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## Original research article

# Perception of nursing behaviour by surgery nurses and patients in a chosen region of the Czech Republic

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## ABSTRACT

Caring is an interpersonal process that is characterized by professional nursing, interpersonal sensitivity and a very close relationship between the nurse (care provider) and the patient (care receiver).

The aim of this quantitative descriptive study was to identify perceptions of caring behaviour by surgery nurses and their patients, and to discover relationships between their perceptions.

The set research consisted of 133 nurses (mean age 37.5 years) working in surgery departments of all hospitals in the Vysočina Region, and 543 patients (mean age 52.1 years) looked after by the nurses. The data were collected with the help of the Caring Behaviour Inventory (CBI-24) in the period of April–July 2012. Software SPSS v. 21 was used for statistical analysis (Student's *t*-test, ANOVA, significance  $\alpha = 0.05$ ).

The most important thing the nurses and patients considered was about the activities that fell under the topic, Knowledge and Skills. Among those activities, some were evaluated with the lowest scores by nurses, and those belonged to the time spent with patients, helping them with their development and visiting their room without permission. Patients saw deficiencies in nursing care mostly regarding to the time spent with them, in helping them with their development and visiting their rooms willingly without being asked.

Nurses evaluated their caring behaviour with an exceptionally higher score than that of their patients. Respondents who stayed in hospital for the first time assessed caring behaviour better. The patients' evaluation was influenced by their age and education. The evaluation of the caring behaviour of nurses is quite a new phenomenon in the Czech Republic and can be a significant indicator of the evaluation of quality of nursing in hospitals.

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## Introduction

Care is considered as an ontological and epistemological base of nursing [1–3]. In 1978, Leininger [4] defined nursing care as the primary substance, as the central, unifying and main domain characterizing nursing. It is an activity towards an individual or a group that facilitates performing obvious or anticipated needs in order to enhance their condition [5]. Caring is a process that begins from the moment a nurse and a patient meet for the first time, and is influenced by the past and the present of both of them [3].

Caring is a demonstrative example of feelings, thinking and acting, bringing comfort (psychical and physical) to another person. One of the important aspects is understanding caring in connection with a moral attitude [6]. Historically, the term nursing involved fulfilling a patient's satisfaction through a nurse's caring assistance. Previously, Nightingale [7] wrote that the most important work in nursing is caring. Since that time, the words care and caring in connection with nursing have been used. The exact meaning of the word "care" is difficult to define precisely. We have struggled with this problem, not only in our country, but also in other languages – for example in English. Care can describe professional nursing tasks and behaviour of nurses in the working process, as well as the characteristics of a nurse – an obligation, competency, trust, performance and courage. The care in the field of nursing is an act in which two human beings come together from the standpoint of roles, i.e. a nurse and a patient who meet within a health care process [8]. The care in nursing concerns all components of communication that occurs between a nurse and a patient. This communication is always in two directions. A nurse as the source of an action, and a patient as the receiver, as well as an active player of this dialogue, regardless of the surroundings in which the care is performed, and even regardless of the diagnosis and the extent of the illness [9]. Patients have their own inner expectations as to how they should be taken care of and what attitude and behaviour a nurse ought to have. They are both sensitive to caring and to the unfeeling behaviour of nurses [10].

From international research, a nurse – a patient, it is obvious that individual countries differ in the perception of caring behaviour. In general, in European countries the evaluation of nurses and patients reaches a higher mean value on average. Nurses in chosen European countries and in China assess themselves with a higher mean score than their patients [11,12]. In the Czech Republic the care in nursing has only been paid attention to in recent years [13]. The comparison of perception in caring as a part of nursing from the point of view of nurses and through the eyes of patients can be significant information in the research of patients' satisfaction and quality of the care provided. Moreover this can provide feedback whether or not nurses overestimate their behaviour [13].

In our thesis we have aimed at the state of caring behaviour of surgical nurses in Vysočina Region hospitals measured by a standardized questionnaire CBI-24, and how nurses and their patients evaluate this phenomenon.

## Materials and methods

The aggregate of respondents of quantitative descriptive study consisted of two groups. The first group consisted of nurses from all surgery departments of hospitals in the Vysočina Region. It concerned 133 nurses with a mean age of 37.5 years. The second group concerned 543 patients from the same departments where the nurses worked. The study involved patients older than 18 years of age and hospitalized for a minimum of 48 h, and registered nurses with the minimum of one year practice. The aggregate of patients was made up of 285 (52%) men and 258 (47.5%) women of average age 52.1 years (SD 17.4), the largest group was created by secondary education patients. Patients were hospitalized for 9.3 days (SD 14.4) on average, in five hospitals that were founded in the Vysočina Region – Havlíčkův Brod Hospital (23.8%), Jihlava Hospital (23.6%), Nové Město na Moravě Hospital (20.5%), Třebíč Hospital (16.4%) and Pelhřimov Hospital (15.7%).

The share of women nurses who had an average age of 37.5 (SD 9.63; the age span 23–63) was 96.2%. Nurses worked mostly full-time (90.2%), they reached mainly a secondary education (72.5%) and the average length of their nursing career was 15.6 years.

Data were collected with the questionnaire, Caring Behaviour Inventory (CBI-24) [14]. The questionnaire containing 24 items in four aspects (*Knowledge and Skills, Assurance, Respect, Connectedness*) ensures the extent and the level of caring behaviour of nurses. Nurses and their patients evaluated the caring behaviour using the same questionnaire in a Likert scale (from 1 – never to 6 – always). The research was approved by the ethnic committees of all participating hospitals, and was accomplished with the consent of all addressed nurses and patients. Data were analysed with the help of statistical software SPSS v. 21 (Student's t-test, ANOVA, significance  $\alpha = 0.05$ ).

## Results

During the evaluation, questions were evaluated individually (Table 1) and subsequently grouped into the aspects in which they fell under. A mean score (Table 2) was calculated for each aspect. Nurses evaluated their behaviour with higher scores than patients. Both groups of respondents identically chose the same sequence of categories. Most of all they appreciated and considered activities falling under the aspect of Knowledge and Skills ( $M_{\text{nurses}} = 5.38$ ;  $M_{\text{patients}} = 4.92$ ) as the most important. Which included activities such as control of professional knowledge and skills, the skill of using apparatuses and aids, giving injections or confident treatment of information. An assurance aspect followed ( $M_{\text{nurses}} = 5.31$ ;  $M_{\text{patients}} = 4.68$ ); it was represented by items focused on communicating with a patient, early carrying out of medical performances, showing an interest in a patient and assurance of nurses in the care of him/her. In the Respect aspect ( $M_{\text{nurses}} = 4.94$ ;  $M_{\text{patients}} = 4.42$ ) which reflects activities in following areas as treating the patient as an individual (with an individual attitude) and fulfilling expressed and unexpressed wishes, the lower evaluating means were already found out. The lowest mean scores were measured in

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