

The Nurses' and Patients' Perception about Nursing Caring Behaviors at Tanta Mental Health Hospital

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Abstract: Caring has an ethical and a moral component and it is essential element in forming successful temporary relationships where goals and satisfaction can be achieved. The shortage of nurses, increasing admission rates coupled with the decreased length of stay for psychiatric patients have created a chaotic healthcare environment. The result of interactions in this type of environment may create or increase frustration, anxiety, and a sense of not being cared for by nurses. At the same time psychiatric nurses become anxious as to whether or not they are meeting their patients' needs. At is important that nurses understand and identify which behaviors patients view as caring behaviors in order to optimize the nurse-patient experience. This study aimed to: 1- Identify the patients' and nurses' perceptions about caring behaviours. 2- Compare between patients' and nurses' perception about nursing caring behaviours. This study followed the descriptive comparative research design. The present study was conducted in the psychiatric inpatient wards at "Tanta Mental Health Hospital", which is affiliated to the Ministry of Health. The target population of this study comprised into two categories: namely psychiatric patients and nurses who provide direct care to psychiatric patients (number 50 for both) who admitted to the previous mentioned setting. One tool was used to collect data for the study, caring behavior assessment tool (CBA). It aims to assess nurse caring behavior for both psychiatric patients and nurses. The study showed that, there are marked differences and similarities between both nurses' and patients' perception regarding nursing caring behaviors. The study recommended that, psychiatric nurse should gain an increasing knowledge and practice of what caring behaviors from the patient's view and should be educated to view the patient holistically, that is to assess and provide appropriate intervention for mental, physical and emotional needs.

[Nahed Ahmed Morsi and Aml Ibrahim Sabra. **The Nurses' and Patients' Perception about Nursing Caring Behaviors at Tanta Mental Health Hospital.** *Life Sci J* 2013;10(4):662-669]. (ISSN:1097-8135).
<http://www.lifesciencesite.com>. 84

Keyword: Caring behavior – Psychiatric patients- Nurses – Perception.

1. Introduction

Acts of caring are said to essential for human survival and development. Caring is an indispensable part of the nursing profession.. It has an ethical and a moral component and is an essential element in forming successful temporary relationships where goals and satisfaction can be achieved. ⁽¹⁾

Watson (2002) describes caring as a moral ideal of nursing. According to Watson, caring is “the process by which the nurse becomes responsive to another person as a unique individual, perceives the others feelings and sets that person apart.” Nurse' caring preserves human dignity in cure dominated health care systems and becomes a standard by which cure is measured⁽²⁾ In the same direction, **Leininger (1995)**, recognized caring as an essential requirement for human growth, development, and survival ⁽³⁾

Psychiatric nursing is an ultimate bridge between psychosocial dimensions and medical dimensions of care for mentally ill patients ⁽¹⁾. A hospitalized psychiatric patient receives services from a range of health care professionals, but it is through psychiatric nursing that the patients experience most aspects of hospital care. One may argue that caring is a common concept among various disciplines and is not unique to

the discipline of nursing, however, they may not express it in a holistic way ^(4,5). For instance, the physician care predominantly operates in the biological and physiological domains, and social workers' expression of caring is primarily in the social realm. Only psychiatric nurses are concerned with the patient as a whole and declare caring for the totality of an individual as one of the essential concepts to nursing. Thus the holistic view of a person makes caring a unique concept of psychiatric nursing and distinguishes nursing from other disciplines ^(6,7)

In mental health nursing practice, the evidence supports the healing power of caring. If the nurse is able to develop a caring relationship with the patient, not only ill healing occur, but the patient's spiritual and emotional needs can also be addressed more effectively⁽⁸⁾. The shortage of nurses and increasing admission rates coupled with decreased length of stay for patients in psychiatric hospitals have created a chaotic health care environment. This type of environment may not only leave nurses anxious as whether or not they are meeting their patients' need but also create frustration, anxiety and a sense of not being cared for by nurses ^(9,10). The importance of knowing what patients perceive as caring behaviour is a key

element to provide compassionate nursing care^(4,6). **Lathman (1996) and Davis and Duffy (1999)** describe the relationship between nurse caring behaviours and patient satisfaction as having a high correlation^(11, 12). In this sense, **Issel and Kahn (2007)** report that caring behaviours enhance patients' satisfaction and patients who feel cared for are more likely to communicate their needs effectively, they become active participants in their own care, and seek litigation less often⁽¹³⁾.

In psychiatric nursing, nurse and patient like all other human beings, have a unique perspective in which they perceive, comprehend and interpret real life situations concerning health-related phenomena, such as caring⁽¹⁰⁾. **Valentine(1997)** noted that the meanings and behaviours of caring are contextually specific and thus it is imperative to understand them as viewed by patients and nurses before examining their perception of lived caring experience⁽¹⁴⁾. Consensus between patients and nurses leads to greater patient satisfaction and effective nursing care relies on congruent or harmonious nurse –patient perception of needs while differing perceptions of important caring behaviours may potentially lead to poor communication between patients and nurses and patient dissatisfaction with care provided^(15,16). Thus it is imperative for a psychiatric nurse to understand nurse caring behaviours as viewed by patients and nurses and what are the best approaches to provide care before examining their perception of lived caring experience^(17,18). For that reason, the nurse must focus on building a relationship that allows the recognition of what is important to the patient, therefore the potential for perceptual incongruity in this domain led to the study of nurses and patients perceptions and examine if there are differences between them.

Aim of the study

This study aimed to:-

1-Identify the patients' and nurses 'perceptions about nursing caring behaviours.

2-Compare between patients' and nurses 'perceptions about nursing caring behaviours.

Research question

1-What is the patients' and nurses 'perceptions about nursing caring behaviours?

2-Is there differences or similarities between the patients' and nurses 'perceptions about nursing caring behaviours?

2. Materials

Study design:

This study followed a descriptive comparative design.

Setting:

The present study was conducted in the psychiatric inpatient wards at "Tanta Mental Health

Hospital", which is affiliated to the Ministry of Health. The capacity of the hospital is 75 beds (three wards for men including 50 beds, and two wards for women including 25 beds), and provides health care services to Gharbya, Menofia, and kafr-elsheikhgovernates.

Subjects

The target population of this study comprised two categories:

1) Psychiatric inpatients:-

Fifty psychiatric patients who are able to communicate and relevantly and agreed to participate in the study were included in the study.

2 -Nurses subjects:-

Fifty nurses who provide direct care to psychiatric inpatients who in the previously mentioned setting and agree to participate in the study.

Tool of the study

One tool was used to collect data for the study.

Caring Behaviour Assessment Tool (CBA)

The caring behaviour assessment tool was originally developed by Cronin and Harrison (1988)⁽¹⁹⁾. It aims to assess nurse' and patient' perception regarding nurse caring behaviour. The caring behaviour assessment tool (CBA) is a 63 item questionnaire that uses a 5 likert scale to reflect the degree to which each nursing behaviour reflects caring. It is ascending scale from 1=little importance to 5= much importance (1=Little importance, 2,3,4, 5 = Much importance). It ordered in seven subscales, the subscales with their respective items numbers :- Humanism / faith – hope/sensitivity 1-16, Helping trust 17-27, Expression of positive /negative feelings 28-31, Teaching / learning 32-39, Supportive, protective- corrective environment 40-49, Human needs assistance 50-60, Existential /phenomenological / spiritual forces 61-63.

This tool was supplemented by socio-demographic and clinical experience structured interview schedule which was developed by the researchers to elicit data about socio-demographic characteristics of the studied nurses, sex, age, marital status, residence, as well as their clinical experience such as level of education, years of experience, position in nursing career. In addition to Patient's socio- demographic and clinical data structured interview schedule that was developed to elicit data about -demographic characteristics of the studied patients such as sex, age, marital status, occupation, as well as clinical data which include duration of illness, number of previous admission, mode of current admission.

Method

An official letter was addressed from the Dean of the faculty of nursing to the director of the identified study setting to request their permission and cooperation to collect data.

Tool of the study was translated by the researcher to Arabic language and was validated by a jury to ensure the content validity of the translation. The jury consisted of five experts in the psychiatric medicine and psychiatric nursing fields. The required correction and modifications were carried out accordingly.

Test-retest reliability was applied on 10 studied subjects (nurses and patients) with a 2 week interval to ascertain the reliability.

Before embarking on the actual study, a pilot study was carried out to test the clarity, applicability, and feasibility of the tools. In addition, it served to estimate the approximate time required for interviewing the patients as well as to find out any problem or obstacle that might interfere with data collection. The pilot study was conducted on five patients as well as five nurses after explanation of the purpose of the study and pointing to their right to agree or refuse to participate in the study. These patients and nurses were later excluded from the actual study subjects. The pilot study took nearly 10 days. After its implementation and according to its results, the necessary modifications were made.

The study subjects participated in this study on a voluntary basis. Verbal consent was obtained from the study subjects after explanation of the study and its purpose and assurance that the data will be confidential and used only for scientific research.

Every studied patient was interviewed individually during 30-45 minutes according to patient's willing to participate. It was hand distributed to studied nurses to fill it in the presence of the researcher to clarify any ambiguity.

Statistical Analysis

The SPSS for Windows version 18.0 software package (SPSS Inc, Chicago, IL) was used for statistical data analysis. Data were expressed as Number and percentage. We used mean±SD for quantities data and compare it by student t-test. And if P-value < 0.05 was considered as statistically significant.

$$Weight \sum (w1*f1)+(w2*f2)+(w3*f3)+(w4*f4)...$$

$$W1=1 \text{ scale, } w2= 2, w3=3.....$$

F1= frequency of first scale, F2 =frequency of second scale

3. Results

Table (1) shows the distribution of the five most importance of nurse caring behaviours as perceived by patients. From this table, it appears that nurse caring behaviours of " Treat patient with respect, " Treat

patient as an individual " and " Really listen to patient when patient talks " were reported by nearly one hundred percent of the studied patients (98.00%, 97.60 %, 97.20%) respectively as a significant indicator of caring behaviour. These highest ranked behaviours were part of " Humanism / faith /hope/ sensitivity " subscale that was ranked first overall in importance of behaviours by the patients to convey a sense of caring.

Data analysis of the five most important nursing caring behaviours as perceived by the studied nurses presented in table (2) indicated that all nurses (n=50,100%) participated in the present study considered behaviours of " Know how to give shots, IV,etc.", "Give patient treatment and medication on time" followed by 99.60% of them mentioned "Know how to handle equipment " as a significant indicator of caring behaviours. Each of these items were part of the " Human needs assistance " subscale which ranked first overall in importance of caring behaviours perceived by nurses.

Data analysis of the five least important nursing caring behaviours as perceived by the studied patients were presented in table (3) indicated, the lowest statistically weight responses of patients referred to the following statements " Visit patient if patient move to another unit", "Help patient set realistic goals for his/her health", "Help patient plan for his/her discharge from the hospital" (36.00%, 38.40%, 38.80%) respectively.

Table (4) described the five least nursing caring behaviours as perceived by studied nurses. The findings showed that the nurse caring behaviours given lower ranking weight score were "Help patient see his/her past experience ", "Tell patient what expected during the day " and " Visit patient if he/ she move to another unit " (30.00%, 30.00%, 31.20%)respectively.

Table (5) illustrated the comparison of mean and standard deviation of between Patients' and Nurses' perception regarding caring behaviours assessment subscales. It was noticed that there was no significant difference between patients' and nurses' perception regarding " Humanism / faith -hope/sensitivity", "Helping /trust" and "Teaching / learning" subscales, meanwhile the same study revealed that there was significant difference between patients and nurses regarding " Expression of positive /negative feelings " and " Human needs assistance" subscales (t = 2.642, 2.825, p < 0.05 respectively), whereas patients more than nurses value " Expression of positive /negative feelings "subscale and nurses more than patients value " Human needs assistance" subscale.

Table (1):- Most Important Nursing Caring Behaviors As Perceived By The Studied Patients

Caring Behaviours Statements	Studied Patients' Perception (N= 50)											W 250	%
	5 Much Importance		4		3		2		1 Little Importance				
	N	%	N	%	N	%	N	%	N	%			
Treat patient with respect.	45	90	5	10	0	0	0	0	0	0	0	245	98
Treat patient as an individual.	47	94	0	0	3	6	0	0	0	0	0	244	97.6
Really listen to patient when patient talks.	44	88	5	10	1	2	0	0	0	0	0	243	97.2
Be kind and considerate.	43	86	4	8	1	2	1	2	1	2	2	237	94.8
Make patient feel someone is there if patient need them	38	76	9	18	2	4	0	0	1	2	2	233	93.2

Table (2):- Most Important Nursing Caring Behaviors as Perceived by the Studied Nurses

Caring Behaviours Statements	Studied Nurses' Perception (N= 50)											W 250	%
	5 Much Importance		4		3		2		1 Little Importance				
	N	%	N	%	N	%	N	%	N	%			
Know how to give shots, IV, etc.	50	100	0	0	0	0	0	0	0	0	0	250	100
Give patient treatment and medication on time.	50	100	0	0	0	0	0	0	0	0	0	250	100
Know how to handle equipment.	49	98	1	2	0	0	0	0	0	0	0	249	99.6
Are cheerful.	48	96	2	4	0	0	0	0	0	0	0	248	99.2
Help patient with his/her care until he is able to care his /her self	47	94	1	2	1	2	1	2	0	0	0	244	97.6

Table (3) – Most Least Important Nursing Caring Behaviors as Perceived by the Studied Patients

Caring Behaviours Statements	Studied Patients' Perception(N= 50)											W 250	%
	5 Much Importance		4		3		2		1 Little Importance				
	N	%	N	%	N	%	N	%	N	%			
Visit patient if patient move to another hospital unit.	8	16	0	0	4	8	0	0	38	76	90	36	
Help patient set realistic goals for his/her health	10	20	2	4	0	0	0	0	38	76	96	38.4	
Help patient plan for his/her discharge from the hospital.	11	22	1	2	0	0	0	0	38	76	97	38.8	
Talk patient about his/her life outside the hospital.	12	24	0	0	3	6	3	6	32	64	107	42.8	
Help patient feel like I have some control.	12	24	1	2	3	6	9	18	25	50	116	46.4	

Table (4) Most Least important Nursing Caring Behaviors as Perceived by The Studied Nurses

Caring Behaviours Statements	Studied Nurses' Perception(N= 50)											
	5 Much Importance		4		3		2		1 Little Importance		W 250	%
	N	%	N	%	N	%	N	%	N	%		
Help patient see that his/her past experiences are important.	4	8	1	2	0	0	6	12	39	78	75	30
Tell patient what to expect during the day.	4	8	0	0	1	2	7	14	38	76	75	30
Visit patient if he/she move to another hospital unit.	5	10	0	0	4	8	0	0	41	82	78	31.2
Help patient plan for his/her` discharge from the hospital.	4	8	0	0	5	10	9	18	32	64	85	34
Talk to patient about his/her life outside the hospital.	9	18	0	0	4	8	14	28	23	46	108	43.2

Table (5) :- Comparison of mean and standard Deviation of weight response of Nursing Caring Behaviors Assessment Subscales between Patients and Nurses

Rank	Nursing Caring Behaviors Assessment Subscales	Weight (%)						T-test	
		Patients(N=50)			Nurses (N=50)			t	P-value
		Mean	±	SD	Mean	±	SD		
X1	Humanism / faith – hope/sensitivity	86.45	±	7.71	82.68	±	8.89	1.284	0.209
X2	Helping /trust	72.11	±	21.08	71.09	±	19.63	0.117	0.908
X3	Expression of positive and negative feeling	78.10	±	7.43	61.20	±	10.42	2.642	0.038
X4	Teaching /learning	54.10	±	11.42	59.60	±	21.72	-0.634	0.536
X5	Supportive environment /protective/corrective	71.70	±	16.20	78.10	±	22.34	-0.803	0.430
X6	Human needs assistance	74.58	±	15.71	92.67	±	11.04	-2.825	0.012
X7	Existential/spiritual forces	76.27	±	18.24	73.20	±	37.45	0.128	0.905

4. Discussion

A key value associated with mental health practice when working with mentally ill patients towards their recovery is adopting a caring approach. To effectively improve the cure the mental illness that impairs the patients' life, the nurse must establish caring relationship with the patients to attain their trust so they will adhere to nurse's advice regarding treatment.^(8,12)

The findings of the current study demonstrated marked difference between nurses' and patients' perception in the ranking the five most important nursing caring behaviours. A comparison of these top 5 items between patients and nurses' perception revealed that patients gave a higher ranking to the following behaviours "Treat patient with respect.", "Treat patient as an individual", " Really listen to patient when patient talks", " Be kind and considerate" and "Make patient feel someone is there if patient need them", in which these behaviours were part of " Humanism / faith /hope/ sensitivity " subscale that was ranked first overall in importance of behaviours by the patients to

convey a sense of caring. On the other hand nurses valued " Know how to give shots, IV,etc.," "Give patient treatment and medication on time" and "Know how to handle equipment " as a significant indicator of caring behaviours. Each of these items were part of the " Human needs assistance " subscale which ranked first overall in importance of caring behaviours perceived by nurses.

In the same time, it can be said that, patients valued aspects of " humanism/faith / hope" subscale most highly, whereas nurses valued aspects of " Human needs assistance" subscale most highly. This can justified clinically as studied nurses perceived their main role is administration of medication and give more attention to patient's physical needs and physical care and this may be attributed to increase ratio of the patient to the number of the nurses and this may lead to nurse have no time to talk or listen to the patient. Also, nurses are held responsible legally for giving medication and reporting to the physician, if they neglect giving medication, they will have a poor evaluation from their direct supervisors. At this point

some questions should be asked, if the nurse doesn't talk with the patient about his problem? If the nurse doesn't listen to the patient? Will she have a poor evaluation from her direct supervisors? Do supervisors take into their consideration how nurses deal with patients? Does the main role of the studied nurses who working with psychiatric patients is giving medication? It is expected that the answer to these questions is No. But the finding of the current study revealed the contrary. This may be attributed to the nurse reveals the moral stance of caring is primarily the gratification of unmet physical needs and the monitoring of patients behaviours related to physical care are prioritized. This result was supported by different studies carried out in different settings that such as emergency department, oncology department, patient with myocardial infraction as well as psychiatric patients, in all previous studies nurses valued the clinical competence aspect and handle equipment as the best behaviour that demonstrates caring for patients⁽¹⁹⁻²²⁾. This denote that regardless of setting of caring, nurse prefers clinical competence. These current findings refer to real problem that cannot be ignored, nevertheless the primary objective of mental health nursing should be to form therapeutic human relationship, everything else should be secondary.

In contrast to the nurses' perception, patients perceive "Treat patient with respect.", "Treat patient as an individual", " Really listen to patient when patient talks", " Be kind and considerate" and "Make patient feel someone is there if patient need them" as the five most important caring behaviour that conveyed nurse's care. This is may be due to the fact that when talking about psychiatric patient, we talk about patients with special conditions. People with mental health problems may be reluctant to trust others because they are in emotional pain and fear of becoming misunderstood. In the same line studies show that clients hospitalized in psychiatric units may be particularly vulnerable to feelings of disrespect or being treated as inferior and uninvolved and they always seek for respect and trust^(1, 4, 23).

In this sense, **Shattell et al (2008)** stated that the demonstration of respect for all patients helping them on their weakness and enhancing their strength help them achieve a sense of worthiness. A respectful relationship can counter balance feelings of loss of control, sense of not being seen or heard and compromised patient's integrity⁽⁹⁾

The quality of the relationship with health care providers may be another assumption to this result as one patient in the present study comments that the hospital staff particularly nurses do not know them, they read their names on the records when they call them to take their medication and the patients hope that the hospital staff treat them as a person not just as a

diagnosis. In the study carried by **Sabra (2008)** on the Egyptian patients, they reported that they feel cared when they are treated as individuals and when they believe that nurses anticipate their needs. In the same study, the absence of the relation was mentioned by a great sector of the patients⁽²⁴⁾. **Battaglia (2006)** found that the single best predictor of patient's progress among schizophrenics was the patient's perception of the nurse's interest in him or her as a person⁽²⁵⁾. The result of the present study is supported by the study carried out by **VonEssen, & Sjoeden (1995)** on psychiatric patients which " treat me as individual " was selected as the most nursing caring behaviour that conveyed care⁽²²⁾. From the results of the present study and previous studies, it becomes obvious that patients with mental problems might be in more need of being accepted and cared for with respect and dignity and the chronic mentally ill patients usually face situations that can be embarrassing, frightening, painful and exhausting. Whatever the feeling or symptoms, the development of a respectful relationship should precede the prescription and administration of the drug.

On the other hand, the findings of the current study demonstrated similarities as well as differences between nurses' and patients' perception in the ranking of the five least important nursing caring behaviours. Patients and nurses agreed on 3 behaviours out 5 of the least caring behaviour. " Visit patient if patient move to another hospital unit" "Talk to me about my life outside the hospital" and "Help me plan for my discharge from the hospital". Looking at these statements, it can be concluded that the relationship between nurse and patient start and end inside the hospital and once patients are discharged from the hospital, they don't want to live the experience of hospitalization again. Some patients comment that the hospital looks like a prison. This may be attributed to poor or absence of therapeutic relationship between nurses and patients as mentioned before. Stigma of mental illness may be another assumption as the patients don't want anyone remind them with their hospitalization when they are out of the hospital. Thus, for many patients, the need for hospitalization means that they can longer deny their symptoms or problems and others perceive that hospitalization means that they agree with the label of crazy or psychotic, regardless of whether they experience symptoms relief and improved functioning as a result^(23,26).

An expert psychiatric nurse as one who facilitates patients learning by integrating patient education throughout the delivery of care. Despite this both patients and nurses in the present study didn't stress on the importance of teaching/ learning subscale and in the same time the teaching/ learning subscale was ranked by both nurses and patients as least important subscale. This result may be attributed to the lack of

quantity and the quality of the instruction given to the patients that is probably related to the assumption made by the nurse that mentally ill patients are not competent enough to receive instructions about their medication and illness because of their lack of insight or distorted thinking. Another assumptions of this result is probably attributed to the fact that some nurse are lacking knowledge about medication and disease which make them unwilling to provide teaching to the patients. In the study carried by **Harfoush (2012)** at the same setting of the present study to assess the knowledge of the nurse about psychiatric diseases, the study found that 40% of psychiatric nurse had wrong information and about three quarter of nurses gained their information from contact with patients and only 28% of nurses depend on scientific book in gained their information.⁽²⁷⁾

Needless to say that, nurse is a source of safe for the patient and nurse must earn clients' trust through caring presence and sensitive interaction. In this respect **Pike (1999) & Mc Queen (2000)** reported that the nurse is a pivotal figure in patient care and is best placed to provide much of psychological and emotional care.^(28,29) Despite this, results of the present study still confirmed that patients still need someone to listen attentively to them, to understanding their feeling and to encourage them express negative feeling before his positive feeling. The results revealed that patients valued significantly more than nurses did the items categorized under "Expression of positive and negative feeling" subscale. In addition, Expression of positive and negative feeling" subscale was ranked six overall in importance of behaviours by the nurses and second overall in importance of behaviours by patients to convey a sense of caring. This results suggesting that interpersonal nurse- patient relationship may not be considered very important in this area of practice. Therapeutic relationship between nurse and patients was found to impact on enablement outcome and patient expectation and there is an association between interpersonal continuity of care and reduced patient's hospitalization.^(1,4) In psychiatric study, results found that patients consider affective aspects of caring as the most important aspect of care meanwhile nurses ranked physically based caring behaviours higher than affective one⁽²²⁾. Additionally, the ability of the nurse to manage patients emotions can lead to be more respectful, attentive and trustful towards patients and makes patients more comfortable about disclosing their feelings.⁽³⁰⁾

Finally, Patients satisfaction with nursing care is the degree of congruence between nurses' and health service users regarding caring behaviours. Results of this study demonstrated discrepancy between two groups in the ranking of most and least important caring behaviours and in 2 subscale out of 5 of caring

behaviours assessment subscales. This discrepancy in nurses' and patients' perception regarding behaviours of caring assure that the majority of psychiatric patients' needs remain unmet in psychiatric wards and patients' dissatisfaction with the care received. Ideally, there is no reason to rational this discrepancy in nurses' and patients' perception regarding behaviours of caring but actually it may be attributed to the main fact that studied nurses in this study do not realize to it which is " mental health nursing care occur within the relationship of the mental health nurse and the mentally ill patient. Caring is the central to the nurse-patient relationship and if the nurse able to develop a therapeutic relationship with the patient, the patients' needs can be addressed more effectively. The increasing complexity of caring and patient needs and shortage of staff are another reasons, may influence nurses' ability to adopt a holistic approach in caring the patients which in turn lead patients to seek a more particularistic approach. In this respect, researchers said that due to compromised nurse – patient ratio resulting in nurse has no time and energy to routinely detect and monitor the concerns of patients, burn out of nurses, declining the quality of care and caring behaviour that nurses should exhibit are compromised.^(10,22) In this sense, study carried by **Wolf et al(2008)** evaluated the impact of reducing work intensity alongside implementing key caring behaviours, the results of this study indicated that improvement in job fulfilment because staff were able spend more time caring patient.⁽³¹⁾ Another assumption to this discrepancy in nurses' and patients' perception regarding behaviours of caring is some patients may not be willing to participate in decisions associated with their own nursing care. However, inherent in the ethic of a caring profession such as nursing is that patients should participate in decisions concerning their own care and nursing literature maintains that patient's active involvement in the caring situation is prerequisite to individualized and holistic care.⁽³²⁻³³⁾

Conclusion

This study focused on nurse's perceptions about nursing caring behaviours for the patient as well as patient's perceptions about this caring. A comparison was done between patients and nurses' perception about what constitutes the most and least important caring behaviours. The study showed that there are marked differences and similarities between both nurses' and patients' perception regarding nursing caring behaviours.

Recommendations

- Psychiatric nurses should be educated to view the patient holistically, that is to assess and provide

appropriate intervention for mental, physical and emotional needs.

-There is a need to promote a patient –focused philosophy and develop common understanding of caring to improve nurse – patient interaction, to plan, implement and evaluate caring that is not based on assumption.

-In psychiatric service training,nurse should gain an increasing knowledge and practice of what caring behaviours from the patient's view.

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12/11/2013