

## Original Article

## Caring Behavior Exhibited by Taiwanese Nurses

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**Background:** Nursing is a caring profession involving commitment and dedication to meeting the satisfaction of human needs. Current research, conducted mainly with a quantitative design, highlights the caring experienced by nurses. Therefore, it is vital to explore nurses' caring perceptions with a qualitative method and its implementation in a clinical context.

**Aim:** This study presents caring behavior exhibited by Taiwanese nurses.

**Methodology:** A qualitative study was adopted. Using a semi-structured interview guide, we asked participants to describe their perceptions of caring behaviors in clinical situations. Total of 58 participants were recruited in this study. Twelve focus groups were conducted in the study. Thematic analysis was used to analyze the data.

**Results:** Nurses' perceptions of caring behaviors were classified into five themes: inspiring hope in patients; providing physical comfort; having skillful techniques and possess professional knowledge; having patience; and respecting patients' culture.

**Conclusions:** The findings of this study contribute to the discourse on the caring behaviors of Taiwanese nurses and indicate that the nursing curriculum should incorporate the concepts of caring behaviors that embrace diverse cultures to achieve holistic patient care.

**Keywords:** Caring behavior, cultural caring, nursing care, qualitative study.

**Introduction**

Caring has been explored by the healthcare professions, particularly nursing, because it is considered an essential aspect of nursing and the focus of holistic nursing processes (Rhodes, Morris, & Lazenby, 2011; Watson, 1988). In 1995, the American Nurses Association expanded the definition of nursing to include the provision of a

caring relationship, emphasizing the importance of caring behavior among nursing professionals. The Taiwanese Nursing Association (2009) published a formal *Code of Ethics for Nurses* to function as a guide for Taiwanese nurses in their professional practice and identified caring was one of the most important professional values. Current research, conducted mainly with a quantitative design,

highlights the caring behaviors experienced by nurses, but few qualitative studies have been explored to study the caring behaviors perceptions of nurses (Dinc & Gastmans, 2013). Therefore, it is vital to explore nurses' caring perceptions with a qualitative method and its implementation in a clinical context. Consequently, this study was developed to explore Taiwanese nurses' perceptions of caring behavior.

## Background

Caring is described as human acts and can be effectively demonstrated and practiced interpersonally that result in the satisfaction of human needs (Watson, 1979). Nurses reported that providing caring behaviors enabled them to understand patients' conditions and appreciate their uniqueness as people, allowing them to provide care centered on the patient (Rudolfsson, Post & Eriksson, 2007) and reinforcing their desire to enhance their ability to provide patient care (Tanking, 2010). Tsai, Lee & Tsai (2011) used a structured questionnaire to understand 239 Taiwanese nurses' perceptions of caring behaviors and results had shown that the nurses caring behaviors as the "knowing the patient", the "patient advocacy" and the "help patient through illness". Papastavrou et al. (2011) conducted a cross-cultural study of the concept of caring through nurses' perceptions in Cyprus, the Czech Republic, Finland, Greece, Hungary and Italy, and found that the nurses' pointed out caring as the "assurance of human presence" and "respectful deference to others". A study conducted by Norman and her colleagues (2008) explored the complete implications of caring behavior. This study found that "practicing of loving-kindness and equanimity interactions", "developing a helping-trusting relationship", and "assisting with basic needs" were the caring behaviors most commonly mentioned in the nurses'

narratives. A preliminary review of literature related to nurses' perceptions of caring behavior indicated that the emphasis and methods employed have changed. Typical approaches for studying nurses' perceptions of caring behaviors, these included asking nurses to rate the predetermined caring activities (Burtson & Stichler, 2010; Zamanzadeh, Azimzadeh, Rahmani, & Valizadeh, 2010), instead of allowing nurses to discuss their perspective and experiences. The standard approaches also used predetermined questions that were not based on the nurses' values and perceptions of caring. Working with nurses to uncover significant meanings in their caring stories creates opportunities for nurses to self-define their caring behavior.

## Aims of the study

The purpose of this study was to explore Taiwanese nurses' perceptions of caring behaviors and its implementation in a clinical context.

## Methodology

A qualitative study was adopted. For this study, participants were recruited from a hospital in southern Taiwan. This study used a convenience participants of 58 female nurses and had expertise in medical-surgical nursing, pediatric nursing, obstetric nursing, and intensive care nursing. The inclusion criteria required the clinical nurses to possess at least 6 months of clinical experience and the ability to read and write Chinese.

However, head nurses and administrators were excluded from the research. Semi-structured interviews were devised to explore the participants' caring involvement in practice situations. Research questions were: (1) what does caring behavior mean to you? And (2) what does you exhibit caring behaviors in clinical practice?

## Data Collection

Four to five participants were recruited in each focus group and 12 focus groups were conducted in the study. Focus groups were preferred as interview technique because the discussions take advantage of group dynamics for facilitating self-disclosure and accessing rich information in an efficient way (Rodriguez, Schwartz, Lahman & Geist, 2011).

Focus groups were held during the months of February to August 2012 at the hospital's conference room. All participants were interviewed by members of the research team. Each interview lasted 90 minutes or longer, depending on the extent to which new information could be gleaned from the participants. The researcher took extensive notes of the conversations and written information provided by the participants. Their responses were audio-recorded and then transcribed. The interviews were continued until data saturation was achieved.

## Analysis

Thematic analysis was used to analyze the data (Morse & Field, 1995). The researchers repeatedly read the transcriptions line by line, categorized the data, and assigned code labels to the identified categories.

These transcriptions were then reviewed to identify the recurring themes and phrases used by the participants.

## Ethics

This study was approved by the Institutional Review Board of a hospital in southern Taiwan (IRB approval number: SCM1001004). Interested and eligible participants were informed about the study and written consent was obtained before participants received interviews. Participants were informed that

they could withdraw from the study at any time without reason or penalty.

## Results

Overall, 58 female nurses were recruited in this study. The participants' ages ranged from 24 to 42 years, with a mean of 32.78 years ( $SD = 4.36$ ). Participants' work years ranged from six months to 20 years, averaging 9.80 years ( $SD = 2.46$ ).

In addition, the majority of the participants (56.8%) had expertise in medical-surgical nursing; 42(72.8%) had acquired a university education.

This study investigates the five themes that emerged from the interview data regarding nursing caring behaviors:

- (a) inspiring hope in patients;
- (b) providing physical comfort;
- (c) having skillful techniques and possessing professional knowledge;
- (d) having patience; and
- (e) respecting patients' culture.

### *Inspiring Hope in Patients.*

In the study, the participants reported inspiring hope as a caring behavior is commonly described in clinical practice. Inspiring hope in patients involves nurses exhibiting caring behaviors to restore the will to live in patients who previously rejected medical care because of the loss of will to live, thus enabling them to continue to receive treatment. Nurses described their experiences of caring behaviors:

***“Caring is actively communicating with and encouraging family members of patients in long-term care departments who feel abandoned, hopeless, and refuse to eat, to visit them at the***

*long-term care department, thus restoring the will to live in these patients and prompting them to accept the nutritional supplies that nurses provide”, another nurse stressed “Caring is deeply understanding a 25-year-old female patient with breast cancer and who, because of a lack of medical information, fears that she will become a “breastless woman” without future prospects and therefore refuses to undergo a mastectomy. The nurse guides the patient to express her doubts and fears regarding breast cancer treatment, provides the patient with information about the procedure, allows the patient to clearly understand the possibility of leading a fulfilling life after receiving a mastectomy. Subsequently, the patient’s will to live is restored, prompting her to accept mastectomy”.*

#### ***Provide Physical Comfort.***

Almost every interview conducted for this study concerned providing physical comfort that made a patient feel cared for. By providing care to relieve patients’ physical suffering, the participants recognized that the patients whose physical comfort needs were fulfilled were less depressed and anxious and expressed higher satisfaction. Nurses indicated that ensuring a patient’s physical comfort enhanced the patient’s perception of the care provided by nurses, enabling the nurses to establish a high-quality caring relationship with the patient. A nurse stated the following:

*“I provided basic nursing care, such as oral care, bed baths, and turning, to a patient who received a hysterectomy to relieve her physical discomfort; seeing the patient’s grateful expression is a result of my caring behavior”, and another shared the following:*

*“When caring for a patient who was unable to bend down to independently wash his own feet because of obesity and who was dirty below the knees, I patiently cleaned both of the patient’s feet. When all the dirt under his toenails was cleaned, the patient smiled; thus, we began a satisfactory nurse-patient caring relationship”.*

Most of participants expressed that providing patients with physical comfort is not only a caring behavior that satisfies the patients’ basic needs, but is also an effective method for nurses to establish a caring-trust relationship with patients.

#### ***Having Skillful Techniques and Possessing Professional Knowledge.***

The participants contended that the most important factor of caring behavior is that nurses possess the practical skills to correctly conduct clinical treatment and ensure patients feel safe and cared for. Participants indicated that caring behavior is the method by which nurses continue to develop their professional knowledge and clinical skills to maintain patients’ physical, psychological and spiritual comfort. A nurse stated the following:

*“Directly after graduation, my lack of proficiency with operational techniques often caused the patients physical pain or emotional anxiety. However, after continued practice, a female patient, to whom I had administered a catheter, expressed that she did not experience pain felt as if I had ‘slid’ the catheter into her body in an experienced manner. With skillful clinical techniques is a caring behavior that can reduce patients’ anxiety when facing invasive treatments”.*

The participants indicated that another important aspect of caring behavior was that nurses had sufficient professional knowledge and experience,

enabling early identification of complications and accurate assessments of patients' health problems. A nurse shared the following:

*“A renal failure patient received a blood transfusion because his hemoglobin was below the reference value. The patient discharged a minimal amount of urine after the transfusion, which the attending physician believed to be the result of the patient's renal dysfunction, overlooking that it could be a complication caused by a hemolytic transfusion reaction. Caring behavior is to possess the professional knowledge to avoid placing the patient's life in danger”.*

#### ***Having Patience.***

Being treated with patience is an important indicator of caring behavior. Many nurses believe that each patient is an individual with a different experience of illness. The participants' narratives indicated that nurses can provide comprehensive care to develop a trusting care relationship, patiently waiting until patients are ready to initiate conversations regarding their conditions or other concerns. Participants expressed that

*“nurses frequently think that when they express concern for patients' health, every patient should gratefully comply with their treatment and care. However, caring behaviors can only occur when nurses understand the patients' lifestyles and backgrounds, patiently accompany and listen to them, and provide patient-centered care when the patients express or decide that they require such care”.*

A participant shared the following perspective,

*“A diabetic patient who had undergone a limb amputation because of long-term poor glycemic*

*control had lost hope in the treatment and progress. When I provided diabetic care and teaching, the patient was consistently rude and disrespectful to me, I became frustrated and almost wanted to give up. Then I heard a story about Marjorie I. Bly, a missionary from the U.S. who cared for people with leprosy in Taiwan. The local residents rejected and scorned her, but Marjorie I. Bly continued to care for them with patience and wisdom. The story prompted me to realize that ‘waiting patiently’ for the patients to accept my care was a wise caring behavior”.*

#### ***Respecting Patients' Culture.***

The narratives showed that respecting patients' culture enabled the patient and caregivers to feel cared for. As caring nurses, the participants recognized that nurses should respect the patients' culture and provide culturally sensitive caring behavior. Nurses shared their experience as follows:

*“Caring behavior is respecting that a devout Buddhist vegetarian patient with a hemoglobin level below 6 gm/dL would rather risk the low hemoglobin level threatening her life than accept the blood of a non-vegetarian donor, because the purpose of the patient's decision was to honor her lifelong devotion to Buddhism”.*

Another participant described her experience as follows:

*“One pediatric patient had a mother who had moved to Taiwan as a foreign bride. The nurses noticed that the mother performed religious rituals from her country of origin as prayers for her son. When she was discovered, the mother was anxious that the nurses would disapprove of her performing foreign rituals. I told the mother that providing the rituals did not obstruct the patient's care,*

*conducting religious or cultural rituals to pray for her son was respected and permitted”.*

### **Discussion**

Inspiring faith and hope in patients to improve their health is a foster factor of caring (Watson, 1979). A commitment to inspire hope in patients was highly valued by the participants and considered an expression of caring behavior unique to nursing. Researchers have suggested that hope is crucial to resilience from losing the will to live (Gestel-Timmermans, Bogaard, Brouwers, Herth, & Nieuwenhuizen, 2010), and the ability to inspire hope in patients is an intrinsic aspect of being a caring nurse (Cutcliffe & Grant, 2001).

In this study, the caring of nurses entails fully understanding the real underlying reasons for patient refusal of medical treatment, providing patients with treatment and care information, equipping them with abundant medical knowledge, and increasing their motivation to receive treatment and their trust in treatment effectiveness.

Assisting patients in satisfying their physical needs is a caring behavior (Watson, 1988). The participants recruited in this study stated that providing physical comfort to relieve patients' physical suffering was the most important caring behavior and a basic factor for establishing a caring relationship. In particular, providing physical comfort to patients and establishing a trusting relationship with patients were the most effective caring behaviors for nurses. The results revealed that caring behaviors were to relieve physical discomfort and develop trusting nurse-patient relationships.

The results of this study indicate caring behaviors were nurses with professional knowledge to make critical thinking and with professional skills to relief

patients' sufferings or health problems and enhance patients' physical, mental and spiritual health outcomes. The results of this study demonstrated caring behaviors were to possess knowledge, skills, and confidence in relation to symptom control, treatment and nursing care.

Culture affects an individual's health belief which can influence treatment acceptance and adherence (Taylor, et al, 2013) and everyone has the right to practice and preserve their culture. Patient perceptions of "being cared for" may differ from nurses' perceptions, especially when the patient and the nurse have different ethnic or cultural backgrounds. In this study, the nurses described their commitment to respect patients' cultures and stated that their participation in patients' cultural rituals was a sign of caring for the patient, and made the nurses appear more humane. The ethnic make-up Taiwan population is affected significantly by international immigrations and becoming increasing diverse over the past 30 years. Because of the number of patients from diverse cultural backgrounds, nurses must be able to provide care that is sensitive to a patient's beliefs and preferences for managing their health and illness (Rexroth & Davidhizar, 2003).

In this study, nurses indicated that caring behavior included waiting patiently, ensuring a patient felt cared for by listening to their positive and negative feelings and thoughts, empathizing, and considering their situations. Through empathy, waiting patiently, and consideration, nurses can understand the various strategies patients use to cope with illness and, thus, adjust their nursing care accordingly.

To provide holistic care, it is necessary for all nurses to continue improving their professional knowledge and skills of caring. Furthermore, in Taiwan, an

integrative approach that combines an educational program with teaching content incorporating the cultures of various population groups is necessary. Such education enables nurses to provide patients belonging to these diverse population groups with high-quality patient-centered care.

The study was only conducted at one hospital and all the participants were female; therefore, the results cannot be generalized to the perceptions of caring behaviors of overall Taiwanese nurses. On the positive side, an important dimension of this study was the qualitative method employed to assess the perceptions of caring behaviors. Comments by participants indicated that they preferred answering interview questions because this allowed them to really talk about what they are feeling - something not possible with the quantitative measure used.

### Conclusion

Caring behavior is crucial in nurse-patient relationship for the quality positive outcome of nursing care. In this study, Taiwanese nurses indicated inspiring hope in patients, providing physical comfort, having skillful techniques, possessing professional knowledge, having patience, and respecting patients' culture were the key elements of caring behaviors. The finding of the present study provide a conceptualization of caring that when added to the current discourse on this topic may help provide continued examination of caring research, education and practice in Taiwan. More studies employing quantitative designs or mixed-methods designs could be conducted to capture a more comprehensive picture of Taiwanese nurses' caring behaviors. This study provides useful information that can be used for this instrument development.

**Contributions:** Study design, data analysis and manuscript preparation : LNC. Data collection, providing administrative, technical or material support : YCT, YHW. Supervised the study : LNC, YCT, YHW

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