

Nurses' Caring Behaviors

The perception of patients with cancer at the time of discharge after surgery

Emily K. Compton, MSN, RN, OCN®, Karen Gildemeyer, BSN, BSHA, RN, OCN®, Tina M. Mason, MSN, ARNP, AOCN®, AOCNS®, Susan R. Hartranft, PhD, ARNP, CNL, and Steven K. Sutton, PhD



BACKGROUND: Duffy's Quality-Caring Model guides nursing practice at the H. Lee Moffitt Cancer Center and Research Institute in Tampa, FL. No published studies using this model in oncology were found.

OBJECTIVES: The purpose of this article is to determine patients' perceptions of nurse caring behaviors at the time of discharge after surgery.

METHODS: A descriptive correlational design was used. Data were collected using Duffy's Caring Assessment Tool (CAT). Simple regression analyses were performed.

FINDINGS: Spearman's correlation coefficients between the scores and age, length of stay, and number of nurses caring for the patients were not significant. No significant association was found between surgical site and CAT scores, nor between gender, race, and disposition posthospitalization. Appreciation of unique meanings and mutual problem solving showed need for improvement.

KEYWORDS

caring; nursing; surgical oncology; Quality-Caring Model

DIGITAL OBJECT IDENTIFIER

10.1188/18.CJON.169-174



THE ART OF CARING FOR PATIENTS IS FUNDAMENTAL to nursing. Caring is the adjective used most frequently by students and nurses to describe the nursing profession and is a major component of nursing curricula (Duffy & Hoskins, 2003). Nursing care includes attending to patients' physical and psychological needs. The concept of nursing care may be interpreted differently by each patient, depending on his or her specific culture, socioeconomic status, gender, race, ethnicity, or age. Nurses often face barriers, including increased patient workload and patient acuity and decreased patient length of hospital stay, that may affect their ability to fulfill caring. In this era of emphasis on quality outcomes and patient satisfaction, exploring patients' perceptions of caring is important to ensure that nurses are providing care according to what the patients want or expect and not what nurses perceive.

Although caring has been termed as the essence and core of nursing, the concept of caring was not studied until the 1950s (Larson, 1995). In the late 1970s, the first national caring research conference convened. Research on caring became more plentiful with the work of Jean Watson in the 1980s. In 1988, caring was added as a term in CINAHL® (Brilowski & Wendler, 2005). However, little is known about patients' perspectives on caring. Although several studies regarding the caring patient-nurse relationship have been published during the past 30 years, few focused specifically on the perspective of patients with cancer.

The limited research found regarding perceptions of patients with cancer included studies that used instruments, such as the Caring Assessment Report Evaluation Q-sort (CARE-Q), developed specifically for use with patients with cancer, and the Caring Behaviors Inventory (CBI) (Zamanzadeh, Azimzadeh, Rahmani, & Valizadeh, 2010). This research has yielded mixed results regarding patients' and nurses' perceptions of caring.

In a systematic review of nurses' caring behaviors from an adult patient perspective, a contrast between patients' and nurses' perceptions of caring was found (Papastavrou, Efstathiou, & Charalambous, 2011). Overall, patients value instrumental and technical skills, including competency in performing activities, more than nurses themselves; nurses perceive their psychological skills and expressive caring behaviors as being more important than patients do.