

Investigation of Views and Care Behaviors Among Patients and Nurses in Surgical and Internal Medicine Departments in Greece

Διερεύνηση των Αντιλήψεων Ασθενών και Νοσηλευτών για τις Συμπεριφορές Φροντίδας σε Χειρουργικά και Παθολογικά Τμήματα

Περίληψη στο τέλος του άρθρου

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Aim: To investigate the behaviors, opinions and expectations of nurses and patients regarding nursing care. **Material and Method:** The study involved 100 patients selected by convenience sampling and 100 nurses selected by purposive sampling in surgical and internal medicine departments in two hospitals in Athens. Nurses completed demographic questionnaires, patients completed demographic and clinical questionnaires, and both groups completed the Greek version of the Caring Behaviors Inventory (CBI-24). **Results:** The patients' mean age was 71.15 ± 17.58 years, while the majority of nurses were 31–40 years old. Of the nurses, 73% were women and 80% had more than 10 years' experience. Thirty-seven percent of the patients were bedridden and 63% had previous hospital admissions. The level of patient mobility appeared to have an impact on the "Assurance" ($p=0.040$) and "Respectful" ($p<0.050$) dimensions of the CBI scale. The sex of nurses ($p=0.030$), the department where they worked ($p=0.002$), their level of education ($p=0.020$) and their experience ($p<0.050$) appeared to have an effect on the overall scale, but also on individual dimensions. Nurses aged ≥ 41 had a higher score in the "Assurance" dimension than those aged <40 years ($p=0.040$). From a comparison of patients and nurses, a statistically significant difference was observed in the "Respectful" subscale, where patients scored higher than nurses ($p=0.003$). **Conclusions:** Differences between the views of patients and nurses and their expectations regarding care should be investigated with a view to bridging them, and thus increasing patient satisfaction.

Key-words: Nurses, patients, caring behaviors, caring perceptions.

Introduction

Although care is considered the focus of nursing, there are often different views, supported by nursing theories and research studies, concerning the adoption of a common definition among patients and nurses.^{1,2}

Caring behaviors are expressed as actions, behaviors and attitudes that involve interest, trust, the concerns of nurses and their practice in being present and caring for patients.³ In addition, nurses, as a structural and essential element of nursing, are the only ones responsible for transferring knowledge and skills to patients.¹

Professional human care is recognized as the essence and core of nursing. According to Jean Watson's theory, care is fundamental and indispensable for a person's overall sense of well-being, emotional security and satisfaction.⁴ It includes values, respect, consistency, willpower, commitment to care, knowledge and action.⁵ All these elements guide nursing practice and are expressed through it, with nurses recognizing and focusing on the uniqueness of each individual, treating each patient as a single whole.^{2,6,7} The improvement of the care experience through the person-centered model is highlighted as an opportunity to improve the quality of care and is reflected in patient outcomes.^{8,9} This focus is evident in nursing practice, nursing theories, nursing curricula, and the philosophical and moral perception of nursing in relation to humanity and patient care relationships.¹⁰

Nursing care on a daily basis is complex, influenced by a multitude of factors, and leads to a unique relationship between nurses and patients.¹¹ Thus, there are two participants in nursing care: the patient and the nurse. Each of them brings his/her own life experiences, values, beliefs and expectations, and has some special needs and desires. Significant and effective communication between nurses and patients is ideal for establishing a therapeutic relationship and contributes to the provision of the best possible care.¹² Such collaboration is necessary to ensure that patients have the opportunity to participate in the planning of their care, which increases their satisfaction with it.¹³

However, nurses and patients have different priorities and therefore have different assessments of the individual features of the nursing care provided. Ultimately, care is a difficult concept to define and hence to measure. Thus, the study of the behaviors, opinions and expectations of nurses and patients is of major importance for nursing science.

Several tools have been created for the objective evaluation of care, among which the most used are the Caring Behavior Inventory (CBI), Caring Satisfaction (CARE-SAT), Caring Behavior Assessment Tool (CBA) and Caring Assessment Report Evaluation (CARE Q), all of which have well established reliability and validity.¹⁴ Most studies of care so far have focused on the nurses' perspective,¹⁵ while studies comparing patients' and nurses' perceptions of care are very few.¹⁶

Aim

The purpose of this study was to investigate the perceptions and expectations of nurses and patients with respect to the provision of nursing care, as well as the factors that affect them.

Material and Method

A simultaneous study was carried out with a sample of 100 patients from the internal medicine and surgical departments of two central hospitals in Attica, and 100 nurses from the same departments, over a period of 2 months (June-August 2019). The sample of nurses was selected by the method of purposive sampling (of the 108 nurses in these departments 100 responded: 93% response rate), while the sample of patients was enrolled using convenience sampling. More specifically, 140 patients were approached and the study was completed when the number of 100 (71% response) was reached. Criteria for admission of patients to the study were age (≥ 18 years), knowledge and understanding of the Greek language, the absence of a diagnosis of psychiatric disease, and in every case their signed consent.

Data collection

Patients and nurses completed the Care Behaviors Inventory – CBI-24 questionnaire,¹⁷ which was translated and validated in the Greek language by Papastavrou et al.¹⁸ This tool has been used in several studies and is considered suitable for exploring the views of the patient–nurse pair on nursing care. It consists of 24 items answered on a 6-point Likert scale: (1=never to 6=always), with a minimum possible value of 24 and a maximum of 144. The scale includes 4 dimensions: the subscale "Assurance", which refers to the security created for the patient by the nurse's continual presence (8 items); the subscale "Knowledge and Skill", which measures the knowledge

and effectiveness of the care provider (5 items); the subscale "Respectful", which concerns respect for another person's different views, the open mind that should be maintained in the mutual interaction, and the creation of a free communication channel, without taboos and prejudices (5 items); and finally the subscale "Connectedness", which refers to the positive feeling from the interpersonal relationship between nurse and patient (6 items). The Cronbach's alpha coefficient of the overall scale in this study was 0.95 for patients and 0.91 for nurses.

In addition, nurses completed a demographic questionnaire, while patients completed a clinical and demographic questionnaire.

Statistical analysis

The data were analyzed using the IBM SPSS® software, version 25 (IBM Corp., Armonk, NY). Initially, a descriptive analysis of the demographics of patients and nurses was carried out: for qualitative variables the percentage and frequency were measured, while for quantitative variables the mean values \pm standard deviations (SD) were calculated. The Cronbach's alpha internal consistency index was calculated for the samples of nurses and patients separately, while the subscale and overall scale scores were evaluated by calculating the average scores for the items. Mean or median and dispersion indicators (standard deviation [SD] and interquartile range [IQR]) of scale scores and overall group scores were calculated separately. Finally, a calculation was made of median, IQR and range of values by item and by group. An inductive statistic was then applied, which analyzed the effects of patients' clinical and demographic characteristics and nurses' occupational and demographic characteristics on the subscale and CBI scale scores. Non-parametric Mann-Whitney (for two groups) and Kruskal-Wallis (for three groups) tests, and calculation of Spearman's r_s correlation coefficient were used, as the assumptions of parametric tests (normality of distributions and equality of fluctuations) were not met. Finally, comparisons were made between patients and nurses regarding the overall CBI scale scores and on each item individually. The Mann-Whitney test was performed. The criterion of significance was set at $p < 0.05$.

Ethical considerations

During the course of the study, the ethical and professional rules governing clinical investigations were strictly

observed. In particular, before the data were collected, the study was approved by the ethics and research committees of each hospital, while patients and nurses were informed about the investigation and its purpose, the preservation of anonymity and confidentiality, the voluntary participation and the usefulness of the expected results. All participants then gave their signed, written consent to participate in the investigation.

Results

Descriptive characteristics

This study involved 100 patients with an average age of 71.15 ± 17.58 years. Of these, 57% were women, 50% were married and 53% had completed only primary education. The majority of patients (75%) remained in hospital for less than a week. Of the total number of patients treated in the internal medicine (65%) and surgical departments (35%), 40% were ambulatory, 37% were bedridden and 23% had mobility problems. The main reasons for patient admission were urinary tract problems (23%), infections (20%), fractures (20%) and anemia (16%).

The majority of the nurses were women (73%), aged 31-40 (55%), married (53%), and working in internal medicine departments (58%). Of the study population, 58% of nurses had been working for 11-20 years and 22% had an internal medicine or surgical specialty (table 1).

Effect of demographic characteristics on CBI scores

The mean values, medians, standard deviations, interquartile ranges (IQR) and CBI ranges are shown in table 2.

An investigation of the effects of patients' demographic and clinical characteristics on CBI scores showed that sex, hospital department, prior hospitalization, duration of hospitalization, marital status and educational level did not have any statistically significant impact on the scale. Only on the "Respectful" subscale was a statistically significant primary effect of patient mobility observed (Kruskal-Wallis $H=6.61$, $df=2$, $p < 0.050$). Multiple comparisons with the Dunn-Bonferroni correction showed that patients who were ambulatory gave higher scores on the "Assurance" subscale than patients who were bedridden ($z=16.59$, $p=0.040$). Finally, no statistically significant correlations (Spearman r_s) were observed for the associations between patient age and CBI subscales ($p > 0.050$).

Table 3 shows the CBI scores of nurses in relation to their demographic and professional characteristics. Women scored significantly higher than men on the

Table 1. Demographic and clinical data of patients, demographics of nurses.

Patients		(%)
Sex	Male	43
	Female	57
Educational level	Primary	53
	Secondary	30
	Tertiary	14
	Master / PhD	3
Family status	Unmarried	11
	Married	50
	Single/Divorced /	39
	Widowed	
Age (mean ± SD)	71.15±17.58	
Occupation	Employee	22
	Self-employed	5
	Homemaker	11
	Farmer	2
	Retired	54
	Other	6
Duration of care (weeks)	<1	75
	1–2	22
	>2	3
Hospital department	Surgical	35
	Internal medicine	65
Mobility	Ambulatory	40
	Walks with assistance	23
	Bedridden	37
Previous admission	Yes	63
	No	37
Diagnosis	Urological problem	23
	Infections	20
	Fracture	20
	Anemia	16
	Respiratory problem	7
	Other	14
Nurses		(%)
Sex	Male	27
	Female	73
Age (years)	21–30	6
	31–40	55
	41–50	29
	>50	10
Marital status	Unmarried	38
	Married	53
	Divorced/	9
	Widowed	
Level of training (years)	3	49
	4	29
	Surgical or Internal Medicine Specialty	22
Workplace (clinic)	Internal medicine	58
	Surgical	42
Work experience (years)	1–10	20
	11–20	58
	21–30	18
	>30	4

“Assurance” (U=1300.50, p<0.010) and “Connectedness” (U=1310.50, p<0.010) subscales, and on the overall scale (U=1267.00, p=0.030). Nurses in surgical departments scored higher than those in internal medicine departments on the “Assurance” (U=1667.00, p=0.002) and “Respectful” (U=1664.50, p=0.002) subscales, and on the overall scale (U=1658.50, p=0.002). Regarding age, nurses aged 41 and over scored higher than nurses aged under 40 on the “Assurance” subscale (U=1473.50, p=0.040). A significant effect of educational level was also observed on the “Assurance” [H(2)]=12.54, p=0.002) and “Connectedness” [H(2)]=7.37, p=0.030) subscales, and on the overall CBI scale score [H(2)]=8.34, p=0.020). Multiple comparison analysis showed a statistically significant difference between the groups with three years of training and four years of training on the “Assurance” (z=3.50, p<0.010) and “Connectedness” [H(2)]=7.37, p=0.030) subscales, and on the overall score of the scale (z=2.75, p<0.050), with the three-year group (older nurses) scoring higher than the four-year training group. Previous service appeared to have a statistically significant effect on the “Assurance” [H(2)]=8.12, p=0.020) and “Connectedness” [H(2)]=8.98, p=0.010) subscales, and on the overall score (H(2)=6.91, p=0.030). On the “Assurance” subscale (z=-2.51, p=0.040) and the “Connectedness” subscale (z= 2.51, p=0.040), multiple comparisons showed that the group with more than 21 years of experience gave higher scores than the group with 11–20 years of experience, but not than the group with 1–10 years of experience. As regards the nurses’ marital status, no significant differences were observed between unmarried/divorced/widowed and married nurses (p>0.050) (table 3).

Comparison of CBI scores between nurses and patients

Table 4 shows the scores of patients and nurses on the CBI scale. A significant difference was observed only in the “Respectful” subscale, where patients scored higher than nurses (U=3788.00, p=0.003).

Finally, on checking the differences in individual items between patients and nurses, it appeared that patients gave higher average scores than nurses for the items “Responding to the patient voluntarily” (p<0.050), “Treating the patient as an individual” (p<0.001), “Being empathetic or identifying with the patient” (p<0.050), “Spending time with the patient” (p=0.020) and “Being patient or tireless with the patient” (p=0.040). In contrast, nurses

Table 2. Descriptive elements of CBI items to patients and nurses.

CBI Items	Mean±SD	Median (IQR)	Range	Mean±SD	Median (IQR)	Range		
							Patients	Nurses
01	Attentively listening to the patient	5.01±1.03	5 (2)	2-6	5.34±0.77	6 (1)	3-6	
02	Giving instructions or teaching the patient	4.83±1.06	5 (2)	2-6	5.01±0.86	5 (1)	2-6	
03	Treating the patient as an individual	5.22±0.84	5 (1)	3-6	4.48±1.29	5 (1)	1-6	
04	Spending time with the patient	5.23±0.94	5 (1)	2-6	4.95±0.97	5 (1)	2-6	
05	Supporting the patient	5.23±0.87	5 (1)	2-6	5.05±0.93	5 (2)	2-6	
06	Being empathetic or identifying with the patient	5.07±1.02	5 (1)	1-6	4.72±1.09	5 (2)	1-6	
07	Helping the patient grow	4.89±1.12	5 (2)	1-6	4.85±0.99	5 (2)	2-6	
08	Being patient or tireless with the patient	5.05±1.09	5 (1)	1-6	4.84±0.98	5 (2)	1-6	
09	Knowing how to give shots, IVs, etc.	5.17±0.98	5 (1)	2-6	5.23±0.74	5 (1)	4-6	
10	Being confident with the patient	5.18±1.02	5 (1)	1-6	5.11±0.76	5 (1)	4-6	
11	Demonstrating professional knowledge and skill	5.26±0.84	5 (1)	3-6	5.11±0.98	5 (2)	1-6	
12	Managing equipment skillfully	5.27±0.74	5 (1)	3-6	5.42±0.68	6 (1)	4-6	
13	Allowing the patient to express feelings about his or her disease and treatment	4.94±1.14	5 (1)	1-6	4.82±1.05	5 (2)	2-6	
14	Including the patient in planning his or her care	4.81±1.35	5 (2)	1-6	4.72±1.08	5 (2)	2-6	
15	Treating patient information confidentially	5.10±0.93	5 (2)	3-6	5.24±0.98	5.5 (1)	1-6	
16	Returning to the patient voluntarily	5.10±1.04	5 (1)	1-6	4.77±1.1	5 (2)	1-6	
17	Talking with the patient	5.07±1.12	5 (1)	1-6	4.92±0.99	5 (2)	2-6	
18	Encouraging the patient to call if there are problems	5.38±0.95	6 (1)	1-6	5.28±0.89	6 (1)	2-6	
19	Meeting the patient's stated and unstated needs	5.28±0.78	5 (1)	3-6	5.12±0.76	5 (1)	4-6	
20	Responding quickly to the patient's call	5.26±0.76	5 (1)	3-6	5.2±0.71	5 (1)	4-6	
21	Helping to reduce the patient's pain	5.37±0.79	6 (1)	2-6	5.46±0.73	6 (1)	4-6	
22	Showing concern for the patient	5.24±0.89	5 (1)	2-6	5.49±0.66	6 (1)	4-6	
23	Giving the patient's treatments and medications on time	5.46±0.74	6 (1)	3-6	5.49±0.75	6 (1)	4-6	
24	Relieving the patient's symptoms	5.47±0.70	6 (1)	3-6	5.38±0.68	5 (1)	4-6	

gave higher scores for the items "Showing concern for the patient" ($p=0.040$) and "Attentively listening to the patient" ($p=0.030$).

Discussion

This study evaluated the way the nursing care provided in internal medicine and surgical departments is perceived by patients and nurses in those departments. The results showed that patients and nurses had essentially similar perceptions of care, the exception being the "Respectful" subscale, where patients gave higher scores than nurses. In contrast, in a recent study in Turkey that used CBI-24 to evaluate 455 patients hospitalized in inter-

nal medicine and surgical departments, the highest score was in the "Knowledge and Skill" subscale and the lowest in the "Respectful" and "Connectedness" subscales.¹⁹ In the same study, and again in contrast to this one, patients gave higher scores to the items "Managing equipment skillfully", "Helping to reduce the patient's pain" and "Giving the patient's treatments and medications on time". In addition, in a study in Ghana, surgical department patients rated "Knowledge and Skill" highest.²⁰

A recent study of oncological patients observed significant differences between patients' and nurses' evaluations, with patients scoring higher on the "Knowledge and Skill", "Respectful" and "Connectedness" scales. However,

Table 3. Comparative analysis of relationships between CBI subscales and nursing characteristics.

		Median (IQR)				
		Assurance	Knowledge and Skill	Respectful	Connectedness	Overall Scale
Sex*	Male	4.88 (1)+	5.00 (1)	4.67 (1.17)	4.60 (0.80)+	4.83 (1)+
	Female	5.38 (0.75)+	5.20 (0.80)	5.00 (0.67)	5.00 (0.80)+	5.25 (0.58)+
Department	Surgical	5.63 (0.66)+	5.40 (0.80)	5.17 (0.71)+	5.00 (0.85)	5.29 (0.61)+
	Internal medicine	5.25 (1.03)+	5.20 (1.00)	4.83 (0.88)+	5.00 (0.85)	4.94 (0.81)+
Age*	21-40 years	5.25 (1)+	5.20 (1.20)	4.83 (0.83)	5.00 (0.80)	5.17 (0.79)
	41 years and older	5.63 (0.88)+	5.40 (0.60)	5 (0.83)	5.00 (0.80)	5.25 (0.75)
Work experience** (years)	1-10	5.63 (0.97)	5.30 (0.95)	5.08 (0.88)	5.20 (1.30)	5.35 (1)
	11-20	5.25 (0.88)+	5.20 (1)	4.83 (0.83)	4.80 (0.85)+	5.02 (0.71)
	>21	5.63 (0.38)+	5.40 (0.60)	5.08 (1.04)	5.30 (0.50) +	5.31 (0.69)
Marital status*	Married	5.38 (0.88)	5.20 (0.60)	5 (0.67)	5 (0.80)	5.21 (0.58)
	Single, divorced, widowed	5.25 (1)	5.20 (1.20)	4.83 (1)	5 (0.80)	5.13 (0.83)
Level of training** (years)	3	5.62 (0.81)+	5.20 (1)	5.00 (0.83)	5.20 (0.70)+	5.21(0.69)+
	4	5 (0.81)+	5.20 (1)	4.83 (0.67)	4.60 (1.10)+	4.88 (0.90)+
	Specialty (annual)	5.50 (0.47)	5.40 (0.80)	5.08 (1.04)	5 (0.80)	5.27 (0.52)

*Mann-Whitney U test, **Kruskal-Wallis test, +p<0.05

Table 4. Comparison between patients and nurses in CBI subscales and overall score.

Caring Behavior Inventory	Groups		Mann-Whitney U test	p
	Patients (n=100)	Nurses (n=100)		
	Median (IQR)	Median (IQR)		
Assurance	5.37 (0.75)	5.38 (0.88)	4617.50	0.35
Knowledge and Skill	5.40 (1.15)	5.20 (0.95)	4758.50	0.55
Respectful	5.33 (0.79)	4.92 (0.83)	3788.00	0.003
Connectedness	5.20 (0.95)	5.00 (1)	4299.50	0.09
Total Scale	5.27 (0.78)	5.17 (0.70)	4301.50	0.08

both groups rated "Knowledge and Skill" highly.²¹ More generally, the literature shows a relative agreement in perceptions and expectations between cancer patients and nurses regarding nursing care.²¹⁻²³

A survey of 1537 patients and 1148 nurses from 6 European countries using CBI-24 showed significant differences between nurses and patients in the perception of respect and human presence through care behaviors.²⁴ Significant differences were also found in the items "Treating the patient as an individual" and "Being empathetic or identifying with the patient". Patients scored higher on the items "Responding to the patient voluntarily", "Treating the patient as an individual", "Being empathetic or iden-

tifying with the patient", "Spending time with the patient" and "Being patient or tireless with the patient", findings that agree with those of this study. Patients and nurses do not always agree on the quality of care behaviors, but patients' contact with nurses has a positive effect on their perception of care over time.²⁵

On the other hand, in the study by Dawood et al²⁶ of geriatric patients treated in Egypt, using a version of CBI adapted for the elderly, the lowest score among the caring behaviors was for "Treating the patient as an individual". This suggests that there is often a difference between patients' and nurses' perceptions in terms of individualized care elements. Often, a high workload, the type of

workplace, understaffing and other organizational issues, such as limited time for holistic care, affect the quality of patient care, as priority is given to basic needs, overlooking the personalization of care.^{26,27}

The quality of care may also be influenced by personal factors: for example, a nurse's qualifications, their philosophy of life, sense of responsibility, level of burnout and any psychological problems.²⁸ Although care is considered a global concept, its behaviors and manifestations vary and are influenced by social, cultural and economic factors. Leininger argued that culture is a broader human characteristic and that care must be integrated into each person's culture to effectively meet their needs. Cultural care is essential for the well-being, health, development, survival and healing of the individual.²⁹

In addition, significant correlations have been found between patients' perceptions of day-to-day nursing care, the "culture" of hospital care and the overall experience. Daily clinical nursing care significantly affects patients' satisfaction and their favorable attitude towards hospital care.³⁰ Patients consider human care interactions to be an important factor influencing their experiences.³¹ Therefore, well-documented patient-centered nursing care also benefits the healthcare system.

Regarding the correlations between demographics and CBI scores, no statistically significant differences were observed between patients in relation to hospital department, sex, previous hospitalization, duration of hospitalization, marital status or educational level. Similar results were observed in the study of Dursun et al,¹⁹ where caring behaviors were not significantly correlated with hospital department, duration of hospitalization, sex, level of education or occupation. In addition, no correlation of CBI scores with sex or level of education was observed in the study of Patiraki et al.³² However, a strong correlation was observed between CBI scores and previous hospitalization, admission type (urgent or scheduled) and disease. There was a significant difference in the "Knowledge and Skill" scale between patients who had surgery and those who did not.³²

Regarding nurses, their sex and work experience appeared to be correlated with the "Assurance" and "Connectedness" subscales, and the overall scale. Similarly, in the study of Patiraki et al,³² sex and work experience significantly influenced the "Assurance" subscale, the "Respectful" subscale and the overall scale. In contrast, Heydari et al³³ in their unpublished manuscript found no

significant relationship between nurses' demographics and their perceptions of caring behaviors. Shen et al³⁴ argued that age, working years, title, level of education, and family care appeared to influence the care behaviors of oncology nurses. Finally, regarding nurses' marital status, no statistically significant differences were observed between unmarried/divorced/widowed and married nurses, in contrast to the findings of Karlou et al,²¹ where married nurses scored higher than the others on the overall scale.

The limitations of this study included the small samples of nurses and patients and the methods of sampling, making it difficult to generalize the results to all nurses and patients in internal medicine and surgical departments.

Conclusions

The present study investigated the perceptions and behaviors of care among patients and nurses in surgical and internal medicine departments. There was generally relative agreement on caring behaviors, with the exception of the "Respectful" dimension. Patient factors that appeared to affect dimensions of the scale were their sex and mobility, while corresponding factors for the nurses were their workplace, training and professional service.

These findings show the importance of empathy, and individualized and holistic nursing care. Caring for and meeting the diverse needs of each patient is an ongoing process that must take the patient's opinion and their life story into account. These considerations give a better understanding of the patient's uniqueness and how each one is affected by disease.³⁵ Because nursing care is paramount for patients, studying the relation between patients' and nurses' perceptions of caring behaviors can facilitate procedures and provide a positive experience.

The present study is one of the few conducted in the Greek population and may increase nurses' awareness of care behaviors tailored to patients' expectations and needs.

Further study is needed to investigate in-depth caring behaviors, as quantitative measurement alone is not sufficient. The combination of quantitative and qualitative methodologies can identify the differences in the concept of care between patients and nurses, with the aim of bridging them. Interventions targeted at specific dimensions of care that patients rate highly will improve the quality of health care.

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Research Highlight

1. What is the current knowledge?

Care is an essential component of nursing, but it is also a complex concept that is difficult to measure or evaluate. Nurses and patients may have differing assessments of the distinct features of nursing care provided. Thus, their perceptions of nursing care do not usually coincide.

2. What is new here?

This study highlights the importance of the relation between patients' and nurses' perceptions of the way caring behaviors contribute to patient satisfaction and a positive experience. The study found relative agreement in general on caring behaviors, with the exception of the "Respectful" dimension.

ABSTRACT

Διερεύνηση των Αντιλήψεων Ασθενών και Νοσηλευτών για τις Συμπεριφορές Φροντίδας σε Χειρουργικά και Παθολογικά Τμήματα

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Σκοπός: Η διερεύνηση συμπεριφορών, απόψεων και προσδοκιών των νοσηλευτών και των ασθενών σχετικά με τη νοσηλευτική φροντίδα. **Υλικό και Μέθοδος:** Στη μελέτη συμμετείχαν 100 ασθενείς και 100 νοσηλευτές από παθολογικά και χειρουργικά τμήματα δύο μεγάλων νοσοκομείων της Αθήνας, μετά από δειγματοληψία ευκολίας. Οι νοσηλευτές συμπλήρωσαν ερωτηματολόγιο δημογραφικών χαρακτηριστικών, οι ασθενείς ερωτηματολόγιο κλινικο-δημογραφικών χαρακτηριστικών, ενώ και οι δύο ομάδες συμπλήρωσαν την ελληνική έκδοση του ερωτηματολογίου Caring Behaviors Inventory (CBI 24). **Αποτελέσματα:** Η μέση ηλικία των ασθενών ήταν 71,15±17,58, ενώ η πλειοψηφία των νοσηλευτών κυμαινόταν από 31–40 έτη, με το 73% αυτών να είναι γυναίκες με προϋπηρεσία 10 και πλέον έτη. Το 37% των ασθενών ήταν κληνίκοι και το 63% είχαν προηγούμενες εισαγωγές σε νοσοκομείο. Το επίπεδο κινητικότητας των ασθενών φάνηκε να επιδρά στη διάσταση «Ασφάλεια» ($p=0,04$) και «Σεβασμός» ($p<0,05$) της κλίμακας CBI. Το φύλο των νοσηλευτών ($p=0,03$), το τμήμα που εργάζονταν ($p=0,002$), το επίπεδο εκπαίδευσης ($p=0,02$) και η εμπειρία τους ($p<0,05$) φάνηκε να επιδρούν στη συνολική κλίμακα, καθώς και στις επιμέρους διαστάσεις της. Οι νοσηλευτές ηλικίας ≥ 41 είχαν μεγαλύτερη βαθμολογία στη διάσταση «Ασφάλεια» από εκείνους ηλικίας < 40 ετών ($p=0,04$). Από τη σύγκριση μεταξύ ασθενών και νοσηλευτών, στατιστικά σημαντική διαφορά παρατηρήθηκε στη διάσταση «Σεβασμός», με τους ασθενείς να έχουν μεγαλύτερη βαθμολογία από τους νοσηλευτές ($p=0,003$). **Συμπεράσματα:** Οι διαφορές μεταξύ των αντιλήψεων νοσηλευτών και ασθενών και οι προσδοκίες τους σχετικά με την παρεχόμενη φροντίδα πρέπει να διερευνώνται συστηματικά με σκοπό τη γεφύρωσή τους, γεγονός που θα συμβάλει στην αύξηση της ικανοποίησης των ασθενών.

Λέξεις-ευρητηρίου: Νοσηλευτές, ασθενείς, συμπεριφορές φροντίδας, αντιλήψεις φροντίδας.

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