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The View of Nurses toward Prioritizing the Caring Behaviors in Cancer Patients

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ABSTRACT

Introduction: There are many opportunities for nurses to assist improving patient's experience of cancer. In fact, in every stage of cancer process, nurses can provide the required and necessary cares and supports by representing substantial caring behaviors. Thus, by identifying and understanding the importance of caring behaviors which led to nurse-patient effective interactions, nurses would be able to care better for patients and so to enhance patients' satisfaction toward nursing services. However, a few studies have ever been done about perception of oncology nurses about prioritization of caring behaviors. ***Methods:*** This was a descriptive study done among all the nurses of oncology wards (n = 40) in Shahid-Ghazi-Tabatabaei Hospital of Tabriz in 2009. Data collection performed using Larson's CARE-Q tool that assessed the importance of caring behaviors in six subscales as the following: "Monitors and follows through", "Explains and facilitates", "Physical and emotional comforts", "Trusting relationship", "Anticipates" and "Being accessible". ***Results:*** In this study, the importance of caring behaviors was evaluated in moderate to high level and the priorities of care dimensions were determined. "Monitors and follows through" and "Being accessible" received a high priority and "Anticipates", "Explains and facilitates", "Physical and emotional comforts" and "Trusting relationship" were given the low priority by nurses. ***Conclusion:*** The difference of caring prioritization by the nurses of this study compared to other studies can be attributed to the influence of cultural background on caring. Considering the high prioritizing of "Monitors and follows through" and "Being accessible", nursing service officials and planners are recommended to attempt providing prerequisites of these two caring aspects.

Introduction

Cancer is considered as one of the major health issues worldwide.[1] The importance of cancer is reflected more through statistics of cancer patients and its mortality rate.[2] Overall incidence of Cancers has been increased since 70s to date.[3] In Iran, cancer has a high incidence and is the third cause of mortality.[4]

In addition to mortality, cancer causes inability and physical, mental and psychological morbidities or complications for patients and their relatives.[5] In fact, there is a wide range of issues and problems for a cancer patient due to disease process as well as its

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treatment. In other words, even treatment is so problematic for a cancer patient which causes symptoms and problems frequently so that brings about an undesirable feeling from treatment rather than a good feeling in the patient.[6] Therefore, the effect of cancer on patient is permanently a fundamental change of life that its consequences start since early treatment and would continue repeatedly for a prolonged duration.[7]

In this regard, there are many opportunities for nurses to assist patients improving their cancer experience.[8] In other words, nurses, as the caregivers, have the opportunity to transfer care to cancer patient through their behaviors. Since patients have various levels of suffering, they may need different caring behaviors.[9] Therefore, nursing care would affect his/her professional practice and behavior so this impact would be appeared in nurse-patient interactions.[10]

Larson for the first time identified a certain series of nurses' caring behaviors in oncology ward that which conveyed a sense of caring to patients.[11] Various studies have been done in this field and indicated that from view of oncology nurses, there were some similarities and differences in prioritization of care. In some studies, "Monitors and follows through", "Explains and facilitates" or "Trusting relationship" were in low priorities and in some other, physical and emotional or "Anticipates" were in higher priorities.[11-15] The existence of such differences is not unexpected though; because although caring is a universal phenomenon, but caring processes and patterns are very different among cultures. In fact, care is meant by culture background.[16] However, all these surveys indicated that nurses are required to have adequate and necessary understanding, knowledge, skill and ability to provide care for cancer patients.[17]

Nonetheless, it must be acknowledged that nature of cancer has dramatically changed in recent years, such as short-term hospitalization, considerable advances in treatment, the treatment outcomes and effectiveness, increasing the elderly population among cancer patients and etc. Despite recent developments in providing the services, yet very little attention has been given to the quality of health care services, particularly nursing cares in cancer patients.[18] Some researches in cancer wards have indicated that the majority of patients' needs are not met.[19] In fact, nurses do not consider the concerns of each cancer patient individually,[20] and it was evident that nurse-patient interaction evades patient in these wards, with poor understanding from needs and demands of them and low level of patient information.[21] As a result, nurses are faced with challenge in some parts of nursing care.[22] Description of experiences and perceptions of caregivers is needed which has a potential value for nursing practice in cancer care system.[18] Provided that caregivers write about their perception from patients and real experiences and think about it more, they will learn what kind of care as well as what interaction with the patients would be more beneficial and more based on care issues.[23] Therefore, by identifying and understanding the importance of care behaviors which led to nurse-patient effective interactions, nurses would be able to care better for patients and so to enhance patients' satisfaction toward nursing services.[24] Therefore, considering the role of nurse as the key member of quality promotion in providing care,[25] it is necessary to identify their perceptions from care behaviors. Since there is a high correlation between nurses' caring behaviors and patients' satisfaction,[26] the present study aimed to determine the view of nurses toward the most important aspects of care in cancer wards.

Materials and methods

In a descriptive study, all the nurses of oncology wards in Shahid-Ghazi-Tabatabaei Hospital of Tabriz, Iran were enrolled in 2009. This comprehensive cancer center covers all cancer patients in Northwest of Iran which is one of the greatest areas. Forty regis-

tered nurses and licensed practical nurses that provided care in one of the cancer wards and at least had 6 months of clinical experience were included. All of eligible nurses were willing to participate in this study.

Data collection was done using a CARE-Q tool developed from Larson (1981). In this tool, caring behaviors are classified respectively from the most important to less important ones. This self administered questionnaire was divided into two parts. First part was socio-individual characteristics of nurses and the second part included caring behaviors in six subscales as the following: "Monitors and follows through" (8 statements), "Explains and facilitates" (9 statements), "Physical and emotional comforts" (11 statements), "Trusting relationship" (18 statements), "Anticipates" (5 statements) and "Being accessible" (6 statements). In a 5-point Likert rating scale ranging from 1 to 5, the subjects were asked to score statements based on their importance. Score 5 corresponded to the most important, 4 to fairly important, 3 to neither important nor unimportant, 2 to fairly unimportant and 1 to the least important. Content and face validity of this tool assessed by 10 nursing professors and necessary modifications were made. In order to make the items more comprehensible, some long phrases or sentences were simplified by short ones. Furthermore, due to cultural reasons, a few sentences were also added. Finally, a tool with six subscales and 57 caring behavior items were prepared. To determine reliability, test-retest method was used in which the questionnaire was completed by 10 nurses of cancer wards and the same nurses completed the questionnaire again 10 days later. Ultimately, consistency between the two tests was calculated using Spearman's rank correlation (due to the ordinal variables) which yielded a coefficient of 0.69.

This study was approved by the Research Ethics Committee of Tabriz University of Medical Sciences. Thereby, to follow the ethical considerations, the researcher described the study objective to the subjects and assured them for confidentiality of information. Data analysis was done using SPSS Software version 14. Mean ± standard deviation (SD) was used to present numerical variables.

Results

In terms of demographic characteristics, the majority of nurses were females (92.5%), married (65%) with 36.7 ± 6.6 years age. In terms of educational level, most of them (85%) had a Bachelor of Science degree. It was indicated that the majority of nurses (62.5%) exclusively had work experience in cancer wards for 8.01 ± 5.80 years that means they had a high experiences toward care from cancer patients.

In this study, the response of nurses to the importance of caring behaviors was analyzed and it was indicated that nurses evaluated the importance of care for subscales with mean score ranging from 3.8 to 4.4 and in general, 228.4 mean score for the whole questionnaire (considering that each questionnaire could have a score between 57 and 285). The above scores showed that nurses highly valued for nursing cares. The given priorities by oncology nurses are presented in Table 1.

In terms of importance of caring behavior in the six care dimensions, it was indicated that nurses determined high priority for "Monitors and follows through" and "Being accessible" subscales. Other dimensions comprised of "Anticipates", "Explains and facilitates", "Physical and emotional comforts", "Trusting relationship" were ranked as the low priority dimensions.

Discussion

The results of this study showed that nurses identified "Monitors and follows through" and "Being accessible" as high priority within subscales. Clinical nurses, with monitoring and follow-up of patients, show their professional ability and competent and hereby guarantee to provide all their nursing care.[27]

Table 1. Nurses' perceptions scores based on priority to the importance of caring subscales

Caring subscales	Caring priority	Mean (SD)	Confidence Interval (95%)
Monitoring and follow-up	1	4.42 (0.44)	(4.27-4.56)
Availability of nurse	2	4.19 (0.37)	(4.07-4.31)
Predicting patient's needs	3	4.12 (0.49)	(3.96-4.27)
Explaining to patient	4	4.00 (0.53)	(3.83-4.17)
Physical and emotional comfort	5	3.96 (0.51)	(3.79-4.12)
A trustful relation with patient	6	3.83 (0.56)	(3.65-4.01)

However, in other researches in cancer wards by various researchers,[11-13,28] the item of "Monitors and follows through" was dedicated a lower priority which is not in accordance with the present study. In addition, in studies which had been done in different treatment wards of cancer, nurses did not evaluate this subscale as the most important caring aspect.[29, 30] However, a few studies in cancer wards were also showed that "Monitors and follows through" had been identified as high priority[15] which was in accordance with the present study. In this regard, Widmark-Petersson et al. announced that as nurses in cancer wards perform advanced treatments for cancer patients, they considered "Monitors and follows through" as high priority compared to other wards' nurses.[15] Seemingly, that is why the nurses of the present study considered this caring dimension as important one. On the other hand, it could be caused by more emphases on technical caring of patients in our nursing education that consequently affected nurses' views.

As mentioned in results, "Being accessible" had been chosen as the second priority of caring subscale by the nurses. A caring nurse, always and immediately is available for a patient and his/her family.[27] In this filed, several studies in cancer wards showed that despite the importance of "Being accessible", nurses identified it as lower levels of importance in caring dimensions[12, 15] which was not in accordance with the findings of the present study. Nevertheless, some studies in cancer treatment wards were also done in which nurses considered higher priority for this subscale[11, 13] which were in accordance with the present study. According to Henderson et al., when nurses immediately and quickly are available for patients to provide care, potentially it would cause patients to believe nurses truly take care of them.[31] It seems the very attention to this patients' view causes the nurses of the present study considered "Being accessible" as high priority among caring subscales. Moreover, the study indicated that nurses considered "Physical and emotional comforts" and "Trusting relationship" as low priority. A nurse with a trustful relation approach particularly develops a sense of commitment and sympathetic understanding which would transfer to their patient. Using an approach that can provide physical and emotional support for patient and his/her family, in fact, the nurse could bring about physical and emotional comfort.[27]

According to Gropper, patient's comfort usually is a desirable outcome in nursing care and comforted patients would be treated better, discharged sooner and medical costs would be lessen.[32] The findings of most of the studies unlike this one showed that nurses in cancer wards consider "Physical and emotional comforts" as high priority.[11-13, 28] Some experts such as Bradshaw's believed that in modern nursing, the nursing ethics and principles have been weaken and with expansion of nurses' role, some measures like making patients comfort, feeding, washing and bath-

ing have been made worthless and less important.[33] It seems view of nurses in our community is also affected by this issue. However, it is likely that with shortage of nursing staffs in combination with increased workload and high number of patients nurses can only focus on main tasks and leave the tasks they are not reprimanded for failing to do so.[34]

It should be acknowledged that in the present study, nurses evaluated most caring behaviors with higher scores (mean scores of subscales were over 3.5 or in moderate to high level). In fact, this indicates that nurses had enormous expectations from provided cares and wanted to do their best. In all the studies by different researchers which the views of nurses toward the importance of caring behaviors were done with Likert scale the same as the present study that nurses assessed the importance of care with a high score.[15, 35-37] Therefore, although cancer patient care is more a technical care and is based on technical knowledge of patient care, nurses should consider individual characteristics, interests, needs, socio-cultural and physiological characteristics of each single patient.[38]

The differences in prioritizing the cares (the present study comparing to other similar studies) are also a confirmation for Leininger's statement that caring processes, patterns and behaviors can culturally be identified differently so that eventually lead nurses's decision makings and performances.[39] It can be said that research findings on caring would have a crucial role to improve and maintain quality of nursing cares.[24]

The present study was conducted among all the nurses of two cancer wards of educational medical center in Tabriz. Therefore, the results cannot be generalized to other nurses and other health care centers. Therefore, similar studies should be conducted in other clinical wards to compare its quality and quantity of obtained results in more realistic conditions. In addition, care would be defined more precisely with the issue of Iranian culture. Furthermore, this study aimed to measure nurses' expectation toward the impotence of caring behaviors rather than their real practice in providing cares, therefore, for evaluation of the real status of care, similar studies are recommended to be done and so findings of both studies are compared to each other.

Ethical issues

None to be declared.

Conflict of interest

The authors declare no conflict of interest in this study.

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