

Original Article

Assessing Patient's Perception of Nursing Care in Medical- Surgical Ward in Ghana

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Abstract

Introduction: Caring is the essence of nursing and is the fundamental factor that distinguishes nurses from other health professionals. Patients' perceptions of nurses caring behaviors can have a significant influence on patient outcomes and patient satisfaction. Despite the importance of nurses caring and its relationship to patient satisfaction, the changes in health care delivery systems globally have intensified nurses' responsibilities and workloads making traditional nurse-patient relationships which emphasize caring aspects difficult to accomplish. The aim of this study was to explore patients' perceptions about nurses caring behaviors.

Methodology: A descriptive cross-sectional study was conducted on a randomly selected sample of 183 patients admitted to the medical-surgical ward. Data were collected using the Caring Behaviors Inventory-24. Data were analyzed using Statistical Package for the Social Sciences version 22 software. Descriptive statistics were computed on the sample characteristics and study variables in the form of frequencies, means, SD, and percentages.

Results: The minimum and maximum age of respondents were 18-68 years. The current admission was the first for most of the respondents (56.7%). The overall patients' score on positive perception of nurses caring behaviors was 89.5% and a mean score of overall patient perception of nurses caring behavior on the Caring Behaviors Inventory-24 subscale was 4.68 which revealed a high score rate indicating a positive perception

Conclusion: Although patients in this study had positive perceptions of nurses caring behaviors, there was still a small percentage of patients that did not have positive perception of nurses caring behaviors. Nurses should continue to strive for excellence during nursing care. The study was limited to only adult patients therefore; further studies should be done to include the perception of caring from children to gain insight as to whether children have special needs in relation to caring.

Key words: Nurse caring behavior, Caring Behavior Inventory, Perception, Nurses, Patients

Introduction

Caring is the essence of nursing (Khademian & Vizesfar, 2007) and is the fundamental factor that distinguishes nurses from other health

professionals (Ismail, Masoumeh-Sadat, Atefeh & Mohsen, 2012). Caring behaviors are a distinct feature of nursing, and it is the patients' perceptions of nurses' caring behaviors that can

have a significant impact on patient outcomes and patient satisfaction (Kipp, 2001). Though caring in nursing has been studied for many decades, the definition of caring remains elusive and tenuous (Paley, 2001). One of the ways to study caring is to examine nurses caring behaviors, which are defined as “acts, conduct, and mannerisms enacted by professional nurses that convey concern, safety and attention to the patient” (Greenhalgh, Vanhanen & Kyngas, 1998 p.928). Nurses caring behaviors can improve the quality of care and thus, cause a sense of security, reduction of anxiety, and consensus between caregiver and care recipient (Skilbeck & Payne, 2003; Barnard, Hollingum & Hartfil, 2006), which then may improve the patient satisfaction (Langen, Myhren, Ekeberg & Stokland, 2006).

Griffiths (2009) stated that, majority of the available studies on nursing outcomes are mainly based on administrative data from 10 years previous rather than focusing on the patients’ actual perceptions about care. Studies have mainly adopted retrospective study designs instead of being actual or prospective based. Within the international framework of measuring the relationship between nursing and nursing outcomes, caring has received less attention, while other nursing disciplines, such as surveillance, are well described (Aiken, Clarke, Sloane, Sochalski & Silber, 2002; Kutney-Lee, Lake & Aiken, 2009).

Watson (2008) suggested that for nursing to continue to exist and maintain itself as a profession, it must make caring behaviors translucent to all patients and their families because caring is the essence of nursing (Bassett, 2002; Khademian & Vizehfar, 2007; Wiman & Wikblad, 2004). Today, nurses’ caring roles are intensifying due to the changing healthcare climate and decreased supportive services (Clukey, Hayes, Merrill & Curtis, 2009). When nurses’ caring behaviors are evident to patients, they feel comfortable with, and confident in the nurses caring for them (Berg & Danielson, 2007; Palese et al., 2011). Patients perceive encounters with the nurses as a positive experience and report feeling satisfied with care (Swanson, 1999; Turkel, 2001). Nurses spend more time with patients than any other healthcare provider thus nurses’ caring behaviors have a great impact on patient satisfaction (Kipp, 2001). Therefore, nursing has a

responsibility to ensure that nurse caring behaviors remain a distinct feature of nurses working in the wards and that these caring behaviors are clear, consistent, and continuous (Felgen, 2003).

The caring contributions of nurses in medical-surgical settings are important to successful patient outcomes as nurses provide supportive, physical, educational and emotional care vital to patients’ wellbeing (Mizuno et al, 2005). Wolf, Miller and Devine (2003) recognized a relationship between nurse caring behaviors and patient satisfaction in patients undergoing invasive cardiac procedures. Also caring behaviors shown by nurses have been linked to high patient satisfaction with nursing care and the intent to return to a facility for care (Rafii, Hajinezhad & Haghani, 2009). Despite the importance of nurses caring and its relationship to patient satisfaction, the changes in the health care delivery systems globally have intensified nurses’ responsibilities and workloads making traditional nurse-patient relationships which emphasize on caring aspects difficult to accomplish (Cara, 2007).

Examining patients’ perceptions of nurses caring behaviors has the potential to improve patient care in the wards that may ultimately impact patient outcomes and nursing practice. Negative attitudes have been found in a significant number of nursing populations since the 1960s and 1970s, and although the proportion of nurses with pessimistic attitudes appears to have lessened throughout later decades, negative attitudes still exist today (Howard & Chung, 2000). Therefore, the need to assess the patients’ perceptions about nurses caring behaviors would be important to undertake.

Methods

A descriptive cross-sectional study was conducted on a randomly selected sample of 192 patients admitted to the medical-surgical ward at Kings Medical Centre (K.M.C), Kumbungu, Ghana. The research setting was Kings Medical Centre is at Kumbungu District of Northern Region of Ghana. According to the 2010 population and housing census, the community has a total population of 4,656 of which 2,323 are males and 2,333 are females. The main economic activities of the residents are petty-trading and peasant farming. There are many religious bodies in the community such as Christianity, Islam and African traditional religion.

The Kings Medical Centre is one of the hospitals in the District which serves about 200 communities. The hospital has four wards, which comprises of Paediatric, Medical-surgical and Labor wards. It has a bed capacity of about 200. The study was conducted in the medical-surgical ward between the month of February and March 2016. This ward was selected because they were the largest wards in the hospital and could be representative of the study population in the hospital. The target population were all patients admitted in the medical-surgical ward of the Kings Medical Centre. Of the total population of patients admitted during 2015, the average monthly admissions of the medical-surgical ward was 185. Using Yamane (1967) sample size calculation formula, the estimated sample size for this study was 192 patients. To determine the sample size, a two-month period of time was used to estimate the accessible population. The average monthly admissions for medical-surgical ward was 185. Therefore, the total accessible population for the two-month period was 370. The sample size for the study was calculated using the formula for sample size determination by Yamane (1967) as cited in (Oyetunde, Kelechi & Oyediran, 2014) as shown below.

$$n = \frac{N}{1+Ne^2} \quad n = \frac{370}{1+370(0.05)^2} \quad n = 192.21 = 192$$

Whereby; n is required sample size.

N is the total population for a period of two months (370).

e is the error of tolerance (0.05).

The study then used systematic random sampling. This technique was chosen because of its simplicity. It is a type of probability sampling whereby the researcher ensures that all the members of the population have equal chances of being selected as the starting point or the initial subject, (Basavanthappa, 2007). A list of all patients admitted daily in the general surgical and medical wards were obtained from the wards' register (admission and discharge book). Participants for the study were selected randomly (every second patient admitted) on a daily basis till the required sample size of the study was reached.

This study included adult patients who were between the ages of 18 and 70 years who were

admitted to the Medical-surgical ward with a non-life threatening condition based on nursing assessment. Also, a length of stay of 48 hours or more, being mentally alert and oriented, and consenting to participate were additional criteria. The exclusion criteria for the sample were patients below eighteen years of age, patients with length of stay less than 48 hours, patients who were unable to respond (semiconscious or unconscious patients), patients who were mentally impaired and could not understand the questions, patients who willingly chose not to participate and patients greater than the age of 70 were excluded. Non-Ghanaians who could neither speak English or any of the Ghanaian languages were also excluded. The instrument used in this study was in two parts, the demographic characteristics of respondents and the caring behaviors of nurses. Descriptive data on the patients' demographic sheet included the patient's age, gender, marital status, race, and ethnic background, highest level of education, employment status, previous medical-surgical ward visits, total number of visits within the past 12 months, duration of stay and whether they would return to the hospital in the future. The Caring Behaviors Inventory (CBI), an open access tool, developed by Wolf in 1981, was adopted to measure patients' perceptions of nurses caring behaviors. The CBI is one of the first and most widely used instruments designed to quantitatively measure nurse caring behaviors and was selected due to its conceptual similarity to the theory of human caring (Watson, 1979, 1985, 2008). Wu, Larabee, and Putnam (2006) adapted and validated the CBI-24 for use in Medical, Surgical and Step-Down units. Wu, Larabee and Putnam, (2006) condensed caring dimensions to a four-factor structure. The four subscales identified were: assurance, knowledge and skill, respectfulness, and connectedness. The Caring Behaviors Inventory-24 (CBI-24) (Wu, Larabee & Putnam, 2006) was selected for use because of its brevity, its measurement properties, reliability, and validity along with consideration of the characteristics of the medical-surgical wards, which justifies the use of a less burdensome instrument. Although the Caring Behaviors Inventory-6 (CBI-6) is an abbreviated instrument and has measurement properties similar to the CBI-42, it has not been widely used and has been documented in one study only by Yeakel, Maljanian, Bohannon and

Coulombe (2003). After ethical approval was received from the University of Cape Coast, permission was sought from the hospital authority, the nurse researcher commenced with data collection. If a patient met the study criteria, the nurse researcher then approached the patient to describe the study verbally and in writing and asked the patient to participate in the study. Once patients consented, they received the questionnaire which included the Letter to Participants and the Informed Consent. The questionnaire consisted of patient demographic data and the Caring Behavior Inventory-24 (CBI-24) (Wu, Larabee & Putnam, 2006). The participants were reminded that participation was voluntary and they could decide whether they wanted to participate. It was also explained that the participant could withdraw without penalty at any time during data collection. An explanation of the expected length of time (approximately 15 minutes) to complete the study questionnaire was provided. Brief instructions for completing each form were reviewed so that the participant was not overly burdened. Once completed, the instruments were placed in a sealed envelope. Participants who could neither read nor write were assisted by the nurse researcher to complete the questionnaire. The nurse researcher placed completed instruments in the researcher's locked desk drawer.

Ethical Considerations

Before beginning the study, ethical approval was obtained from the University of Cape Coast. The researcher met with each participant explained the purpose of the study and the instrument. Also, written and oral informed consent to participate in the study were obtained from each participant who agreed to complete the instrument. Those who could not read nor write was assisted to completed the questionnaire. All standards of ethical consideration were adhered to.

Data Analysis

Data were analyzed using Statistical Package for the Social Sciences (SPSS), version 22 software for Microsoft Windows. Descriptive statistics were computed on the sample characteristics and study variables in the form of frequencies, means, standard deviations, and percentages to best characterize the sample and achieve the aims of the study.

Results

A total of 200 questionnaires were administered in the facility, out of that, a total of 183 questionnaires were retrieved by the researcher and were considered valid for the study for a response rate of 91.5%. Seventeen of the questionnaires were considered not valid because respondent did not answer more than half of the question presented to them. The minimum and maximum age of respondents were 18-68 years. Majority of respondents (50.8%) were within the age range of 16-30 years. Majority of respondents (62.3%) were females'. Most respondents were Muslims; this was expected as the community was a Muslim dominated community. Almost half of respondents (48.6%) were married. About 11.0% of respondents were Government employed while the rest were non-Government employed. About 60.7% of respondents either had primary, vocational training, secondary or tertiary education but the rest had non-formal education. The hospital was situated in a rural area, so most of the respondents were from the rural setting. Most of the respondents 55.7% were on their first admission at KMC. Majority of participants (65%) were admitted between 7 and 13 days at KMC. Table 1 shows a summary of the demographic characteristics of the participants. The CBI-24 is a 24-item instrument where items were measured on a 1 - to 5 point (strongly agree to strongly disagree) Likert-type scale. The scale was computed by taking the frequencies and percentages of all 24 items, creating a total score range of (0-100) % with higher scores reflecting greater agreement with behaviors that reflect nurse caring. Table 2 below shows the patients' perceptions of nurses' caring behaviors. As shown in Table 2, a majority (89.1 %) of respondents strongly agreed and agreed that, nurses attentively listen to patients when caring for them. Most respondents (87.4%) supported that the nurses gave instructions or taught patients, Majority of respondents (79.3%) in this study indicated that nurses spent time with them when treating or caring for them. Interestingly 91.8% of respondents agreed that nurses know how to give shots and administer IV medications, making it the second most important caring behavior

Table 1:Demographic Characteristics (N =183)

Variables	Frequency (N)	Percentage (%)
Age		
16-30	93	50.8
31-45	48	26.2
46-60	13	7.1
61 +	22	12.0
Missing (X)	7	3.8
Sex of respondent		
Male	64	35.0
Female	114	62.3
X	5	2.7
Religion of respondent		
Christian	53	29.0
Muslim	125	68.3
Traditionalist	2	1.1
X	3	1.6
Marital Status		
Single	67	36.6
Married	89	48.6
Widowed	24	13.1
X	3	1.6
Employment status		
Employed (Government)	20	11.0
NGO	4	2.2
Unemployed	50	27.3
Student	59	32.4
Farmer	14	7.6
House wife	1	.5
Merchant	1	.5
Trader	16	8.7
Fisherman	6	3.3
Seamstress & Tailor	7	3.8
Driver	2	1.1
X	3	1.6
Level of Education		
No formal education	67	36.6
Primary	20	11.0
Vocational training	15	8.2
Secondary	35	19.1
Tertiary	41	22.4
X	5	2.7
Area Of Residence		

Urban	51	27.9
Semi-urban	16	8.7
Rural	113	61.7
X	3	1.6
First Admission at KMC		
Yes	102	55.7
No	78	42.6
X	3	1.6
If no, Number of times		
1-3	1	1.3
4-6	46	59.0
7 and above	30	38.4
X	1	1.3
Duration of Stay in Ward (In days)		
0-6	19	10.4
7-13	119	65.0
14 above	42	23.0
X	3	1.6

Table 2. patients' perception of nurses caring behaviors

Caring behaviors	SA (n %)	A (n %)	Un (n %)	SD (n %)	D (n %)	X (n %)
Attentively listening to the patient's	99 (54.1)	64 (35.0)	2 (1.1)	4 (2.2)	9 (4.9)	5 (2.7)
Giving instructions or teaching the patient's	74 (40.4)	86 (47.0)	6 (3.3)	7 (3.8)	6 (3.3)	4 (2.2)
Treating the patient as an individual	77 (42.1)	74 (40.4)	11 (6.0)	2 (1.1)	11(6.0)	8 (4.4)
Spending time with the patient	75 (41.0)	70 (38.3)	13 (7.1)	9 (4.9)	7 (3.8)	9 (4.9)
Supporting the patients	90 (49.2)	55 (30.1)	9 (4.9)	-	17 (9.3)	12(6.6)
Being empathetic or identifying with the patient	63 (34.4)	74 (40.4)	20 (10.9)	3 (1.6)	16 (8.7)	7 (3.8)
Helping the patient grow	42 (23.0)	76 (41.5)	32 (17.5)	3 (1.6)	21 (11.5)	9 (3.8)
Being patient or tireless with the patient	67 (36.6)	51 (27.9)	21(11.5)	14 (7.7)	23 (12.6)	7 (3.8)
Knowing how to give shots, IVs, etc.	119(65.0)	49 (26.8)	2 (1.1)	3 (1.6)	3 (1.6)	7 (3.8)
Being confident with the patient	88 (48.1)	76 (41.5)	6 (3.3)	3 (1.6)	4 (2.2)	6 (3.3)

Demonstrating professional knowledge and skill	95 (51.9)	70 (38.3)	2 (6.5)	1 (0.5)	2 (1.1)	3 (1.6)
Managing equipment skillfully	68 (37.2)	78 (42.6)	19(10.4)	4 (2.2)	8 (4.4)	6 (3.3)
Allowing the patient to express feelings about his or her disease and treatment	95 (51.9)	53 (29.0)	11 (6.0)	4 (2.2)	17 (9.3)	3(1.6)
Including the patient in planning his or her care	36(19.7)	93 (50.8)	21(11.5)	5 (2.7)	25(13.7)	3 (1.6)
Treating patient information confidentially	106(57.9)	50 (27.3)	19(10.4)	1(0.5)	4 (2.2)	3 (1.6)
Returning to the patient voluntarily	38 (20.8)	85 (64.4)	19(10.4)	9 (4.9)	24 (13.1)	8 (4.4)
Talking with the patient	104(56.8)	61(33.3)	9(4.9)	-	3(1.6)	6(3.3)
Encouraging the patient to call if there are problems	111(60.7)	50(27.3)	4(2.2)	6(3.3)	9(4.9)	3(1.6)
Meeting the patients stated and unstated needs	31(16.9)	86(47.0)	36(19.7)	12(6.6)	15(8.2)	3(1.6)
Responding quickly to the patient's call	96(52.5)	61(33.3)	8(4.4)	3(1.6)	12(6.6)	3(1.6)
Helping to reduce the patient's pain	91(49.7)	72(39.3)	12(6.6)	1(0.5)	4(2.2)	3(1.6)
Showing concern for the patient	89(48.6)	78(42.6)	5(2.7)	5(2.7)	3(1.6)	3(1.6)
Giving the patient's treatments and medications on time	119(65)	51(27.9)	-	1(0.5)	9(4.9)	3(1.6)
Relieving the patient's symptoms	45(24.6)	106(57.9)	14(7.7)	5(2.7)	8(4.4)	5(2.7)

SA = Strongly agree A= Agree U= Uncertain SD= Strongly disagree D= Disagree

X = Missing value

Table 3. Mean Scores for CBI Subscales:

Subscales	Mean (SD)	Overall mean (SD)	Scale
Subscale of Assurance Statistics			
Returning to patient voluntary	4.75 (.72)		
Encouraging patient to call when problem arises	4.65 (.30)	4.63 (.54)	1-5
Responding quickly to patient calls	4.70 (.60)		
Showing concern for patient	4.60 (.52)		
Other caring behaviors	4.45 (.54)		
Subscale of Knowledge and Skills Statistics			
Knowing how to give shots, IVs, etc.	4.89 (.81)		
Being confident with patient	4.76 (.57)		
Managing equipment skillfully	4.45 (.52)	4.73 (.67)	1-5
Treating patient information confidentially	4.60 (.63)		
Giving patient treatment and medication on time	4.93 (.80)		
Subscale of Respectfulness Statistics			
Attentively listening to patient	4.70 (.45)		
Treating the patient as individual	4.69 (.62)	4.68 (.50)	1-5
Being empathetic with patient	4.74 (.30)		
Other caring behaviors	4.54 (0.6)		
Subscale of Connectedness Statistics			
Spending time with patient	4.79 (.49)		
Teaching the Patient	4.69 (.60)		
Being tireless with patient	4.67 (.75)	4.70 (.58)	1-5
Helping to reduce the patient's pain	4.76 (.51)		
Other caring behaviors	4.58 (.56)		
		4.68 (.57)	

Most respondents (90.2%) in this study indicated that nurses demonstrated professional knowledge and skill in providing care. Majority (91.2%) of respondents agreed that nurses showed concern for the patients, while the rest of the respondents disagreed. An overwhelming percentage of respondents (92.9%) agreed that nurses gave patients their treatment and medications on time and this was the highest rated caring behaviors among all the CBI-24 items. Overall patients score on positive perception of nurses caring behavior using the 5 point Likert scale was 89.5%.

The CBI-24 was further categorized into four subscales by Wu, Larrabee and Putnam (2006) namely; assurance, knowledge and skill, respectfulness and connectedness. Among all these

subscales patients had rated knowledge and skill as the most important subscale with a mean score of 4.73 as seen on table 3 below. The overall mean score of nurses caring behaviors of CBI-24 subscale was 4.68. The high mean score indicates the greater the positive perception of behaviors that reflect nurses caring.

Discussion

The purpose of this study was to explore patient's perceptions of nurses' caring behaviors in the medical-surgical wards. Nurses caring behaviors as perceived by the patient were measured using the Caring Behaviors Inventory-24 (CBI-24) (Wu, Larrabee & Putnam, 2006). The CBI-24 is a 24-item instrument where items were measured on a 1 - to 5 points ((strongly agree to strongly disagree)-

point Likert-type scale. The scale was computed by taking the frequencies and percentages of all 24 items, creating a total score range of (0–100) % with higher scores reflecting greater agreement among respondents with behaviors that reflect nurse caring. The overall patients score on perception of nurses caring behaviors was 89.5% indicating a positive perception. The CBI-24 is further categorized into four subscales. The overall mean score on the Sub-Scales Caring Behaviors Inventory-24 (Wu, Larrabee & Putnam, 2006) was 4.68 on a scale of 1-5. This high CBI-24 mean score, indicated greater positive perception of behaviors that reflect nurses' caring. Because the items on the CBI-24 were positively worded, the results were slightly skewed with a reported mean score of 4.68

This high percentage score of patients' perception of nurses caring behaviors was consistent with similar high scores using the subscale mean score. Azizi-Fini, Mousavi, Mazroui-Sabdani and Adib-Hajbaghery (2012) reported an overall positive perception of nurses caring behaviors in the medical-surgical wards. A total of 250 patients completed the Caring Behavior Inventory-42 (CBI-42) (Wolf, Giardino, Osborne & Ambrose., 1994) and results revealed a mean score of 4.39. Also, similar results were indicated by Hayes and Tyler-Ball (2007) with an overall positive perception of nurses caring behaviors in the Emergency Department, where a total of 70 patients completed the CBI-42 (Wolf et al., 1994) with a mean score of 4.8. Although this current study used CBI-24, it still provided similar findings as the CBI-42 used by both studies stated above (Azizi-Fini, Mousavi, Mazroui-Sabdani & Adib-Hajbaghery, 2012; Hayes & Tyler-Ball, 2007), confirming Wu, Larrabee and Putnam (2006) reports that the CBI-24 had the same psychometric properties, validity, reliability and scoring to the CBI-42. Therefore, discussions about the findings are conceptually alike.

Most studies across the globe revealed equally high patient perception of nurses caring behaviors using CBI-24. For example, Papastavrou et al. (2011) in a cross-cultural study in six European Union countries reported similar patient CBI mean scores using the CBI-24. The countries were Cyprus, the Czech Republic, Finland, Greece, Hungary and Italy with respective mean scores of

4.69, 5.06, 5.08 4.52, 5.23 and 5.04. Also, a study by Bucco (2015) reported an overall positive patient perception of nurses caring behaviors with a mean score of 5.58.

The studies mentioned above with the reported mean CBI scores reveal a high degree of quality nurse caring as perceived by patients. This may indicate that nurse caring is reflected as a universal feature of the nursing profession (Papastavrou et al., 2011). The slight reported differences in mean patient CBI scores in the abovementioned studies (Bucco, 2015; Hayes & Tyler-Ball, 2007; Papastavrou, et al., 2011) and in this current study may be related to different organizational structures, cultural differences and diverse healthcare delivery systems.

The most important caring behaviors on the CBI-24 items were "giving patient treatment and medications on time" (mean 4.93) followed by "knowing how to give shots, IV etc" (mean 4.89). Zamanzadeh, Azimzadeh, Rahmani and Valizadeh (2010) also reported that oncology patients in an Iranian hospital ranked "giving treatment and medications on time" as the most important caring behavior. Those behaviors were among the ten most important items in another study that used the CBA tool among patients' relatives in a critical care setting (O'Connell & Landers, 2008). Similarly, another study conducted in Nairobi by Ogugu (2011) also reported that patients ranked giving treatment and medications on time was the most important CBI item. These similarities in the other studies (O'Connell & Landers, 2008; Ogugu, 2011; Zamanzadeh, Azimzadeh, Rahmani & Valizadeh, 2010) together with the current study findings may be attributed to the universality and unique nature of nursing practice across the globe.

The CBI-24 by Wu, Larrabee and Putnam (2006) has four subscales called assurance, knowledge and skill, respectfulness, and connectedness. Among the four subscales, patients rated knowledge and skill as the most important caring behaviors. This current finding is consistent with previous studies (Azizi-Fini, Mousavi, Mazroui-Sabdani & Adib-Hajbaghery, 2012; Bucco, 2015; Hayes & Tyler-Ball, 2007; Henderson et al., 2007; Marini, 1999; Schmidt, 2003; Rafii, Hajinezhad & Haghani, 2009; Turkel, 2001; Wiman, Wikblad & Idvall, 2007; Wolf, Miller & Devine, 2003;

Zamanzadeh, Azimzadeh, Rahmani & Valizadeh, 2010), where patients' perceptions of nurse caring behaviors were rated highest under the following two distinct categories, competence/technical skills and communication/relationship skills. Competence/technical skill is referred to as knowledge and skill. In this contemporary time, nurses have the opportunities to seek higher education and also improve their knowledge and skill in clinical nursing practice. With acquisition of knowledge and skill, nurses in the clinical setting try to give their best in patient care. This might have attributed to patients rating nurses as being knowledgeable and skillful in discharging their duties. A study by Liu, Mok and Wong (2006) reported that patients appreciated being cared for by nurses who are knowledgeable and able to provide adequate explanations and that these explanations helped them feel more secure, safe and less anxious.

Conclusion

This current study sheds light on the patients' perceptions regarding nurses caring behaviors in the medical-surgical wards in Ghana. Patients in this study rated nurses caring behaviors very high with an overall mean score of 4.68 showing that caring behaviors of nurses is vital in clinical nursing practice. Patients preferred to be cared for by knowledgeable and skilled nurses. Although patients in this study had positive perceptions of nurses caring behaviors, there is still a small percentage of patients that did not have positive perceptions of nurses caring behaviors. Nurses should continue to strive for excellence in their caring behaviors as caring is the essence of nursing. The study was limited to only adult patients therefore; further studies should be done to include the perception of caring of children to gain insight as to whether or not children have special needs in relation to caring.

Implication to Nursing practice/ Nursing education/Nursing Research

These study findings can help nurses in the medical-surgical wards to know how patients perceive the nurse caring behaviors and thus try to improve nurse caring behaviors while maintaining nursing standards. This current study can enlighten nurse educators on the importance of teaching and learning of caring behaviors to future nurses; and

different perspectives and views among patients in the clinical setting. Also the findings of this study can aid as reference and a first step for another researcher to explore and study more about the nurse caring behaviors in different settings across Ghana.

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