Surveying the caring behaviors of nurses working in the cancer sectors affiliated to Tehran University of Medical Sciences

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Abstract: Objective: The practice of assisting, providing, or facilitating the care for patients or other groups with hidden or obvious needs is to improve or improve the human condition or lifestyle, and there is a dynamic process in the service of patients that can Patients' satisfaction levels affect health care providers, especially nurses. Hence, recognizing caring behaviors and its dimensions can help nurses to provide better and more effective care. Materials and Methods: This is a descriptive cross-sectional study. So, 102 nurses working in the cancer wards of Tehran University of Medical Sciences were selected by convenience sampling method in 2013. The data gathering tool was a demographic characteristics questionnaire and nurses' care behaviors questionnaire. For analyzing the data, descriptive and inferential statistics were used by SPSS software version 16. Results: The results of this study showed that the average and standard deviation of the total care behaviors from the nurses' point of view was 5.08 ± 0.66 which was the highest in "professional knowledge", and "respect for the other" the lowest mean score and deviation The benchmark is obtained. Conclusion: According to the results, most nurses focus on physical aspects of care and are less concerned with other aspects of caring behaviors that can affect the satisfaction of patients with nursing care that they receive.

Keywords: Nursing Care Behaviors, Department of Cancer, Medical Sciences

Introduction

One of the most important nursing paradigms is the care of the scholars of this field (1). Care is a major element in nursing that increases the health and well-being of patients (2). Bassett defines care as a clear sign of feeling, thought and action to provide the patient's or other's physical and mental comfort (3). Basically, care is a dynamic process in health and disease (6). In Woodward's view, physical components are related to the physical and mental components of the care and the psychosocial component to meet the psychological and emotional needs of the patient. Physical care behaviors include doing routines, physical activities, diagnostic interventions, treatments, training and problem solving in order to achieve the desired outcome and achieve physical recovery of patients. Psychosocial care behaviors also lead to confidence, acceptance of emotion, faith and integrity in behavior (4). Surveys on caring behaviors show that care in the various communities is not understood altogether (5). In general, acts, goals, and caring behaviors are different in different cultures because the social structure and cultural values of people are different (6). Wolf et al. in their study, five subscales of care behaviors include: respect for another, ensuring human presence, positive communication and positivity, professional knowledge and skills, and attention to other experiences, and then emotional including: Listening carefully to the patient's words, touching her, respecting, honesty, empathy with the patient, being patient, patient, and worried about being sick (7). In other words, good quality care is the right of all patients and the responsibility of all caring nurses (8). Cancer is now one of the greatest health problems. (9) The effect of cancer on a person is always a life-altering and fundamental experience, the consequences of which are repeated and prolonged from the onset of treatment. In this regard, there are many opportunities for nurses to help the patient improve their cancer experience. Thus, at each stage of the cancer process, nurses can provide care and support (10). In other words, nurses as caregivers have the opportunity to transfer care and feelings of care through their behaviors to cancer patients. According to Richardson et al., It has been shown that most of the needs of cancer patients are not met in the oncology sections (11). This study was carried out to

determine the importance of nurses 'caring behaviors in the field of health and to assess the care needs of patients, especially those in the cancer sectors who are in urgent need of care and care, with the aim of identifying caring behaviors from nurses' viewpoints towards correcting and correcting behaviors. Low importance has been taken.

Analysis method:

This study was a descriptive cross-sectional study. The research population was nurses working in cancer affiliated to Tehran University of Medical Sciences. The criteria for entering a study have a bachelor's degree in nursing and a clinical experience of more than 6 months, and the criteria for the departure of the head nurse responsible for the shift that is less involved in clinical work. The sampling was done in an easy and accessible way. The number of nursing staff employed in these centers was 123 and invited to enter the study. Finally, 102 eligible nurses participated in this study. In this research, two questionnaires were used to collect data including the following: Personal and occupational information questionnaire (age, sex, marital status, level of education and information such as work experience in cancer, economic status, work shift, Employment at more than one center). The nurses' care behaviors were assessed using a 42-item and 5-dimensional care behaviors questionnaire. The validity and reliability of the care behavior tool was previously investigated by Haji Nejad (12) entitled "Comparison of patient and nurse perspectives on care behaviors of nursing staff" and internal consistency method. Cronbach's alpha coefficient was calculated. Alpha coefficient for nurses was calculated 93%. Cronbach's alpha coefficient in the Urden study was 98% in 1996 (13). After obtaining a referral from the Faculty of Nursing and Midwifery, the researcher, from the Ethics and Research Committee of Tehran University of Medical Sciences, received a referral from the research deputy and referred to the educational centers, in order to observe ethical considerations in the research after

explaining the goals of studying and obtaining Satisfaction with nurses' cooperation was provided to them by questionnaires. The completed questionnaires were completed by self-report and collected after 24-48 hours from the delivery of questionnaires. For collecting samples and completing the statistical population for four months, they were referred to the sectors concerned on a continuous basis. The research constraints include the collection of self-reporting questionnaires, which can affect the results. In this study, the data were analyzed by SPSS software version 16 and analyzed by descriptive and analytical statistics. Including numerical indexes and absolute and relative abundance distribution tables, and mean value, standard deviation, diagram and relationship between variables were used for the correlation coefficient T, ANOVA test. (Relationship between demographic information and dimensions of caring behaviors, end results).

Results of the findings:

According to the results, the age range of 20 to 30 years was higher among nurses (41.2%). Most nurses in the cancer sectors have a history of work in the range of 1 to 5 years (62.7%). Nurses in the studied areas (40.2%) had work-shift work. Most of the nurses were female (74.5%) and married most of them are married (60.8%). Also, nurses working in the studied departments were officially or contracted (52.2%). Most of nurses reported their average economic status (68.6%). The findings of this study show that the mean and standard deviation of all nurses 'caring behaviors were 5.8 ± 0.66. The mean and standard deviation of dimensions of nurses' caring behaviors were respectively: knowledge and professional skill 5.33 ± 0.67, attention The other experiences were 5.29 ± 0.76% confidence in the human presence, 5.18 ± 0.69, respect for the other was 4.94 ± 0.75, and the correlation and positive tendency was 4.92 ± 0.74 (Table 1) Also, there was no relationship between demographic information and the nurses' caring behaviors (Tables 2 to 7).

Table 1. Nurses' Care Behaviors in Cancer Portions

Dimensions of care behaviors	Ave	S.D.
Respect for others: Includes a number of concepts including listening, time sharing	4.924	0.75
Communication and Positive Trend: Includes a series of concepts including a series of concepts including patient touch, patient trust, and more.	4.920	0.74
Confidence in human presence: Includes a series of concepts including: attending the patient's bedside, patience, and being inevitable.....	5.18	0.69
Professional knowledge and skills: Includes a series of concepts including a series of concepts, including showing your skills and knowledge	5.33	0.67
Attention to other experiences: Includes a series of concepts including a series of concepts, including prioritizing a patient, identifying unpleasant symptoms, and...	5.29	0.76
Total Care Behaviors	5.08	0.66

Table 2 - Measurement of Relationship between Nurses' Caring Behaviors and the Age of Nurses in Cancer Portions

Care Behaviors / Age of nurses	Average	Standard deviation
20-30	2.06	0.32
30-40	2.08	0.22
40-50	2.13	0.24
>50	2.38	0.1
ANOVA Test result	f=1.16 $df2$=98	P=0.327 $df1$ =3

According to the test result, there is no significant relationship between the total score of caring behaviors and age.

Table 3. Relationship between nursing care behaviors and gender of nurses in cancer sectors

Care Behaviors / Gender of nurses	Average	Standard deviation
Man	2.08	0.28
Female	2.09	0.27
T -test result	T-Test=0.160 p=0.874 df=100	

According to the test result, there is no significant relationship between the total score of care behaviors and gender.

Table 4. Relationship between nursing care behaviors and marital status of cancer nurses

Care Behaviors / marital status	Average	Standard deviation
Single	2.04	0.34
Married	2.11	0.22
T -test result	T-Test=0.160 p=0.874 df=100	

The result of the test showed that there is no significant relationship between the total score of caring behaviors and marital status.

Table 5. Evaluation of the Relationship between Nurses' Care Behaviors with Work Experience of Nurses in Cancer Portions

Care Behaviors / Work experience	Average	Standard deviation
1-5	2.08	0.22
5-10	2.07	0.44
10-15	2.14	0.22
15-20	2.13	0.02
ANOVA Test result	F=0.279 $df2$= 98	P=0.841 $df1$ =3

The results of the test show that there is no significant relationship between the total score of care behaviors and the work experience of nurses.

Table 6. Measuring the Relationship between Nurses 'Care Behaviors and Nurses' Employment Status in the Cancer Division

Care Behaviors / Employment status	Average	Standard deviation
Official	2.09	0.30
Contractual	2.08	0.25
Projective	2.12	0.13
ANOVA Test result	F=0.079 $df2$= 99	P=0.924 $df1$ =2

The results of ANOVA showed that there is no relation between the total score of caring behaviors and their employment status.

Table 7. Evaluation of the relationship between caring behaviors and shift work of nurses in cancer sectors

Care Behaviors / Shift work	Average	Standard deviation
Morning	2.07	0.42
Evening	2.18	0.22
Night	0.204	0.24
Morning and night	2.23	0.24
In circulation	2.37	0.18
ANOVA Test result	F=0.279 $df2$= 98	P=0.841 $df1$ =3

The results of ANOVA test indicate that there is no correlation between the total score of care behaviors and their shift work.

Discussion:
The findings of this study show that the mean and standard deviation of the total of caring behaviors from nurses' point of view was 5.08 and 0.66. The next is the highest level of knowledge and professional skill, and then the respect for the other has the lowest average score and standard deviation. These findings are in line with the results of a study conducted by Haji Nejad in 2011 on patients in the general public, general surgery, internal medicine, neurology, gynecology, and other parts of hospitals in Bushehr. The mean and standard deviation of the

overall care behaviors from the patient's point of view were 4.89 and 0.97 respectively and from nurses' point of view were 5.16 and 0.52, respectively.

Also, the dimensions of caring behaviors obtained in this study were as follows: they ranked the highest scores for positive knowledge and skill, respectively, for the lowest score (14). According to the results obtained from the scores of quality care behavior subscales, the score of "knowledge and professional skills" was higher than the other subscales, and the mean scores were placed on the good floor. Similar to the findings, in the Wolf study (7) on nurses 'caring behaviors and patient satisfaction, patients rated the nurses' technical and vocational skills as the highest score. Also, in a study by Khademian and Wieshfar (2008) entitled Understanding Nursing Students about the importance of their caring behaviors, among nursing students' viewpoints, different care behaviors, technical skills, and professional skills were more important. Perhaps the reason for the improvement of knowledge and professional restraint is the importance of nursing students to these skills more than other care behaviors (5).

In this study, respect and positive attitude from the viewpoint of nurses had the lowest score of the average dimensions of caring behaviors, which is consistent with the results of the study of Haji Nejad (14) in Bushehr, and on the other hand, the results of the Hajinejad study in Tehran, it is contradictory (15) and is not the same. Also, the results of a study by Green in 2004 are similar, so in this study, the relationship and tendency, as in the present study, earned the lowest score. Perhaps due to the fact that the positive relationship and the lowest score in the sub-scales of caring behaviors have been achieved, there is a shortage of nursing staff. The shortage of nurses is the most significant factor affecting the quality of nursing care (16).

Conclusion:

According to the results, most nurses focus on physical aspects of care and less on other aspects of caring behaviors that can affect the satisfaction of patients with nursing care. In any case, further studies in this field seem necessary.

Acknowledgment:

This article is from student thesis at Tehran University of Medical Sciences. In the end, we would like to extend our gratitude to the responsible authorities of the Faculty of Nursing Midwifery and Nurses working in the Cancer departments affiliated to Tehran University of Medical Sciences who collaborated with us in this study.

References:
1. Flynn S, Hulbert-Williams L, Bramwell R, Stevens-Gill D, Hulbert-Williams N. Caring for cancer patients with an intellectual disability: Attitudes and care perceptions of UK oncology nurses. 2015; 19(5):568-74.
2. Labrague LJ, McEnroe-Petitte DM, Papathanasiou IV, Edet OB, Arulappan J, Tsaras K, Fronda DC. Nursing students' perceptions of their instructors' caring behaviors: A four-country study. Nurse Educ Today, 2016; 41:44-9.
3. Murphy F, Jones S, Edwards M, James J, Mayer A. The impactof nurse education on the caring behaviors of nursing students, Nurse Education Today,2009; 29(2): 254–264.
4. Bassett C. Nurses' perceptions of care and caring. Int J Nurs Pract. 2002 Feb; 8(1): 8-15.
5. Salimi S, Azimpour A, Farkhoki M, Mohammad Zadeh. Nurses Understanding the Importanc of Caring Behaviors and Its Determinants, Urmia Nursing and Midwifery Faculty, Nursing & Midwifery Faculty, 2011: Volume 10, Number 1, 49...
6. Stuifbergenak B. S, Harrison TC, Beckker HA. Exercise, Functional limitation, and quality of life: a longitudinal study of persons with multiole dclerosis.,2006, Phys Med Rehabil.
7. Azadeh Farazi M, Mohammad Ali Zadeh S, Noohi A, Nikkan. Comparison of the Importance of Caregiver Services in Nursing and Midwifery, Kerman University of Medical Sciences, 1994, Journal Volume 1, Number 4, pp. 188-181 49.
8. Wolf ZR, Miller PA, Devine M. Relationship between nurse caring and patient satisfaction in patients undergoing invasive cardiac procedures. Medsurg Nurs;, 2003.12(6):391-6.
9. Redfern SJ, Norman IJ, Measuring the quality of nursing care: a consideration of differentapproaches, J Adv Nurs, Nov.1990; 15(11): 1260-71.
10. Barzegar m, Afzal e, Tabibi s j, Delgoshaei b, Relationship between Leadership Behavior, Quality of Work Life and Human Resources Productivity: Data from Iran, International Journal of Hospital Research,2012; 1(1): 1-14 .
11. Zamanzadeh V, Azimzadeh R, Rahmani A, Valizadeh L, Oncology patients' and professional nurses' perceptions of important nurse caring behaviors. BMC Nurs. 2010: 15; 9:10.
12. Baykalu S, Sokmen S, A description of oncology nueses' working conditions in Turkey. European Journal of Oncology Nursing. 2009; 13(5): 368–375.
13. Goncalves SA, Strong LL, Nelson M, Measuring Nurse Caring Behaviors in the Hospitalized Older Adult. J Nurs Adm,2016; 46(3):132-8.

14. Green A., Caring behaviors as perceived by nurse practitioners. Journal of the American Academy of Nurse Practitioners,2004; 16(7):283-90.

15. Hajinezhad M, Azodi P, Rafii F, Ramezanian N, Tarighat M. Perspectives of Patients and Nurses on Caring Behaviors of Nurses. Journal of Nursing and Midwifery. Journal of hayat. 2012; 17(4):36-45 .

16. Hajinezhad M, Rafei F, Jafarjlal A, Haqqani H.the relationship between nurse caring behaviors of patients with patient satisfaction. Journal's twentieth period. 2007; 20(49): 73-83.

17. Rafii F, Hajinezhad M, Haghani H.Nurse caring in Iran and its relationship with patient satisfaction. Australian Journal Oavdvanced Nursing; 2007, 26(2):75-84.

6/22/2018