
Publication Agreement completed for your article [ENFCLI_1192]

1 message

Elsevier - Author Forms <Article_Status@elsevier.com>
To: rini.rachmawaty@unhas.ac.id
Cc: rini.rachmawaty@unhas.ac.id

Wed, Nov 6, 2019 at 4:06 PM

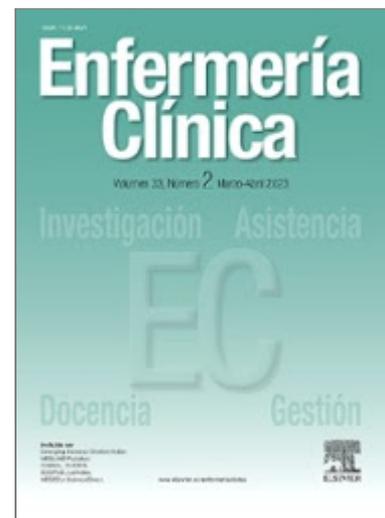
ELSEVIER

Dear Dr. Rachmawaty,

Thank you for filling out the Rights and Access form for your article *Patient Experiences of Nurse Caring Behaviors based on Swanson's Theory in Indonesian Hospital*. A copy of the "journal publication (license) agreement" that you completed electronically on November 06, 2019.

In case you have any questions, please do not hesitate to contact us. To help us provide you with assistance, please include our reference ENFCLI1192 in all its correspondence.

Now that your paper has been accepted, you can maximize the impact of your work. Elsevier facilitates and encourages authors to share their Articles responsibly. If you want to know more about the means through which you can share your article while respecting the Copyright, visit: www.elsevier.com/sharing-articles.



We are committed to publishing your article as quickly as possible.

Cordially, Elsevier
Researcher Support

Have a question or need help?

Do not reply to this automated message.

For additional help, visit [the Elsevier Support Center](http://www.elsevier.com/support-center), where you can search for solutions to a wide variety of topics and find answers to frequently asked questions.

You can also speak to our investigator support team 24 hours a day, Monday through Friday, and 24/7 via chat or email.

© 2019 Elsevier Ltd | [Privacy Policy](http://www.elsevier.com/privacypolicy) <http://www.elsevier.com/privacypolicy>

Elsevier Limited, The Boulevard, Langford Lane, Kidlington, Oxford, OX5 1GB, United Kingdom, Registered under No. 1982084. This email has been forwarded to you from Elsevier Ltd. To ensure that it arrives correctly in your inbox (instead of junk mail or SPAM folders), add article_status@elsevier.com to your address book or safe senders list.

Publishing Agreement

Elsevier España, S.L.U.

Patient Experiences of Nurse Caring Behaviors based on Swanson's Theory in Indonesian Hospital

Correspondence author	Dr. Rini Rachmawaty
Email	rini.rachmawaty@unhas.ac.id
Magazine	Clinical Nursing
Our reference	ENFCLI1192
PII	S1130-8621(19)30476-0

Your status

I am one of the authors and I sign on behalf of all the co-authors of the manuscript

I sign on behalf of the corresponding author of the Article.

Name/Position/Company: Rini Rachmawaty, Assistant Professor, Faculty of Nursing, Hasanuddin University

Email: rini.rachmawaty@unhas.ac.id

Assignment of copyright

I hereby give way to Elsevier España, S.L.U. the copyright of the manuscript identified above (where the Crown Copyright is enforced, the authors agree to grant an exclusive publication and distribution license) and the tables, illustrations or other materials submitted for publication as part of the manuscript (the "Article"). This transfer of rights means that I have granted Elsevier España, S.L.U. the exclusive right to publish and reproduce the Article, or any part of the Article, in print, electronic and any other medium (known to date or subsequently developed), in any form, in all languages, worldwide, for the entire copyright term and the right to authorize others to do the same, in force when the article is accepted for publication. This includes the right to enforce the rights hereafter granted against third parties.

Supplementary material

"Supplementary material" means material published as an additional part of the article including but not limited to graphic or illustrative material, videos and audios.

With respect to any Supplementary Material I have provided, Elsevier España, S.L.U. you shall have the perpetual non-exclusive, worldwide right and license to publish, extract, reformat, adapt, develop, index, redistribute, make available and link to such Supplemental Material in all formats and media (whether now known or hereafter developed) and to permit others to do so.

Research data

"Research Data" means the result of observations or experiments validating research results that are published separately from the Article, including but not limited to raw data, processed data, software, algorithms, protocols and methods.

With respect to any Research Data that I wish to make accessible at a location or through a Elsevier España, S.L.U., Elsevier España, S.L.U. shall have the perpetual non-exclusive, worldwide right and license to publish, extract, reformat, adapt, develop, index, redistribute, make available and link to such Research Data in all formats and media (whether now known or subsequently developed) as well as to enable others to do so.

In the event that you have selected a specific end-user license whereby Research Data is made accessible at a location or through a service, the publisher will apply such end-user license to the Research Data at that location or service.

Restoring rights

I understand that sometimes articles are accepted for publication but subsequently rejected during the publication process, and in some cases after public dissemination in the form of "Articles in Press" in which case all rights will revert to the author. See <https://www.elsevier.com/about/our-business/policies/article-withdrawal>.

Revisions and Appendices

I understand that no revisions, additional clauses or addenda to this Publication Agreement are accepted without the prior express written consent of Elsevier España, S.L.U.. I understand that this Journal Publication Agreement replaces, as of the date thereof, any previous agreement that you may have entered into with Elsevier España, S.L.U. in relation to the Article.

Copyright for scholarly publishing uses

I understand that I retain or hereby grant to me (without the need to obtain additional permission) the copyright (see description below), and that there are no patent, trademark and other intellectual property rights transferred to Elsevier España, S.L.U..

Copyright They include the right to use, [preprint](#), [accepted author manuscript](#), and [published journal article](#) for [personal use](#) and [internal institutional use](#). These also include the right to use these different versions of the article for [shared academic](#) purposes, which include sharing:

preprinting on any website or repository at any time;

the manuscript accepted on some websites, usually after a period of embargo;

the article published in the journal published only privately on certain websites, unless otherwise agreed with the Elsevier España, S.L.U..

In the case of the Accepted Manuscript and the Published Journal Article, copyright excludes commercial use (unless Elsevier España, S.L.U. has expressly accepted it in writing), with the exception of the author's use in a subsequent compilation of the author's work, or to extend the Article to book format, or for the author to reuse fragments or extracts in other works (with full acknowledgement of the original publication of the Article).

Representation of authors / Ethical statement / Sanctions

I affirm the statements of the author indicated below, and confirm that I have reviewed and complied with the relevant instructions for authors, ethics in editorial policy, statements of disclosure interest and information for authors from countries affected by sanctions (Iran, Cuba, Sudan, Burma, Syria, or Crimea). Please note that some journals may require all co-authors to sign and submit Statements of Interest disclosure forms. I am also aware of the publisher's policies regarding <https://www.elsevier.com/about/our-business/policies/article-withdrawal>.

For more information, see the Ethical Principles of Publication page at <https://www.elsevier.com/about/our-business/policies/publishing-ethics> and the journal's website. For more information on sanctions, see <https://www.elsevier.com/about/our-business/policies/trade-sanctions>.

Author's statements

The article that I have submitted to the journal for review is original, has been written by the indicated authors and has not been previously published.

The Article was not submitted for review to another journal while this journal was reviewing it and will not be sent to any other.

Neither the Article nor the Supplemental Material contains defamatory or illegal statements or any material that infringes any copyright, intellectual property or other rights of any other person or entity.

I have obtained written permission from the copyright owners of all excerpts from copyrighted works that are included and cited the sources in the Article or Supplementary Materials

Except as expressly set forth in this Journal Publishing Agreement, the Article is not subject to any prior rights or licenses and, if my employer or any of my co-authors' employers have a policy that would limit my ability to grant the rights required by this Journal Publishing Agreement (taking into account scholarly communication rights permitted herein), A written waiver of that policy has been obtained.

If I and/or any of my co-authors reside in Iran, Cuba, Sudan, Burma, Syria, or Crimea, the Article has been written on a personal, academic or research level, and not as an official representative or in any way on behalf of the Government or Public Institution of such countries.

In the event that I use personal data or images of patients, research subjects or other individuals, I have obtained the permission required by applicable law and have complied with the provisions of the publisher's policies regarding the use of such images or personal information. See <https://www.elsevier.com/about/our-business/policies/patient-consent> for additional information.

The software included in the Supplemental Material does not contain viruses, worms or other contaminants.

In the event that the Article or any of the Supplementary Materials have been written in collaboration with other authors, I have communicated to them the conditions of this Publication Agreement and I have notified them that I am signing on their behalf as their representative, for which I have the necessary authorization.

Applicable law and jurisdiction

This agreement shall be governed by and construed in accordance with the laws of the country or State of Elsevier España, S.L.U. ("the Governing State"), without regard to conflicts of law principles, and the parties irrevocably submit to the jurisdiction of the Governing State.

For more information on the publisher's access and copyright policies, see <http://www.elsevier.com/copyright>.
[For more information on the definitions relating to this agreement click here.](#)

I have read and accept the terms of the Journal Publishing Agreement

6 November 2019

Copyright © 2019 Elsevier B.V. All rights reserved.

T-copyright-v22/2017

RE
Logo

Proofs of [ENFCLI_1192]

1 message

corrections.eses@elsevier.thomsondigital.com <corrections.eses@elsevier.thomsondigital.com> Thu, Nov 21, 2019 at 6:00 PM

To: rini.rachmawaty@unhas.ac.id

Cc: p.pau@elsevier.com

P-authorproof-ESES_Eng_v14(a)

PLEASE DO NOT ALTER THE SUBJECT LINE OF THIS E-MAIL

Dear Author

The proof of your article, to be published in ENFERMERÍA CLÍNICA, is attached to this e-mail as a PDF file. Also attached are instructions on the annotation of PDF files (notas.pdf). A 'Query Form' is also included as the front page of the proof, detailing any questions regarding your article that have arisen during the preparation of the proof.

We will do everything possible to get your article published quickly and accurately; to do this we need your cooperation. Please respond promptly (48 hours), even if you have no corrections: the sooner we hear from you, the sooner your corrected article will appear online. Please note that any delay in returning your corrections could result in a delay in publication and that any significant changes to the article as accepted for publication will only be considered at this stage with the permission of the Editor.

Please note that proof corrections can now be annotated on-screen, which allows you to mark directly in the PDF file, and return the marked file as an e-mail attachment. See the attached instructions for further information.

Alternative methods of returning proof corrections:

If you do not wish to use the PDF annotations function, you may list the corrections (including replies to the Query Form) in an e-mail and return them to us using the 'reply' button to this e-mail. Please list your corrections quoting line number.

If, for any reason, this is not possible, mark the corrections and any other comments (including replies to the Query Form) on a printout of your proof and fax this to the number given below, or scan the pages and return them by e-mail.

We prefer to receive your corrections by e-mail or fax so that we can process your article quickly and efficiently. However, if you wish to return your corrections by post then please contact us and we will provide the full postal address.

Please use this proof for checking the typesetting, editing, completeness and correctness of the text, tables and figures.

If you submitted usable colour figures with your article they will appear, at no extra charge, in colour on the web if reproduced in colour in the attached PDF proof of your article. In the printed issue, colour reproduction depends on journal policy and whether or not you agree to bear any costs (not applicable to journals which appear only online). Any 'supplementary' material to your article (i.e., not appearing in print) will be accessible after your corrected article is placed online; such material is not part of the proofing procedure and is therefore not attached here.

Before returning your proof corrections, please ensure that you have answered any questions raised on the Query Form and that you have indicated all corrections: this is the last opportunity to make corrections before the final publication of your article.

Kind regards,

Elsevier

E-mail corrections to: corrections.eses@elsevier.thomsondigital.com

Fax: +34 932 091 136

For further assistance, please visit our customer support site at <http://support.elsevier.com>. Here you can search for solutions on a range of topics. You will also find our 24/7 support contact details should you need any further assistance from one of our customer support representatives.

2 attachments

 **ENFCLI_1192.pdf**
257K

 **p-annotatepdf.pdf**
157K

Elsevier Author Feedback Program - Help us improve

1 message

Article_Status@elsevier.com <Article_Status@elsevier.com>
To: rini.rachmawaty@unhas.ac.id

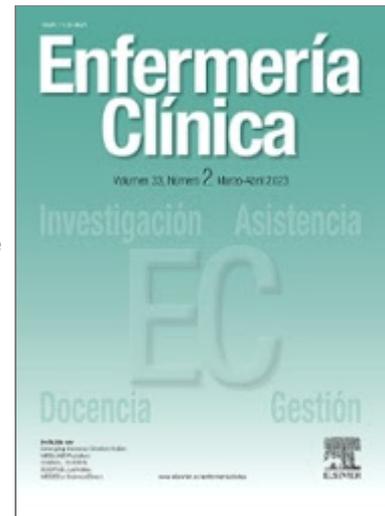
Fri, Mar 20, 2020 at 12:23 PM

ELSEVIER

Dear Dr. Rachmawaty,

Congratulations on publishing your article *Patient Experiences of Nurse Caring Behaviors based on Swanson's Theory in Indonesian Hospital* in *Enfermeria Clinica*. Thank you for your contribution to the journal and we hope you will consider submitting an article to an Elsevier-published journal again in the future.

As a commitment to improving our service to authors, we would like to invite you to participate in our Author Feedback Program. You will receive an e-mail invitation to complete an online questionnaire from Elsevier, asking you to evaluate our performance. Your opinion is very important to us and will enable us to monitor and improve our services for authors.



Please note: you will not be sent a questionnaire if you have received an author feedback questionnaire from us within the last 6 months or have previously informed us that you do not wish to receive a survey.

Thank you for your cooperation.

Yours sincerely,

Elsevier Researcher Support

Elsevier's Publishing Campus - Access free training modules, online lectures and expert advice
An online training and advice center that gives you free access to lectures, interactive training and professional advice on a wide range of topics, from the fundamentals of publishing and grant writing to career guidance and broader issues like gender in research and open science.
www.publishingcampus.com

Have questions or need assistance?

Please do not reply to this automated message.

For further assistance, please visit our [Elsevier Support Center](#) where you search for solutions on a range of topics and find answers to frequently asked questions.

You can also talk to our researcher support team by phone 24 hours a day from Monday-Friday and 24/7 by live chat and email.

© 2018 Elsevier Ltd | **Privacy Policy** <http://www.elsevier.com/privacypolicy>

Elsevier Limited, The Boulevard, Langford Lane, Kidlington, Oxford, OX5 1GB, United Kingdom, Registration No. 1982084. This e-mail has been sent to you from Elsevier Ltd. To ensure delivery to your inbox (not bulk or junk folders), please add article_status@elsevier.com to your address book or safe senders list.

AUTHOR QUERY FORM

 ELSEVIER	Journal: ENFCLI	Please e-mail your responses and any corrections to:
	Article Number: 1192	E-mail:

Dear Author,

Please check your proof carefully and mark all corrections at the appropriate place in the proof (e.g., by using on-screen annotation in the PDF file) or compile them in a separate list. Note: if you opt to annotate the file with software other than Adobe Reader then please also highlight the appropriate place in the PDF file. To ensure fast publication of your paper please return your corrections within 48 hours.

For correction or revision of any artwork, please consult <http://www.elsevier.com/artworkinstructions>.

Any queries or remarks that have arisen during the processing of your manuscript are listed below and highlighted by flags in the proof. Click on the 'Q' link to go to the location in the proof.

Location in article	Query / Remark: click on the Q link to go Please insert your reply or correction at the corresponding line in the proof
Q1	Please check the short title that has been created, or suggest an alternative of fewer than 80 characters including spaces.
Q2	Please confirm that given name and surname are correctly identified. The different colors indicate whether tagged as first or last name. Please note that proper identification is key for correct indexing of the article.
	<div style="border: 1px solid black; padding: 10px; margin-top: 20px;"> Please check this box or indicate your approval if you have no corrections to make to the PDF file <input type="checkbox"/> </div>

Thank you for your assistance.



ELSEVIER

Enfermería Clínica

www.elsevier.es/enfermeriaclinica



Patient experiences of nurse caring behaviors based on Swanson's theory in Indonesian hospital

Swastika Fadia Amalina, Rini Rachmawaty*, Ilkafah, Erfina Erfina

Faculty of Nursing, Hasanuddin University, Makassar, Indonesia

Received 29 May 2019; accepted 15 July 2019

KEYWORDS

Nurse caring behavior;
Patients' experiences;
Swanson's caring theory

Abstract

Objective: To explore patient experiences of nurse caring behaviors according to Swanson's theory in Indonesian hospital.

Method: This study design was qualitative with phenomenology approach. Ten participants who were admitted to four inpatient wards were interviewed using the semi-structured technique. **Results:** Five themes emerged from this study: nurse–patient relationship, lack of psychological care, knowing the patients' need, safety performance, and hoping for better nursing services. **Conclusions:** Patients were dissatisfied with the fulfillment of the maintaining belief dimension, especially for the lack of communication between nurses and their patients to foster trust relationships. Hence, this study suggests nurses improve their therapeutic communication to their patients while performing nursing interventions.

© 2019 Elsevier España, S.L.U. All rights reserved.

Introduction

Nurses, one of the crucial and influential members of the healthcare teams, have a critical role in patient care.¹ Nursing care is provided in the form of a comprehensive service, including physical, psychological, social, and knowl-

edge provided to patients.² Nursing is a caring profession that requires the provision of excellent care within an ethical, reflective and knowing framework.³ A caring attitude is vital in the nursing profession to ensure the development of trust in the nurse-patient relationship.³

Knowledge, attitude, and skills of nurses are the basis of nurse caring behaviors and the essential factors in evaluating the quality of nursing care behaviors. Caring of nurses has been studied and reported beneficial for both patients and nurses.⁴ However, several studies reported that nurse had not been implemented caring behavior properly. One study conducted in hospitals across the country showed that 35.1% of nurses do not provide health information to patients.⁵

Peer-review of abstracts of the articles is under the responsibility of the Scientific Committee of Universitas Indonesia. Full-text and the content of it is under responsibility of authors of the article.

* Corresponding author.

E-mail address: rini.rachmawaty@unhas.ac.id (R. Rachmawaty).

<https://doi.org/10.1016/j.enfcli.2019.07.113>

1130-8621/© 2019 Elsevier España, S.L.U. All rights reserved.

Please cite this article in press as: Amalina SF, et al. Patient experiences of nurse caring behaviors based on Swanson's theory in Indonesian hospital. Enferm Clin. 2019. <https://doi.org/10.1016/j.enfcli.2019.07.113>

Another study showed that patients' perceptions of caring are significantly diminished by lack of confidence of nurses and by missed nursing care.⁶

Caring is the fundamental structure of many nursing theories.⁷ Caring behavior of nurses according to Swanson can be seen from the fifth dimension of caring that is maintaining belief (maintaining confidence in the incident or the transition and see it full of wisdom), knowing (trying hard to understand the significance of events in the lives of others), being with (indicating feelings of empathy to others), doing for (working/doing something for others as for themselves) and enabling (facilitating others on the transition state).⁸

Several studies have shown that patient perceptions of caring related to staff nurse perceptions, especially from different cultural backgrounds and give different interpretations of caring concepts.^{9,10} Indonesia is a vast country with approximately 250 million people with sizeable different ethic and culture.¹¹ Thus, this is important for nurses to implement caring behavior and improve patient satisfaction during patient hospitalization. As nurse caring behaviors would be well studied using qualitative approaches, it is recommended to use qualitative methods to measure differences in patients' perceptions of care and caring behaviors.¹² Thus, this study aimed was to explore patient experiences of nurse caring behaviors according to Swanson's theory in Indonesian hospital.

Method

Design and procedure

A qualitative design with descriptive phenomenology was adopted to explore patient experiences of nurse caring behaviors according to Swanson's theory in Indonesian hospital. An in-depth interview with semi-structured questions was used in this study. All interviews conducted by the first author and patients were interviewed individually in Indonesian. The interview was recorded and transcribed verbatim. Initial data analysis was undertaken in Indonesian and translated into English.

Participants and setting

Participants were recruited using purposive sampling from a large hospital in Makassar, South Sulawesi, Indonesia. Participants have hospitalized patients meeting the inclusion criteria: patients aged ranging from 18 to 45 years old, patients on second day of care, patients were conscious, able to communicate and willing to participate.

This study involved ten patients who were hospitalized in different hospital wards, aged ranging from 26 to 44 years old. Four participants were males, and six participants were women. All of the participants were graduated from high school and master's degree.

Data analysis

Thematic analysis was used to analyze data. Each interview was verbatim transcribed, read, and re-read to the entire meaning of the data. We coded each data that was relevant

to the research aims. Then comes with a similar meaning were grouped and examined for each meaning unit. The same meaning unit was grouped into sub-themes and clustered into themes. If there were different interpretation in process data analysis, the team discussed until agreement was achieved.¹³

The rigor of this study was reached with ongoing discussions between authors during analysis to achieve agreement. Coding, sub-themes, and themes were cross-checked and compared during the data analysis. Initial data analysis using original data was conducted in Indonesian to enhance the rigor of the study.

Ethical considerations

This study received ethics review and approval from the University's institutional review board in Indonesia. During inpatient stays, nurses approached patients to obtain their willingness to participate. The patient who agreed was then contacted by the first author to set the interview following the wishes of the participants.

Results

Five themes of patient experiences emerged from this study to describe the phenomenon of nurse caring behaviors based on Swanson's Theory. These five themes were: (1) *Nurse-patient relationship*, (2) *Lack of psychological care*, (3) *Knowing the patients' need*, (4) *Safety performance*, (5) *Hoping for better nursing services*. Themes and sub-themes from this result are shown in Table 1.

Nurse-patient relationship

This first theme was the most expressed by participants. The theme, a nurse-patient relationship was described by participants based on what they experienced with nurses' communication skills, caring behavior, and nurses' competences. The results of this study indicated that most participants revealed that nurses performed nursing interventions without decent communication skills. They confirmed that nurses rarely introduced themselves during handover and they showed poor communication with patients.

"... the nurse did not introduce herself, she just did her tasks and then left, she smiled, but never said something related to her name or procedure that she did to me (patient)" (P10).

Caring patients is an essential nurse behavior. This study showed that three participants reported that nurses were humble and cared to patients based on their needs.

"Good, the nurse was paying attention because that is what I feel. ... When I had just got the surgery, I felt discomfort. So, the nurse came here and said, 'Mam, you should move to another room because you need to take a rest after having surgery.' I then moved to another room. After moving to a new room, I rested comfortably. Nurses also paid attention to other patients as the needs of those patients were different" (P6)

Table 1 Themes and sub-themes.

Themes	Sub-themes
Nurse-patient relationship	Communication skills Care to patients Lack of trust in nurses' competences
Lack of psychological care	Focus on physical care Lack of empathy
Knowing the patients' need	Responsive to complaints presented by patients Appropriate nursing care
Safety performance	Control for patients' condition Patients' privacy Lack of pre- post-operative education Lack of explanation for patient care procedures
Hoping for better nursing services	Improvement of nursing services Improvement of facilities services

145 However, five participants reported that they did not
146 trust nurses' competences. Participants claimed that some-
147 times nurses were lack of knowledge about patient
148 condition.

149 *"Hmm. . . nurses were lack of knowledge about patients'
150 condition; she should explain the condition of my hands
151 and forbid me to move my hands too much. This is actu-
152 ally the explanation that I want to hear from the nurse,
153 but it didn't happen, although I asked them, they didn't
154 know"* (P1).

155 Lack of psychological care

156 Patient experiences on nurse caring behavior, especially psy-
157 chological care was still lacking. In this study, nurses only
158 focused on physical care and they were less empathy as
159 expressed by seven participants below.

160 *"In terms of psychological support, it still lacks because
161 nurses tend to focus on procedural care. . ."* (P1)

162 The results of the study showed that six participants
163 assumed that nurses were less empathy with patients as
164 mentioned by one of the participants when this participant
165 had trouble with the IV line.

166 *" . . . Because I saw that there was blood in my IV line,
167 but the nurse said it was okay unless it was blocked, I
168 think nurses did not care about the patients' condition"*
169 (P4)

170 Knowing the patients' need

171 The result of this study revealed that the majority of partici-
172 pants agreed that nurses had quick responses to their needs
173 or complaints.

174 *"The nurses behaved well, and I saw all of them
175 responded quickly, for example if patients had trouble
176 with IV line or if they called them to check my condition"*
177 (P4)

178 Several participants expressed that nurses provided nurs-
179 ing care based on patients needs. *"In my experiences, the*

*nurse comes when they want to check my blood pressure or
give an injection"* (P7).

182 Safety performance

183 This study revealed that there were positive and nega-
184 tive safety performances, including nurses controlled for
185 patients' condition and privacy, but nurses showed inad-
186 equate pre-post operative education and explanation of
187 patient care procedures.

188 The study result indicated that the majority of parti-
189 cipants confirmed that nurses visited participants' rooms
190 three times a day.

191 *"Nurses came to my room three times a day to check my
192 blood pressure and the IV line. If there were a complaint,
193 they would address it"* (P1).

194 Another safety performance that implemented by nurses
195 in this study was to keep patients' privacy. Five participants
196 expressed that nurses protected their privacy when they
197 were examined.

198 *"Nurses keep patients' privacy, for example, when pro-
199 viding nursing interventions, nurses cover the patients'
200 exposed body with a blanket"* (P3).

201 Some nurses conducted safety performances, but others
202 did not perform it. The results of this study indicated that
203 there were four participants revealed that nurses did not
204 deliver pre-operative education, but they only informed the
205 time for surgery.

206 *"The nurse did not provide me with information before
207 surgery. It was just me the one that asked about my
208 condition. . . .even the nurses were late to transfer me
209 to the surgical ward. . ."* (P1).

210 This study demonstrated that the majority of nurses did
211 not give an explanation about the nursing care goals that
212 they were performed to patients. Nurses provided direct
213 nursing care without informed them about the procedure
214 aims.

215 *"The nurses did not explain the procedure to patients,
216 maybe because they think the patients know better, but*

217 *actually nurses should say, "You have to do this, Sir!"*
218 *That is how it should be, and they must be validated"*
219 *(P3).*

220 Hoping for better nursing services

221 The results showed that nine participants felt stress and
222 stated that it was necessary for nurses to have excellent
223 communication with patients. They were assumed that bet-
224 ter nursing services if nurses have excellent communication
225 with patients and their family.

226 *"Well, at least the service is better than this again, it*
227 *means they should be more careful to check patients'*
228 *condition. The nursing service was essential when caring*
229 *for patients. The second was nurses' smile, but the most*
230 *important was their services. Whatever the patients'*
231 *condition, it is better to give motivation to patients. ..."*
232 *(P5).*

233 The results of this study reported that one participant
234 said that hospitals must be completed with good facilities.

235 *"The first is the hospital facilities. ... I want to experi-*
236 *ence with better facilities than this"* (P9).

237 Discussion

238 Caring is the fundamental structure of many nursing
239 theories.⁷ This study was conducted to explore patient expe-
240 riences of nurse caring behaviors according to Swanson's
241 theory in Indonesian hospital. The study participants stated
242 that experiences of nurse caring behavior through five main
243 themes of nurse-patient relationship, lack of psychological
244 care, knowing the patients' need, safety performance, hop-
245 ing for better nursing services.

246 All the patients taking part in this study mentioned
247 nurses' communication skills as one of their significant expe-
248 riences of patient-related nurse caring behaviors. This is
249 supported by the theory of caring by Swanson in maintain-
250 ing dimensional belief that foster a sense of trust of patients
251 to nurses to build a trusting relationship that will facilitate
252 the healing process.¹⁴ Nevertheless, spending even a short
253 time in speaking with the patients decreases the negative
254 consequences of lack of relationships, such as the patients'
255 dissatisfaction, anxiety, and anger.¹ In the same line, Hen-
256 derson et al. showed that nurses demonstrated through
257 familiar everyday interactions such as 'getting to know you'
258 and 'translating' that they 'cared for' patients.⁷ Care to
259 the patient was important related to nursing caring behav-
260 iors. This study was shown several participants reported
261 that nurses were humble and cared to patients. Other
262 study explained that providing caring behaviors requires
263 the ability to care to make patients or family feel good
264 about the care provided or making positive comments dur-
265 ing the process of care.¹⁵ Nurses' competence was one of
266 factors related nurse-patient relationship. Patients experi-
267 enced caring when health care providers combined technical
268 competence and experiential knowledge.¹⁶

269 Based on the theory, Swanson nurses must perform a
270 holistic assessment that the assessment is based on bio-
271 logical, psychological, spiritual and cultural. The more

272 bottomless nurse must explain how changes in the condi-
273 tions experienced by patients, families get the information
274 from the nurse about the patient's condition and understand
275 disease patients who have suffered.¹⁴ In this study, negative
276 patients' experiences were reported lack of psychological
277 care. Other researchers reported that psychological support
278 should be embedded within cardiac rehabilitation programs,
279 as patients welcomed cardiac nurses attending to both their
280 physical and mental well-being, viewing this as providing a
281 more holistic approach.¹⁷ In same line one study shown that
282 a holistic approach to patient care would be necessary to
283 provide appropriate psychosocial care.¹⁸

284 In addition to the lack of caring nursing behavior, the
285 primary source of dissatisfaction was when patients per-
286 ceived that nurses were not readily available to respond
287 to specific requests.⁶ However, the result of this study
288 revealed that majority participants reported nurses have
289 quickly responded to the patients' need or complaints.
290 Patients experienced caring when HCPs ensured that clinical
291 processes were efficient, prompt, reliable, holistic, and
292 responsive to patients' needs.¹⁶

293 Another important finding of patients' experiences of
294 nurses caring behaviors in this study was safety perfor-
295 mance. This study confirmed that there was positive and
296 negative safety performance by nurses during patient hospi-
297 talized. The patients expected the nurses to feel responsible
298 toward them and, in addition to performing their treatment
299 and care duties, respect their privacy and rights.¹ Lacking
300 information related procedure to patients was revealed in
301 this study. This result contrast with Swanson theory that
302 delivering and explaining patient and family health infor-
303 mation in the context of improving health was enabling
304 aspect of caring based on Swanson theory.⁸ Therefore,
305 patient suggested the improvement of nursing services and
306 improvement facilities services. It is essential to nursing
307 performance excellent communication to improve nursing
308 services. Communication, punctuality aid, the environment,
309 and the main support as important related perceived quality
310 of nursing care of patients.¹⁹

311 Conclusion

312 We aimed to explore patient experiences of nurse caring
313 behaviors according to Swanson's theory in Indonesian hospi-
314 tal. Patients were dissatisfied with the fulfillment of the
315 maintaining belief dimension, especially for the lack of
316 communication between nurses and their patients to fos-
317 ter trust relationships. Hence, this study suggests nurses
318 improve their therapeutic communication to their patients
319 during performing nursing interventions.

320 Conflict of interests

321 The authors declare no conflict of interest.

322 References

- 323 1. Kalyani MN, Kashkooli RI, Molazem Z, Jamshidi N. Qualitative
324 inquiry into the patients' expectations regarding nurses and
325 nursing care. *Adv Nurs.* 2014:2014.

- 326 2. Lachman VD. Applying the ethics of care to your nursing practice. *Medsurg Nurs*. 2012;21:112-4. 352
- 327 3. Nesengani T, Downing C, Poggenpoel M, Stein C, Africa S, Africa S. Professional nurses' experiences of caring for patients in public health clinics in Ekurhuleni, South Africa. *Afr J Prim Heal Care Fam Med*. 2019;11:1-11. 353
- 328 4. Wafika A, Elizabeth S, Tagwa W, Laisamma O. Applying Watson's nursing theory to assess patient perceptions of being cared for in a multicultural environment. *J Nurs Res*. 2009;17:200-93. 354
- 329 5. Lake ET, Germack HD, Viscardi MK. Missed nursing care is linked to patient satisfaction: a cross-sectional study of US hospitals. *BMJ Qual Saf*. 2016;25:43-535. 355
- 330 6. Aiken LH, Sloane DM, Ball J, Bruyneel L, Rafferty AM, Griffiths P. Patient satisfaction with hospital care and nurses in England: an observational study. *BMJ Open*. 2018;8:1-8. 356
- 331 7. Henderson A, Eps MA, Van, Pearson K, James C, Henderson P, Osborne Y. "Caring for" behaviours that indicate to patients that nurses "care about" them. *J Adv Nurs*. 2007;60:146-253. 357
- 332 8. Alligood MR. *Nursing theory utilization & application*. Fifth ed. Mosby/Elsevier; 2014. 358
- 333 9. Amiri R, Heydari A. Nurses' experiences of caring for patients with different cultures in Mashhad, Iran. *Iran J Nurs Midwifery Res*. 2017;22:23-32. 359
- 334 10. Murcia SE, Lopez L. The experience of nurses in care for culturally diverse families: a qualitative meta-synthesis. *Rev Lat Am Enfermagem*. 2016;24:1-11. 360
- 335 11. Statistics Indonesia (BPS). Indonesia demographic and health survey: Adolescent reproductive health. Available from: <https://dhsprogram.com/pubs/pdf/FR281/FR281.pdf> [cited 14.04.18]. 361
- 336 12. Hajinezhad ME, Azodi P. Nurse caring behaviors from patients' and nurses' perspective: a comparative study. *Eur Online J Nat Soc Sci*. 2014;3:7-1010. 362
- 337 13. Usher BK, Jackson D. *Qualitative methodology: a pract guide*; 2018. p. 98-181. 363
- 338 14. Swanson KM. Nursing as informed caring for the well-being of others. *J Nurs Scholarsh*. 1993;25:7-352. 364
- 339 15. Lee Y. Factors affecting the performance of caring behaviors in Taiwanese nursing students: a qualitative study. *Int J Res Educ Methodol*. 2014;6:8-862. 365
- 340 16. Gillespie H, Kelly M, Duggan S, Dornan T. How do patients experience caring? Scoping review. *Patient Educ Couns*. 2017;100:33-1622. 366
- 341 17. Turner KM, Winder R, Campbell JL, Richards DA, Gandhi M, Dickens CM, et al. Patients' and nurses' views on providing psychological support within cardiac rehabilitation programmes: a qualitative study. *Br Med J*. 2017;7:1-9. 367
- 342 18. Chen CS, Chan SW, Chan MF, Yap SF. Nurses' perceptions of psychosocial care and barriers to its provision: a qualitative study. *J Nurs Res*. 2017;25:8-411. 368
- 343 19. Edvardsson D, Watt E, Pearce F. Patient experiences of caring and person-centredness are associated with perceived nursing care quality. *J Adv Nurs*. 2017;73:22-17. 369
- 344 370
- 345 371
- 346 372
- 347 373
- 348 374
- 349 375
- 350 376
- 351 377
- 378

*****SPAM*** Share your article [ENFCLI_1192] for free**

1 message

Elsevier - Status of your article <article_status@elsevier.com>
To: rini.rachmawaty@unhas.ac.id

Thu, Mar 19, 2020 at 11:11 AM

ELSEVIER

Share your article!

Dear Dr. Rachmawaty,

We are pleased to inform you that the final version of your article *Patient Experiences of Nurse Caring Behaviors based on Swanson's Theory in Indonesian Hospital* is now available online along with full bibliographic references.

To help you access and share your work, we've created a share link, a custom URL that provides **50 days of free access** to your article. Users who click on such a link before May 08, 2020 will be redirected to the final version of the article on ScienceDirect. It is not necessary to register, subscribe or pay, you just have to click on the link to read the article.



Your custom sharing link is:
<https://authors.elsevier.com/a/1aliy418DQwJuu>

Click the icons below to share it with your network:



We encourage you to also use this link to download a copy of the article for your own records. It's also an easy and quick way to share your work with your peers, co-authors, and friends. And if you wish, we invite you to add it to your website or profile on social networks such as Facebook, Google+ and Twitter.

Learn more about sharing links on [Elsevier.com](https://www.elsevier.com).

Did you know that, as an author, you can use your article for a wide variety of academic, non-commercial purposes and share and disseminate it online in different ways? For more information, visit www.elsevier.com/sharing-articles.

Sincerely, Elsevier
Researcher Support

Increase the impact of your article In the "[Get Noticed](#)" guide you will find a wide variety of tips and suggestions to help you maximize the visibility **of your article**

Have a question or need help?

Do not reply to this automated message.

For additional help, visit [the Elsevier Support Center](#), where you can search for solutions to a wide variety of topics and find answers to frequently asked questions.

You can also speak to our investigator support team 24 hours a day, Monday through Friday, and 24/7 via chat or email.

© 2019 Elsevier Ltd | **Privacy Policy** <http://www.elsevier.com/privacypolicy>

Elsevier Limited, The Boulevard, Langford Lane, Kidlington, Oxford, OX5 1GB, United Kingdom, Registered under No. 1982084. This email has been forwarded to you from Elsevier Ltd. To ensure that it arrives correctly in your inbox (instead of junk mail or SPAM folders), add article_status@elsevier.com to your address book or safe senders list.