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Caring behaviours in cancer care in Greece. Comparison of patients', their caregivers' and nurses' perceptions

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A B S T R A C T

Purpose: Although, within cancer nursing the concept of caring is central, there are limited studies comparing nurses', patients' and caregivers' views of care, especially in non-Anglo-Saxonic cultures. We explored and compared perceptions of caring behaviours by cancer patients, their caregivers, and nurses in Greece, as well as associations with demographic variables.
Methods: A descriptive correlational study with cross-sectional comparisons was conducted in three cancer hospitals in Attica, with a convenience sample of 138 patients receiving chemotherapy and their family caregivers and 72 nurses. Participants completed the Caring Behaviour Inventory-24 (CBI-24).
Results: All groups perceived "Knowledge and skill" as the most important CBI sub-scale. There were no statistically significant differences between patients' and caregivers' perceptions of care. Overall, nurses rated their caring behaviours lower than patients and caregivers ($p < 0.05$). There was agreement among the three groups of participants regarding the two most and less common caring behaviours.
Patients' educational background and hospitalization history, as well as the presence of a spouse as caregiver exhibited only weak (rho < 0.2) associations with their perceptions of care. As for nurses, the only factor significantly associated with their perceptions of care was marital status ($p < 0.02$).
Conclusions: These findings demonstrate important similarities and discrepancies in the way Greek cancer patients, caregivers and their nurses perceive caring behaviours, and they illustrate the mainly technical orientation of cancer nursing care in Greece.

Introduction

The terms "care" and "caring" have always been part of nursing terminology. Caring connotes an ontological perspective of being, but it is often complicated by meanings implying caring as a task, body care, or behaviours (Smith, 2013). Nurses have the opportunity to convey caring and the feeling of being cared for through their behaviours. Caring behaviour is an important element of nursing practice (Poirier and Sossong, 2010). Caring is a complex concept that is often context-related and culturally defined. Empirical studies on caring started in the early 80's and have focused on the nature of nurse caring and the way it is expressed through caring behaviours (Watson, 2008). Care encompasses both expressive behaviours and instrumental activities. Expressive aspects of care involve providing emotional support to patients through fidelity, confidence, hope, and emotional warmth. Instrumental aspects of care refer to substantial activities, such as giving bed baths and providing medical information, which promote physical comfort and cognitive coping (Christopher and Hegedus, 2000; Poirier and Sossong, 2010).

Therapeutic cancer nursing helps cancer patients maintain some sense of equilibrium in their daily lives. Caring in cancer nursing goes beyond the disease itself and focuses on persons. Kelly (1998) argued that the professional caring expected of the cancer nurse consists of successfully negotiating caring relationships while being involved in the administration of aggressive and toxic treatments to people who are already extremely ill (Kelly, 1998).

Oncology nursing was one of the first nursing fields where caring was studied (Larson, 1984). Caring research in cancer nursing has attempted to discover whether the technological or humanistic caring behaviours of nurses are considered important by patients (Radwin et al., 2005; Sandoval et al., 2006; Izumi et al., 2006; Liu

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et al., 2006; Kvåle and Bondevik, 2008). On the other hand, many studies examine perceptions of oncology nurses on the matter of effective care behaviours (Hopkinson et al., 2003; Quinn, 2003; Skott and Eriksson, 2005; Mcilfatrick et al., 2006; Kendall, 2007; Iranmanesh et al., 2009). Overall, research evidence indicates significant discrepancies between patients' and nurses' perceptions of caring and caring behaviours (Papastavrou et al., 2011b; Karlou and Patiraki, 2011). Research conducted on caregivers' perceptions of care is limited. So far, it has been shown that caregivers may have different perceptions regarding their patient's care than patients themselves (Eriksson, 2001; Bee et al., 2008; Zhang et al., 2010).

Although care appears to be a culturally-sensitive concept (Leininger, 2002; Liu et al., 2006), most of research evidence to date comes from Anglo-Saxon countries. Furthermore, the majority of studies so far have not addressed caregivers' perceptions. Thus, the purpose of this study was to examine caring behaviours as perceived by nurses, patients, and their caregivers in cancer care in Greece.

Conceptual framework

The conceptual framework was based on Watson's (1985) theory of caring. Watson describes nursing as a human science, the major focus being on the process of human care for individuals, families and groups. Watson (1985, p 60) defined (nurse) caring as "*the process by which the nurse becomes responsive to another person as a unique individual, perceives the others' feelings and sets that person apart*" (Watson, 1985). Watson, also suggests that "*the presence of caring is the ultimate measure of patient experience*" (Watson, 2008, p 5). On the other hand, technical knowledge and skills are essential prerequisites for the humanistic, holistic approach that promotes the patient's well-being (Corner, 2002; Mcilfatrick et al., 2003). Furthermore, through the caring journey nurses demonstrate caring behaviours toward their patients by coming to know each other on both a professional and a personal level (Wengström, and Ekedahl, 2006; Iranmanesh et al., 2009).

Method

Design

This descriptive, correlational study, with cross-sectional comparisons was conducted on three study groups (nurses, patients and their caregivers).

Settings and sample

Convenience sampling of nurses, patients and their caregivers from seven medical oncology wards, in three metropolitan cancer hospitals in the Attica area, was employed, for the period of 1 year in 2011. Medical oncology refers to practice where chemotherapy and supportive cancer treatments are administered for example, hospitalization for symptom management. For sample size calculations, a difference of means of CBI items between patients and nurses of approximately 0.5 was considered as clinically significant (Palese et al., 2011). Based on a conservative estimated mean difference of 0.4 and the standard deviation values reported by Papastavrou et al. (2012), a sample size of at least $n = 70$ per group was determined as adequate for detection of clinically significant differences with power = 0.80 and alpha of 0.05. Moreover, in order to detect medium effects sizes ($r = 0.3$, power = 0.80, alpha = 0.05) of associations between background characteristics and perceptions of care, a sample size of at least 85 per group was required, which was set as the desired sample size per group.

To be eligible for this study, patients had to be hospitalized for at least 24 h, to be cognitively aware and being able to communicate, read and write in Greek, and to be willing to participate in the study. Inclusion criteria for primary family caregivers comprised the following: (a) identified by the patient as being the main person involved in his/her care, (b) being able to speak, read, and write in Greek, and (c) being willing to participate in the study. Inclusion criteria for the nurses' group included being employed in the same wards where study patients were admitted, and consent to participate.

Instruments

Data were collected through use of a self-administered questionnaire consisting of the Greek version of the Caring Behaviour Inventory (CBI-24) and a socio-demographic data questionnaire. Patients' socio-demographic data included gender, age, family status, education background, reason for hospitalization, previous experience and days of hospitalization, type of admission (planned-emergency), and identification of their primary caregiver. Caregivers'socio-demographic form inquired about basic demographic data as above and type of relationship to the patient. Nurses' socio-demographic form also included years of experience in nursing and in oncology nursing.

Caring Behaviour Inventory

Perceptions of caring behaviours in all study groups were assessed through the Greek version of CBI-24, which has been validated previously (Papastavrou et al., 2011a). CBI-24 is derived from the Theory of Human Caring (Wolf et al., 2004; Poirier and Sossong, 2010). The first version of CBI was developed by Wolf in the early' 80s with 75 items (Wolf, 1986; Wolf et al., 1994). The latest revised version of the instrument (Wu et al., 2006) consists of 24 items in a six point Likert scale (1 = never to 6 = always). The higher the mean of responses, the more frequently specific caring behaviours are encountered. CBI-24 has been used by over 132 investigators in several countries (Watson, 2008). The CBI-24 consists of four subscales: "Assurance of Human Presence", "Knowledge and Skill", "Respectful Deference to Others" and "Positive Connectedness". CBI-24 is an easy, short instrument, which could be suitably administered to all study participants with the aim of facilitating comparisons among groups. The Greek version of CBI-24 has previously exhibited an overall coefficient of internal consistency Cronbahch's alpha (α) = 0.92, ranging from 0.72 to 0.87 for the four subscales. The correlation coefficient between test re-test was $r = 0.83$. Confirmatory factor analysis supported the four subscales (Papastavrou et al., 2011a).

Data collection procedures

Questionnaires were distributed by contact persons (research nurses) appointed at each setting by the researcher. Each contact person was responsible for distributing questionnaires along with a cover letter explaining the aim and the voluntary nature of the study, and guaranteeing anonymity and confidentiality. Eligible patients were verbally invited to participate accompanied by their caregivers. Questionnaires were handed-out to patients and their caregivers with instructions to return completed questionnaires on the same day. Research nurses assured that patients and caregivers completed the questionnaires separately in order to minimize cross-contamination of responses. All participants' questionnaires were returned to a box located at the ward manager's office in sealed envelopes provided by the study. To increase nurses' response rate, one to two reminders within the following fortnight were used.

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