



## ORIGINAL ARTICLE

## Cancer patient's experiences towards nurse's caring demeanor based on Watson's theory: A qualitative study<sup>☆</sup>



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### KEYWORDS

Caring;  
Neoplasms;  
Nurse;  
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### Abstract

**Objective:** To explore the cancer patient's experiences towards the nurse's caring demeanor based on Watson's theory.

**Method:** A qualitative descriptive study was conducted in this study. Eight participants from a large hospital were recruited through a process of purposive sampling. Data were collected using in-depth interviews and analyzed using thematic analysis.

**Results:** Four themes emerged from this study: (1) Development of a helping-trusting relationship; (2) Supportive of faith-hope; (3) Unprotective environment; and (4) Lack of interpersonal teaching.

**Conclusion:** Most of Watson's theory-based caring demeanor was well-performed by oncology nurses included in this study. Even so, there were still some shortcomings in delivering caring. It is important to provide a training program to enhance nurses' knowledge of interpersonal teaching for cancer patients.

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### Introduction

Cancer is the second-leading cause of death, responsible for an estimated 9.6 million deaths in 2018, which means about 1 in 6 deaths is due to cancer.<sup>1</sup> In Indonesia, the prevalence of cancer is estimated at 1.8 per 1000 population, and the percentage increases around 0.4%, and resulting in death is around 5.7%.<sup>2</sup> To manage these cancer patients, nurses play critical roles in delivering care.<sup>3</sup>

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Caring is a core component in nursing practice.<sup>4,5</sup> Nurses with a caring demeanor would increase patient satisfaction and affect health care quality.<sup>6</sup> However, some studies reported that there were still some nurses who performed lack of caring behavior, therapeutic communication, and psychological support, and only focused on patient physical needs.<sup>7</sup> Similarly, another study reported that 45% of patients admitted that they received less care from nurses.<sup>8</sup> In fact, oncology nurses play pivotal roles for cancer patients during their disease trajectory, from the diagnosis stage to the end of their treatments, and a study had proved that skills and caring behavior from oncology nurses had benefits for cancer patients.<sup>9,10</sup> Oncology nurses confirmed that they faced barriers in performing a caring demeanor because they experienced a lack of cancer awareness and inadequate knowledge and skills in providing nursing care for cancer patients.<sup>11</sup>

A nurse theorist, Dr. Jean Watson, has developed a theory on transpersonal caring.<sup>12</sup> A study has shown that applying 10 Watson's carative factors into nursing care would improve the quality of life and happiness index of cancer patients, including those with long-term care who need physical, psychological, and spiritual care.<sup>9,12,13</sup> Thus, cancer patients' experiences towards nurse caring demeanor are essential for strengthening the role of oncology nurses in providing patient care. However, little is known about whether or not nurse caring demeanor is already performed based on Watson's theory for cancer patients in Indonesia.<sup>14</sup>

Hence, this study explored the experiences of cancer patients regarding caring nurse behavior based on Watson's theory. We hope this study will provide valuable data for improving nursing intervention and caring behavior among oncology nurses.

## Methods

Qualitative research was conducted to explore the cancer patient's experiences towards the nurse's caring demeanor based on Watson's theory. Participants included in this study were those who were diagnosed with cancer and hospitalized at the public hospital in Makassar city, fully alert, able to communicate, and willing to participate. The selected participants were recruited using purposive sampling. The research ethic approval was obtained from the Institutional Review Board of Faculty of Medicine, Universitas Hasanudin.

Data were retrieved using individual in-depth interviews, which conducted in the private room at the public hospital to maintain patient's privacy. Before the interviews, participants were given an explanation about the purpose of the study and study process. Participants who agreed to participate in the study would be asked to sign the consent form. The interviews were, then, conducted in Indonesian language and data were recorded, analyzed, and translated into English.

Thematic analysis was performed for data analysis. All transcripts were repeatedly read for comprehending the overall meaning, and thus, codings, categories, sub-themes, and themes could be developed. This process was simultaneously run with the process of data collection.<sup>15</sup> The

**Table 1** Themes and sub-themes.

Themes	Sub-themes
Development of a helping-trusting relationship	Implementing informed consent Respect for patient privacy Performing good attitude to patients
Supportive of faith-hope	Providing spiritual support Giving life motivation
Unprotective environment	Indoor air quality Outside noise Response time to patient complaints
Lack of interpersonal teaching	Lack of education to the patients Lack of explanation about nursing intervention received by the patients Lack of patient's family involvement

trustworthiness of the analysis was established by applying cross-checked codes and categories between researchers.

## Results

Eight participants were involved in this study, consisting of six males and two females. Participants' age ranged from 20 to 43 years old, and all participants had been hospitalized for more than six days.

Table 1 shows the themes and sub-themes of participants' experiences towards the nurse's caring demeanor during their hospitalization. The study revealed that participants expressed nurses had developed a helping-trusting relationship through which nurses obtained informed consent from the patients and were concerned about the patient's privacy. The participants also recognized that nurses had offered supportive care and spiritual support for cancer patients hospitalized at long-term care. However, patients felt uncomfortable with the environment, and they asserted that nurses demonstrated a lack of interpersonal teaching, including patient education and lack of patients' family involvement.

### Development of a helping-trusting relationship

The first theme was related to one of the carative caring behaviors based on Watson's theory. This theme was developed from three sub-themes, including the implementation of informed consent, respect for patient privacy, and the nurses' good attitude. Majority participants revealed that the nurses explained the purpose of medical or nursing intervention and obtained an agreement from the patients prior to treatment.

"... the nurse explained that the patients would feel hot after receiving injection ..." (P3)

Several participants expressed that nurses used the language of communication that was easy to understand (not using medical languages). With this regards, one participant said, "...if nurses explained about something, they always used a language that was easy to understand... all nurses are friendly and respectful" (P8)

Being fair to patients (the principle of justice) is also a caring attitude.<sup>16</sup> Seven participants stated that nurses did not discriminate their patients. "...nurse's attitude is good; they never discriminate us. The nurses performed the same attitude to all patients" (P5).

### Supportive of faith-hope

Spiritual support is very important for cancer survivors.<sup>17</sup> This theme consists of two sub-themes: providing spiritual support and giving life motivation. Five participants expressed nurses' support for patients in dealing with their illnesses with encouragement to perform spiritual activities. One participant reported that "... nurses always motivate and remind me to pray" (P5).

Nurse's caring behavior is also shown when nurses encourage patients to be resilient.<sup>18</sup> Some participants expressed the kind of nurses in enhancing their life motivation, "...yes, nurses always encourage and praise me, always makes me happy" (P8).

### Unprotective environment

This theme consists of three sub-themes: indoor air quality, outside noise, and response time to patient complaints. Providing a protective environment is considered as one of the nurse's caring demeanor. However, the participants claimed that they were hospitalized with the unprotective environment. Seven participants complained that their hospital rooms were inconvenient. One participant added, "...the air quality in the room was poor, and so it feels hot all day" (P5).

Besides environmental air quality issue, nurses' response time to patients' complaints regarding the fulfilment of their basic needs was also reported not well-performed by the nurses. Six participants mentioned that nurses' response time was slow. One patient who had been hospitalized for 21 days said, "... sometimes the nurse asked me to wait when my intravenous fluid needs to be replaced, but the nurses did not show up soon... I have to wait for the nurse for a long time, sometimes up to 30 minutes" (P8).

### Lack of interpersonal teaching

Majority participants expressed that nurses did not either provide information about nursing intervention received by the patients or involve the patient's family into their patient's care. As stated by one of the participants, "The nurse never inform me about my disease. So, when I want to ask about my condition, I'll just call the nurse and ask about it" (P3).

It is known that by involving the patient's family into the patient care process would facilitate the patient's independence and increase collaboration between the patient's family and nurses. One participant said, "My family has never been involved in my care process, they were only asked to buy medicine at the pharmacy, other than that all care process was done by nurses" (P6).

Furthermore, some participants reported that the nurses would explain nursing intervention and the patient's condition when they asked the nurses about it. None of the nurses explained about what interventions the patients would receive during their hospitalization. "Nurses would not explain about what medication they injected me until I asked them. The nurse keeps giving me intervention without any explanation about the purpose of that intervention" (P7).

## Discussion

This study was conducted to explore cancer patient's experiences towards nurses' caring demeanor based on Watson's theory in Indonesian hospital. Four themes emerged from this study: Development of a helping-trusting relationship, supportive of faith-hope, unprotective environment, and lack of interpersonal teaching.

Development of a helping-trusting relationship was the main finding of this study. The participants commented that a helping-trusting relationship is attained by building trust and rapport through communication and by obtaining informed consent prior to nursing intervention. The literature supports that nurse's communication is critical to building trust.<sup>19</sup> One of the nurse's caring behavior admitted by the participants was how friendly and fair (the principle of justice) the nurses towards their patients' complaints. This caring behavior is relevant to the previous study result, which found that one strategy to address patients' complaints is by being non-judgmental and friendly.<sup>20</sup> Likewise, another study also confirmed that nurses should provide equal caring to all patients.<sup>21</sup>

Many participants revealed that nurses provide supportive care, such as encouraging patients to pray and to accept their illness. This finding is consistent with Watson's caring theory which explains that a nurse should maintain patient beliefs and expectations to survive with their illness.<sup>22</sup> One study also supports the finding of this study that spiritual care is a vital aspect of psychosocial care and spiritual support that has positive impacts on health outcomes, especially for older adults.<sup>23</sup> In addition to this research finding, one study focusing on spiritual coping strategies used by patients diagnosed with stroke revealed that the patient's psychological wellbeing could be maintained by the support from the health care team, especially from nurses.<sup>24</sup>

Another nurse's caring behavior based on Watson's theory is to ensure patients' environment is neat.<sup>12</sup> However, this study revealed that cancer patients experienced the unprotective environment, especially the bad temperature in their hospital rooms. In fact, the existing literature explained that the inpatient room environment including the room setting, ventilation, and air quality could improve the patient healing status as it reduces stress, improves health outcomes, and shortens hospital stays.<sup>24</sup> Another

finding from this study was that the participants complained about the noise that occurred in their hospital rooms. This condition would have drawbacks to patients. This finding is consistent with Watson's caring theory, which stated that comfort, cleanliness, privacy, security, and aesthetic environment are considered as caring factors.<sup>22</sup>

In addition to this research finding, participants reported that nurses showed a deliberate response to the patients' complaints. This finding is irrelevant to Watson's caring theory, through which nurses are obliged to develop a sensitive attitude towards their patients.<sup>22</sup> Nurses with sensitivity are needed, especially when patients and family members are confused and panic; quicker response from nurses, would increase patient satisfaction and care quality.<sup>25</sup> Another finding from this study was about lack of interpersonal teaching for patients and their families due to nurses' workload, a limited number of nurses, and a large number of patients. This activity can be demonstrated by nurses by providing health education for patients and their families.<sup>22</sup> Finally, in addition to nurses' caring demeanor, involving patients' family into the cancer patients' treatment regimen is crucial<sup>26</sup>. Likewise, it is critical for nurses to involve patients' family as their partners in order to independently deliver nursing care.<sup>27</sup>

Limitation of this study is that only two female patients participated in this study, and thus, the findings may not represent female experiences regarding nurses' caring behaviors. Even so, various types of cancer found among the patients included in this study will provide rich experiences of nurse's caring behavior during the patient's hospitalization.

## Conclusion

In this study, cancer patients experienced with nurse's caring behavior during their hospitalization. Participants expressed four themes, including the development of a helping-trusting relationship, supportive of faith-hope, unprotective environment, and lack of interpersonal teaching. This study result enhances insight of oncology nurses that their attitudes towards cancer patients should be equal to other patients. Furthermore, this study also agreed that supportive of faith-hope was important for cancer patients, especially those in the long-term and palliative care. Caring attitude based on Watson's theory was well-applied by oncology nurses, even though there was still some limitation to perform it. Hence, it is essential to offer a training program to improve nurses' knowledge of interpersonal teaching for cancer patients. Ultimately, it is highly recommended for future studies to explore nurses' perceptions towards caring implementation and barriers in delivering caring based on nursing theory.

## Conflict of interest

The authors declare no conflict of interest.

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