

Factors affecting patient's perception on nurse's

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Factors affecting patient's perception on nurse's carative-caring behaviour[☆]



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KEYWORDS

Carative-caring;
Nurse;
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Perception

Abstract

Objective: This study aimed to analyze factors that influence patient's perceptions of the behavior of nurse's carative-caring at a government hospital in Surabaya.

Method: This study used a cross-sectional design. Sample was 100 respondents recruited used purposive sampling. Data obtained by giving questionnaires to respondents and analyzed using Regression Logistic Linier test with degree of significance of $p < 0.05$.

Results: The patients' perception of carative-caring behavior was influenced by their level of education ($p = 0.019$) and self-acceptance ($p = 0.029$). Interestingly, this study revealed that there was no relationship between patients' perceptions of nurse caring carative-caring behavior and patients' experience of hospitalization ($p = 0.518$) and there was no relationship between patients' perception and income ($p = 0.407$).

Conclusion: Self-acceptance and patient education could affect patients' perceptions of nurse caring behavior. The higher the level of education and self-acceptance, the better patient's perception of carative-caring behavior of nurses.

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Introduction

Industrial revolution 4.0 changes the health-care industry into a lot of extents. These changes have put nurses and the

quality of services they provided as an important aspect of service. Nurses caring behavior has become one determinant factors affecting both patient's perception and satisfaction regarding the health service provided.¹ A survey conducted in several hospitals in Jakarta, Indonesia showed that 14% of patients were dissatisfied with health services stemmed from poor caring behavior (Indonesian Ministry of Health). A similar result was revealed by a study by Fahrani² which concluded the level of caring of nurses in a hospital in Klaten, Indonesia in a low category (62%). To confirm the problem related to patient's perception about nurse's caring behavior, a preliminary study was conducted by researchers;

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this too shows a lacking in caring behavior of nurses. Two out of eight patients being investigated perceived nurses' caring behavior as poor, showed by nurses' pay less attention to patient comfort and did not communicate well, resulting in their dissatisfaction.

Perception is a person's description of objects, people and events. Perception differs from one person to another and this depends on experience, background, knowledge and emotional status. A systematic review of comparative studies concluded that there is no congruence of perception between nurse's caring behavior.¹ Previous studies showed that patient's characteristics can affect the perception of caring.² The characteristics of patients including age, gender, religion, marital status, occupation, education, experience treated, and duration of treatment has been examined by Afaya et al.³ The Theory of Human Caring by Watson that underpins this study. This theory mentions that ten carative factors reflect the caring behavior of nurses.

The purpose of this study was to analyze factors that influence patients' perceptions of the behavior of nurses' carative caring at a government hospital in Surabaya, Indonesia.

Method

This research was conducted at a government-funded hospital in Surabaya Indonesia, from May to June 2019. The hospital inpatient-population was 14,548, among these patients, 100 patients were recruited by purposive sampling as the sample of the study. This study took place in several wards, comprises of medical, surgical and labor wards. These wards were selected because they were the largest wards, hence, it represented the hospital population.

The protocol of this study was reviewed and gains ethics approval from the Faculty of Nursing Universitas Airlangga Ethics Committee No 1440-KEPK in 2019.

This study included patients with a minimum of two days hospitalization, no history of mental disorders, no cognitive impairment, fully alert, and able to communicate. Instruments used to collect data were: the demographic characteristics of respondents, self-acceptance questionnaire, and caring behavior inventory (CBI)-24. The questionnaires were tested for its validity and reliability to 20 respondents whose characteristics similar to the study population. The validity of the instruments was measured by comparing the *r* value and *r* table of the product moment. The validity of the questionnaires showed *r* value were bigger than *r* table, therefore all items of the questionnaires were valid. The Cronbach alpha for the CBI-24 was 0.91 and for the self-acceptance questionnaire was 0.786, showing that the questionnaires were reliable.

The CBI-24 was developed initially by Wolf et al. (1994) based on Watson transpersonal caring theory. The number of items of the CBI questionnaire were reduced from 42 into 24 items by Wu et al.⁴; it was then refined by Wolf et al.⁵ to become CBI-24. The Indonesian version was adopted from Oktapianti.⁶ This inventory consisted of 24 items Likert scale questionnaire which comprised four subscales: respectful, assurance, connectedness, knowledge and skill. Mean score was calculated and converted into percentage. Mean score of 25–50% was consider poor, 51–75% was consider aver-

age, and 76–100% was consider good for perception of nurse caring behavior.

The self-acceptance questionnaire was adopted from Suryani and Mey⁷ that consisted of 5 items Likert scale questionnaire measuring three indicators: knowledge about disease, description about disease, and self-acceptance. Score of 1 was gave for strongly disagree, 2 for disagree, 3 for somewhat disagree, score of 4 for agree, and score of 5 for strongly agree. All scores were summed and converted into percentage and interpreted: 25–50% was interpreted as low, 51–75% was interpreted as average, and 76–100% was interpreted as high for self-acceptance.

Computer programs were used to process the collected data. The analysis of the variables in this study used the statistical test of linear logistic regression with a degree of significance of $p < 0.05$.

Results

Table 1 shows the respondents' characteristics: more than 50 percent of the respondents were males (51%), aged more than 46 years old (54%) and nearly half of respondents being educated at a senior high school level (41%). Additionally,

Table 1 Respondents' characteristics.

Characteristic of respondents	Category	n	(%)
Sex	Male	51	51.0
	Female	49	49.0
Age	17–25	20	20.0
	26–35	16	16.0
	35–45	10	10.0
	>46	54	54.0
Education	Elementary	25	25.0
	Junior high	24	24.0
	Senior high	41	41.0
	Bachelor	10	10.0
Employment	Unemployed	6	6.0
	Student	16	16.0
	Housewives	19	19.0
	Civil servant/army	2	2.0
	Employ	32	32.0
	Entrepreneur	16	16.0
Income	Retirement	9	9.0
	<3.871.052	68	68.0
Health insurance	≥3.871.052	32	32.0
	No insurance	10	10.0
Experience of hospitalization	Insurance	90	90.0
	Yes	55	55.0
Length of stay in hospital	Never	45	45.0
	3–7 days	91	91.0
	8–14 days	8	8.0
Self-acceptance	>2 weeks	1	1.0
	Low	1	1.0
	Average	9	9.0
Perception of nursing caring behavior	High	90	90.0
	Poor	0	0.0
	Average	67	67.0
	Good	33	33.0

Table 2 Carative caring behavior.

Parameter	Poor	Average	Good
	% (n = 100)		
Assurance	-	66	34
Knowledge and skill	-	69	31
Respectful	-	64	36
Connectedness	-	84	16

Table 3 Carative caring behavior and individual characteristics.

Variable dependent	Variable independent	Std. error	P-value
Carative caring behavior	Experience	0.465	0.518
	Education	0.242	0.019
	Income	0.550	0.407
	Self-acceptance	0.715	0.029

Table 1 informs that 32% of respondents were employed with salary being less than the minimum salary standard of Surabaya (68%), the majority of respondents had health insurance (80%). Furthermore, the table shows that more than half of respondents experienced hospitalization (55%) with an average length of stay in hospital were 3-7 days (91%). Respondents had high self-acceptance (90%) and their perception about nurses' caring behavior during the previous hospitalization was average (67%).

Table 2 shows none of the respondent perceived nurse caring behavior in poor category. They rated the ability of nurses to ensure the presence of humanity during the caring process (assurance) as average by 66% of 100 respondents. Likewise, the nurses' ability in demonstrating professionalism (both knowledge and skills) was also rated as average by 69% respondents. The similar finding was also found on nurses' ability to respect someone (respectful) and the nurses' ability to establish a positive relationship (connectedness) as being average by 64% and 84% of respondents, respectively.

Table 3 showed the level education and self-acceptance had a significant relationship with the perception of carative caring behavior. The respondent's level of education showed a correlation with the perception of the nurse carative caring behavior with a positive direction ($p = 0.019$, $st\ error\ 0.242$). In other word, the higher the patient's level of education, the higher their perception regarding the nurse's carative caring behavior.

Similarly, self-acceptance also showed a correlation with the patient's perception regarding the carative caring behavior of the nurses ($p = 0.029$, $standard\ error\ 0.715$) meaning that the self-acceptance has a relationship with the perception of the nurse's carative caring behavior in a positive direction, indicating that the higher the perception on nurse's carative caring behavior.

Patient's experience about past hospitalization and patient's income showed no significant correlation with patient's perception on nurse's carative caring behavior.

Discussion

The results of the study showed that there was no relationship between the experience of hospitalization and the perception of nurse's carative caring behavior, although based on demographic data, the majority of patients had experience hospitalization. These findings support by Akin¹¹ who found similar finding. One of possible explanation is the patient expectations might vary according to previous experience, patients could compare the present treatments they receive at the moment with the previous treatment. Both positive or negative previous experiences might be compared to the care they received at this time.

The patient's level of education of respondent showed significant correlation with the patient's perception regarding nurse's carative caring behavior. Patient with a higher level of education would have a broader understanding about the needs of satisfactory nursing care, especially nurse's communication, attitudes, and other aspects of nursing care.

This finding differs from that of Laal from Iran who investigated the patient's perception on the quality of caring of the nurses.¹² Laal found that the patient level of education had significant results on their perception on the quality of nurse's caring. Laal concluded that the higher the level of education, the lower the patient's perception regarding the quality of nurse's caring; adversely, the lower the patient's level of education, the better their perception about caring quality of the nurses.¹² Nonetheless, finding of this study is supported by a study that demonstrates the relationship between the level of patient education and perception of nurse's caring behavior which found the level of education affects patient's perception in a positive direction.¹³ Someone with a higher level of education usually have higher expectations than others who have lower education, this is not the case in the present study.

Respondent's income had no significant relation to the perception of nurse's carative caring, this shows that the perception of patients was not significantly affected by their income. It is possible due to the respondents of this study were patients who lived in the urban areas, hence, there was no difference in their expectations, regardless of the income. The similar finding was explained by Karaca and Durna.¹⁴ Their study showed that there was no relation between income and nursing services. This finding similar to the one by¹⁵ that also concluded no relationship between patient's family income and nursing services. Another study from Akbulut¹⁶ that found the patient's perception regarding affected by nursing care and the patient-nurse interaction, not derived from the patient's income level. Research by Akhtari-zavare¹⁷ showed that patients with higher incomes may receive more information and have higher expectations, whereas low-income patients tend to be easily satisfied with service they received.

Lastly, a significant correlation was found between the self-acceptance and the patient's perception of carative caring behavior. The higher someone's self-acceptance, the higher the perception of nurse's carative caring behavior. Data showed that the most respondents have high self-acceptance. Patients with high self-acceptance have a positive attitude toward their lives and would be of higher

perception of the care provided by the nurse. These finding similar with a study on social support with self-acceptance which suggested that there was a significant link between social support with the self-acceptance of chronic renal failure patients by.¹⁹ Patients included in this study received continuous supports from their family and loved ones during the treatment and their illness trajectory. Moreover, the patients have accepted all the disease and discomfort stemmed from the disease. They had accepted their suffering as the destiny of the God thus they were patience and sincere. The nurses had also provided continuous support to the patients, listen to the patient attentively, and empathize with the patient's problem thus it helped the patients to be able to underwent treatment well. This is support a statement by Kozier that states caring enabled patients to improve a person's self-actualization, lowered stress and enhanced good self-esteem.²⁰

Conclusion

Factors related to the perception of patients on nurse's carative caring were education and self-acceptance of patients. The experience of hospitalization and income has no relation to the patient's perception of nurse's carative caring.

Conflict of interest

The authors declare no conflict of interest.

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