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CARING BEHAVIOURS AMONG OPERATION THEATRE NURSES IN HOSPITAL UNIVERSITI SAINS MALAYSIA

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ABSTRACT

Caring behaviours presented by the nurses while providing care is the essence of nursing. However, operation theatre nurses must also adhere to the nursing value in social sciences and humanities to address the patient's needs. The concern of the nurses should not only be for the basic life sustaining needs but also for physiological, psychological, socio cultural and spiritual dimension of patient's human responses. The purposes of this study were to determine the perception regarding caring behaviours and the level of caring among the Operation theatre nurses in Hospital Universiti Sains Malaysia. In addition, there were associations when the determination between demographic variables like genders and years of experience of the nurses in relation to their caring behaviours is necessary. It is a quantitative, descriptive survey design and 95 nurses participated in the study. The revised Wolf's Caring Behaviours Inventory was used to measure the dimensions of caring. "Professional knowledge and skill" was identified to be the highest among the five dimensions of caring that was being measured. Findings show that the nurses demonstrated a high level of caring behaviours during their course of work. However, none of the demographic factors studied were significantly associated to their caring behaviours.

Keywords : *Caring attitudes; Caring behaviours; Dimensions of caring.*

INTRODUCTION

Caring is the essence of nursing. Jean Watson is one of the pioneer nursing theorists to establish the concept of human caring in her theory and the perception to sustain in the contemporary identification of a nursing profession (Fagermoen and Humanism, 2006). According to Watson, nursing is the art and science of human care. Caring behaviours presented by the nurses while providing care helped to establish nursing as a unique profession. The caring concept has granted a major contribution to the advancement of nursing profession (Tomey and Alligood, 2006). The current focus of health care reform is on improving the quality of care, health care process and outcomes while decreasing cost. The situations in the operating theatre are unpredictable and stressful. OT (Operation Theatre) nurses are the biggest group of perioperative health care teams, working very hard to meet the expected competency in handling variety of surgical instrumentation and to fulfil the needs of multi-professional teammates. However, OT nurses must adhere with the nursing values in the field of social sciences and humanities. Many literatures revealed the importance of nurses presenting a particular kind of positive attitude in order to be considered as good caring (Brilowski and Wendler, 2005). Nursing is a nurturing profession, and caring is fundamental to the practice regardless of any setting (Peery, 2010). Caring was focused on the welfare of the patients and it is maintained when nurses deal with patients in a caring manner. Watson's theory of human caring emphasized on this nursing goal to help people gain a higher degree of harmony within the mind, body, and soul, which generates self-knowledge, self-reverence, self-healing and self-care processes (Parker, 2006). The goal could be pursued through the implementation of ten curative factors and clinical caring processes via human to human caring procedures (Peery, 2010). The concept of caring is about representing a particular disposition, or attitude, towards one another. Caring is a series of actions and also a way of acting. Caring renews energy, feeds passion, and increases a nurse's personal and professional satisfaction (Brilowski and Wendler, 2005). Through the process of caring, a nurse is able to understand the illness in a better

way. Nurses have a major conscientiousness for the people who require nursing care and it helps to establish a bond between patients and nurses (Mlinar, 2010). It is created by the patient's need for nursing care. He also proposed that nurses are required to show caring behaviours when there is a need for health care because it promotes patient well-being. Awareness of the needs and goals of the recipient of care requires more than focusing attention on needs and demands, it also requires an attitude of respect for the person (Widar and Ahlsltrom, 2007). It acquires attention and attitudes such as being seen, listened to, and believed in and spending time. The need of being respected and understood is a basic human need, especially in situations of suffering.

Nurses are expected to take on many new and more advanced roles because current healthcare delivery system is dynamic and increasingly high-tech (Peery, 2010). The nurses spend more time in performing tasks and learning to use new technology in patient care. It decreases their time at the bedside of the patient and in communication with their patients. However, spending time with patient was found to be the predictor of the nurses' ability to express caring behaviours (Amendolair, 2007). Nursing care must consist of the actions and interactions between a nurse and patient (Brilowski, 2005). Caring touch was identified as an action of a caring nurse. It is a form of non-verbal communication influenced by a nurse's intention and a patient's perceptions. Presence is also an action of a caring nurse. It consists of occupying the same space with the patient, listening carefully, allowing time for the nurses to share and communicate with patients and their families. The need of sufficient communication is the attribute of good caring. Adequate information about the cause of a disease, treatment and recovery, including advice and instructions, are considered to be essential for caring on patient's point of view (Widar and Ahlsltrom, 2007). Patients' perceptions regarding the importance of nursing care behaviours differ from staff perceptions (Essen and Sjoden, 2003). Patients ranked competent clinical know-how as most important, while the nursing staff ranked affective behaviors as most important to make patients feel cared for. Nurses depended on nursing care by residing in statements that reflect person-centred care (McCance, Slater and McCormack, 2008). In contrast, there were more variables and incongruence in patients' perceptions. They claimed that effective person-centred nursing requires the formation of therapeutic relationships between professionals, patients and others significant person. This correlates with the conceptualisation of caring that is underpinned by humanistic nursing theories.

The study on caring behaviours among OT nurses in HUSM helped to establish the caring practices carried out by the nurses in the challenging environment. Even though OT nurses are burdened with other major responsibilities like handling surgical instruments, fulfilling other healthcare team needs and keeping abreast with competency in assisting the surgical procedure, the caring attribute of the nurses shouldn't be compromised. Hence, this research study explored the caring behaviours of the OT nurses. The general objective of this study was to explore the caring behaviours of the OT nurses in HUSM and determine differences in their caring behaviours.

MATERIALS AND METHODS

The methodological design for this research study was a quantitative method. It was a non experimental descriptive study. The objectives of this study were to determine the perception and level of caring behaviours among OT nurses in HUSM and to determine the association between demographic factors of gender, years of experience, qualification, postbasic perioperative and marital status with the caring behaviours of the nurses.

Data was collected from the participants by asking them to answer a set of questionnaires. The questionnaire utilized for the purpose of the study consisted of two parts. Part A of the questionnaire consisted of questions based on demographic data while part B was the revised version of Wolf's Caring Behavior Inventory (CBI) items with 6-point Likert-type scale as responses. In the revised version of CBI, 42 items and phrases were derived from literature that was based on the concept of nurse caring. The revised CBI suggests five dimensions of nurse caring that includes respect for others, assurance of human presence, positive connectedness, professional knowledge and skills, and attentiveness.

The instrument were translated to Bahasa Malaysia and sent to three nursing lecturers in Universiti Sains Malaysia for comments and validation. Back translation of the items was done by sending the questionnaire to the language centre (Pusat Bahasa) in HUSM. Pilot study was carried out in HRPZ II prior to performing the study in HUSM. Cronbach's Alpha value obtained was 0.9, much higher than the accepted value of 0.7.

RESULTS

A total of 95 HUSM OT nurses answered the questionnaire. Majority of the participants, 81 (85.3 %) were female while 14 (14.7 %) were male nurses. Frequency analysis shows that 32 nurses (33.7 %) were in the 26 - 35 years group, 31 (32.6 %) of the participants were less than 25 years old, 24 (25.3 %) of the participants were between 36 - 45 years old and only eight (8.4 %) of the participants were between 46 - 55 years old. Majority of the participants were in the 26 - 35 years old category. A total of 89 (93.7 %) participants qualified with diploma in nursing, four (4.2 %) participants qualified with degree while only two (2.1 %) participants qualified with nursing certificate. Majority of the nurses had diploma in nursing. Participants' working experience were categorised in four levels which were 1 - 5 years working experience, 6 - 10 years working experience, 11 - 15 years working experience and more than 15 years working experience. Frequency analysis shows that 36 (32.8%) participants had 1 - 5 years working experience, 15 (15.8 %) of the participants had 6 - 10 years experience, 22 (23.2%) of the participants had 11 - 15 years experience, 22 (23.2%) of the participants had more than 15 years of working experience. Majority of the participants had only one to five years of working experience. While 34 (35.8 %) participants had a postbasic in perioperative nursing, 61 (64.2 %) participants did not have a postbasic in perioperative nursing. Majority of the participants did not have a postbasic in perioperative nursing. The result of the frequency analysis shows that 70 (73.7 %) participants were already married, 23 (24.2 %) participants were bachelor while two (2.1%) were divorced. Majority of the participants were already married.

The responses to each caring behaviour item were then ranked from the highest mean frequency to the lowest mean frequency. The highest mean response rate were noted for the following ten responses:

1. Appreciating the patient as a human being,
2. Showing concern for the patient,
3. Using a soft, gentle voice with the patient,
4. Treating patient information confidentially,
5. Demonstrating professional knowledge and skill,
6. Giving priority to the patient,
7. Being sensitive to the patient,
8. Providing reassuring presence,
9. Being cheerful with the patient, and
10. Helping the patient.

Four of the top 10 items were parts of the 'Assurance of human presence' dimension, three were incorporated into 'Respectful deference', two were incorporated into 'Professional knowledge and skill', and one item incorporated into 'Attentive to other's experience'.

Table 1: Caring Behaviour - Top 10 ranked ordered

No	Item no	Individual item	Dimension of caring	Mean	SD
1	35	Appreciating the patient as a human being.	Assurance of human presence	5.78	0.42
2	37	Showing concern for the patient.	Assurance of human presence	5.64	0.5
3	21	Using a soft, gentle voice with the patient.	Professional knowledge and skill	5.59	0.52
4	28	Treating patient information confidentially.	Respectful deference	5.59	0.88
5	22	Demonstrating professional knowledge and skill.	Positive connectedness	5.58	0.54
6	41	Giving priority to the patient.	Attentive to other's experience	5.58	0.59
7	16	Being sensitive to the patient.	Assurance of human presence	5.56	0.87
8	29	Providing reassuring presence.	Respectful deference	5.55	0.52
9	25	Being cheerful with the patient.	Professional knowledge and skill	5.54	0.54
10	18	Helping the patient.	Assurance of human presence	5.54	0.58

The 10 of the lowest response rate were recorded for: Giving the patient information so that he or she can make decision, Knowing how to give shots, IVs, etc., Spending time with the patient, Being hopeful for the patient, Helping patient to grow, Including the patient in planning his or her care, Touching the patient to communicate caring, Relieving the patient's symptom, Giving the patient's treatments and medication on time, and Talking to the patient. Three of the lowest 10 items were parts of the 'Assurance of human presence' dimension, another three were incorporated into 'positive connectedness', two were incorporated into 'Respectful deference', and one item incorporated into 'Attentive to other's experience' and one item of 'Professional knowledge and skill'.

Table 2: Caring Behaviour - Lowest 10 ranked ordered

No	Item no	Individual item	Dimension of caring	Mean	SD
1	7	Giving the patient information so that he or she can make decision.	Respectful deference	4.07	1.13
2	19	Knowing how to give shots, Ivs, etc.	Professional knowledge and skill	4.35	0.98
3	4	Spending time with the patient.	Assurance of human presence	4.4	0.95
4	6	Being hopeful for the patient.	Positive connectedness	4.51	1.18
5	14	Helping patient to grow.	Positive connectedness	4.67	0.95
6	27	Including the patient in planning his or her care.	Assurance of human presence	4.81	0.88
7	5	Touching the patient to communicate caring.	Positive connectedness	4.89	0.8
8	40	Relieving the patient's symptom.	Attentive to other's experience	4.94	0.94
9	38	Giving the patient's treatments and medication on time.	Respectful deference	4.96	1.03
10	31	Talking to the patient.	Assurance of human presence	4.98	0.87

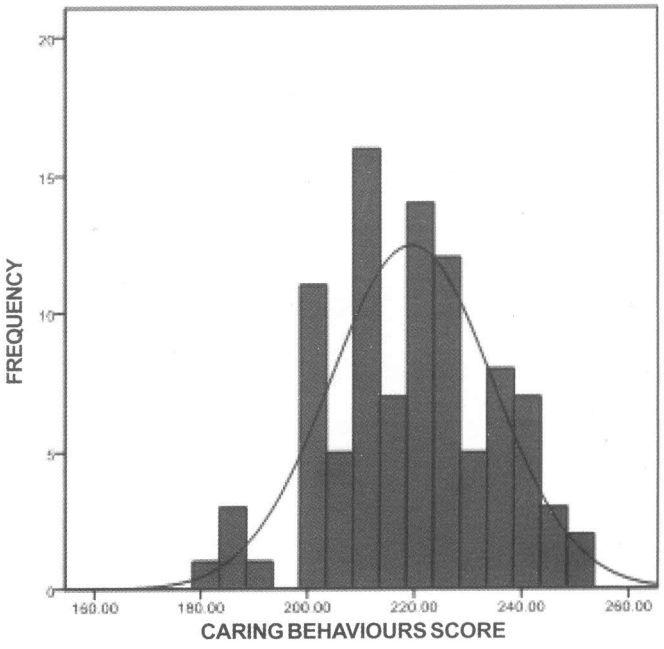
The Caring Behaviours Inventory was developed to measure caring by nurses. The inventory assessed five dimensions of caring: Respectful Deference (12 items), Professional Knowledge and Skill (5 items), Assurance of Human Presence (11 items), Positive Connectedness (9 items) and Attentive to Other's Experience (3 items).

Table 3: The Means and Standard Deviations of the 5 Dimensions of Caring

Dimension	Minimum	Maximum	Median	Mean	SD
Professional knowledge and skill	4.20	6.00	5.40	5.38	0.44
Attentive to other's experience	3.67	6.00	5.33	5.35	0.56
Respectful deference	4.25	6.00	5.25	5.23	0.41
Assurance of human presence	4.09	6.00	5.18	5.17	0.43
Positive connectedness	3.56	6.00	5.11	5.09	0.47

N = 95

Figure 1 : Distribution of nurses' caring behaviours score.



Differences in caring behaviours according to their demographic data were examined. The median of caring behaviours among male nurses is (5.22, IqR 0.73), equal to the female nurses (5.22, IqR 0.45). The p value is 0.958 ($p > 0.05$). There is no significant difference in the caring behaviours between male and female nurses.

Table 4: Difference in Median between Male and Female Nurses

	Median (IqR)			
	Male	Female	Z statistics	*p* value
Caring behaviours level	5.22 (0.73)	5.22 (0.45)	-0.053	0.958

N = 95

The median of the caring behaviours between the four groups of nurses based on years of experience are not significantly different. The median for group 1 - 5 years is (5.19, IqR 0.48), group 6 - 10 years is (5.35, IqR 0.33), group 11 - 15 years is (5.23, IqR 0.54) and median for the group more than 15 years is (5.05, IqR 0.75) with p value 0.106 ($p > 0.05$).

Table 5: Difference between Years of Experience

Years of experience	n	Median (IqR)	x^2 (df)	p value
1 - 5 years	36	5.19 (0.48)		
6 - 10 years	15	5.35 (0.33)	6.124 (3)	0.106
11 -15 years	22	5.23 (0.54)		
>15 years	22	5.05 (0.75)		

N = 95

Cross tabulation between qualification of the nurses and their caring behaviours score : Pearson Chi-Square value is 1.837, degree of freedom = 6 and p value is 0.934. There is no significant association between qualification and caring behaviours score.

Cross tabulation between the availability of postbasic perioperative and their caring behaviours score : Pearson Chi-Square value is 0.332, degree of freedom = 3 and *p* value is 0.954. There is no significant association between postbasic perioperative and caring behaviours score.

Table 6: Chi-Square test between Demographic data and Caring Behaviours

	Pearson Chi-Square test	*df*	*p*
Qualification	1.837	6	0.934
Postbasic Perioperative	0.332	3	0. 954
Marital Status	7.821	6	0.252

N = 95

Cross tabulation of marital status of the nurses and their caring behaviours score : Pearson Chi-Square value is 7.821, degree of freedom = 6 and p value is 0.252. There is no significant association between marital status and caring behaviours score.

DISCUSSION

Overall, OT nurses did practice caring behaviours while providing care for their patients. This finding is comparable to Russel's who had conducted a similar study on caring behaviours of perioperative nurses (Russell, 1998). Caring Behaviours Inventory (CBI) was also used as the questionnaire instruments in his study. The findings showed that perioperative nurses incorporated caring behaviours into their practice. It means that OT nurses also integrated the practice of patient-centered nursing care into their action-oriented tradition. Perioperative nurses incorporated caring behaviours similar to those described by nurses in other specialties. OT nurses were expected to be human and humane as well as competent (Atkinson and Fortunato, 1996). They must have personal attributes such as empathy, sensitivity and perception, good listening, observation and also humanistic approach that contribute to quality of patient care.

Nursing is a nurturing profession, and caring is fundamental in its practice regardless at any setting (Peery, 2010). Caring focused on the welfare of patients and it takes place when nurses encounter patients in a caring manner. Watson's theory of human caring emphasize on the nursing goal to help people gain a higher degree of harmony within the mind, body, and soul, which generates self-knowledge, self-reverence, self-healing and self-care processes (Parker, 2006). The goal could be pursued through the implementation of ten caring factors and clinical caritas processes via human to

human caring process (Peery, 2010). CBI was based on ten caritas factor in Watson's theory of human caring (Brunton and Beaman, 2000).

It is importance for the nurses to present a particular positive attitude in order to be considered for good caring (Brilowski and Wendler, 2005). They emphasized that the concept of caring is about representing a particular disposition, or attitude, toward another. Caring is a series of actions and also a way of acting. They also proposed that caring renews energy, feeds passion and increases a nurse's personal and professional satisfaction. Through caring, a nurse is able to understand the experience of illness in a better way.

The responses to caring and non caring behaviours greatly influenced the consumer's wellbeing and perception of quality of health care received and satisfaction level (Forsythe, 1995). Patients' response towards their caring experiences will reduce anxiety, calm, positive attitude, hope for recovery, understand plan of care, build trust and perceive faster healing and will help them to get through his illness. In contrast when they do not receive care, they feel upset emotionally, suffer physically, do not understand plan of care, lose trust and feel insecured. Nurses have a major conscientiousness towards people who require nursing care and it helps to establish a bond between patients and nurses (Mlinar, 2010). It is shaped on the basis of the patient's need for nursing care. Nurses are required to show caring behaviours in the face during the need for health care because it promotes patient well-being.

The OT nurses' perception of caring was determined by ranking the mean frequency of the CBI items from the highest to the lowest. Five behaviours practiced by the OT nurses which were listed among the ten highest mean response rate had similar ranking with Russels'(Russell, 1998). The items were:

1. Appreciating the patient as a human being,
2. Showing concern for the patient,
3. Treating patient information confidentially,
4. Demonstrating professional knowledge and skill
5. Helping the patient.

The other five items reported in the top ten by the OT nurses were;

1. Using a soft, gentle voice with the patient,
2. Putting the patient first,
3. Being sensitive to the patient,
4. Providing reassuring presence, and
5. Being cheerful with the patient.

Russell listed the charecters and behaviours as, showing respect, supporting the patient, giving good physical care, watching over the patient and treating the patient as an individual.

Result showed that OT nurses had a clear idea of what constituted caring in nursing. Caring is the core of nursing. It occupies empathic caring, attentive, concerned care, knowledgeable, feeling an individual's pain and trying to implement strategies to improve individual's health. A caring nurse was identified as attentive, honest, genuine, involved, genuinely concerned about the patient's welfare, committed, understanding, respectful of questions and sensitive to the patient's needs. Acceptance of another as a fellow human being is viewed as critical to caring by many researchers (Brilowski and Wendler, 2005).

Awareness of the needs and goals of the recipient of care requires more than focusing attention on needs and demands, it also requires an attitude of respect for the person. It acquires attention and attitudes such as being seen, listened to, believe in and given time. The need of being respected and understood is a basic human need, especially in situations of suffering (Essen and Sjoden, 2003).

Seven behaviours practiced by the OT nurses among the ten lowest mean response rate, was similar to Russell's (Russell, 1998). The items were, giving the patient information so that he or she can make decision, Spending time with the patient, Helping patient to grow, Touching the patient, Including the patient in planning his or her care, to communicate caring and Relieving the patient's symptom and Giving the patient's treatments and medication on time. The other three items reported in the lowest ten by the OT nurses were Knowing how to give shots, IVs, etc., Being hopeful for the patient and Talking to the patient. Russell listed the items such as being tireless with the patient, encourage patient to call if there are problem and trusting the patient.

Nurses are expected to take on many new and more advanced roles because current healthcare delivery system is dynamic and increasingly high-tech (Peery, 2010). The nurses spent more time in performing tasks

and learning to use new technology in patient care. It decreases their time at the bedside engaging in communication with their patients. However, spending time with patient was found to be the predictor of the nurses' ability to express caring behaviours (Amendolair, 2007).

Nursing care must consist of the actions and interactions between a nurse and patient (Brilowski and Wendler, 2005). Caring touch was identified as an action of a caring nurse. It is a form of non-verbal communication influenced by a nurse's intention and a patient's perceptions. Presence was also an action of the caring nurse. It included occupying the same space with the patient, listening carefully, allowing time for the nurses to share and communication with the patients and families. The need for sufficient communication is the attribute of caring. Adequate information about the cause of a disease, treatment and recovery, advice and instructions, were considered caring in patient's point of view (Essen and Sjoden, 2003).

Patient perceptions on important nurse caring behaviours differed from staff perceptions (Essen and Sjoden, 2003). Patients ranked competent clinical know-how as most important, while the nursing staff ranked affective behaviors as most important to make patients feel cared for. Caring behaviours as perceived by patient showed greater nurse surveillance, appreciation of patient's time while waiting for care, improved patient-nurse communication and attention to patient's basic human needs (Whelchel, 1994).

Nurses determined caring by residing in statements that reflect person-centred (McCance, Slater and McCormack, 2008). In contrast, there were more variable and incongruence in patients' perceptions. They claimed that effective person-centred nursing requires the formation of therapeutic relationships between professionals, patients and others significant to them. This correlates with the conceptualisation of caring that is underpinned by humanistic nursing theories.

The core attributes of caring were relationship, action, attitude, acceptance, and variability (Brilowski and Wendler, 2005). Factors such as trust, rapport, understanding of self and other, and commitment were crucial and need to be present for caring to occur. The outcomes of caring include an increased ability to heal for patients and an increased sense of personal and professional satisfaction for nurses.

There were five dimensions of caring identified from this study. The highest ranking for the dimension of caring in this study was Professional knowledge and skill, followed by Attentive to the others experience, Respectful deference to others, Assurance of human presence and Positive connectedness.

Five components of caring behaviours identified among nurses were being available, providing communication, exhibiting compassion, demonstrating competency and promoting empowerment (Hershberger and Kavanaugh, 2008). Nurses working in different clinical areas perceived caring differently. For example, surgical nurses perceived caring in more technical and professional terms than nurses working in medical wards. However, caring behaviour should include social, communicative, organizational and medical technical competence and also the management of contact with relatives (Mlinar, 2010).

Nurses were connected around the world by the knowledge they share and by their caring experiences. But the term caring and the work of nurses are often difficult to describe. Nurses bring to the caring experience a complex interplay of analysis, interpretation, and technical skill.

Relationship is a foundation of nursing to express caring. Trust, intimacy and responsibility are important characteristics of professional caring relationship. Professional caring also includes some action. These actions originate from the carer's perception of another's needs, and result in motivation to act to meet those needs such as serving the patient or being with the patient (Brilowski and Wendler, 2005).

Caring consists of instrumental and expressive components; the instrumental component relates to the physical and technical aspects of care while expressive caring relates to meeting patients' psychosocial and emotional needs. The responsibility of nursing is to see human beings as unique individuals by looking into their charecteristics and to treat based on their own potential. Nursing is to inspire, motivate and acknowledge the importance of every patient (Mlinar, 2010).

There were no significant relationships between the demographic data and caring behaviours of the nurses. None of the demographic factors were significantly associated to the caring behaviours of the nurses. The demographic factors that were included in the study were gender, years of experience, availability of postbasic perioperative, education qualification and marital status. Other studies had similar findings. Years of experience of the participants had significance relationship with positive connectedness but other demographic factors were not significantly associated to any dimension of caring (Brunton and Beaman, 2000).

There were studies that showed male nurses demonstrating good caring behaviour; they value empathy and exhibit traditional caring behaviours such as compassion, acceptable, consideration and kindness. However, findings in numerous research studies suggested that men had different approach to express caring (Kellett, 2010).

Third year students agreed more significantly with Caring Behaviors Inventory items than the first year students. Third-year students had developed caring behaviours as essential standards of practice and followed a code of ethics. However, few studies had showed that the first-year students, who were younger with no previous experience in formal caring, expressed strong agreement with the Caring Behaviours Inventory items. Caring behaviours must have been adapted by nurses since their student days (Mlinar, 2010).

CONCLUSION

OT nurses in this study practiced caring behaviours while providing care for their patients. Five behaviours practiced by the OT nurses were listed to have the ten highest mean response rate. The items were; Appreciating the patient as a human being, Showing concern for the patient, Treating patient information confidentially, Demonstrating professional knowledge and skill, and Helping the patient. The other five items reported in the top ten list by the OT nurses were; Using a soft, gentle voice with the patient, Putting the patient first, Being sensitive to the patient, Providing reassuring presence and Being cheerful with the patient.

Results showed that OT nurses had a clear idea regarding the constituent of caring in nursing. The findings identified a caring nurse as being attentive, honest, genuine, involved, genuinely concerned about the patient's welfare, committed, understanding, respectful of questions and sensitive to the patient's needs. Seven behaviours practiced by the OT nurses were among the ten lowest mean response rate. The items are, Giving the patient information so that he or she can make decision, Spending time with the patient, Helping patient to grow, Touching the patient, Including the patient in planning his or her care, to communicate caring and Relieving the patient's symptom and Giving the patient's treatments and medication on time. The other three items reported in the lowest ten by the OT nurses are Knowing how to give shots, IVs, etc., Being hopeful for the patient and Talking to the patient.

Five dimensions of caring were identified in this study. The highest ranking dimension of caring in this study was Professional knowledge and skill, followed by Attentive to the others experience, Respectful deference to others, Assurance of human presence and Positive connectedness. There was no significant relationship between the demographic data and caring behaviours of the nurses. None of the demographic factors were significantly associated to the caring behaviours of the nurses.

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