A Medical-Surgical Nurse's Perceptions of Caring Behaviors among Hospitals in Taif City

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Abstract: Caring is considered a universal need, central concept for nursing and an important component in the delivery of nursing care. The literature is rich of previous studies that focused on perceptions of nurses toward nurse caring behaviors, but most of these studies were conducted in western communities. **The purpose:** identify a medical-surgical nurse's perceptions of caring behaviors among hospitals in Taif city. **Method(s):** A convenience sample of 90 nurses of two major hospitals in Taif city were completed the demographics questionnaire, and the Caring Behavior Assessment (CBA) questionnaire. **Results:** Nurse participants ranked the four items from Humanism/Faith-hope/ Sensitivity subscale as the most important caring behaviors, while three items from Helping/trust subscale had the least important caring behaviors, there is a statistical significances between demographic characteristics of nurses regarding educational qualifications and Expression of positive\negative feelings, Supportive\protective\corrective environment, and Humanism \faith-hope\sensitivity also between years of experiences and Supportive\protective\corrective environment and Expression of positive\negative feelings. **Conclusions & Recommendations:** This study provided evidence that nurses recognized overall caring behaviors and each individual subscales as important and the applicability of Watson's theory in Middle Eastern cultures**.** It is recommended to develop a more comprehensive and short quantitative tool to measure caring for future researches, studying of medical-surgical patients' perceptions of caring behaviors among hospitals in Taif city is also recommended.

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1.Introduction:

Caring has historically been the cornerstone for how and why nurses practice, teaches, and advocate. Nurse caring is more than just a general broad layperson notion of giving, sharing, and attending to, respecting, honoring, and loving. Vance, T. (2012) stated that nurse caring is dependent upon the specific patient needs and the healthcare setting. Only once the specific patient needs and the healthcare setting are evaluated do nurses decide upon an appropriate caring approach for the patient (Boev, C., 2012). Patients' perceptions of how they want to be cared for is reflected in many studies on quality of care.

Complaints of poor attitude among health care workers toward patients appear to be increasing because of the perception that health care professionals are increasingly distancing themselves from patients and giving impersonal care especially in overcrowded medical-surgical units. It is, therefore, of the utmost importance to know about Medical-Surgical Nurse's Perceptions of Caring Behaviors (Baldursdottir & Jonsdottir, 2002).

In 1999 McCance, *et al*., assure that caring and nursing have always been thought of synonymously. Most individuals choose nursing as a profession because of their desire to care for other individuals. Caring as a central concept has led to the development of several caring theories. Two well-known theories were developed in the 1970's, Leininger's Theory of cultural care and Jean Watson's Theory of human caring. Jean Watson (2003) defines caring as a science that encompasses a humanitarian, human science orientation, human caring processes, phenomena, and experiences. Caring science includes arts and humanities as well as science. A caring science perspective is grounded in a relational ontology of being-in-relation, and a world view of unity and connectedness of all. Transpersonal Caring acknowledges unity of life and connections that move in concentric circles of caring-from individual, to others, to community, to world, to Planet Earth, to the universe. The literature is rich of previous studies that focused on perceptions of nurses toward nurse caring behaviors, but most of these studies were conducted in western communities. However, there were a few studies that were conducted in Arabic communities. Studies exploring the care experience from nurses' perspectives described care processes as "difficult."

None of these studies were conducted in Taif, and sociocultural contexts significantly affect perceptions of caring.

Also A number of previous studies which were conducted to study nurses' perception toward nursing behaviors in different clinical units and departments including emergency, oncology, psychiatric, and coronary care units are reported, in order to facilitate analyzing and comparing perceptions of both nurses and patients toward nursing behaviors but there is a few studies in medical-surgical units which are the common caring sites with large patients populations numbers. Greenhalgh *et al.* (1998) conducted a quantitative descriptive study to examine caring behaviors and how they relate to nurses' practice from the psychiatric and general nurses' views. A convenience sample of 118 nurses (69 psychiatric and 49 general nurses) were asked to rank a group of caring behaviors that were categorized into six subscales in CARE-Q scale. The findings showed that there were no differences between psychiatric and general nurses' perception toward caring behaviors and there was agreement on the order of CARE-Q subscales with "monitors & follow up", "explain & facilitate", and "comforts" being ranked as most important subscales as viewed by general and psychiatric nurses. These findings were not congruent with the results of earlier studies conducted by von Essen & Sjödén (1991, 1993) which revealed that emotional aspects of caring was the most important component of nursing as perceived by both psychiatric nurses and somatic care nurses.

Moerman M. (1996) conducted a descriptive study to identify perceptions of caring behaviors held by nurses who practiced in emergency department. To measure perceptions of caring behaviors, the researcher used Semonin – Holleran instrument which was developed in 1990 depending on Watson's ten creative factors, and consisted of 30 statements that represented specific nursing caring behaviors. The questionnaires were distributed to 23 nurses practicing in the emergency department of a community teaching hospital. The results revealed that emergency nurses perceive "providing comfort" as the most important caring behavior. On the other hand, the results surprisingly showed that nurses perceived statements of "Being able to start my I.V ", and "Being able to give shot" as least important behaviors. Some participating nurses commented about their perceptions as that being technically competent is not a component of care but it is essential part of their job as nurses ,and they stated that explanation of what you are doing – as a nurse - for patient is more important as caring behavior rather than being technically able to perform skills. In addition, nurses perceived the statements of " Letting me cry", and " not leave me alone" as being of least important caring behaviors , and this indicated that psychological caring behaviors were least important caring behaviors in emergency department , and this support findings of previous studies done in emergency rooms.

In order to study of medical-surgical nurse's perceptions toward nursing behaviors, Rosenthal (1992) used CARE-Q scale (Larson, 1986) to identify the most and least important caring behaviors as perceived by 30 nurses who were working in CCUs in three not-for-profit hospitals. The Results revealed that nurses saw that listening as the most important caring behavior. More recently, O'Connell and Landers (2008) investigated perceptions of 40 critical care nurses toward nurses' caring behaviors in an Irish critical care unit. The 63- Caring Behavior Assessment (CBA) scale was used .The results revealed that items of " knows what you are doing", "treat the patient with respect", "treat the patient as an individual" "reassure the patient", "is kind and considerate", "know when the patient has had enough and act accordingly" and 'maintain a calm manner" were perceived as the most important caring behaviors, and these items belong to the (humanism/faith—hope/sensitivity) subscale. In other words, the findings of this study showed that affective component of caring was the most important as perceived by critical care nurses.

Yam and Rossiter (2000) used a qualitative design to identify caring behaviors as perceived by registered nurses in Hong Kong in their clinical settings, barriers to these behaviors and possible ways to overcome the barriers. The researchers conducted individual interviews with 10 registered nurses, and asked them three major questions: "Can you describe what you perceive as caring behaviors in your clinical setting?", What could prevent you from being as caring as you would like to be?", and" How could your caring behaviors be enhanced in your clinical setting?". The findings of this study revealed that Hong Kong nurses categorized nursing care behaviors into three major categories including: "Trying one's best to meet clients' needs", "Demonstrating effective communication and interpersonal skills" and "Providing a supportive environment". The category of (Trying one's best to meet clients' needs) included behaviors such as "Assessing psychosocial backgrounds prior to nursing actions", "Assisting clients to meet their bio-psychosocial and spiritual needs", and "Providing care tailored to client's needs". Whereas (Demonstrating effective communication and interpersonal skills) category included behaviors such as "Active listening", "Keeping clients aware of their condition", "Explaining nursing actions to clients and significant others", Demonstrating congruent non-verbal language", and "Demonstrating affective self". And finally the category of (Providing a supportive

environment) included behaviors such as "Co-operating and helping one another", "Providing good role modeling.

The study aimed to:

Identify a medical-surgical nurse's perceptions of caring behaviors among hospitals in Taif city.

Research questions of this study were:

1 - Which nursing caring behaviors that perceived as the most important caring behaviors by nurse who are working in medical surgical units?
2 - Which nursing caring behaviors that perceived as the least important caring behaviors by nurse who are working in medical surgical units?
3 - Are there any correlations between nurses' demographics and their perceptions toward nursing caring behaviors?

2. Subjects and Methods

Research design

A quantitative descriptive correlational design was used for identifying perceptions of nurses toward nurse caring behaviors in medical surgical units in Al-Taif city, and the researchers just observe without any intervening.

Sample

A Nonprobability convenience sample of 90 nurses who are working in the previously mentioned settings (King Abdelaziz Specialty hospital and King Faisal hospitals were participated in the study.

Inclusion criteria of nurse who participated in this study include was:

a) All nurses must have at least 6 months of clinical experience.

b) All nurses must be able to read and comprehend English.

Instrumentation

Two types of questionnaires were used in this study. The first one was the demographic data questionnaire, which was developed by the researcher to collect data associated with the major demographic variables of nurse participants. Another questionnaire was Caring Behavior Assessment (CBA) scale which was used to measure nurses' perceptions of nurse caring behaviors which has a good psychometric properties based on the well-known Watson's Ttanspersonal theory (Wu, *et al*., 2006).

Demographic Data Form:

A demographic data questionnaire was developed by the researcher and guided by the literature reviewed for this study, for nurses' demographics (Appendix 8). Variables which were included in the nurses' demographic data questionnaire were age, gender, educational preparations for nursing, and years of experience in Medical-Surgical Units.

Caring Behavior Assessment (CBA) Scale"

The Caring Behavior Assessment (CBA) scale, which was developed by Cronin and Harrison in 1988 (Appendix 8) was used in this study to measure patient and nurse participants' perceptions toward nurse caring behaviors in Medical-Surgical units of selected settings of this study. The researcher obtained permission from the authors to use this scale and to translate it to Arabic language via email. Caring Behavior Assessment scale (CBA) consisted of 63 items based on Watson's ten carative factors. Items of this scale are clustered into seven subscales as the following:

- Humanism/Faith-hope/Sensitivity: items from 1 to 16.
- Helping/trust: items from17 to 27.
- Expression of positive/negative feelings: items from 28 to 31.
- Teaching/learning: items from 32 to 39.
- Supportive/protective/corrective environment: items from 40 to 51.
- Human needs assistance: items from 52 to 60.
- Existential/ phenomological/ spiritual forces: items from 61 to 63

Nurses were asked to fill the CBA questionnaire by choosing the best number that describe the importance of caring behaviors from 1 - 5 (where 1 = the least important caring behavior, and 5 = the most important caring behavior).

The CBA scale was translated to Arabic language by an expert in English language, then another expert who is proficient in both Arabic and English languages back-translated it to English language. Moreover, a panel of experts who are interested in the research topic and hold a doctorate degree in nursing also examined the Arabic version of the instrument for the clarity and readability of its content. Their input was taken into consideration for more refining of the items.

Pilot Study:

A pilot study was conducted with a sample of 10 nurses from Medical-Surgical units of King Abdul-Aziz Specialist Hospital to test the readability, effectiveness and adequacy of the instrument (CBA), and to identify any probable problems that may arise during conducting the major study. After questionnaires have been filled by subjects, they were coded and entered into SPSS version (16) program for statistical analysis. The data analysis of the pilot study revealed high level of reliability. Also, the pilot study showed that CBA scale was clearly understandable.

Data analysis of the whole study revealed that reliability coefficients were 0.91 respectively.

Data collection Procedure and Ethical Considerations:

Approval of institutional Review Board (IRB) at Al-Taif University and the selected hospitals was

obtained. After that, once the nurses who met study inclusion criteria were identified, the researcher approached them to explain the study purpose and invited them to participate in the study, and then for participants who agreed to participate, the subjects was asked to sign the designed consent form. Then the researcher gave the questionnaire (CBA) to the head nurse of each medical and surgical department in the previously determined settings to distribute them to all nurses at that unit, after that the researcher collected the questionnaires from the head nurses.

Consent form was put as a first page of each questionnaire, and included the name of the researcher, the purpose of this study, and a number of ethically based instructions. The consent form ensured that the participation in this study was voluntary, and that each participant has the right to withdraw from this study at any time without being punished or compromised from their usual care. Additionally, the consent form ensured the anonymity procedure in data collection for this study. The researcher told the participants that all information that will be gathered will be used only for the purpose of research, and results of the study will be published in aggregates. Finally, the filled instruments for each participant were coded and interred into the computer for data analysis.

Limitation of the Study:

Although, CBA scale - which was used to measure perceptions of nurses toward caring nurse behaviors in Medical-Surgical Units – was comprehensive and included all dimensions of caring, it was lengthy and needed prolonged time to be filled by nurses, and this was the reason of why many nurses refused to complete the instrument. So that it is recommended to develop a more comprehensive and short quantitative tool to measure caring for future researches.

Statistical Analysis

The analysis was conducted using the Statistical Package for the Social Sciences (SPSS) Version 16.0 for Windows (SPSS Inc. Chicago, IL, USA). Descriptive statistics were used for the quantitative data in the CBA questionnaire and the demographic data. Descriptive statistics included: Mean, standard deviation, frequencies, and percentages. The level of significance for this study was set at (p = 0.05) to detect any indication of differences found in the data available.

Table 1: Reliability coefficients of CBA as determined by Cronin & Harrison (1988) and the present study.

Subscale	Number of items	Cronbach's alpha (Cronin and Harrison study, 1988)	The Present study
Humanism /faith-hope/ sensitivity	16	0.84	0.86
Helping/trust	11	0.76	0.79
Expression of positive/negative feelings	4	0.67	0.70
Teaching/learning	8	0.90	0.93
Supportive/protective/corrective environment	12	0.79	0.86
Human needs assistance	9	0.89	0.76
Existential/ Phenomological /Spiritual forces	3	0.66	0.89

3. Results:

The purpose of this study was to identify a medical-surgical nurse's perceptions of caring behaviors among hospitals in Taif city.

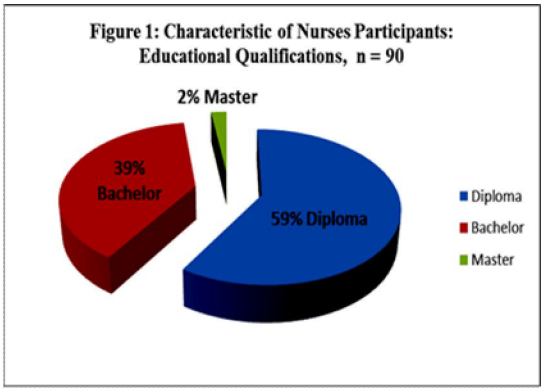
Demographic Profile of the Nurse participants:

Total of 90 nurses who worked in Medical-Surgical units in King Faisal Specialist Hospital and King Abdulaziz specialist Hospital participated in this study. Out of the 90 nurses, 77(85.6%) nurses were females and 13(14.4%) nurses were males. Most of nurse participants 53(58.9%) hold diploma degree in nursing while 35(38.9%) hold bachelor degree in nursing and 2(2.2%) hold master degree in nursing. More than one half percent of nurses 59(65.6%) had 1 -5 years of experience in Medical-Surgical Units.

Table (6) shows the relation between demographic characteristics of nurses and total care behavior.

Table 2a: Characteristic of nurses participants n = 90

Demographic variable	N	%
Sex		
Male	13	(14.4%)
Female	77	(85.6%)
Age		
20-30	79	(87.8%)
31-41	10	(11.1%)
42-50	1	(1.1)
Means &±SD	27.2±4.3	



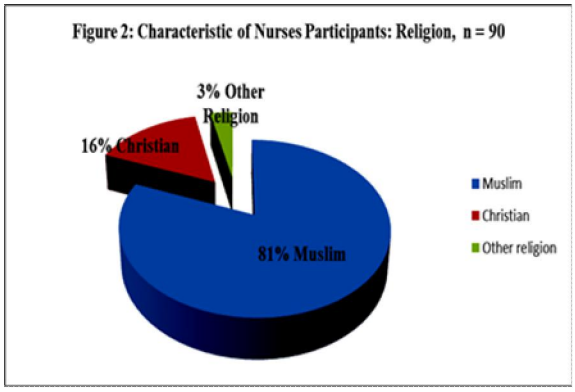


Table 2b: Characteristic of nurses participants n = 90

Year of experience	
6 months - 11 months	16(17.8)
1 - 5 years	59(65.6%)
6 – 10 years	8(8.9%)
>10 years	7(7.8%)
Hospital name	
King Abdul-Aziz Specialist Hospital	41(45.6%)
King Fasial Specialist Hospital	49(54.4)
Unit name	
Medical unit	39(43.3%)
Surgical unit	51(56.6%)

Perceptions of Nurses toward Nurse Caring Behaviors in Medical-Surgical Units:

Analysis of the most and least important nurse caring behaviors as perceived by participant nurses were identified using descriptive statistics. As shown in **table (3)** mean scores for completed list of CBA items as rated by nurses were ranged from 2.8 to 4.5.

Table 3: Complete Lists of CBA Items As Ranked By Nurse Participant According To Scores

Variables	Mean± SD
A. Humanism/Faith-Hope/ Sensitivity:	
1. Treat me as an individual.	4.5±0.8
2. Try to see things from my point of view.	3.9±1.09
3. Know what they're doing	4.3±0.8
4. Reassure me.	4.1±1.04
5. Make me feel someone is there if I need them.	4.2±0.8
6. Encourage me to believe in myself.	4.2±1.01
7. Point out positive things about me and my condition	4.1±0.9
8. Praise my efforts.	3.9±0.05
9. Understand me.	4.1±0.9
10. Ask me how I like things done.	3.9±1.04
11. Accept me the way I am	4.1±1.02
12. Be sensitive to my feelings and moods.	4.2±0.9
13. Be kind and considerate	4.3±0.9
14. Know when I've "had enough" and act accordingly (for example, limiting visitors)	3.8±1.1
15. Maintain a calm manner.	4.2±0.8
16. Treat me with respect.	4.4±0.8
B. Helping/Trust:	
17. Really listen to me when I talk.	4.3±0.8
18. Accept my feelings without judging them.	4.1±0.9
19. Come into my room just to check on me. 1	3.6±1.2
20. Talk to me about my life outside the hospital. 4 3 2 1	2.9±1.5
21. Ask me what I like to be called.	3.3±1.2
22. Introduce themselves to me.	3.9±1.0

23. Answer quickly when I call for them.	4.0±0.9
24. Give me their full attention when with me.	4.1±1.0
25. Visit me if I move to another hospital unit.	2.8±1.4
26. Touch me when I need it for comfort	2.8±1.4
27. Do what they say they will do.	3.8±1.2
C. Expression of Positive/ Negative Feelings:	
28. Encourage me to talk about how I feel. 4 3 2 1	3.8±1.0
29. Don't become upset when I'm angry	3.5±1.1
30. Help me understand my feelings	3.8±0.9
31. Don't give up on me when I'm difficult to get	3.9±0.9
D. Teaching/Learning:	
32. Encourage me to ask questions about my illness and treatment.	3.9±1.0
33. Answer my questions clearly.	4.2±0.9
34. Teach me about my illness	4.0±1.1
35. Ask me questions to be sure I understand.	4.0±1.0
36.Ask me what I want to know about my health/illness	3.9±1.1
37. Help me set realistic goals for my health.	3.9±1.0
38. Help me plan ways to meet those goals.	4.3±5.2
39. Help me plan for my discharge from the hospital.	3.8±1.1
E. Supportive/Protective/ Corrective Environment:	
40. Tell me what to expect during the day.	3.6±1.1
41. Understand when I need to be alone.	3.7±1.2
42. Offer things (position changes, blankets, back rub, lighting, etc.) to make me more comfortable.	3.9±1.1
43. Leave my room neat after working with me.	4.2±0.9
44. Explain safety precautions to me and my family.	4.2±1.1
45. Give my pain medication when I need it.	4.0±1.1
46. Encourage me to do what I can for myself.	4.2±0.9
47. Respect my modesty (for example, keeping me covered).	4.3±0.9
48. Check with me before leaving the room to be sure I have everything I need within reach.	4.3±0.9
49. Consider my spiritual needs.	4.3±0.9
50. Are gentle with me.	4.1±1.0
51. Are cheerful.	4.1±1.1
F. Human Needs Assistance:	
52. Help me with my care until I'm able to do it for myself	4.1±0.9
53. Know how to give shots, IVs etc.	4.3±1.0
54. Know how to handle equipment (for example, monitors)	4.3±1.0
55. Give my treatments and medications on time	4.3±1.0
56. Keep my family informed of my progress.	3.9±1.1
57. Let my family visit as much as possible.	3.7±1.2
58. Check my condition very closely.	4.0±1.1
59. Help me feel like I have some control.	3.8±1.1
60. Know when it's necessary to call the doctor.	4.0±1.1
G. Existential/Phenomenological/ Spiritual Forces:	
61. Seem to know how I feel.	3.8±1.0
62. Help me see that my past experiences are important.	3.8±1.0
63. Help me feel good about myself.	4.1±0.9

The Most Important Caring Behaviors as Perceived by Nurse Participants:

The top CBA items as ranked by nurse participants were considered as the most important caring behaviors demonstrated in **table (4).** Four items from Humanism/Faith-hope/ Sensitivity subscale had the lion's share of the most important caring behaviors as perceived by nurses. These items were "Treat me as an individual.", "Treat me with respect.", "Know what they're doing", and "Be kind and considerate", with a mean scores of 4.5, 4.4, 4.3, and 4.3 respectively.

Table 4 : The Most Important Nursing Care Behaviors as Preceived by Nurse Participants n=90

Rank	Variables	Mean± SD
1.	***Treat me as an individual.***	***4.5±0.8***
2.	*Treat me with respect.*	*4.4±0.8*
3.	*Know what they're doing*	*4.3±0.8*
4.	*Be kind and considerate*	*4.3±0.9*
5.	Really listen to me when I talk.	4.3±0.8
6.	Help me plan ways to meet those goals.	4.3±5.2
7.	Respect my modesty (for example, keeping me covered).	4.3±0.9
8.	Check with me before leaving the room to be sure I have everything I need within reach.	4.3±0.9
9.	Consider my spiritual needs.	4.3±0.9
10.	Know how to give shots, IVs etc.	4.3±1.0
11.	Know how to handle equipment (for example, monitors)	4.3±1.0
12.	Give my treatments and medications on time	4.3±1.0

The Least Important Caring Behaviors as Perceived by Nurse Participants:

The top CBA items as ranked by nurse participants were considered as the least important caring behaviors demonstrated in **table (5).** Three items from Helping/trust subscale had the least important caring behaviors as perceived by nurses. These items were "Talk to me about my life outside the hospital.", "Visit me if I move to another hospital Unit.", and "Touch me when I need it for comfort." with a mean scores of 2.9, 2.8 and 2.8 respectively.

Table 5: The Least Important Nursing Care Behaviors As Preceived By Nurse Participants n=90

Variables	Mean± SD
Talk to me about my life outside the hospital.	2.9±1.5
Visit me if I move to another hospital unit.	2.8±1.4
Touch me when I need it for comfort.	2.8±1.4

Table 6: CBC subscales as ranked by nurse participants n =90

Variables	Minimum	Maximum	Mean	± SD
Humanism \faith-hope\sensitivity.	33.00	80.00	66.8	11.04
Helping \trust.	18.00	55.00	40.08	8.14
Expression of positive\negative feelings.	4.00	20.00	15.17	3.45
Teaching \Learning.	10.00	81.00	32.36	8.73
Supportive\Protective\Corrective Environment.	17.00	60.00	49.42	9.19
Human needs assistance.	9.00	45.00	39.90	7.25
Existential\phenomenological\spiritual forces.	5.00	15.00	11.86	2.76

Tables (7 & 8) clarified that there is a statistical significance between demographic characteristics of nurses regarding (educational qualifications) and (Expression of positive\negative feelings, Supportive\protective\corrective environment, and Humanism \faith-hope\sensitivity) also between (years of experiences and Supportive\protective\corrective environment and Expression of positive\negative feelings).

While in **table (9)** there is no statistical significance between demographic characteristics and total care behavior**.**

Graph (3) provided evidence that the majority of nurses' participants recognized overall caring behaviors and each individual subscales as important through their satisfaction toward care behaviors

Table (7): Analysis of Variance Showing the Relationship between Level of Education of Nurses & Their Perception Two Ward CBA Subscales (n=90)

Variables	Diploma	Bachelor	Master	F-test	*P*
Humanism \faith-hope\sensitivity					
Mean	64.6	69.68	75.0	2.91	0.060
±SD	11.2	10.20	7.0		s
N	53	35	2		
Helping \trust					
Mean	39.2	40.8	49.0	1.66	0.19
±SD	7.99	8.2	8.4		ns
N	53	35	2		
Expression of positive\negative feelings					
Mean	14.2	16.3	19.0	5.36	0.006
± SD	3.1	3.5	1.4		s
N	53	35	2		
Teaching \learning					
Mean	32.3	32.08	38.5	0. 50	0.60
± SD	9.7	7.1	2.1		ns
N	53	35	2		
Supportive\protective\corrective environment					
Mean	47.8	51.2	59.0	2.58	0.08
±SD	9.4	8.4	0.0		s
N	53	35	2		
Human needs assistance					
Mean	35.9	38.1	40.5	1.18	0.31
±SD	7.2	7.2	4.9		ns
N	53	35	2		
Existential\phenomenological\spiritual forces					
Mean	11.6	11.6	13.5	0.603	0.550
±SD	2.9	2.9	2.1		ns
N	53	35	2		

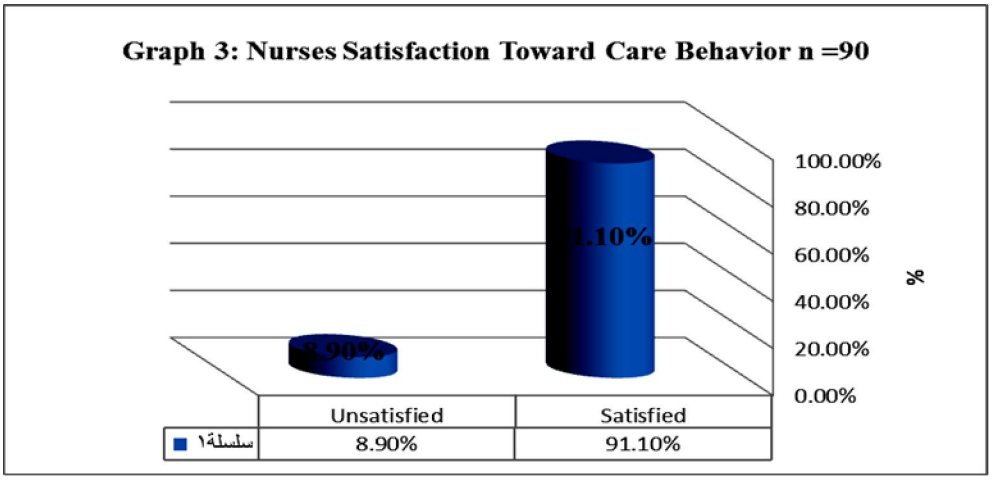
Table (8): Analysis of Variance Showing the Relationship between Years of Experience Nurses & Their Perception Two Ward CBA Subscales (n=90)

Variables	6 Month-11 Month	1-5 years	6-10years	>10 Years	F-test	*P*
Humanism \faith-hope\sensitivity						
Mean	66.9	66.64	63.25	72.00	0.791	0.502
±SD	8.68	11.22	14.78	10.09		NS
N	16	59	8	7		
Helping \trust						
Mean	42.18	39.03	40.75	43.42	1.097	0.355
±SD	6.24	8.05	11.29	8.63		NS
N	16	59	8	7		
Expression of positive\negative feelings						
Mean	15.81	14.88	13.62	18.00	2.539	0.062
±SD	2.040	3.65	3.50	3.05		S
N	16	59	8	7		
Teaching \learning						
Mean	33.06	32.11	28.12	37.71	1.582	0.200
±SD	5.23	9.77	7.51	4.02		Ns
N	16	59	8	7		
Supportive\protective\corrective environment						
Mean	50.12	48.83	45.12	57.57	2.667	0.053
±SD	6.55	9.44	12.07	2.87		S
N	16	59	8	7		
Human needs assistance						
Mean	38.25	36.27	34.25	42.14	1.967	0.125
						NS

±SD	3.47	8.06	7.30	3.23		
N	16	59	8	7		
Existential\phenomenological\spiritual forces						
Mean	12.25	11.84	10.37	12.85	1.90	0.318 NS
±SD	2.26	2.90	3.20	1.46		
N	16	59	8	7		

Table (9): Relation between demographic characteristic of nurse with total care behavior n=90

Variable	Total care		F-Test	*P*.
	Mean	±SD		
Sex				
Male	268.9	30.1	2.232	0.139
female	249.8	44.1		ns
Age				
20-30y	251.5			
31-41y	263.4	44.1	0.488	0.616
42-50y	229.0	32.2		ns
Hospital				
King Abdul-Aziz Specialist Hospital King Fasial Specialist Hospital	248.0 256.4	36.5 47.4	0.867	0.354 ns
Level of education				
Diploma	245.9	43.7	2.229	0.114
Bachelor	260.3	40.4		ns
Master	294.5	17.6		
Relegation				
Muslim	251.3	45.8	0.398	0.673
Non-Muslim	261.2	27.7		ns
Other relegation	242.3	17.3		
Level of experience				
6-11month	258.6	26.3	1.914	0.133
1-5y	249.6	44.9		ns
6-10y	235.5	54.4		
More than 10y	283.7	28.2		
Unit name				
Medical unit	263.0	30.6	4.18	0.044
Surgical unit	244.6	49.0		s



4. Discussion

Caring endorses our professional identity within a context where humanistic values are constantly questioned and challenged (Duquette & Cara, 2000). This research study was conducted to identify a Medical-Surgical Nurse's Perceptions of Caring Behaviors among Hospitals in Taif City. The following research questions were investigated: 1) which nursing caring behaviors that perceived as the most important caring behaviors by nurses who are working in medical surgical units? 2) Which nursing caring behaviors that perceived as the least important caring behaviors by nurse who are working in medical surgical units? 3) Are there any correlations between nurses' demographics and their perceptions toward nursing caring behaviors?. Total of 90 nurses who worked in Medical-Surgical units in King Faisal Specialist Hospital and King Abdulaziz specialist Hospital participated in this study. Most of the nurses participants 53(58.9%) hold diploma degree in nursing while 35(38.9%) hold bachelor degree in nursing and that correlated with the results of the study was done in King Saud University (2009) for Trends of Health Education in the Developed Countries and Recommendations for Health Education in the Kingdom of Saudi Arabia, as the most of current Saudi nurses hold diploma degree and only very small percentage of them have bachelor degree and despite the efforts made to satisfy the shortage of Saudi nurses in the health sector, the official national statistics estimate that the needs till 1445H in this regard will be twice the present needs. It is well known that the present nursing workforce is predominantly composed of expatriates. More than one half percent of nurses 59(65.6%) had 1 -5 years of experience in Medical-Surgical Units as shown in Table (2b).

A recent study from a large medical surgical center found no significant statistical differences between cancer nurses' perceptions of caring behaviors by any of their demographics such as age, gender, and education (Poirier & Sossong, 2010) which is similar to the finding in table (9). The humanism/faith-hope/sensitivity, supportive/protective/corrective environment, and human needs assistance subscales were rated as the most important of all caring behaviors and their subscale especially for humanism/faith-hope/sensitivity had the lion's share of the most important caring behaviors as perceived by nurses and that congruent with the findings in the Suliman, *et al*. (2009) study and in contrary with O'Connell & Landers (2008) which revealed that emotional dimensions of care (Expression of positive\negative feelings) were the most important as perceived by nurses rather than any other care components and a relationship of trust based on truth and respect (Helping/T|rust). Although the mentioned teaching/learning and helping/trust behaviors were categorized as less frequently attended to, they still scored above 3 out of a total possible score of 5, which is satisfactory, and in this multicultural environment, the teaching/learning and helping/trust subscales require effective communication between patient and nurse and this is in line with a study by Liu, *et al*. (2006), in which patients reported that they required adequate explanations and that these explanations helped them feel more secure and safe and less anxious. They also emphasized that nurses need to find positive meanings, possibilities, and hope in situations that may appear bleak. It is also clear that, through caring, nurses can help shape patients' illnesses as positive experiences in which patients experience respect, dignity, comfort, and the feeling that the caregiver is there for them. Support for this act of caring is provided in the literature and that supported the current study result in graph (1), high percentage (91.1%) of nurses' participants were satisfied with their caring behaviors, on the other hand Cook and Cullen (2003) maintained that teaching the importance of caring in the classroom and demonstrating the value of caring in the clinical setting is a major responsibility for nurse educators. Excellent nursing teachers also have a personal nursing philosophy and a philosophy of teaching, both of which are grounded in caring.

Conclusion & Recommendations:

This study provided evidence that nurses recognized overall caring behaviors and each individual subscales as important but like any research in caring, this study raised more questions than it answered. Clarifying the factors that may influence nurses' perceptions of caring behaviors remains a highly important issue for the international nursing community. On a Saudi multicultural level, understanding caring behaviors presents a major challenge for nurse clinicians, educators, and researchers. The importance of this study stems from Jean Watson's theory was developed in a Western cultural setting. This study provides evidence of the applicability of Watson's theory in Middle Eastern cultures. This emphasizes the recommendations of using this theory as a basis for educational program curricula for nursing students and a basis for the provision of nursing care in hospitals targeted in this study. Develop a more comprehensive and short quantitative tool to measure caring for future researches and Patient satisfaction surveys should become a regular outcome monitoring feature in all the hospitals. Also In-service training programs for nurses, with special emphasis on communication are needed and should become a regular exercise. Also

studying of medical-surgical patients' perceptions of caring behaviors among hospitals in Taif city is recommended

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