

## What are important for patient centered care? A quantitative study based on perception of patients' with cancer

Roghayeh Azimzadeh<sup>1</sup>, Leila Valizadeh<sup>2</sup>, Vahid Zamanzadeh<sup>3\*</sup>, Azad Rahmani<sup>3</sup>

<sup>1</sup>Department of Medical-Surgical Nursing, Faculty of Nursing and Midwifery, Urmia University of Medical Sciences, Urmia, Iran

<sup>2</sup>Department of Pediatric Nursing, Faculty of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, Iran.

<sup>3</sup>Department of Medical-Surgical Nursing, Faculty of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, Iran

### ARTICLE INFO

**Article Type:**  
Review Article

**Article History:**  
Received: 22 May. 2013  
Accepted: 20 Agu. 2013  
ePublished: 30 Nov. 2013

**Keywords:**  
Care  
Cancer care  
Patients  
Perception  
Nursing care

### ABSTRACT

**Introduction:** Today in all aspects of health care, there is a considerable emphasis on the provision of patient centered care. Various researches in cancer wards have demonstrated that from view of patients, there were some similarities and differences in importance of care in different cultural area. This study aimed to assess what are important for patient centered care in cancer wards.

**Methods:** This is a descriptive study conducted with participation of 200 patients with cancer from a cancer center in Tabriz. Convenience sampling was used. The data were collected using Care-Questionnaire, developed by Larson. The Caring behaviors were ordered in 6 dimensions: "Being accessible", "Explains and facilitates", "Comforts", "Anticipates", "Trusting relationship", "Monitors and follows through" and ordered on a 5-point Likert-type scale. The data were analyzed using SPSS ver. 13.0.

**Results:** The results showed that patients with cancer evaluated most of nurses caring behaviors with higher scores (moderate to high) and assigned the "Monitors and follows through" and "Being accessible" as patients' higher priorities vs the "Comforts" 4.06 (0.50) and "Trusting Relationships" as lower priorities.

**Conclusion:** The findings of the present study, indicate that the "Monitors and follows through" and "Being accessible" caring behaviors have more importance by patients with cancer, so these conduces nurses to notice and perform these behaviors in their nursing care. By so doing, moving to the main goal of patient centered care can be provided.

## Introduction

It is now widely recognized for all health care professionals that patient centered care is important<sup>1</sup>, and so there is a considerable emphasis on the provision of patient centered care in all aspects of health care.<sup>2</sup> Patient centered care was defined as care that "respectful of and responsive to individual patients' preferences, needs and values, and ensures that patients' values guide all clinical designs".<sup>3</sup> If so, this is significant for researchers to determine patients' needs or perception of nurses caring behaviors in different clinical settings.

In this context, one of the main nursing

efforts is to identify a particular and valuable range of patients' needs and problems.<sup>4</sup> This requires that the patients' interpretations of nursing care be examined.<sup>5</sup> Indeed, patient centered care needs that nurses ask patients about their perception of the importance or prioritizing of various nursing care behaviors.<sup>6</sup> Nurses can't be certain that their behavior is consistent with caring needs of their patients.<sup>7</sup> Also, nurses cannot assume that patients perceive caring efforts as they are intended. To avoid these problems and to perform patient centered care, it is imperative that nurses validate with the patients that their caring needs are being met.<sup>8,9</sup> Also, all attentions must be paid to the aspects of

\* Corresponding Author: Vahid Zamanzadeh (PhD), E- mail: Zamanzadeh@tbzmed.ac.ir.

This study was extracted from the MSc thesis of Rogayah Azimzadeh, MSc in Nursing. (Project number: 244)

nursing care that patients perceive as important to feeling well cared for.<sup>10</sup>

In this regard, Larson for the first time in cancer wards identified a certain series of nurses' caring behaviors which conveyed a sense of caring to the patients.<sup>5</sup> Also, various studies in this field, have been done that indicated from view of patients with cancer, there were some similarities and differences in prioritization of care. In some studies, the caring behaviors of "Explains and facilitates" or "Trusting relationship"<sup>5,11,12</sup>, "Physical and emotional comforts"<sup>9</sup> were in lower priorities and in some others, the caring behaviors, "Anticipates" or "Explains and facilitates"<sup>6,9</sup>, "Monitors and follows through" or "Being accessible"<sup>5,11,12</sup> were in higher priorities. 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.<sup>13</sup>

Some research in cancer wards have indicated that the majority of patients' needs are not met.<sup>14</sup> In fact, nurses do not perform patient centered care or do not consider the concerns of each cancer patient individually.<sup>15</sup> As a result, nurses in cancer wards are faced with challenges in some points of their nursing care.<sup>16</sup> Thus, the care of patients with cancer is an unique, professional and challenging issue which requires research in the field of cancer care.<sup>17</sup>

On the other hand, cancer is still a major health problem<sup>18</sup> that according to today's figures, one in three people will be diagnosed with cancer at some point in their lives, and one in four of the population will die from the disease.<sup>19</sup> Additionally, it must be acknowledged that the nature of cancer in recent years has changed dramatically, including shorter in-patients' stays, an increasing older cancer population and significant improvements in treatments, outcomes and effectiveness. Despite the recent changes to service delivery, little attention in terms of the quality of health

services has yet been focused on patients with cancer.<sup>20</sup>

In light of these factors, in all aspects of health care, there is currently a considerable emphasis on the provision of patient-centered care.<sup>2</sup> Therefore, It is necessary for nurses to understand patients' perception of caring. Furthermore, individualized holistic nursing emphasizes respect for the views and wishes of patients<sup>21</sup>, nurses need to ensure that they are providing care according to what the patients want and not what the nurses want.<sup>22</sup>

Nevertheless, there aren't adequate studies on patients' perception in regard to nursing care needs in cancer wards of our care systems. As such, it is important to study about the perception of patients with cancer toward the importance of nursing care behaviors. Finally, by specially identifying the most important caring behaviors or performing patient centered care, nurses would be able to care better for patients with cancer and indeed, our knowledge of the caring nature of cancer will be added. The purpose of this study was to examine the perception of patients with cancer toward the importance of nursing care behaviors.

## Materials and methods

This is a descriptive study. The target population for this study was patients with cancer from a comprehensive cancer center in Tabriz, Iran where these patients are treated. In this center, we selected the patients by using convenience sampling. All potential participants were individually asked to cooperate during the study (between May and August, 2009). The inclusion criteria consisted of a cancer diagnosis known to the patient, age  $\geq 15$  years, ability to answer questions (physically or mentally) and to understand and speak Azeri or Persian and having at least one time prior hospitalization. Of a total of 652 patients, in during the study, 210 persons were selected by these criteria; however 10 persons did not want to participate mainly because of symptoms and

tiredness. Therefore the final sample included 200 patients.

In this study, we use the Care-Questionnaire that was developed by Larson to measure the perceived importance of nurse caring behaviors among patients with cancer. This Care-Q is the most frequently used instrument for assessing caring in the world and therefore the most appropriate instrument for international comparison.<sup>23</sup> This questionnaire consisted of caring behaviors that were categorized into 6 dimensions. Scores to each item assigned in a Likert-type rating scale, grading from the least important=1 to the most important=5. The questionnaire was translated to Persian and the psychometric properties of the Care-Q related to validity and reliability were assessed. Results showed internal consistency reliabilities Cronbach's  $\alpha$  (alpha) of 0.93 for the total items and from 0.61 to 0.80 for the 6 dimensions participating 40 patients with cancer. Content validity was evaluated by expert panel (2 oncologists, 4 nurses and 6 nurse educators) and some minor alternations were made based on their suggestions. For cultural reasons, only three items were added to the original version and four items that convey different concepts were separated into two items. As a result, the Care-Q consists of 57 caring behaviors that were ordered in the following 6 dimensions: "Being accessible" (6 items), "Explains and facilitates" (9 items), "Comforts" (11 items), "Anticipates" (5 items), "Trusting relationship" (18 items), "Monitors and follows through" (8 items). Thus, the final instrument pack (containing the consent form, directions for doing the scoring, a demographic data sheet and main questionnaire of caring) were reviewed with the study participants to score the items of caring behaviors according to the following question "In order to make you feel cared for, how important is it that the nurses...?" Finally, The data were analyzed using SPSS ver. 13.0 and each questionnaire item was first coded for a statistical analysis from 1 for

the least important to 5 for the most important and then mean scores and standard deviations were calculated to find the most important nurse caring behaviors. The overall mean for each individual was calculated for each dimension to determine the order distribution of them.

It should be mentioned that before beginning the study, approval was obtained from the Ethical Committee of Tabriz University of Medical Sciences. The research assistant met with each participant explained the purpose of the study and the instrument packet materials. Moreover, written and oral informed consent to participate in the study were obtained from each participant who agreed to complete the instrument. It emphasized that participation was voluntary and subjects were assured of confidentiality.

## Results

### *Demographic Characteristics*

The participants ranged in age from 15 to 85 (a mean age of 44.7, SD=17.7) years. Among the patients with cancer, the majority were married and their educational level was moderate to low.

The original diagnosis of cancer mostly consisted of hematological and digestive systems and numbers of prior hospitalizations in this center were lower than 5-time, for majority of the patients. The detailed demographic characteristic of the patients with cancer are presented in Table 1.

### *Importance of Nurse Caring Behaviors*

As shown in Table 2, patients with cancer rated the Care-Q dimensions with mean scores ranging from 3.95 to 4.32 and in general. The scores showed that patients gave high mean values to a large number of dimensions. This indicates that patients with cancer assigned various nurse caring behaviors to be of a very high importance. Also, the results of the importance of caring behaviors were calculated based on their confidence intervals which showed patients with cancer prioritized "Monitors and

follows through", "Being accessible" as the most important and "Comforts", "Trusting

relationship" as the least important dimensions (Table 2 and Chart 1).

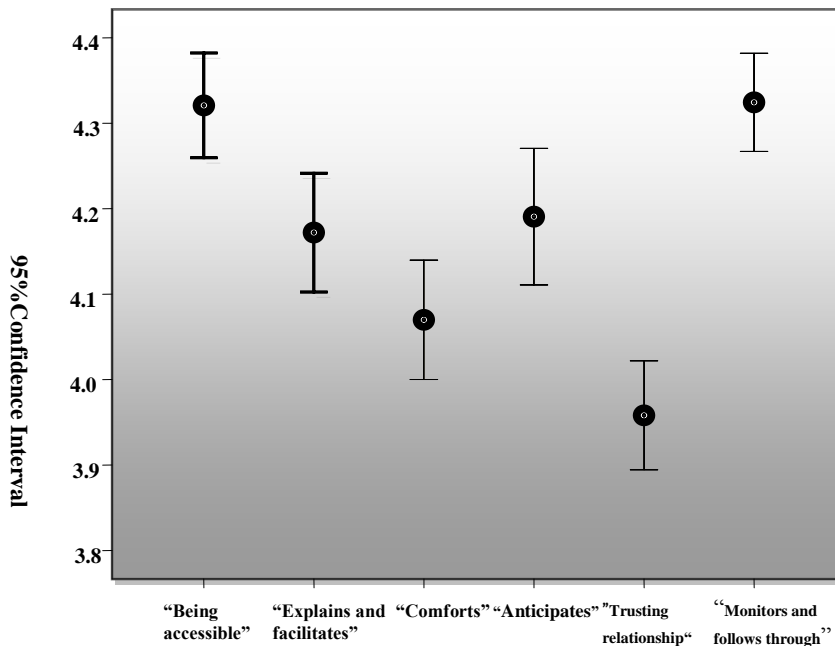
**Table 1.** Demographic Characteristic of Patients with Cancer (N=200)

Characteristic	N (%)
<b>Sex</b>	
Male	97 (48.5)
Female	103 (51.5)
<b>Marital status</b>	
Single	41 (20.5)
Married	156 (78.0)
Other	3 (1.5)
<b>Educational level</b>	
Uneducated	59 (29.5)
Primary education	78 (39.0)
Secondary education	46 (23.0)
Tertiary education	17 (8.5)
<b>Numbers of priori hospitalizations</b>	
Lower than 5-time	156 (78.0)
Between 6 to 10-time	31 (15.5)
Upper than 11-time	13 (6.5)
<b>Original diagnosis of cancer disease</b>	
Hematological system	63 (31.5)
Digestive system	54 (27.0)
Lymphatic system	27 (13.5)
Urogenital system	14 (7.0)
Respiratory system	12 (6.0)
Musculoskeletal system	12 (6.0)
Other systems system	18 (9.0)

**Table 2:** The Mean Values of Perception among Patients with Cancer toward the Importance of Nursing Care Behaviors (in order of importance)

The Care-Q Behaviors	Mean ( SD ) <sup>*</sup>	Patients (n=200) order
<b>Monitors and follows through</b> (8 items)	4.33 (0.41)	1
<b>Being accessible</b> (6 items)	4.32 (0.44)	2
<b>Anticipates</b> (5 items)	4.19 (0.57)	3
<b>Explains and facilitates</b> (9 items)	4.17 (0.49)	4
<b>Comforts</b> (11 items)	4.06 (0.50)	5
<b>Trusting relationship</b> (18 items)	3.95 (0.45)	6

\*. Highest possible mean=5, lowest possible mean=1



**Chart 1.** The 95% Confidence Interval of Perception of Patients with Cancer toward the Importance of Nursing Care Behaviors

## Discussion

The present study indicated that patients with cancer assigned "Monitors and follows through" and "Being accessible" as the high priorities. Indeed, in order to provide patient centered care or to make patients feel cared for, patients with cancer expected their nurses to consider these high priorities as important in their caring behaviors.

In this study, the high prioritizing of "Monitors and Follows through" is in accordance with previous studies results.<sup>5,11,12</sup> A possible explanation of this result is that nurses in the present wards monitor highly advanced treatments for cancer diagnosis and therefore may be considered this Care-Q dimension more important.<sup>9</sup> With monitoring and follow-up of patients, clinical nurses show their professional ability and competent and hereby guarantee to provide all their nursing care.<sup>24</sup>

As mentioned in the results, "Being accessible" had been chosen as the second priority of caring dimension by the patients with cancer. In this field, several studies in cancer wards showed that due to the importance of "Being accessible", patients identified it as higher levels of importance in

caring behaviors<sup>5,11,12</sup> which were in accordance with the findings of the present study. Nevertheless, some studies in cancer treatment wards were also done in which patients with cancer considered lower priority for this dimension<sup>6,9</sup> which were not 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.<sup>25</sup>

The other findings of this study indicated that patients with cancer considered "Physical and emotional comforts" and "Trusting relationship" as the low priorities. When we compared these with previous studies, the low prioritizing of "Trusting relationship"<sup>5,6,9,11,12</sup> and "Physical and emotional comforts"<sup>9</sup> were in accordance with our study results. Of course, There are also few studies<sup>6, 11</sup> that indicate "Physical and emotional comforts" are still highly valued and respected by patients with cancer. It is likely that with shortage of nursing staffs in combination with increased workload and high number of patients, our nurses can only focus on main tasks and leave the tasks they

are not reprimanded for failing to do so<sup>26</sup> and thus patients' perception may be affected by these issues and think that they should not expect their nurses to do these tasks. Another possible explanation is related to the study patients' cultural field that makes to expect from their families more emotional care and just expect from their nurses to provide appropriate physical care. On the other hand, the findings are accordance with Leininger's statement that caring processes, expressions, patterns and behaviors can culturally be identified differently, so that eventually lead nurses' decision-making and performances. Indeed, to provide therapeutic nursing care, the nurse should have knowledge of caring values, beliefs and practices of the patients. Patients have the right to be "cared for" in a way that indicates respect for their cultural diversity.<sup>27</sup> Therefore, each nurse should consider individual characteristics, interests, needs, socio-cultural and physiological characteristics of each patient.<sup>28</sup>

It should be acknowledged that in the present study, patients evaluated most caring behaviors with higher scores (mean scores of dimensions were over 3.5 or in moderate to high level). In fact, this indicates that patients with cancer had enormous expectations from provided care and wanted from their nurses to do those best.

The findings of this research require to be considered in light of few limitations. In this study, most patients with cancer mentioned that the many numbers of the questionnaire items (n=57) needed lengthy time for completion, as such this was accomplished with some patients in two or three different periods. The majority of the respondents tended to nominate the top two values of the 5-point Likert scale for most scale items. This makes it difficult to make a true distinction between the relative importance of the items and the dimensions.

### **Conclusion**

This study aimed to assess what are important for patient centered care in cancer

wards by measuring patients' perception toward the importance of caring behaviors. The findings of the present study, indicated that the "Monitors and follows through" and "Being accessible" caring behaviors were more importance by patients with cancer, so these conduces nurses to notice and perform these in their nursing care. By so doing, moving to the main goal of patient centered care can be provided. Indeed, the results provide some concrete information on what caring behaviors the patients with cancer would like to experience in their nursing care.

Of course, to understand truly about nursing care, there is a need for further investigations, and so it is recommended that further qualitative research be carried out. Also more work is required into examining the pragmatics of using a quantitative instrument with cancer respondents. Methods such as Likert-scales may confuse some patients, so we need to develop other user friendly options. Furthermore, this study measured patients' expectations toward the impotence of caring behaviors rather than nurses' real practice in providing care. 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.

### **Acknowledgments**

This research received financial support from Nursing Research Team affiliated to Tabriz University of Medical Sciences in Iran. We would like to thank Patricia J. Larson for her authorship of the Care-Q instrument. Also, we are grateful to the patients with cancer who participated in this study.

### **Ethical issues**

None to be declared.

### **Conflict of interest**

We declare that we have no significant competing financial, professional or personal interests that might have influenced the

performance or presentation of the work described in this manuscript.

## References

- Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn't. *BMJ* 1996; 312(7023): 71-2.
- Michie S, Miles J, Weinman J. Patient-centredness in chronic illness: what is it and does it matter? *Patient Educ Couns* 2003; 51(3): 197-206.
- Committee on Quality of Health Care in America. Crossing the quality chasm: a new health system for the 21st century. Washington, D.C. : National Academic Press; 2001. 1-22.
- Endacott R. Clarifying the concept of need: a comparison of two approaches to concept analysis. *J Adv Nurs* 1997; 25(3): 471-6.
- Larson PJ. Oncology patients' and professional nurses' perceptions of important nurse caring behaviors [dissertation]. San Francisco: University of California; 1981.
- Larsson G, Widmark Peterson V, Lampic C, von Essen L, Sjöden PO. Cancer patient and staff ratings of the importance of caring behaviors and their relations to patient anxiety and depression. *J Adv Nurs* 1998; 27(4): 855-864.
- Holroyd E, Cheung YK, Cheung SW, Luk FS, Wong WW. A Chinese cultural perspective of nursing care behaviours in an acute setting. *J Adv Nurs* 1998; 28(6): 1289-1294.
- Christopher KA, Hegedus K. Oncology patients' and oncology nurses' perceptions of nurse caring behaviours. *Eur J Oncol Nurs* 2000; 4(4): 196-204.
- Widmark-Petersson V, von Essen L, Sjöden PO. Perceptions of caring among patients with cancer and their staff. Differences and disagreements. *Cancer Nurs* 2000; 23(1): 32-39.
- von-Essen L. What is good caring? [dissertation]. Uppsala: University of Uppsala; Faculty of Social Sciences; 1994.
- Mayer DK. Oncology nurses' versus cancer patients' perceptions of nurse caring behaviors: a replication study. *Oncol Nurs Forum* 1987; 14(3): 48-52.
- Chang Y, Lin YP, Chang HJ, Lin CC. Cancer patient and staff ratings of caring behaviors: relationship to level of pain intensity. *Cancer Nurs* 2005; 28(5): 331-339.
- Leininger M. Culture care theory: a major contribution to advance transcultural nursing knowledge and practices. *J Transcult Nurs* 2002; 13(3): 189-92.
- Copp G, Caldwell K, Atwal A, Brett-Richards M, Coleman K. Preparation for cancer care: perceptions of newly qualified health care professionals. *Eur J Oncol Nurs* 2007; 11(2): 159-67.
- Hanson EJ. An exploration of the taken-for-granted world of the cancer nurse in relation to stress and the person with cancer. *J Adv Nurs* 1994; 19(1): 12-20.
- Wilkinson S. Schering Plough clinical lecture communication: it makes a difference. *Cancer Nurs* 1999; 22(1): 17-20.
- Boyle P, Ferlay J. Cancer incidence and mortality in Europe, 2004. *Ann oncol* 2005; 16(3): 481-8.
- Cunningham SM, Copp G, Collins B, Bater M. Pre-registration nursing students' experience of caring for cancer patients. *Eur J Oncol Nurs* 2006; 10(1), 59-67.
- World Health Organization. World Health Statistics [Internet]. Geneva :WHO: World Health Statistics 2008 [cited 22 sept.2013]. Available from: <http://www.who.int/whosis/whostat/2008/en/>
- Charalambous A, Papadopoulos IR, Beadsmoore A. Listening to the voices of patients with cancer, their advocates and their nurses: A hermeneutic phenomenological study of quality nursing care. *Eur J Oncol Nurs* 2008; 12(5): 436-42.
- Webb C, Hope K. What kind of nurses do patients want? *J Clin Nurs* 1995; 4(2): 101-8.
- Bassett C. Nurses' perceptions of care and caring. *Int J Nurs Pract* 2002; 8(1): 8-15.
- Mizuno M, Ozawa M, Evans D, Okada A, Takeo K. Caring Behaviors perceived by Nurses in a Japanese Hospital. *Journal of Nursing Studies* 2005; 4(1): 13-19.
- Larson PJ, Ferketich SL. Patients' satisfaction with nurses' caring during hospitalization. *West J Nurs Res* 1993; 15(6): 690-703.
- Henderson A, Van Eps MA, Pearson K, James C, Henderson P, Osborne Y. 'Caring for' behaviours that indicate to patients that nurses 'care about' them. *J Adv Nurs* 2007; 60(2): 146-53.
- Rafii F. To design theory of nursing care of burn patients [dissertation]. [Tehran]: Iran University of Medical Sciences; 2005.
- Leininger M, editors. The three National Caring Conferences; 1988; Caring as an essential human need. Detroit: Wayne State University Press.
- Rahemi Sh. A content analysis of concerns of cancer clients. *Iranian journal of nursing research* 2006; 1(1): 47-57.