

CARING BEHAVIORS AND QUALITY OF CARE RENDERED BY COMMUNITY HEALTH NURSES IN PHILIPPINES

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ABSTRACT

Introduction: Nursing has been referred as a “caring profession” that requires the practitioner to exhibit and convey the art of caring which has also been the mind setting inculcated among nursing professionals in the community health setting. Hence, the study is aimed to determine the caring behaviors and the quality of nursing care rendered by community health nurses. **Methods:** The study applied a quantitative correlational-predictive research design. A purposive sampling was employed to identify the 100 respondents who were nurses assigned in the different community healthcare facilities and centers of the different barangays in the Municipality of Biliran, Philippines. The self-administered questionnaires were distributed among the respondents. To analyze the data, descriptive statistics such as mean and weighted mean were used. Likewise, the regression analysis was also used to determine which of the caring factors predicts the quality of care. **Results:** The seven caring behaviors were highly evident among the community health nurses and a good quality of nursing care was reported. Likewise, all the seven caring behavior predicts the quality of nursing care. **Conclusion:** The outcome was found to be positive for the overall standard of treatment. The research concluded that the overall level of treatment revealed is predicted by caring behaviors.

Keywords: *Caring Behaviors; Quality Nursing Care; Community Health Nurses*

INTRODUCTION

There is a common notion that people often refer to it as a “caring occupation” when it comes to nursing. A profession that helps practitioners to illustrate and express the art of caring. According to Karlsson & Pennbrant (2020), a common understanding in caring and nursing is needed in nursing practice. In the community health climate, this has been the mind setting inculcated among nursing professionals. While nursing professionals may exhibit higher levels of care than their peers who are training for other professions, they are more likely to exhibit high levels of care. With the call to increase the standards of care among current

and future nurses, educators are asked to build new and efficient pedagogies that teach care to nurses. However, it is not a trivial activity to help nurses establish greater standards of treatment. Nurses need a clear and consistent understanding of what caring is, what skills and abilities are necessary to be successful in caring, and how to ensure that they grow to be productive while they practice the profession regularly.

There were five distinctive skilled care principles according to Roach’s Theory. This includes compassion, integrity, trust, sense of right and wrong and dedication. This helps to differentiate the concept of expert treatment as being just an emotional reaction to the

suffering of others or human reaction that would be exhibited by most human beings. Moreover, her theory indicates that compassion is irrelevant in addition to competence in nursing (Roach, 2002). Furthermore, in a phenomenological investigation, metathemes were identified in the use of the individual and group interviews with both sufferers and experienced nurses that recognized customer/patient approaches as important for both patients and nurses. The study conveys nursing as an art and explain the intricate creative processes that nurses and patients undergo (Appleton, 1993).

Compared to being handled in a personcentered manner, they may ably define the difference between being handled in a kindly yet objective manner. As stated earlier, good communication and relationship skills are the fundamental components of treatment that are needed by today's skilled nurses (Sibiya, 2018). Unfortunately, not all nurses have these credentials and are not always seen as compassionate individuals. More alarmingly, there is an evidence that suggest that the quality of treatment of certain nurses significantly declined while in service (Poortaghi, *et al.*, 2019). Therefore, it is important that nurses be assessed on their caring behavior and the quality of care rendered among their patients to be able to craft possible interventions that would improve their nursing practice. However, no study has been written in literature yet that determined the caring behaviors and quality of care rendered by community health nurses specifically in the Province of Biliran, Philippines. Hence, the study was conducted. This study made use of the a predictive-correlational research design to determine the caring behaviors and quality of care rendered by community health nurses assigned in Biliran Province and to determine which caring factors predict the quality of nursing care.

METHODOLOGY

Study Design

The study utilized the correlational-predictive research design which made use of two standardized tools for data gathering. This study focused on the assessment of the caring behaviors and the quality of nursing care rendered by selected 100 community health nurses assigned in the barangay health centers in the Municipality of Naval, Biliran, Philippines.

Likewise, it also examined which of the caring factors predicts quality of care.

Respondents

A total of 100 community health nurses assigned in the barangay health centers were chosen as the respondents of the study. A purposive sampling was used in the selection of the respondents. The inclusion criteria were the following: (1) Nurses who are in direct patient/client care in barangay health centers including those retained under any non-government program; (2) those who renders service from January 1 to April 30, 2019 in the barangay health centers of the municipality of Naval, Biliran; (3) willing to be part of the study. Those not mentioned in the inclusion criteria are the exclusion criteria.

Instruments

The first tool used in the study is based on the standardized tool authored by Cronin & Harrison (1988) that has specific indicators to determine the factors which include humanism/faith-hope/sensitivity, helping/trust, expression of positive/negative feelings, teaching/learning, supportive/protective/ corrective environment, human needs assistance and existential/phenomenological/spiritual. The questionnaire has a 4-Likert scale which has corresponding response category and parameter limit as follows: 1- Never, 2- Seldom, 3- Some of the Time, 4- Most of the Time (Cronin & Harrison, 1988).

The second tool used in the study is based on the standardized tool by Laschinger *et al.*, (2005) to determine the quality of nursing care rendered by the community health nurses. The said tool has items to measure satisfaction with the overall quality of care by the community health nurses. Each item consists of a phrase to designate the content of the question followed by a more detailed question or "descriptor. The instruments have a 4-Likert scale with sub-parameters which are rated as 4- Very Good; 3-Good, 2- Fair and 1- Poor.

Data Gathering Procedure

The study was conducted with the complete observance of the procedures required by the university in conducting research. The study was conducted in the entire months of January to April 2019. First, a

transmittal letter was sent to the Municipal Health officer of Naval, Biliran for the permission and approval to conduct the study. After the approval, the list of qualified respondents was obtained from the rural health unit of Naval, Biliran. The informed consents of the respondents were obtained prior to the actual data collection by asking them to sign the informed consent form that suggested the voluntary decision of the respondent to be part of the study after carefully explaining the study and the questionnaire. Likewise, indicated in the procedures of the data collection including the time that the respondents need to consume to complete in answering the questionnaire. The researcher ensured that all respondents were informed as to how they can contact the researcher within a reasonable time period following their participation should stress or potential harm arise. Next, the self-administered questionnaires were distributed among the participants during their respective work shifts and retrieved after a week. Lastly, the accomplished questionnaires were then processed, analyzed, presented in tabular forms and interpreted.

Data Analysis

The data on the caring behaviors of the respondents were derived by computing the weighted mean of each caring behavior indicator. After calculating the weighted mean, the average weighted mean was also calculated in order to determine the over-all caring behavior data. The weighted mean and average weighted mean were interpreted using the following scale: 4(3.26–4.0)- Highly Evident; 3(2.51–3.25)-Evident; 2(1.76–2.5)-less evident; 1(1.00–1.75)- Not evident.

Moreover, the quality of nursing care was derived by also computing the weighted mean and the average weighted mean. The weighted mean and average weighted mean were interpreted using the following scale: 4(3.26–4.0)- Very Good; 3(2.51–3.25)- Good; 2(1.76–2.5)-Fair; 1(1.00–1.75)- Poor. Furthermore, a regression analysis was done to determine which of the caring behaviors predicts the quality of nursing care.

Ethical Considerations

Prior to data collection, informed consents were given to the respondents indicating the intent of the research, the possible benefits and damage of the study, maintaining their full privacy during the study, and having the freedom to withdraw from the study at any

time 2nd November, 2021. After the distribution of the informed consents, the respondents were asked to sign the informed consent signifying the respondent’s voluntary decision to be part of the study. The researcher addressed issues such as confidentiality, anonymity and privacy. Furthermore, the accomplished questionnaires were stored in a safe place and will be shredded or burned after two years.

RESULTS

I. Caring Behaviors

Table 1: Caring Behaviors of Respondents

Predictor No.	Variables	WM	Description
1	Humanism/faith-hope/sensitivity	3.36	Highly Evident
2	Helping/trust	3.49	Highly Evident
3	Expression of positive/negative feelings	3.26	Highly Evident
4	Teaching/ learning	3.42	Highly Evident
5	Supportive/ protective/ corrective environment	3.44	Highly Evident
6	Human needs assistance	3.83	Highly Evident
7	Existential/ phenomenological/spiritual	3.17	Highly Evident
	Average Weighted mean	3.42	Highly Evident

Legend: 4(3.26–4.0)- Highly Evident 3(2.51–3.25)- Evident 2(1.76–2.5)-less evident 1(1.00–1.75)- Not evident

Table 1 presents the data on the level of caring behaviors of the community health nurses or the respondents. It can be seen on the table that based from the seven criteria on caring behaviors, all were rated or interpreted as “Highly Evident”. This implies that most of the time, the community health nurses practiced the seven criteria of caring behavior such as humanism/faith/hope/sensitivity, helping/trust, expression of positive or negative feelings, teaching/learning, supportive/ protective/ corrective environment, human needs assistance, existential/phenomenological/spiritual. Moreover, results also show that predictor no. 6 or human needs assistance got the highest weighted mean among the seven predictors while predictor no. 7 got the least weighted mean.

II. Quality of Nursing Care

Table 2: Quality of Care

No.	Indicator	Weighted Mean	Descriptive Equivalent
1	Information were provided:	3.16	Good
2	Ease of information for getting	3.11	Good
3	Informing family or friends	3.22	Good
4	Family and friends involving in your care	3.21	Good
5	Importance and caring	3.16	Good
6	Treatment about your condition	3.21	Good
7	Your views' recognition	3.43	Very Good
8	Assessment of your needs	3.21	Good
9	The daily schedule	3.22	Good
10	Kindness	3.37	Very Good
11	Answer to your calls	2.45	Fair
12	Ability and competence	3.58	Very Good
13	Restfull atmosphere provided	2.48	Fair
14	Confidentiality	3.21	Good
15	Treatment directives	3.12	Good
16	Coordination of care after treatment regimen is completed	1.89	Fair
	Average mean	3.06	Good

Legend: 4(3.26–4.0)-Very Good; 3(2.51–3.25)- Good; 2(1.76–2.5)-Fair; 1(1.00–1.75)-Poor

Table 2 presents the level of the quality of nursing care provided by the community health nurses. The result revealed that the skills and competence was very good. On the other hand, the coordination of care after treatment rated as the lowest which is interpreted as fair. The average mean was interpreted as good.

III. Predictors of Quality Nursing Care

Table 3. Caring Factors that Predict the Quality of Nursing Care

Variables	R2	Beta	P	Significance level
Humanism/faith-hope/sensitivity	0.439	0.553	0.00	P<0.001
Helping/trust	0.453	0.548	0.00	P<0.001
Expression of positive/negative feelings	0.541	0.549	0.00	P<0.001
Teaching/ learning	0.541	0.661	0.00	P<0.001
Supportive/ protective/ corrective environment	0.543	0.539	0.00	P<0.001
Human needs assistance	0.544	0.661	0.00	P<0.001
Existential/ phenomenological/ spiritual	0.559	0.545	0.00	P<0.001

Table 2 presents the level of the quality of nursing care provided by the community health nurses. The result revealed that the skills and competence was very good. On the other hand, the coordination of care after treatment rated as the lowest which is interpreted as fair. The average mean was interpreted as good.

DISCUSSION

Caring is a term that has attracted a great deal of interest in modern nursing literature, where it has become the center of nursing and other medical care. Many experts said that caring is the central, dominant and unifying feature of nursing. A growing understanding of this concept is beginning to influence nursing theory, research, education, and practice.

According to Leyson (1996) care is the nurse-patient relationship that is best conveyed interpersonally and has done wonders in maintaining the life of the patient. Nurses deal with different patients every day and that means they constantly need to reach their patient's needs and expectation. The nature, heart, and concentration of nursing practice has been called caring. The different aspects of the caring behavior among community health nurses based on the survey made. The data are reflected on the following table:

The results of the present study corroborated with the study conducted in a tertiary hospital in the

Philippines wherein all the caring factors mentioned were mostly practiced by the staff nurses (Fortuno, Oco, & Clores, 2017). Likewise, the study conducted in Finland yielded same results (Charalambous *et al.*, 2010).

The result is an indication that there are still room for improvement in as far as the quality of care delivered by the community health nurses. This indicates that the Municipal Health Offices and the Nursing Managers need to design strategies and activities in order to maximize potential of the nurses in their capacity to deliver quality nursing care. On the other hand, this calls for the intensification of the human resource development in the Health Department as the main agency.

Table 3 presents the predictive analysis using linear regression. The result revealed that in all instance the “*P*” value is 0 suggesting high significance. The R2 values in each case reveals that more than 30% of the deviation from the criterion variable's mean can be explained by the predictor variables. Based on the contention by Pallant (2010) it was observed that the Beta values are more than 0.5 in each case and that supports a positive correlation, predicting that the higher the predictor values.

Furthermore, the result is a reflection that every aspect of how the nurses deal with the clients/patients in the community affects the way and manner they care. This further means that the totality of the personality of any person giving care and rendering health services affects the quality of care they deliver.

The regression analysis commends and supports greatly to the findings of Fingeld-Connet (2013) developed approaches for improving healthcare behaviors and quality management which in this study is represented by the seven aspects of the caring behaviors. The significant identification of the caring behaviors as predictors of the quality of care are reflective of the needed standard of behavior needed by the community health nurses in the delivery of the care

to their constituents

CONCLUSION

This study revealed that the majority of the community health nurses assigned in the barangay health centers in the Municipality of Naval mostly practiced the 7 criteria of caring behaviors such as humanism/faith/hope/sensitivity, helping/trust, expression of positive or negative feelings, teaching/learning, supportive/protective/corrective environment, human needs assistance, existential/phenomenological/spiritual. Moreover, a good level of quality nursing care was also reported and that the seven criteria of caring behaviors strongly predict the quality of nursing care given by community health nurses. This implies that the community health nurses have a positive caring behavior towards their patients which led to a good quality nursing care. However, there were some criteria in the quality nursing care where in it was rated fair such as answering calls, restful atmosphere provided and coordination of care. Therefore, prompt management and treatment are deemed necessary in order to improve the quality of nursing care rendered among the patients. The researcher recommends the development of an enhanced nursing care plan that can be utilized by the community health nurses, and it will serve as a guide in dealing with the patients, thus improving the quality of nursing care.

Conflict of Interests

The authors declare that they have no conflict of interests.

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