



## Nurses Perception about Nurse Caring Behaviors in Hospitals of Harari Region, East Ethiopia

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### Abstract

**Background:** Nurse caring behavior is important health service provision which enables building trust, creating close relationship with the patient and contributes to the satisfaction of clients. Nurse caring behavior is categorized as respect for the others, assurance of humanistic presence, positive connectedness, professional knowledge and skills. All studies conducted on Nurses perception about Nurse caring behaviors were conducted in developed Nations and this research highlights the problem in developing countries with the aim of assessing Nurses perception about Nurse caring behaviors in Hospitals of Harari Region, East Ethiopia.

**Materials and methods:** The study design was cross sectional Hospital based study. Data was collected from 465 Nurses from January 1-30, 2018. A six point Likert scale Nurse caring behaviors (CBI-24) questionnaire was self-administered to participants. Data were entered and analyzed using SPSS version 22 software.

**Results:** The study result showed that the Mean  $\pm$  SD of total CBI-24 score of nurses perception about nurse caring behaviors was  $4.21 \pm 1.08$ . The result also depicted that the Mean  $\pm$  SD of nurses perception about nurse caring behaviors in assurance of human presence was  $4.20 \pm 1.13$ ; Knowledge and skill subscale score was  $4.44 \pm 1.16$  (Mean  $\pm$  SD); Respectfulness subscale score was  $4.14 \pm 1.21$  (Mean  $\pm$  SD) and Positive connectedness subscale score was  $4.06 \pm 1.17$ .

**Conclusions:** The Total Nurse Caring Behaviors CBI-24 score as well as assurance of human presence, Knowledge and skill, Respectfulness and Positive connectedness sub scales were found to be low.

**Keywords:** Nurse perception; Nurse caring behaviors; CBI-24; Hospital; Harari region; East Ethiopia

### Introduction

Nurse caring behavior is important health service provision which enables building trust, creating close relationship with the patient and contributes to the satisfaction of clients [1]. Nurse caring behaviors include the respect of the patients, feelings of security, minimizing anxiety, positive and good communication, professional knowledge and skills with attention to the patients [2]. Nurse caring behavior is

categorized as respect for the others, assurance of humanistic presence, positive connectedness, professional knowledge and skills [3]. Nurses understand caring mainly as the protection, support of the patient's interest, as nursing intervention or as a context linking more aspects [4]. In addition, Nurses affirm the importance of physical care for the patient, agree on the importance of pain issues, monitoring of symptoms, physiological functions and how care is coordinated [4,5]. The main purpose of nurse caring behaviors is to reduce the patient's pain and relieve disease symptoms. When nurses provide good nursing care to the patients, it has a positive impact on patients' life and satisfaction [6].

Worldwide, about 100 Million people want care in the hospitals every year. Provision of multiple health cares for the community made challenges to provide nurse caring to patients for many hospitals and staffs [7]. Nurses spend considerable time in the act of caring, so perspectives of nurses about nurse caring behaviors could give strong scientific and economic bases for influencing policy decisions which has impact on the nursing workforce and quality of nursing care [8].

Although politicians, policy-makers and health administrators acknowledge nursing profession as backbone of the health service, they often fail to back up this assertion with supportive policies that allow for maximum performance and output by nurses. Due to this, not only does the population suffer by not getting the best care, but also lack of enabling work environment, appropriate reward and progress structure often inhibits development of potential leaders in the profession for the countries [9]. All studies conducted on Nurses perception about Nurse caring behaviors were conducted in developed Nations and this research highlights the problem in developing countries with the aim of assessing Nurses perception about Nurse caring behaviors in Hospitals of Harari Region, East Ethiopia.

### Research Methods

#### Study area and period

Harari Region was the study area and it is found at distance of 525 km from Addis Abeba in East Ethiopia. There were seven Hospitals in Harari Region and 493 Staff Nurses were working in the Hospitals.

#### Study design and population

The study design was Hospital based cross sectional study. All nurses were taken as source population while the study populations were those nurses who fulfill the inclusion criteria.

#### Inclusion and exclusion criteria

The inclusion criteria for this study were Nurses who are permanent employee in Hospitals of Harari Region and who were at work during data collection period while those nurses who were assigned out of clinical duties, had been in contract and on leave were excluded from this study.

#### Sample size

Single population mean formula with 95% Confidence interval, 0.05 margin of error and standard deviation of 0.53 for CBI-24 from previous study [10] was used to find the sample size as 431. Adding 10% non-response rate, the final sample size was 474.

$$n = \frac{(Z\text{-score})^2 \cdot SD \times (1-SD)}{(CI)^2}$$

Where S=Standard deviation of sample (0.53), D=Margin of error (0.05) and 95% CI=(1.96)<sup>2</sup>.

According to the result, the initial sample size was 431. Then; after adding 10% non-response rate, the final sample size became 474.

### Sampling procedures

Simple random sampling was used to select the study subject from the list of nurses who fulfill the inclusion and exclusion criteria. The outcome variable (Nurses perception about nurse caring behaviors) was assessed by Nurse caring behaviors (CBI-24) standardized questionnaire. Pretest on 5% of the sample size was executed in non-study Hospital and corrections were made on ambiguous questions. Strong supervision and checking of the collected questionnaire completeness had been carried out during the data collection period. A two days training was also provided on the content of the questionnaires and procedures of data collection for two BSc Nurses.

Data entry and analysis was done using SPSS 20<sup>th</sup> edition. The Mean  $\pm$  SD of Nurses perception about nurse caring behaviors was presented for each question, subgroup score and total CBI-24 scores.

### Ethical consideration

Ethical clearance was obtained from the Harmaya University Collage of Health and Medical science, Institutional health research ethical review committee.

Hospital was communicated legally for their permission and each of the interviewee was asked for their informed written and signed voluntary consent form before answering the question. Confidentiality was assured by not recording interviewee name on the questionnaire.

### Results

Complete data were obtained from 465 nurses from public, private and NGO Hospitals, making 98.1% response rate.

#### Socioeconomic characteristics of nurses

The result of this study showed that 51% of nurses had age of 20-30 years while 25.6%, 17.8% and 5.6% of nurses had age of 31-40 years, 41-50 years and 51-60 years respectively. 50.1% of nurses whom participated in this study were males while the rest 49.9% were females. 48.6%, 43%, 6.9% and 1.5% of nurses were married, single, divorced and widowed respectively.

The result of this study also revealed that 42.2%, 30.3%, 16.6%, 7.7% and 3.2% of nurses were Amhara, Oromo, Harari, Guraghe and other respectively. On the other hand; the religion of nurses were Orthodox Christian (55.1%) followed by Muslim (23.4%), Protestant (18.7%) and other (2.8%) (Figure 1).

According to the result of this study, 43.4% of nurses earn monthly income of above 4500 birr while 37%, 18.1% and 1.5% of nurse get monthly income of birr 3001-4500, 1501-3000 and less than 1501 respectively.

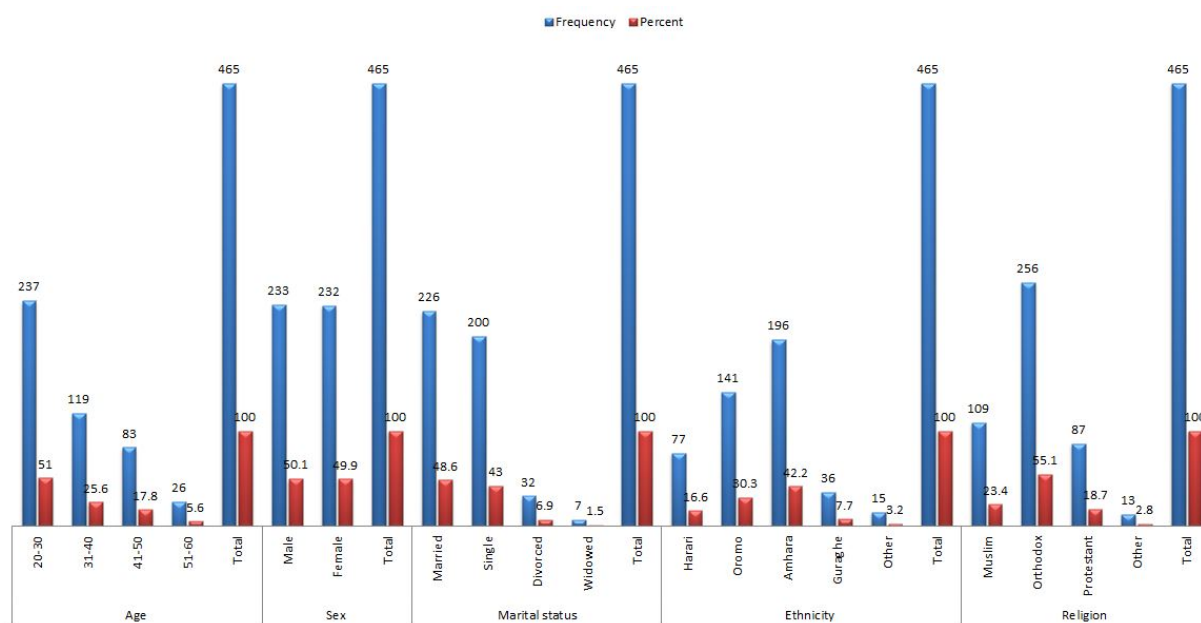


Figure 1: Socioeconomic characteristics of respondents in Hospitals of Harari Region, East Ethiopia, 2018.

The result also depicted that 64.9% of nurses educational level were degree whereas the rest 31.6%, 2.2% and 1.3% of nurses educational level were diploma, masters and certificate respectively (Figure 2).

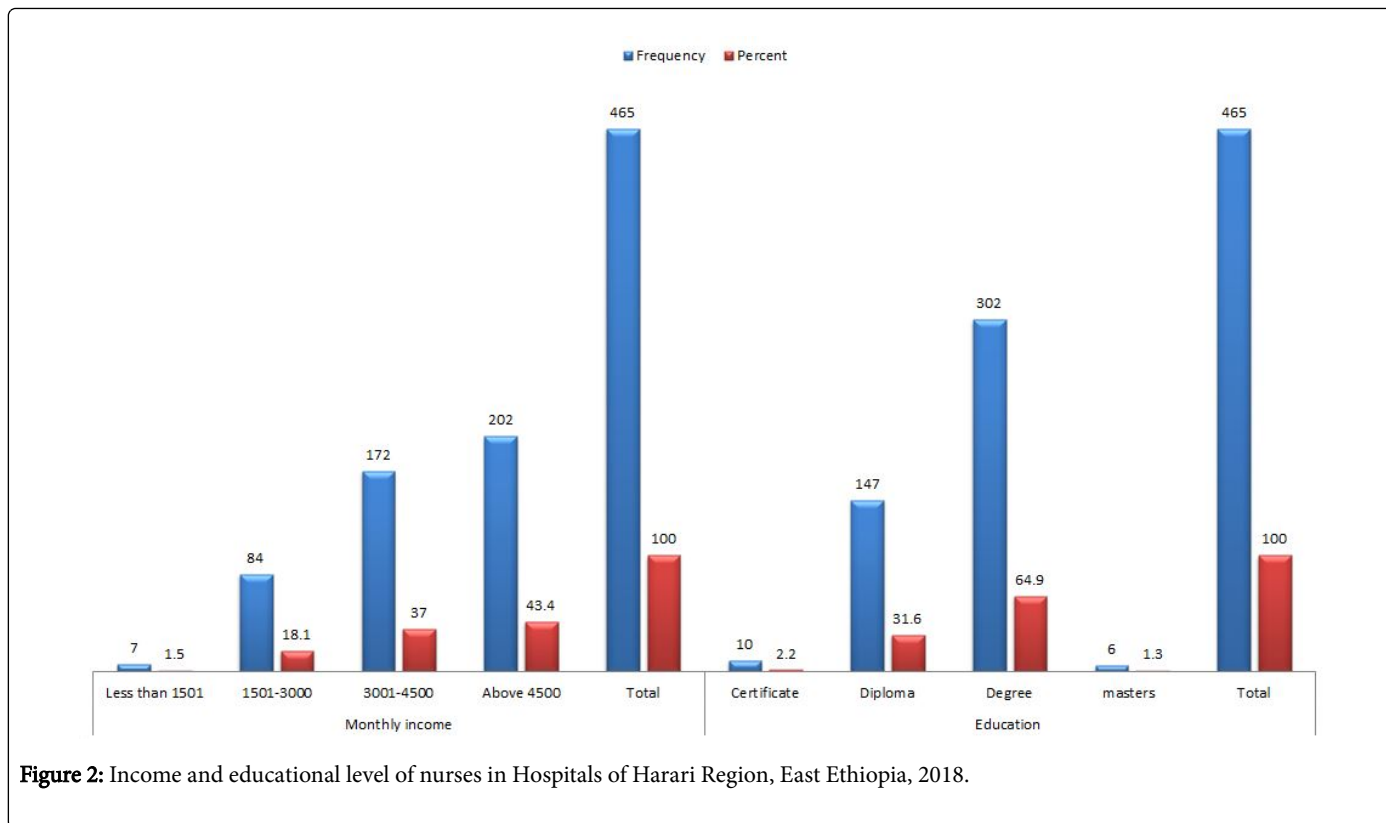


Figure 2: Income and educational level of nurses in Hospitals of Harari Region, East Ethiopia, 2018.

**Nurse caring behaviors in subscales and total score**

Regarding the assurance of human presence subscales questions, giving the patients treatments and medications on time and helping to reduce patient pain got the higher score  $4.57 \pm 1.401$  and  $4.40 \pm 1.391$

(Mean  $\pm$  SD) while returning to the patient voluntarily showed low score  $3.88 \pm 1.434$  (Mean  $\pm$  SD) than other subscale questions.

The result revealed that knowing how to give shots, IVs, etc. had a score of  $4.60 \pm 1.329$  (Mean  $\pm$  SD) in knowledge subscale (Table 1).

Subscales	Questions	Mean $\pm$ SD
Assurance of human presence	Returning to the patient voluntarily	3.88 $\pm$ 1.434
	Talking with the patient	4.30 $\pm$ 1.359
	Encouraging the patient to call if there are problems	3.99 $\pm$ 1.533
	Responding quickly to the patient call	4.07 $\pm$ 1.453
	Helping to reduce to patient pain	4.40 $\pm$ 1.391
	Showing concern for the patient	4.18 $\pm$ 1.432
	Giving the pt's treatments and medications on time	4.57 $\pm$ 1.401
	Relieving the patient symptoms	4.24 $\pm$ 1.359
Professional knowledge and skill	Knowing how to give shots, IVs, etc	4.60 $\pm$ 1.329
	Being confident with the patient	4.39 $\pm$ 1.360
	Demonstrating professional knowledge and skill	4.38 $\pm$ 1.401
	Managing equipment skill fully	4.41 $\pm$ 1.379
	Treating patient information confidentially	4.42 $\pm$ 1.383

Table 1: Assurance and knowledge subscales levels in Hospitals of Harari Region, East Ethiopia, 2018.

According to the result of this study, attentively listening to the patient score was  $4.38 \pm 1.371$  (Mean  $\pm$  SD) while meet the patient stated and unstated needs score was  $3.84 \pm 1.381$  (Mean  $\pm$  SD) in respect to patient subscale.

Meanwhile, helping the patient grow score was  $4.32 \pm 1.371$  (Mean  $\pm$  SD) in positive connectedness subscale (Table 2).

The result of this study revealed that nurses perception about nurse caring behaviors in assurance and knowledge subscales were found to

be  $4.20 \pm 1.13$  (Mean  $\pm$  SD) and  $4.44 \pm 1.16$  (Mean  $\pm$  SD) respectively. Nurses' perception about nurse caring behaviors in respectfulness and positive connectedness subscales were  $4.14 \pm 1.21$  (Mean  $\pm$  SD) and  $4.06 \pm 1.17$  (Mean  $\pm$  SD) respectively.

The total CBI-24 score of nurses' perception about nurse caring behaviors was found to be  $4.21 \pm 1.08$  (Mean  $\pm$  SD) (Table 3).

Subscales	Questions	Mean $\pm$ SD
Respectfulness to patients	Attentively listening to the patient	$4.38 \pm 1.371$
	Treat the patient as an individual	$3.94 \pm 1.574$
	Supporting the patient	$4.36 \pm 1.378$
	Being empathetic or identifying with the patient	$4.11 \pm 1.329$
	Allowing patient to express feelings about disease and treatment	$4.21 \pm 1.419$
	Meet the patient stated and unstated needs	$3.84 \pm 1.381$
Positive connectedness	Being patient or tireless with the patient	$3.91 \pm 1.354$
	Spend time with the patient	$4.02 \pm 1.386$
	Including the patient in planning his or her care	$3.85 \pm 1.475$
	Giving instructions or teaching the patient	$4.20 \pm 1.340$
	Helping the patient grow	$4.32 \pm 1.371$

**Table 2:** Respectfulness and positive connectedness subscales levels in Hospitals of Harari Region, Eastern Ethiopia, 2018.

Subscale/Total score	Mean $\pm$ SD
Assurance of human presence	$4.20 \pm 1.13$
Professional Knowledge and skill	$4.44 \pm 1.16$
Respect for patient	$4.14 \pm 1.21$
Positive connectedness	$4.06 \pm 1.17$
Total CBI-24 score	$4.21 \pm 1.08$

**Table 3:** Total CBI-24 and subscale level in Hospitals of Harari Region, East Ethiopia, 2018.

## Discussion

The finding of this study showed that the most important nursing behaviors indicated in assurance subscale were giving the patient treatments and medications on time and helping to reduce patient pain got. However; the study findings also disclosed that returning to the patient voluntarily showed low score  $3.88 \pm 1.434$  (Mean  $\pm$  SD) than other in assurance of human presence subscale. These finding is in line with the Turkish study finding where higher score was given for helping to reduce the patient's pain and giving the patient's treatments and medications on time while low score was given for returning to the patient voluntarily question than other in the subscale [6]. The reason could be high patient load, nurses spend most of their time and energy to execute doctors' orders, writing reports and performing secretarial

jobs. Such condition would cause fatigue, nervousness and prevent them to return to the patient voluntarily [11].

The finding of this study also depicted that high rating was given for knowing how to give shots, Ivs question of knowledge and skill subscale. This was supported by study done in Turkey where nurse rank knowing how to give shots, Ivs as first in the subscale [6]. As indicated under this sub scale meeting the patient stated and unstated needs score was low,  $3.84 \pm 1.381$  (Mean  $\pm$  SD). The result was in agreement with study done in Turkey where nurses rated meeting the patient stated and unstated needs as lowest in the subscale [6]. The reason might be due to poor communication between nurses and patient, these leads to misunderstanding of nurses to the patient stated and unstated need.

According to this study finding, helping the patient grow score was higher than other in positive connectedness subscale. The result was in contrast to the Turkish research finding where spending time with the patient and being patient or tireless with the patient had highest score [6]. This might be due to the fact that Nurses in Turkey uses technologically advanced instruments and enough nurses were assigned for the patient so that they gave adequate time for patient management.

The study finding showed that the Mean  $\pm$  SD of total CBI-24 score of nurses' perception about nurse caring behaviors was  $4.21 \pm 1.08$ . The finding of this study revealed that the Mean  $\pm$  SD of nurses' perception about nurse caring behaviors in assurance of human presence was  $4.20 \pm 1.13$ ; Knowledge and skill subscale score was  $4.44 \pm 1.16$  (Mean  $\pm$  SD); Respectfulness subscale score was  $4.14 \pm 1.21$  (Mean  $\pm$  SD) and

Positive connectedness subscale score was  $4.06 \pm 1.17$ . The total CBI-24 score as well as the four subscale scores were much lower than the results of Turkish, Six European and Greek study findings [6,10,12]. This might be due to difference in curriculum and training of Nurses, working environment, socioeconomic condition as well as development level of the countries.

## Conclusion

Findings of this study revealed that the Total Nurse Caring Behaviors CBI-24 score as well as assurance of human presence, Knowledge and skill, Respectfulness and Positive connectedness sub scales were found to be low.

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