:506- 517.
- Green A. (2004) Caring behaviors as perceived by nurse practitioners. *J Ac of Nurs Pract* 16:283-290.
- Karaoz S. (2005) Turkish nursing students' perception of caring. *Nurse Educ Today*. 25:31-40.
- Kisgut S. & Ergol S. (2011) Perception of health high school students on nursing and their views about nursing roles and the future of nursing. *Journal of Anatolia Nursing and Health Science* 14:10-15.
- Khademian Z. & Vizeshfir F. (2008) Nursing students' perceptions of the importance of caring behaviours. *J Adv Nurs* 61:456-462.
- Kursun S. & Tas Arslan F. (2012) Nursing Students' Perceptions of caring in Turkey. *HealthMed*. 9:3145-3151.
- Larsson W.B., Larsson G., Starrin B. (1999) Patients views on quality of care: a comparison of men and women. *J Nurs Manage* 7:133-139.
- Labrague LJ, McEnroe-Petitte DM, Papathanasiou IV, Edet OB, Arulappan J. (2015) Impact of instructors' caring on students' perceptions of their own caring behaviors. *J Nurs Sch* 47:338-346.
- Leinonen T., Leino-Kilpi H., Stahlberg M.R., Lertola K. (2003) Comparing patient and nurse perceptions of perioperative care quality. *Applied Nurs Res* 16:29-37.
- Madenoglu Kivanc M. (2012) Concept of Care in Nursing Practices, in: Atabek, Asti, T., Karadag, A. (Eds.), *Fundamentals of Nursing*, Academy Press and Publication, Istanbul, Turkey, pp.26-28.
- McCance T.V., McKenna H.P., Boore R.P. (1997) Caring: dealing with a difficult concept. *Int J Nurs Stud* 34:241-248.
- Mlinar S. (2010) First and third-year student nurses' perceptions of caring behaviors. *Nurs Ethics* 17:491-500.
- Oz F. (2010) Basic Concepts in the Field of Health. Second ed, Mattek Matbaacilik, Ankara, Turkey, pp. 43.
- Potter P.A. & Perry A.G. (2005) Caring in nursing practice, *Fundamentals of nursing*, 6th ed. Mosby Inc, America, pp.107-112.
- Rolfe G. (2009) Some further questions on the nature of caring. *Int J Nurs Stud*. 46:143-146.
- Velioglu P. (2012) Concepts and Theories in Nursing, Second ed, Academy Press and Publication, Istanbul, Turkey.
- Wolf Z.R., Colahan M., Costello A., Warwick F., Ambrose M.S., Giardino E.R. (1998) Relationship between nurse caring and patient satisfaction. *Med. Surg. Nurs* 7: 99-110.
- Watson R., Deary I.J., Lea A. (1999) A longitudinal study into the perceptions of caring among student nurses using multivariate analysis of the Caring Dimensions Inventory. *J Adv Nurs* 30:1080-1089.
- Wu Y., Larrabee J.H., Putman H.P. (2006) Caring Behaviors Inventory: a reduction of the 42-item instrument. *Nurs Res* 55:18-25.
- Yam B.M.C. & Rossiter J.C. (2000) Caring in nursing: perceptions of Hong Kong nurses. *J Clin Nurs* 9:293-302.
- Zamanzadeh V., Valizadeh L., Azimzadeh R., Aminaie N., Yousefzadeh S. (2014) First and fourth-year student's perceptions about importance of nursing care behaviors: socialization to ward caring. *J Caring Sci* 3:93-101.

Table 3 Comparison of Students’ some features and CBI-24 Caring Perception Scores

Groups	n(%)	Subscale Scores				Total Score
		Assurance	Knowledge-Skill	Respectful Deference	Positive Connectedness	
		Ort± SS	Ort± SS	Ort± SS	Ort± SS	
Gender						
Male	58(%25.6)	5.19±0.44	5.17±0.49	5.06±0.49	5.12±0.56	5.13±0.29
Female	169(%74.4)	5.17±0.62	5.23±0.55	4.98±0.69	5.07±0.69	5.11±0.39
t		0.193	-0.747	0.835	0.467	0.375
P		0.847	0.455	0.404	0.640	0.887
Age						
18-20	119(%52.4)	5.20±0.57	5.32±0.55	4.91±0.70	5.14±0.64	5.14±0.34
21-24	108(%47.6)	5.16±0.59	5.11±0.51	5.09±0.57	5.02±0.67	5.11±0.46
t		0.526	2.973	-2.053	1.287	0.508
P		0.600	0.003	0.041	0.200	0.612
Changes in views about						

nursing profession						
Positive	61(%26.9)	5.32±0.45	5.34±00.44	5.11±063	5.22±0.45	5.25±0.27
Partly positive	101(%44.5)	5.16±0.59	5.19±0.55	5.00±0.59	5.10±0.67	5.11±0.37
Indecisive	45(%19.8)	5.18±0.56	5.21±0.55	4.92±0.62	5.08±0.67	5.10±0.34
Negative	17(%7.5)	4.77±0.77	4.94±0.66	4.81±0.99	4.49±0.90	4.75±0.47
No response	3(%1.3)	5.29±0.31	5.33±0.70	4.61±0.63	5.26±0.64	5.12±0.37
F		3.170	2.033	1.279	4.357	6.602
P		0.015	0.091	0.279	0.002	0.000