

**A qualitative study of cancer patient's experiences regarding towards nurse's caring demeanor based on Watson's theory: -A qualitative study**

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**Abstract**

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

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

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

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

**Keywords:** Cancer patients, Caring caring, neoplasms, Nurses, qualitative research, Watson's theory.

**Introduction**

Cancer is the second-leading cause of death, globally, and is responsible for an estimated of 9.6 million deaths in 2018. Global, 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 1,000 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, as one of the focus and play a critical role in patient delivering care including cancer patients<sup>3</sup>.

Caring is a core component in providing nursing care to patients nursing practice<sup>4,5</sup>. Nurses with caring behavior among nurses could be demeanor would increasing-increase patient satisfaction and affected on health service care quality<sup>6</sup>. However, some studies shown-reported that there were still some nurses performed lack of caring behavior, among nurses, lack of implementation therapeutic-therapeutic communication, lack of and psychological support, and only focus eding for on patient physical needs of patients<sup>7</sup>. Similarly, Other study reported that 45% patients expresses

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admitted that they received ~~less of nurses' caring~~ care from nurses<sup>8</sup>. In fact, oncology nurses play pivotal roles for cancer patients during their disease trajectory, ~~from cancer 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, ~~the role of oncology nurses is essential to caring for cancer patients during the disease trajectory~~<sup>9,11</sup>. ~~Oncology~~ However, nurses confirmed that they faced barriers in performing caring demeanor, ~~have perceived barriers to cancer care, including because they experienced~~ lack of ~~cancer awareness of cancer~~, and inadequate knowledge and skills in providing nursing care for cancer patients<sup>10</sup>. ~~Other study explained that skills and caring behavior from oncology nurses was needed by cancer patients~~<sup>11</sup>.

A nurse theorist, Dr. Jean Watson, has developed a theory on human caring relationships and the deep human experiences of life ~~transpersonal caring~~<sup>12</sup>. ~~One A study reported has shown that intervention using applying~~ 10 Watson's ~~charative 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>. ~~Caring theory developed by Watson is appropriate to be applied cancer patients' care with long term care including physical, psychological and spiritual care~~<sup>9,12</sup>. Thus, cancer patient's experiences ~~regarding towards nurses caring demeanor~~ are ~~important to essential for~~ strengthening the role of oncology nurses in providing nursing-patient care. However, little is known about ~~whether or not nurse caring nursing demeanor is already performed~~ based on Watson's theory ~~especially for cancer patients~~ in Indonesia<sup>14</sup>. ~~Furthermore, we were unable to find a study on cancer patient's experiences regarding nurses' caring based on Watson's theory.~~

~~Thus~~Hence, this study explored ~~the experiences of~~ cancer patient's ~~experiences~~ regarding nurse's ~~caring 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

A qualitative ~~design with descriptive study~~research was conducted ~~by means~~ to explore cancer patient's experiences ~~regarding towards 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 in large hospital in Makassar, South Sulawesi, Indonesia. Inclusion criteria in this study: cancer patient, patients were conscious, able to communicate and willing to participate.~~

~~The research ethic approval was obtained is study was approved by from the Institutional Review Board of medical Faculty of Medicine, Universitas Hasanuddin Institutional Review Board. Before the interviews, participants were given explanation about the purpose of the study and study process. Participants who agree to participate will sign the consent form.~~

Data were ~~collected retrieved~~ using individual in-depth interviews, ~~which conducted in the private room. The interview took place in an empty room in at the public hospital to maintain patient's privacy. Before the interviews, participants were given explanation about the purpose of the study and study process. Participants who agreed to participate in the study would be asked to~~

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~~sign the consent form. We recorded the interviews with consent of the participants. These interviews were, then, was conducted in Bahasa (Indonesian Language) and the data were recorded, analysed, and is results were~~ translated into English.

~~Data were analyzed using~~ Thematic analysis was performed for data analysis. ~~We repeatedly read all the~~ All transcripts were repeatedly read to understand for comprehending the overall the meaning, and thus, codings, categorized in terms of criteria categories, organized into sub-themes, and themes could be developed. This process was repeated several times to creating the themes among all participants. This process simultaneously run with the process of data collection<sup>15</sup>. The trustworthiness of the analysis was established by applying cross-checked codes and categories between researchers.

~~This study was approved by medical faculty, Universitas Hasanuddin Institutional Review Board. Before the interviews, participants were given explanation about the purpose of the study and study process. Participants who agree to participate will sign the consent form.~~

## Results

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

Tabel 1. -Themes and Sub-themes

Themes	Sub-themes
Development of a helping-trusting <del>relationship</del>	<del>Implementation of</del> Implementing informed consent
	Respect <del>to of</del> patient privacy
	<del>The nurses p</del> erforming good attitude to patients
Supportive of faith-hope	Providing <del>S</del> piritual support
	Giving life motivation
Unprotective environment	Indoor air quality
	Outside <del>disturbance</del> noise
	Response time to patient complaints
<del>Less-Lack</del> of interpersonal teaching	<del>Less-Lack</del> of education to the patients
	<del>Less-Lack</del> of explanation <del>related about</del> nursing intervention <del>received by the patients</del>
	Lack of <del>involving the patient's</del> family involvement

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

### Development of a helping-trusting relationship

The first theme was related to one of narrative caring based on Watson theory. This theme expressed by participants consisted of three sub-themes including implementation of informed consent, respect to patient privacy and the nurses perform good attitude. Majority participants revealed that the nurses explained the purpose of intervention to patients and also asked the agreement of patient related the intervention.

*"... the nurse explained that the effect of the injection given would feel hot..."(P3)*

Several participants expressed that nurses using language that is easy to understand (not medical language). In this regards, one participant said *"...if nurses explain something always in a language that we understand, all nurses are friendly and respectful "(P8)*

Being fair (the principle of justice) towards patients is also a caring attitude. Seven participants stated that nurses did not discriminate patients. *"...nurses' attitude is good, nurses never discriminate between us as patients. The attitude of the nurse is the same for all patients" (P5).*

#### **Supportive of faith-hope**

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

Nurse caring behavior is also shown that nurses always provide motivation to resilient. Some participants expressed the kind of caring nursing related life motivation *"...yes, nurses giving me encouragement and praise, always makes me happy" (P8).*

#### **Unprotective environment**

This theme consists of three sub-themes: indoor air quality, outside disturbance and response time to patient complaints. Another caring to patients with provide protective environment. However, the participants revealed the experience of unprotective environment. Seven participants stated that the room uncomfortable room. One participant said that *"...the room has lack of indoor air quality, it makes feel hot all the day long" (P5).*

In addition environmental air quality issues, response time of nurses to patient complaints encompasses the basic needs of patients as supportive environment. Six participants mentioned that response time given by nurses was quite long. One patient who had been hospitalized for 21 days said that *"... sometimes wait up to 30 minutes, the intravenous fluid must be replaced, but the nurse quite longer to comes to check my condition, just told me to wait" (P8).*

#### **Less of interpersonal teaching**

This theme consists of three sub-themes including less of education to the patients, less of explanation related intervention, lack of involving the patient's family. Majority participants expressed that the nurses did not provide education. In addition, they noted lack of explanation related intervention and less involving the patient's family into patient's care.

*"The nurse had never been educated about my illness. So if I have something to ask, I'll just call the nurse "(P3)*

Furthermore, involving the family in the patient care process can help the patient's independence and increase collaboration with nurses. Three participants revealed that the nurses involving the family only for buying the medicine. *" my family has never been involved in my caring process, only asked to help buy drugs at the pharmacy, other than that all care process done by nurses"* (P6).

In addition, some participants explained that the nurses will explain if they asked the nurses related intervention and their condition, but did not explain what interventions would be received. *"Nurses explain this pain injection but nurses never explain if I do not ask them, the next intervention that will be given is also not explained"* (P7).

### **Discussion**

This study was conducted to explore cancer patient's experiences regarding nurses' caring based on Watson's theory in Indonesian hospital. This study indicate that participants experienced nurses' caring based on Watson theory emerged into four themes: development of a helping-trusting, supportive of faith-hope, unprotective environment and less of interpersonal teaching.

Development of a helping-trusting was an important finding in this study. The participants commented that considering a helping-trusting, trust and rapport was built by communication and implemented informed consent during nursing care process. The literature supports that nurse's communication problem as being important for developing trust<sup>16</sup>. The nurse's caring is shown by the participant's experience of the nurse's friendly and being fair (the principle of justice) towards patients. One strategy that can be used when a patient complains is non-judgmental and staying friendly<sup>17</sup>. Justice in nursing is to provide equal caring to each patient's needs<sup>18</sup>.

Many the participants verbalized that the nurses provide supportive care including motivate patient to pray and life motivation faced 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>19</sup>. One study supports that participants felt that spiritual care as an important aspect of psychosocial care and spiritual support has a positive impact on health outcomes, especially in older adults<sup>20</sup>. Furthermore, one study about spiritual coping in people living with stroke revealed that the ability to maintain a psychological wellbeing supported by a health care team especially nurses<sup>21</sup>.

Applying caring based on Watson's caring theory explained that the protective environment encompasses the basic needs of patient includes ensuring neat environment<sup>12</sup>. This study revealed that cancer patient experiences the unprotective environment related lack of quality of indoor air. The literature support explained that the inpatient room environment includes the setting, ventilation and air quality could improve healing status, reduce stress, improve outcomes and shorten hospital stays<sup>21</sup>. Furthermore, the participants expressed that noisy atmosphere in the inpatient room. This condition could have a negative impact on the patient. This findings supported by Watson's caring theory that caring factors including comfort, cleanliness, privacy, security, aesthetic environment<sup>19</sup>.

In addition, the finding reported that slow respond time of nurses to patient complaints was the most participant experiences. According Watson's caring theory, it was stated that nurses must be able to develop a sensitive attitude towards patients<sup>19</sup>. Nurses who have the sensitivity will spend time and listen to patients needed when both patients and family members are confused and panic, quicker response from nurses is needed to increase satisfaction and quality of care<sup>22</sup>.

The findings indicated that less of interpersonal teaching was given to patients and their families. This finding was due to workload of nurses, limited number of nurses and a large number of patients. According to Watson's caring theory, in improving intrapersonal learning processes, nurses are required to be involved in the teaching and learning process of patients. This can be demonstrated by nurses providing education to patients and their families<sup>19</sup>. In addition nurses caring, family support is an important priority for the cancer patients<sup>23</sup>. It is very important for nurses to involve the family as partners in delivering nursing care independently<sup>24</sup>.

Limitation of this study includes only two female patients participated in this study, hence the findings may not be representative of female experiences regarding nurses caring. However, diverse type of cancer of the patients in this study provided a rich experience of nurses' caring during hospitalization.

#### **Conclusion**

In this study, cancer patients' experiences of caring behavior of nurses during hospitalization. They expressed four themes including development of a helping-trusting, supportive of faith-hope, unprotective environment, less of interpersonal teaching. This result enhances insight of oncology nurses that the attitudes of nurses caring for cancer patients should be no different when caring for other patients, however supportive of faith-hope was important for cancer patients with long-term care and palliative care. Caring attitude based on Watson's theory implemented well by oncology nurses, even though there were some shortcomings to deliver caring. It is important to provide training programs to improve nurses' knowledge of interpersonal teaching for cancer patients. In addition, it is highly recommended that future studies explore the nurses' perceptions toward caring implementation and barriers to providing caring based on nursing theory.

#### **Acknowledgement**

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1 message

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Asslm.

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Terlampir manuscript hasil revisi terakhir dan bukti proof reading untuk manuscript dengan judul: "**Cancer patient's experiences towards nurse's caring demeanor based on Watson's theory: A qualitative study**" dengan

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Terima kasih.

Wasslm.

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**Cancer patient's experiences towards nurse's caring demeanor based on Watson's theory:  
A qualitative study**

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**Abstract**

*Objective:* To explore cancer patient's experiences towards 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 training program to enhance nurses' knowledge of interpersonal teaching for cancer patients.

*Keywords:* caring, neoplasms, nurse, qualitative research, Watson's theory.

**Introduction**

Cancer is the second-leading cause of death, responsible for an estimated of 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 1,000 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>.

Caring is a core component in nursing practice<sup>4,5</sup>. Nurses with caring demeanor would increase patient satisfaction and affect health care quality<sup>6</sup>. However, some studies reported that there were still some nurses performed lack of caring behavior, therapeutic communication, and psychological support, and only focused on patient physical needs<sup>7</sup>. Similarly, other study reported that 45% 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 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 caring demeanor because they experienced 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 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 nurse caring 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

A qualitative research was conducted to explore cancer patient's experiences towards 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 Hasanuddin.

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 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, analysed, 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 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.

Themes	Sub-themes
Development of a helping-trusting relationship	Implementing informed consent Respect of 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

Table 1 shows themes and sub-themes of participants' experiences towards 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 patient's privacy. The participants also recognized that nurses had offered supportive care and spiritual support for cancer patients hospitalized at the long-term care. However, patients felt uncomfortable with the environment and they asserted that nurses demonstrated 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 carrative caring behaviors based on Watson's theory. This theme was developed from three sub-themes including the implementation of informed consent, respect of patient privacy, and the nurses' good attitude. Majority participants revealed that the nurses explained about 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 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 protective environment is considered as one of nurse's caring demeanor. However, the participants claimed that they were hospitalized with 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 fulfillment 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 need 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**

This theme consists of three sub-themes including lack of patient health education, lack of nurse's explanation related to intervention received by patients, and lack of patient's family involvement. Majority participants expressed that nurses did not either provide information about nursing intervention received by the patients or involve patient's family into their patient's care. As stated by one of 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 patient's independence and increase collaboration between patient's family and nurses. Nevertheless, three participants asserted that nurses involved the patient's family only for buying the medicine. 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 about nursing intervention and patient's condition when they asked the nurses about it. None of 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 build 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 with 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 can 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 with 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 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 findings, participants reported that nurses showed deliberate response to the patients' complaints. This finding is irrelevant with the Watson's caring theory, through which nurses are obliged to develop 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, limited number of nurses, and a large number of patients. According to Watson's caring theory, to improve interpersonal learning process, nurses are required to participate in the teaching and learning process of patients. This activity can be demonstrated by nurses through 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 behavior. Even so, various types of cancer found among the patients included in this study will provide rich experiences of nurse's caring behaviour during 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, eventhough there were still some limitation to perform it. Hence, it is essential to offer 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.

## Acknowledgement

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**A qualitative study of cancer patient's experiences regarding towards nurse's caring demeanor based on Watson's theory: A qualitative study**

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**Abstract**

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

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

**Results:** Four themes analyzed in 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 attitude demeanor was well-performed by oncology nurses included in this study. Even so, there were still some shortcomings in delivering caring based on Watson's theory implemented well by oncology nurses, even though there were some shortcomings to deliver caring. It is important to provide training program to improve enhance nurses' knowledge to of interpersonal teaching for cancer patients.

**Keywords:** Cancer patients, Caring, neoplasms, Nurses, qualitative research, Watson's theory.

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**1 Introduction**

2 Cancer is the second leading cause of death globally, and is responsible for an estimated of  
3 9.6 million deaths in 2018. Global, which means, about 1 in 6 deaths is due to cancer<sup>1</sup>. In Indonesia,  
4 the prevalence of cancer is estimated at 1.8 per 1,000 population and the percentage increases  
5 around 0.4%, and resulting in death is around 5.7%<sup>2</sup>. To manage these cancer patients, nurses, as  
6 one of the focus and play a critical roles in patient delivering care including cancer patients<sup>3</sup>.

7 Caring is a core component in providing nursing care to patients nursing practice<sup>4,5</sup>. Nurses with  
8 caring behavior among nurses could be demeanor would increasing increase patient satisfaction  
9 and affected on health service care quality<sup>6</sup>. However, some studies shown reported that there were  
10 still some nurses performed lack of caring behavior, among nurses, lack of implementation  
11 therapeutic communication, lack of and psychological support, and only focus eding for  
12 on patient physical needs of patients<sup>7</sup>. Similarly, Other study reported that 45% patients expresses

13 ~~admitted that they received less of nurses' caringless care from nurses~~<sup>8</sup>. In fact, oncology nurses  
14 ~~play pivotal roles for cancer patients during their disease trajectory, from cancer diagnosis stage~~  
15 ~~to the end of their treatments, and a study had proved that skills and caring behavior from oncology~~  
16 ~~nurses had benefits for cancer patients, the role of oncology nurses is essential to caring for cancer~~  
17 ~~patients during the disease trajectory~~<sup>9,11</sup>. ~~Oncology~~ However, nurses confirmed that they faced  
18 ~~barriers in performing caring demeanor, have perceived barriers to cancer care, including because~~  
19 ~~they experienced~~ lack of ~~cancer awareness of cancer~~, and inadequate knowledge and skills in  
20 ~~providing nursing care for cancer patients~~<sup>10</sup>. ~~Other study explained that skills and caring behavior~~  
21 ~~from oncology nurses was needed by cancer patients~~<sup>11</sup>.

22 A nurse theorist, Dr. Jean Watson, has developed a theory on ~~human caring relationships and~~  
23 ~~the deep human experiences of life~~transpersonal caring<sup>12</sup>. ~~One A study reported has shown that~~  
24 ~~intervention using applying~~ 10 Watson's ~~charative carative~~ factors into nursing care would improve  
25 ~~the quality of life and happiness index of cancer patients, including those with long-term care who~~  
26 ~~need physical, psychological, and spiritual care~~<sup>9,12-13</sup>. ~~Caring theory developed by Watson is~~  
27 ~~appropriate to be applied cancer patients' care with long term care including physical, psychological~~  
28 ~~and spiritual care~~<sup>9,12</sup>. Thus, cancer patient's' experiences ~~regarding towards nurses caring demeanor~~  
29 are ~~important to essential for~~ strengthening the role of ~~oncology~~ nurses in providing ~~nursing patient~~  
30 care. However, little is known about ~~whether or not nurse caring nursing demeanor is already~~  
31 ~~performed~~ based on Watson's theory ~~especially for cancer patients~~ in Indonesia<sup>14</sup>. ~~Furthermore, we~~  
32 ~~were unable to find a study on cancer patient's experiences regarding nurses' caring based on~~  
33 ~~Watson's theory.~~

34 ~~Thus~~Hence, this study explored ~~the experiences of~~ cancer patient's ~~experiences~~ regarding  
35 nurse's ~~caring~~ behavior based on Watson's theory. We hope this study will provide valuable data  
36 for improv~~ing~~e nursing intervention and caring behavior among oncology nurses.

### 37 **Methods**

38 A qualitative ~~design with descriptive study~~research was conducted ~~by means~~ to explore cancer  
39 patient's experiences ~~regarding towards nurse's~~ caring demeanor based on Watson's theory.  
40 Participants ~~included in this study were those who were diagnosed with cancer and hospitalized at~~  
41 ~~the public hospital in Makassar city, fully alert, able to communicate, and willing to participate. The~~  
42 ~~selected participants were~~ recruited using purposive sampling ~~in large hospital in Makassar, South~~  
43 ~~Sulawesi, Indonesia. Inclusion criteria in this study: cancer patient, patients were conscious, able to~~  
44 ~~communicate and willing to participate.~~

45 ~~The research ethic approval was obtained is study was approved by from the Institutional~~  
46 ~~Review Board of medical Faculty of Medicine, Universitas Hasanuddin Institutional Review Board.~~  
47 ~~Before the interviews, participants were given explanation about the purpose of the study and study~~  
48 ~~process. Participants who agree to participate will sign the consent form.~~

49 Data were ~~collected retrieved~~ using individual in-depth interviews, ~~which conducted in the~~  
50 ~~private room. The interview took place in an empty room in at~~ the public hospital to maintain  
51 patient's privacy. ~~Before the interviews, participants were given explanation about the purpose of~~  
52 ~~the study and study process. Participants who agreed to participate in the study would be asked to~~

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53 ~~sign the consent form. We recorded the interviews with consent of the participants. These interviews~~  
 54 ~~were, then, was~~ conducted in Bahasa (Indonesian Language) and the data ~~were recorded,~~ analysed,  
 55 ~~and is results were~~ translated into English.

56 ~~Data were analyzed using~~ Thematic analysis ~~was performed for data analysis. We repeatedly~~  
 57 ~~read all the~~ All transcripts ~~were repeatedly read to understand for comprehending the~~ overall the  
 58 meaning, ~~and thus,~~ codings, ~~categorized in terms of criteria~~ categories, ~~organized into~~ sub-themes,  
 59 and themes ~~could be developed.~~ This process was ~~repeated several times to creating the themes~~  
 60 ~~among all participants. This process~~ simultaneously ~~run~~ with the process of data collection<sup>15</sup>. The  
 61 trustworthiness of the analysis was established by applying cross-checked codes and categories  
 62 between researchers.

63 ~~This study was approved by medical faculty, Universitas Hasanuddin Institutional Review Board.~~  
 64 ~~Before the interviews, participants were given explanation about the purpose of the study and study~~  
 65 ~~process. Participants who agree to participate will sign the consent form.~~

66 **Results**

67 Eight participants ~~were took part~~ involved in this study, consisting of six males and two  
 68 females. Participants' ~~age~~ ranged ~~in age~~ from 20 to 43 years old ~~and all.~~ Regarding long of stay, all  
 69 participants ~~had been~~ hospitalized ~~for~~ more than six days.

Tabel 1. -Themes and Sub-themes

Themes	Sub-themes
Development of a helping-trusting <del>relationship</del>	<del>Implementation of</del> Implementing informed consent
	Respect <del>to of</del> patient privacy
	<del>The nurses performing</del> good attitude <del>to patients</del>
Supportive of faith-hope	Providing <del>Ss</del> spiritual support
	Giving life motivation
Unprotective environment	Indoor air quality
	Outside <del>disturbance</del> noise
	Response time to patient complaints
<del>Less-Lack</del> of interpersonal teaching	<del>Less-Lack</del> of education to the patients
	<del>Less-Lack</del> of explanation <del>related about</del> nursing
	intervention <del>received by the patients</del>
	Lack of <del>involving the patient's</del> family <del>involvement</del>

70 Table 1 ~~describes in more detail the shows~~ themes and sub-themes ~~in which of~~ participants'  
 71 experiences ~~regarding towards nurses'—nurse's~~ caring ~~demeanor~~ during ~~inpatient their~~  
 72 hospitalization. The study revealed that participants expressed nurses ~~had developed of a~~ helping-  
 73 ~~trusting relationship through which nurses obtained and trust with giving~~ informed consent ~~from~~  
 74 ~~the patients~~ and ~~were aware~~ concerned ~~related about~~ patient's privacy. ~~They~~ The participants also  
 75 recognized that nurses ~~had~~ offered supportive care and ~~faith especially~~ spiritual support ~~to for~~  
 76 cancer patients ~~with hospitalized at the~~ long-term care. ~~However, While related environment,~~  
 77 patients felt uncomfortable ~~with the environment~~ and ~~they asserted that nurses demonstrated~~  
 78 ~~lack of~~ interpersonal teaching, including ~~patient~~ education and ~~lack of involving~~ patients' family  
 79 ~~involvement.~~

80 **Development of a helping-trusting relationship**

81 The first theme was related ~~of to~~ one of narrative caring behaviors based on Watson's  
82 theory. This theme ~~expressed by participants consist of~~ was developed from three sub-themes  
83 including the implementation of informed consent, respect ~~of the~~ patient privacy, and the nurses'  
84 ~~perform~~ good attitude. Majority participants revealed that the nurses explained about the purpose  
85 of medical or nursing intervention ~~to patients~~ and also asked-obtained the an agreement ~~of patient~~  
86 ~~related the intervention from the patients prior to treatment.~~

87 "... the nurse explained that the- patients would feel hot after receiving effect of the injection  
88 given would feel hot..." (P3)

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

93 Being fair ~~(the principle of justice)~~ towards patients (the principle of justice) is also a caring  
94 attitude. Seven participants stated that nurses did not discriminate their patients. "...nurse's'  
95 attitude is good, nurses they never discriminate between us as patients. The attitude of t  
96 he nurses performed same attitude to is the same for all patients" (P5).

#### 97 **Supportive of faith-hope**

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

102 Nurse's caring behavior is also shown ~~that when~~ nurses always provide motivation encourage  
103 patients to be resilient. Some participants expressed the kind of caring nursing nurses related in  
104 enhancing their life motivation "...yes, nurses giving me always encouragement and praise me,  
105 always makes me happy" (P8).

#### 106 **Unprotective environment**

107 This theme consists of three sub-themes: indoor air quality, outside ~~disturbance noise,~~ and  
108 response time to patient complaints. Providing protective environment Another caring to patients  
109 with provide protective environment is considered as one of nurse's caring demeanor. However, the  
110 participants ~~revealed~~ claimed that they were hospitalized with the experience of unprotective  
111 environment. Seven participants ~~stated~~ complained that that their rooms were  
112 uncomfortable in convenience room. One participant ~~said~~ added that "...the air quality in the room  
113 has lack of indoor air quality was poor, and so it makes feels hot all the day long" (P5).

114 ~~In addition~~ Besides environmental air quality issues, nurses' response time ~~of nurses~~ to  
115 patients' complaints regarding the fulfillment of their basic needs was also reported not well-  
116 performed by the nurses encompasses the basic needs of patients as supportive environment. Six  
117 participants mentioned that nurses' response time given by nurses was quite long. One patient who  
118 had been hospitalized for 21 days said, that "... sometimes the nurse asked me to wait when my  
119 intravenous fluid need to be replaced, but then the nurses did not show up soon...I have to wait the

120 ~~nurse for long time, sometimes up to 30 minutes, the intravenous fluid must be replaced, but the~~  
121 ~~nurse quite longer to comes to check my condition, just told me to wait" (P8).~~

#### 124 **Lackess of interpersonal teaching**

125 This theme consists of three sub-themes including ~~less-lack~~ of patient health education to the  
126 ~~patients, less-lack~~ of nurse's explanation related to intervention received by patients, lack of  
127 ~~involving the~~ patient's family involvement. Majority participants expressed that ~~the~~ nurses did not  
128 provide health education. ~~In addition, they noted lack of explanation related intervention~~  
129 ~~and explain~~ about nursing intervention received by the patients, ~~and less involving involve the~~  
130 patient's family into the patient's care. *As stated by one of participants,*

131 *"The nurse ~~had never been educated inform me~~ about my ~~illness/disease~~. So, if I have something*  
132 *~~to ask when I want to ask about my condition, I'll just call the nurse and ask about it-~~" (P3)*

133 ~~Furthermore~~ it is known that, by involving the patient's family into the patient care process ~~can~~  
134 would help facilitate the patient's independence and increase collaboration between patient's  
135 family with and nurses. ~~Nevertheless, three~~ participants ~~revealed-asserted~~ that ~~the~~ nurses  
136 ~~involving involved~~ the patient's family only for buying the medicine. *One participant said, "my My*  
137 *family has never been involved in my ~~caring-care~~ process, ~~they were~~ only asked to ~~help~~ buy ~~drugs~~*  
138 *~~medicine at the pharmacy, other than that all care process was done by nurses" (P6).~~*

139 ~~In addition~~ ~~Furthermore~~, some participants ~~explained-reported~~ that the nurses ~~will would~~ explain  
140 ~~about if they asked the nurses related nursing~~ intervention and patient's their condition when they  
141 asked the nurses about it. ~~None of nurses, but did not~~ ~~explained about~~ what interventions the  
142 patients would be received/receive during their hospitalization.

143 *"Nurses ~~would not explain about what medication they injected me until I asked them. The nurse~~*  
144 *~~keeps giving me intervention without any explanation about the purpose of that intervention-explain~~*  
145 *~~this pain injection but nurses never explain if I do not ask them, the next intervention that will be~~*  
146 *~~given is also not explained" (P7).~~*

#### 147 **Discussion**

148 This study was conducted to explore cancer patient's experiences regarding towards nurses'  
149 caring demeanor based on Watson's theory in Indonesian hospital. ~~This study indicate that~~  
150 ~~participants experienced nurses' caring based on Watson theory emerged into f~~Four themes:  
151 emerged with this study: 4 Development of a helping-trusting relationship, supportive of faith-hope,  
152 unprotective environment, and ~~less-lack~~ of interpersonal teaching.

153 Development of a helping-trusting relationship was ~~an important~~ the main finding ~~in of~~ this  
154 study. The participants commented that ~~considering a helping-trusting relationship is attained by,~~  
155 building trust and rapport ~~was built by through-~~ communication and ~~implemented by obtaining~~  
156 informed consent ~~during nursing care process prior to nursing intervention~~. The literature supports  
157 that nurse's communication ~~problem as being important for developing is critical to build~~ trust<sup>16</sup>.  
158 ~~One of the~~ nurse's caring behavior admitted by the participants was how is shown by the  
159 participant's experience of the nurse's friendly and being fair (the principle of justice) the nurses  
160 towards their patients. This caring behavior is relevant with the previous study result, which found

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161 ~~that One strategy that can be used when to address~~ patients' complaints ~~is by being~~ non-  
162 judgmental and ~~staying~~ friendly<sup>17</sup>. Likewise, another study also confirmed that nurses should  
163 ~~provide equal caring to all patients~~ justice in nursing is to provide equal caring to each patient's  
164 needs<sup>18</sup>.

165 Many ~~the~~ participants ~~verbalized~~ revealed that ~~the~~ nurses provide supportive care, ~~such as~~  
166 ~~including motivate encouraging~~ patients to pray and ~~to life motivation faced~~ accept their illness. This  
167 finding is consistent with Watson's caring theory which explains that a nurse should maintain patient  
168 beliefs and expectations to survive with their illness<sup>19</sup>. One study ~~also~~ supports ~~that participants felt~~  
169 ~~that the finding of this study that~~ spiritual care ~~is an important a vital~~ aspect of psychosocial care  
170 and spiritual support ~~that~~ has a positive impact~~s~~ on health outcomes, ~~especially especially in for~~  
171 older adults<sup>20</sup>. ~~Futhermore~~In addition to this research finding, one study ~~about focusing on~~ spiritual  
172 coping ~~in strategies used by people living~~ patients diagnosed with stroke revealed that the ~~patient's~~  
173 ~~ability to maintain a~~ psychological wellbeing ~~supported can be maintained~~ by the support from ~~at the~~  
174 health care team, especially ~~from~~ nurses<sup>21</sup>.

175 ~~Another nurse's caring behavior~~ Applying caring based on Watson's ~~caring~~ theory explained  
176 ~~is that to ensure patients' environment is the protective environment encompasses the basic needs~~  
177 ~~of patient includes ensuring neat environment~~<sup>12</sup>. However, ~~This~~ study revealed that cancer patients  
178 experienced ~~with s the~~ unprotective environment, ~~especially the bad temperature in their room~~  
179 ~~during their hospitalization, related lack of quality of indoor air. The~~ In fact, the existing literature  
180 ~~support~~ explained that the inpatient room environment includ~~ing~~s the room setting, ventilation,  
181 and air quality could improve ~~the patient~~ healing status ~~as it~~ reduces stress, improves ~~health~~  
182 outcomes, and shortens hospital stays<sup>21</sup>. ~~Furthermore~~ Another finding from this study was that, the  
183 participants ~~expressed that complained about the noisy atmosphere occurred in their~~  
184 ~~hospital inpatient rooms~~. This condition ~~could have would have a negative impact on the~~ drawbacks  
185 ~~to patients~~. This finding ~~is consistent with s supported by~~ Watson's caring theory, which stated that  
186 ~~that caring factors including~~ comfort, cleanliness, privacy, security, ~~and~~ aesthetic environment ~~are~~  
187 ~~considered as caring factors~~<sup>19</sup>.

188 In addition ~~to this research findings,~~ participants reported that ~~nurses were slow in~~  
189 ~~responding the finding reported that slow respond time of nurses to the~~ patients' complaints ~~was~~  
190 ~~the most participant experiences. This finding is irrelevant with the~~ According to Watson's caring  
191 theory, ~~it was stated that through which~~ nurses must be able ~~are obliged~~ to develop a sensitive  
192 attitude towards ~~their~~ patients<sup>19</sup>. Nurses ~~who have the sensitivity will with sensitivity are needed,~~  
193 ~~especially when spend time and listen to patients needed when both~~ patients and family members  
194 are confused and panic; ~~quicker response from nurses is needed to would~~ increase ~~patient~~  
195 satisfaction and ~~care~~ quality of care<sup>22</sup>.

196 ~~The~~ Another finding ~~from this study~~s indicated ~~that was about less of lack of~~ interpersonal  
197 teaching ~~was given to for~~ patients and their families. ~~This finding was~~ due to ~~nurses' workload of~~  
198 ~~nurses~~, limited number of nurses, and a large number of patients. According to Watson's caring  
199 theory, ~~in improving to improve intrapersonal interpersonal~~ learning processes, nurses are required  
200 to ~~be involved participate~~ in the teaching and learning process of patients. This ~~activity~~ can be  
201 demonstrated by nurses ~~through~~ providing ~~health~~ education ~~to for~~ patients and their families<sup>19</sup>.  
202 ~~Finally,~~ in addition ~~to~~ nurses' caring ~~demeanor,~~ involving patients' family ~~into the cancer patients'~~

203 ~~treatment regimen is crucial~~support is an important priority for the cancer patients<sup>23</sup>. Likewise, ~~it~~  
204 is ~~very important~~critical for nurses to involve ~~patients~~the family as ~~their~~ partners ~~in order to~~ ~~in~~  
205 ~~independently~~ delivering nursing care ~~independently~~<sup>24</sup>.

206 Limitation of this study ~~is that~~ ~~includes~~ only two female patients participated in this study;  
207 ~~hence~~ ~~and thus~~, the findings may not ~~representative of~~represent female experiences regarding  
208 nurses' caring ~~behavior~~. ~~However~~Even so, ~~diverse various~~ types of cancer ~~of found among~~ the  
209 patients ~~included~~ in this study ~~will~~ provided a rich experiences of nurse's' caring ~~behaviour~~ during  
210 ~~patient's hospitalized~~hospitalization.

#### 211 Conclusion

212 In this study, cancer patient's experienced ~~with nurse's~~caring behavior ~~of nurses~~ during  
213 ~~hospitalized~~their hospitalization. ~~They~~Participants expressed four themes, ~~including~~ the  
214 development of a helping-trusting ~~relationship~~, supportive of faith-hope, unprotective  
215 environment, ~~and~~ ~~lacks~~ of interpersonal teaching. This ~~study~~ result enhances insight of oncology  
216 nurses that their ~~attitudes of nur~~towards cancer patients should be similar to other patients. ~~see~~  
217 ~~that caring for cancer patient should be no different when caring for other patients, however~~  
218 ~~Furthermore, this study also agreed that~~ supportive of faith-hope was important for cancer patients,  
219 ~~especially those with in the~~ long-term ~~care~~ and palliative care. Caring attitude based on Watson's  
220 theory ~~was well implemented well~~applied by oncology nurses, eventhough there were ~~still~~ some  
221 ~~shortcoming limitation to perform it~~to deliver caring. ~~Hence~~, ~~it~~ is ~~important essential~~ to ~~provide~~  
222 ~~offer~~ training program to improve nurses' knowledge ~~to of~~ interpersonal teaching for cancer  
223 patients. ~~In addition~~Ultimately, it is highly recommended ~~that for~~ future studies ~~to explore~~explore  
224 ~~the nurses' perceptions towards~~ caring implementation and barriers ~~to providing in delivering~~ caring  
225 based on nursing theory.

#### 227 Acknowledgement

228 Authors would like to thank to all participants participating in this study.

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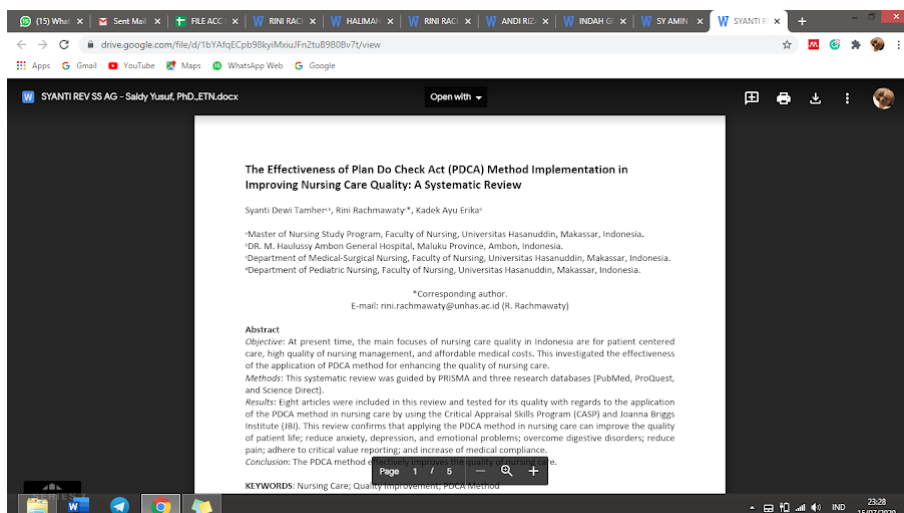
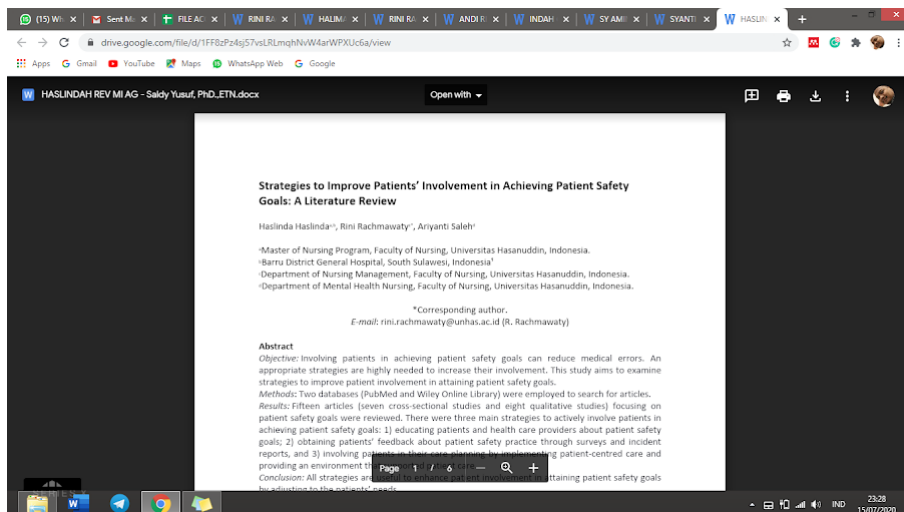
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### Evaluation of quality of life-based on the length of use and the number of stents of post percutaneous coronary intervention (PCI) patients

Al Amin<sup>1</sup>, Rini Rachmawaty<sup>2\*</sup>, Takdir Tahir<sup>3</sup>, Musmulyono Musmulyono<sup>4</sup>

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**Abstract**  
**Objective:** Percutaneous Coronary Intervention (PCI) is intended to improve patients' quality of life (QoL). This study aims to evaluate the QoL of post PCI patients based on the length of use and the number of stents at the cardiology outpatient clinic of Indonesian Public Hospital.  
**Method:** An analytic survey method with a cross-sectional approach was used in this study. A total of 60 samples were included using a purposive sampling method. Data were analyzed with the Spearman correlation test with a confidence level of 95%.  
**Results:** The study shows that there was a correlation of the length of use ( $p=0.039$ ;  $r=0.267$ ) and the number of stents ( $p=0.001$ ;  $r=0.406$ ) with the patients' QoL.  
**Conclusion:** Patients with more prolonged PCI use and a lower number of stents will have better QoL. Hence, nurse practitioners should provide holistic care for post-PCI patients to

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### Cancer Patient's Experiences Towards Nurse's Caring Demeanor Based on Watson's Theory: A Qualitative Study

Indah Gita Cahyani<sup>1</sup>, Rini Rachmawaty<sup>2\*</sup>, Ilkafah Ilkafah<sup>3</sup>, Erina Erina<sup>4</sup>

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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.

**Keywords:** caring, neoplasms, nurse, qualitative research, Watson's theory.

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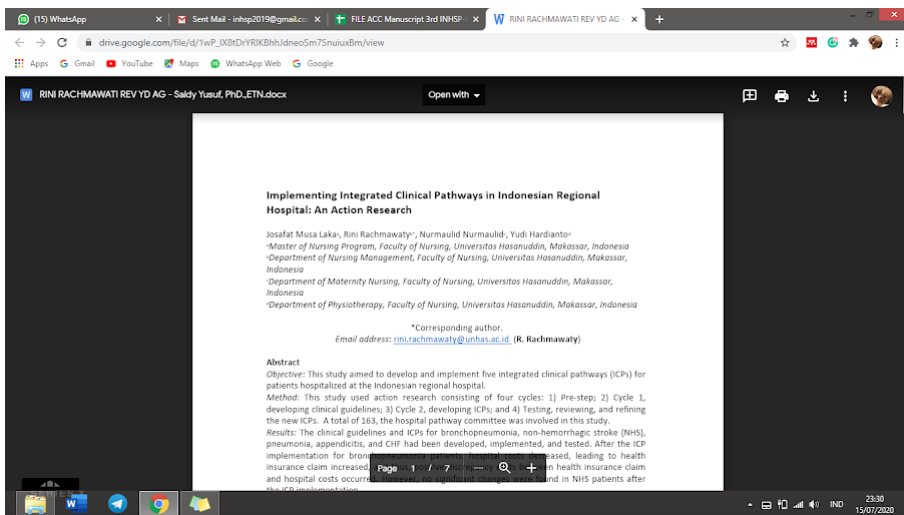
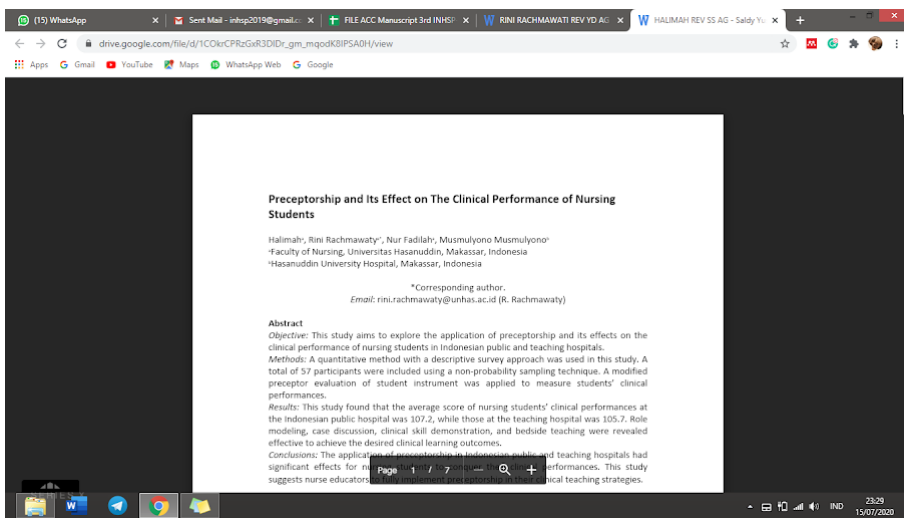
### Patient Satisfaction towards Healthcare Quality in Indonesian Public Hospital

Andi Rizani Catur Wulandari<sup>1</sup>, Rini Rachmawaty<sup>2\*</sup>, Ilkafah Ilkafah<sup>3</sup>, Erina Erina<sup>4</sup>

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**Abstract**  
**Objective:** This study aims to evaluate patient satisfaction towards healthcare quality in Indonesian public hospital.  
**Method:** The study design was quantitative with an analytic observational approach. A total of 39 respondents were included using proportional stratified random sampling. The modified Press Ganey inpatient survey was used in this study and has been translated into the Indonesian language using cross-cultural adaptation.  
**Results:** The patient satisfaction with healthcare quality was significantly different based on the type of inpatient class ( $p=0.000$ ), and the differences were found in four dimensions: effectiveness ( $p=0.009$ ), accessibility ( $p=0.001$ ), patient-centeredness ( $p=0.003$ ), and equity ( $p=0.001$ ). Meanwhile, no statistical difference was found in patient satisfaction with healthcare quality based on patients' length of stay.  
**Conclusion:** Patients' satisfaction with healthcare quality was significantly different based on the type of inpatient class, but not based on the length of stay. The findings would provide



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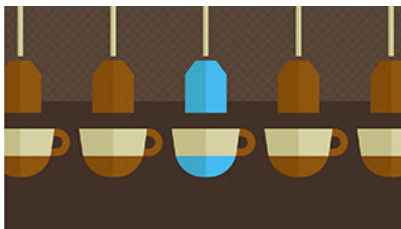
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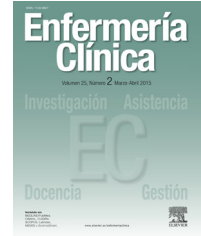
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## ORIGINAL ARTICLE

### Cancer patient's experiences towards nurse's caring demeanor based on Watson's theory: A qualitative study

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#### KEYWORDS

Caring;  
Neoplasms;  
Nurse;  
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Watson's theory

#### 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.

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

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

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

### 133 Supportive of faith-hope

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

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

### 146 Unprotective environment

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

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

### 165 Lack of interpersonal teaching

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

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

180 Furthermore, some participants reported that the nurses  
181 would explain nursing intervention and the patient's condi-  
182 tion when they asked the nurses about it. None of the  
183 nurses explained about what interventions the patients  
184 would receive during their hospitalization. "Nurses would  
185 not explain about what medication they injected me until  
186 I asked them. The nurse keeps giving me intervention  
187 without any explanation about the purpose of that inter-  
188 vention" (P7).

### 189 Discussion

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

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

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

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

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

238 In addition to this research finding, participants reported  
239 that nurses showed a deliberate response to the patients’  
240 complaints. This finding is irrelevant to Watson’s caring the-  
241 ory, through which nurses are obliged to develop a sensitive  
242 attitude towards their patients.<sup>22</sup> Nurses with sensitivity are  
243 needed, especially when patients and family members are  
244 confused and panic; quicker response from nurses, would  
245 increase patient satisfaction and care quality.<sup>25</sup> Another  
246 finding from this study was about lack of interpersonal  
247 teaching for patients and their families due to nurses’ work-  
248 load, a limited number of nurses, and a large number of  
249 patients. This activity can be demonstrated by nurses by  
250 providing health education for patients and their families.<sup>22</sup>  
251 Likewise, it is critical for nurses to involve patients’ family  
252 as their partners in order to independently deliver nursing  
253 care.<sup>27</sup>

254 Limitation of this study is that only two female patients  
255 participated in this study, and thus, the findings may  
256 not represent female experiences regarding nurses’ caring  
257 behaviors. Even so, various types of cancer found among the  
258 patients included in this study will provide rich experiences  
259 of nurse’s caring behavior during the patient’s hospitaliza-  
260 tion.

## 261 Conclusion

262 In this study, cancer patients experienced with nurse’s caring  
263 behavior during their hospitalization. Participants expressed  
264 four themes, including the development of a helping-  
265 trusting relationship, supportive of faith-hope, unprotective  
266 environment, and lack of interpersonal teaching. This study  
267 result enhances insight of oncology nurses that their atti-  
268 tudes towards cancer patients should be equal to other  
269 patients. Furthermore, this study also agreed that sup-  
270 portive of faith-hope was important for cancer patients,  
271 especially those in the long-term and palliative care. Car-  
272 ing attitude based on Watson’s theory was well-applied by  
273 oncology nurses, even though there was still some limita-  
274 tion to perform it. Hence, it is essential to offer a training  
275 program to improve nurses’ knowledge of interpersonal  
276 teaching for cancer patients. Ultimately, it is highly recom-  
277 mended for future studies to explore nurses’ perceptions  
278 towards caring implementation and barriers in delivering  
279 caring based on nursing theory.

## 280 Conflict of interest

281 The authors declare no conflict of interest.

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284  
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286 this study.

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**Answer for Q3:**

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"Finally, in addition to nurses' caring demeanor, involving patients' family into the cancer patients' treatment regimen is crucial [26]."

**Answer for Q4:**

1. World Health Organization. Cancer (Accessed 2 May 2020). Available at: <https://www.who.int/news-room/fact-sheets/detail/cancer>

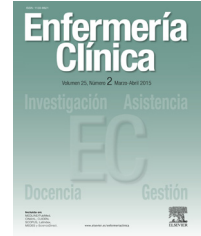
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# Enfermería Clínica

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## ORIGINAL ARTICLE

### Cancer patient's experiences towards nurse's caring demeanor based on Watson's theory: A qualitative study

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#### KEYWORDS

Caring;  
Neoplasms;  
Nurse;  
Qualitative research;  
Watson's theory

#### 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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33 Caring is a core component in nursing practice.<sup>4,5</sup> Nurses  
 34 with a caring demeanor would increase patient satisfac-  
 35 tion and affect health care quality.<sup>6</sup> However, some studies  
 36 reported that there were still some nurses who performed  
 37 lack of caring behavior, therapeutic communication, and  
 38 psychological support, and only focused on patient phys-  
 39 ical needs.<sup>7</sup> Similarly, another study reported that 45% of  
 40 patients admitted that they received less care from nurses.<sup>8</sup>  
 41 In fact, oncology nurses play pivotal roles for cancer patients  
 42 during their disease trajectory, from the diagnosis stage to  
 43 the end of their treatments, and a study had proved that  
 44 skills and caring behavior from oncology nurses had bene-  
 45 fits for cancer patients.<sup>9,10</sup> Oncology nurses confirmed that  
 46 they faced barriers in performing a caring demeanor because  
 47 they experienced a lack of cancer awareness and inadequate  
 48 knowledge and skills in providing nursing care for cancer  
 49 patients.<sup>11</sup>

50 A nurse theorist, Dr. Jean Watson, has developed a theory  
 51 on transpersonal caring.<sup>12</sup> A study has shown that applying  
 52 10 Watson’s carative factors into nursing care would improve  
 53 the quality of life and happiness index of cancer patients,  
 54 including those with long-term care who need physical, psy-  
 55 chological, and spiritual care.<sup>9,12,13</sup> Thus, cancer patients’  
 56 experiences towards nurse caring demeanor are essential  
 57 for strengthening the role of oncology nurses in providing  
 58 patient care. However, little is known about whether or  
 59 not nurse caring demeanor is already performed based on  
 60 Watson’s theory for cancer patients in Indonesia.<sup>14</sup>

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

## 66 Methods

67 Qualitative research was conducted to explore the cancer  
 68 patient’s experiences towards the nurse’s caring demeanor  
 69 based on Watson’s theory. Participants included in this study  
 70 were those who were diagnosed with cancer and hospital-  
 71 ized at the public hospital in Makassar city, fully alert, able  
 72 to communicate, and willing to participate. The selected  
 73 participants were recruited using purposive sampling. The  
 74 research ethic approval was obtained from the Institutional  
 75 Review Board of Faculty of Medicine, Universitas Hasanud-  
 76 din.

77 Data were retrieved using individual in-depth interviews,  
 78 which conducted in the private room at the public hospital  
 79 to maintain patient’s privacy. Before the interviews, parti-  
 80 cipants were given an explanation about the purpose of the  
 81 study and study process. Participants who agreed to partic-  
 82 ipate in the study would be asked to sign the consent  
 83 form. The interviews were, then, conducted in Indonesian  
 84 language and data were recorded, analyzed, and translated  
 85 into English.

86 Thematic analysis was performed for data analysis. All  
 87 transcripts were repeatedly read for comprehending the  
 88 overall meaning, and thus, codings, categories, sub-themes,  
 89 and themes could be developed. This process was simul-  
 90 taneously 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.

## 93 Results

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

98 **Table 1** shows the themes and sub-themes of participants’  
 99 experiences towards the nurse’s caring demeanor during  
 100 their hospitalization. The study revealed that participants  
 101 expressed nurses had developed a helping-trusting rela-  
 102 tionship through which nurses obtained informed consent  
 103 from the patients and were concerned about the patient’s  
 104 privacy. The participants also recognized that nurses had  
 105 offered supportive care and spiritual support for cancer  
 106 patients hospitalized at long-term care. However, patients  
 107 felt uncomfortable with the environment, and they asserted  
 108 that nurses demonstrated a lack of interpersonal teach-  
 109 ing, including patient education and lack of patients’ family  
 110 involvement.

### 111 Development of a helping-trusting relationship

112 The first theme was related to one of the carative caring  
 113 behaviors based on Watson’s theory. This theme was devel-  
 114 oped from three sub-themes, including the implementation  
 115 of informed consent, respect for patient privacy, and the  
 116 nurses’ good attitude. Majority participants revealed that  
 117 the nurses explained the purpose of medical or nursing inter-  
 118 vention and obtained an agreement from the patients prior  
 119 to treatment.

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

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

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

### 133 Supportive of faith-hope

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

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

### 146 Unprotective environment

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

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

### 165 Lack of interpersonal teaching

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

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

180 Furthermore, some participants reported that the nurses  
181 would explain nursing intervention and the patient's condi-  
182 tion when they asked the nurses about it. None of the  
183 nurses explained about what interventions the patients  
184 would receive during their hospitalization. "Nurses would  
185 not explain about what medication they injected me until  
186 I asked them. The nurse keeps giving me intervention  
187 without any explanation about the purpose of that inter-  
188 vention" (P7).

### 189 Discussion

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

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

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

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

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

238 In addition to this research finding, participants reported  
239 that nurses showed a deliberate response to the patients'  
240 complaints. This finding is irrelevant to Watson's caring the-  
241 ory, through which nurses are obliged to develop a sensitive  
242 attitude towards their patients.<sup>22</sup> Nurses with sensitivity are  
243 needed, especially when patients and family members are  
244 confused and panic; quicker response from nurses, would  
245 increase patient satisfaction and care quality.<sup>25</sup> Another  
246 finding from this study was about lack of interpersonal  
247 teaching for patients and their families due to nurses' work-  
248 load, a limited number of nurses, and a large number of  
249 patients. This activity can be demonstrated by nurses by  
250 providing health education for patients and their families.<sup>22</sup>  
251 Likewise, it is critical for nurses to involve patients' family  
252 as their partners in order to independently deliver nursing  
253 care.<sup>27</sup>

254 Limitation of this study is that only two female patients  
255 participated in this study, and thus, the findings may  
256 not represent female experiences regarding nurses' caring  
257 behaviors. Even so, various types of cancer found among the  
258 patients included in this study will provide rich experiences  
259 of nurse's caring behavior during the patient's hospitaliza-  
260 tion.

## 261 Conclusion

262 In this study, cancer patients experienced with nurse's caring  
263 behavior during their hospitalization. Participants expressed  
264 four themes, including the development of a helping-  
265 trusting relationship, supportive of faith-hope, unprotective  
266 environment, and lack of interpersonal teaching. This study  
267 result enhances insight of oncology nurses that their atti-  
268 tudes towards cancer patients should be equal to other  
269 patients. Furthermore, this study also agreed that sup-  
270 portive of faith-hope was important for cancer patients,  
271 especially those in the long-term and palliative care. Car-  
272 ing attitude based on Watson's theory was well-applied by  
273 oncology nurses, even though there was still some limita-  
274 tion to perform it. Hence, it is essential to offer a training  
275 program to improve nurses' knowledge of interpersonal  
276 teaching for cancer patients. Ultimately, it is highly recom-  
277 mended for future studies to explore nurses' perceptions  
278 towards caring implementation and barriers in delivering  
279 caring based on nursing theory.

## 280 Conflict of interest

281 The authors declare no conflict of interest.

## 282 Q3 Uncited reference

283 Ref. 26.

Please add the sentence below after reference 22 in line 250 for the in-text citation of reference 26.

"Finally, in addition to nurses' caring demeanor, involving patients' family into the cancer patients' treatment regimen is crucial [26]."

## Acknowledgement

284  
285 Authors would like to thank all participants participating in  
286 this study.

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