

Correlation between Nurses Reported Caring Behaviors and Patients Satisfaction in Surgical Departments

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Abstract: Understanding consumers' views is essential for any service to be developed or improved. It is not desirable for health-care professionals to be the sole judges of the care provided. Patient satisfaction is connected with nursing care and patients' satisfactions about the nursing care they receive have been found to be an important outcome indicator for quality nursing care.

Aim: determine the correlation between nurses-reported caring behaviors and patient satisfaction in the Surgical Departments.

Methods: A descriptive, correlational design was employed and conducted in the surgical departments of a Suez Canal University hospital. Convenience sampling was used to recruit 254 patients and 185 nurses from surgical departments at the Suez Canal university teaching hospital. Four measurement instruments were used: Nurse Participants completed the Nurse's Socio-demographic Information questionnaire and the Caring Behaviors Inventory-24 (CBI-24). Patient participants completed the Patient Socio-demographic Information Questionnaire and the Patient Satisfaction scale (PSS).

Results: There was a positive relationship between nurses-reported caring behaviors and patient satisfaction in the surgical departments. It was determined that CBI-24 of nurses' sub-dimension scores for positive connectedness is rating negatively than other sub-dimension of caring scale. It was found that patients' sub-dimension scores were positive rated as feel free to ask nurse questions and feel better when to take to nurses and receive good advice from nurses and skillful in assisting the doctor.

Conclusions: This study indicated that the nurses reported caring behaviors were positively correlated with patient satisfaction. Nurses were performing some behaviors that express technical skills according to patients' right more than positive connectedness, while patients experience a lack of communication and unavailability of nurses. The finding revealed that there is still space for improvement nurses' communication. Patients were satisfying about nursing care, but need to improve nursing communication. The results of this study may help surgical nurses meet the need and expectations of surgical patients and deliver individualized patient care.

Keywords: Caring behaviors, nurses, patient satisfaction.

1. INTRODUCTION

Caring is the essence of nursing and it needs to be based on shared communication between nurses and patients as to constitute nurse caring behaviors. Care is essential issue of nursing. Nurses have a duty of care to patients and responsible for promoting and maintaining the health and safety of their patients. Today, several factors as the competition between the health organizations, professionalism, cost increase, demographic variations, use of advanced technology, and shorter hospital stay have changed patients' perceptions and expectations about the nursing care (Calong Calong & Soriano, 2018; Ahmad et al., 2015; Watson & Sitzman 2014 & Abdel Maqsood et al., 2012).

Patient satisfaction is generally accepted as a crucial indicator of the quality and effectiveness of care as well as an important part of value-based health care (Papastavrou et al., 2012; Milutinovic et al., 2012). Consequently, patient satisfaction due to care is a critical outcome because it influences adherence to treatment, health services utilization and general attitudes towards the health care system (Recinos et al., 2017; Findik et al., 2010). Apart from being an important indicator of quality nursing care patient satisfaction has a reciprocal effect meaning it can be used to improve nursing care that will in turn increase satisfaction (Köberich et al., 2016; Milutinovic et al., 2012). Numerous studies have demonstrated the nursing and patient satisfaction link and recognized that nursing care is the only hospital service that had a direct and solid correlation with patient satisfaction (Abdullah et al., 2017; Papastavrou et al., 2014). Other researchers identified that patient-perceived nurse caring is a major predictor of patient satisfaction (Azizi-Fini et al., 2012; Abdel Maqsood et al., 2012).

Moreover, the patients who experience caring report a feeling of emotional and spiritual well-being, an enhanced sense of feeling better more quickly, and an increased feeling of safety, comfort, and support (Thomas et al., 2018 & Dey, 2016).

Nurses' knowing about the perceptions of patients regarding nursing care helps them to become more sensitive about their caring behaviors. In addition, determination and correct conception of the patients' and nurses' perceptions can help to improve the quality of caring and consequently the quality of the service. It is important to investigate patients' views, priorities, and needs regarding nursing care in order to provide a patient-centered care based on expanding and improving knowledge (Thomas, et al., 2018; Papastavrou et al., 2012).

Surgical patients' and professional nurses' were selected as the target population because the very nature of nurse interactions with surgical patients allow for frequent observation for the effect of their enacted behavior. Likewise, these patients, because of their diagnosis and management strategies, are frequently in contact with specialized nurses and may thus be better able to express their perceptions of what nurse behaviors constitute caring to them (Patiraki et al. 2014; Zamanzadeh et al., 2010).

Aim of the study:

The aim of this study was to determine the correlation between nurses-reported caring behaviors and patient satisfaction in the Surgical Departments.

Research objectives:

- 1 - Assess patient satisfaction in Surgical Departments.
- 2 - Assess nurses caring behaviors in Surgical Departments.
- 3 - determine the correlation between nurses-reported caring behaviors and patient satisfaction in the Surgical Departments.

2. SUBJECTS AND METHODS

Design and Sample:

A descriptive, correlation design was employed. Participants in this study included 254 patients and 185 nurses from Suez Canal University Hospital inpatient surgical departments, Surgical departments which includes General surgery department, Neurosurgery department, Orthopedic surgery department, and Urology surgery department. The participants of the study were all nurses who worked in the surgical unit and all patients who had operations in the surgical department via convenience sampling. The participants were patients who were hospitalized at least 2 days (48 hrs.) in surgical departments of the hospital as inpatients, cognitively aware, able to communicate, and willing to participate in the study were potentially eligible for participation. Patients may have been admitted routinely, or through the emergency department and all nurses who provided care to these patients. All registered nurses employed in the general surgical departments of the selected hospitals who were willing to participate in the study were eligible for participation.

Instruments:

Four measurement instruments were used Nurse Participants completed the Nurse's Socio-demographic Information questionnaire and the Caring Behaviors Inventory-24 (CBI-24). Patient participants completed the Patient Socio-demographic Information Questionnaire and the Patient Satisfaction scale (PSS).

1. Patient Socio-demographic Information Questionnaire: The patients' profile section collected information about sex, age, educational background (no-education, primary, secondary, college, and university), and type of admission (planned-emergency).

2. Nurse's Socio-demographic Information questionnaire: Nurses' personal data included nurses' sex, age, level of education (Diploma, Bachelor's, Master's, PhD), and experience in surgical department).

3. Caring Behaviors Inventory-24: All the participants completed the translated self-administered CBI-24 and a personal characteristics data sheet. The translated CBI-24 (Wu, et al., 2006) was used to gather perceptions of nurses. CBI-24 is based on Watson's theory of caring. It is easy to administer and possible to be administered to nurses. The latest revised version of the instrument consists of 24 items in a 6-point Likert-type scale (1 = *never* to 6 = *always*). The inventory has 4 sub-scales and 24 items and is evaluated on a 6-point Likert type scale (1=never, 2=almost never, 3=sometimes, 4=usually, 5=often, 6=always). The CBI-24 has four factors: availability to the patients' need and security assessed by "Assurance of human presence;" demonstration of conscience and competence assessed by "Knowledge and skill;" attendance to the person's dignity assessed by "Respectful deference to others;" readiness to provide constant assistance to patient, assessed by "Positive connectedness" (Wu, et al., 2006). The validity was ascertained by a jury consisting of five expertise's from nursing and medical staff (Medicine, surgery and Medical and surgical nursing department). They were requested to express their opinions and comments on the research scale. They reviewed the research scale for clarity, relevance and comprehensiveness. research scale modified according to jury opinions .The translating the CBI to its own Arabic language, using forward and back translation procedures by two independent translators.

4. Patient Satisfaction Scale (PSS): Patients' satisfaction Scale was adopted by (Charalambous & Adamakidou, 2012) to evaluate patients' satisfaction with nursing care. PSS was based on the patients' satisfaction as an evaluation criterion of nursing care that was described as the corresponding match between patients' expectation of ideal nursing care and the perception of care actually received. The scale had 25 items, each item evaluated on a five point Likert type scale (5= strongly agree, 4=agree, 3=uncertain, 2=disagree, 1= strongly disagree). The scale were consists 25 questions in total. The scale was split into 3 subscales (technical professional - 7 items; interpersonal education - 7 items; interpersonal trusting - 11 items). The entire items were measured on a 5-point Likert scale from 1 = completely dissatisfied up to 5 = completely satisfied. The validity was ascertained by a jury consisting of five expertise's from nursing and medical staff (Medicine, surgery and Medical and surgical nursing department). They were requested to express their opinions and comments on the research scale. They reviewed the research scale for clarity, relevance and comprehensiveness. Research scale modified according to jury opinions. The validity of the research scale was preserved following a translation and back-translation procedure by bilingual experts in English and Arabic languages.

Pilot study:

The pilot study was carried out on 10% of the study subjects who were excluded from the study sample. The purposes of the pilot study were to test the applicability, clarity and feasibility of the study instruments and it served to estimate the time needed to complete the instruments. It also helped to find out any obstacles and problems that might interfere with data collection process. Based on findings of the pilot study, certain modifications on the instruments were done.

Data Collection:

The researchers contacted the nurses in charge of administration in the surgical departments to identify patients who were being prepared for discharge. The researchers interviewed the patients who were discharged on Wednesdays and Thursdays, the days on which the researchers worked in the hospital. The data collection was performed by the patients' interview and the forms were taken back right after the patients filled them. The questionnaires were directed to the nurses and then collected from them on the next day. The members of the study were informed about the aim of the study before they were managed the inventory. Verbal consent was acquired and the questionnaires were filled by the participants under the investigator's supervision. The researcher filled in PSS according to their responses for the patients who had visual impairment or who did not want to read themselves. It took about 15-20 minutes to fill PSS.

Data Analysis:

The analysis was conducted using the Statistical Package for the Social Sciences (SPSS) Version 16.0 for Windows (SPSS Inc. Chicago, IL, USA). Categorical measurements were indicated by numbers and percentages and numerical measurements were displayed as numbers and percentages, normally distributed variables as mean and standard deviation (SD). Descriptive statistics were calculated for the personal characteristics for each group and the CBI total and its subscales. Pearson correlation coefficients were used to examine if there was a relationship between the nurses-reported caring behaviors and patient satisfaction in the surgical department. Questionnaires with missing data were removed. The p -value < 0.05 was considered significant. Internal consistency reliability using Cronbach's α was found to be 0.94 for CBI-24 and 0.96 for PSS.

Ethical Considerations:

Formal application was submitted for approval to the Institutional Review Board at the hospitals. The purpose of this study was explained to potential participants, and those who gave informed consent were interviewed individually.

All gathered data and information were strictly confidential and could not be accessed by any other party without prior permission of the participants and involved institute. The patients were interviewed in their department and when there were multiple patients in the room; curtains were closed around the participant. The interviewers were sitting within a short distance (1-1.5 m) from the participants to assure the confidentiality of the interview. Each participant was free to participate, refuse or withdraw at any time, without any consequences. The return of completed questionnaires from nurses and patients was considered as consent for participation.

3. RESULTS

The results illustrated that, the mean age of studied sample was 46.43 ± 14.01 years old with the range of 18-81 years old. More than half of studied sample were female 52% and 67.3 reported were married. Only 14.2% of studied sample were highly educated, while one-third of them can read and write. Nearly one third of studied sample 23.6% have professional career, as shown in table 1.

Table (1): Socio-demographic characteristic of the patients (n=254):

Socio-demographic characteristics	No.	%
Age		
Min. – Max.	18.0 – 81.0	
Mean \pm SD.	46.43 \pm 14.01	
Gender		
Male	122	48.0
Female	132	52.0
Marital status		
Single	47	18.5
Marriage	171	67.3
Divorced	14	5.5
Widow	22	8.7
Education		
Illiterate	64	25.2
Read and write	75	29.5
Basic school	31	12.2
Secondary school	48	18.9
University	36	14.2
Working		
Professional job	60	23.6
Manual work	49	19.3
Retired	27	10.6
House wife	98	38.6
Other jobs	20	7.9

Table (2) demonstrated total PSS and subscales. Regarding technical – professional subscale the highest percent of studied patients ' care satisfaction (42.9) reported for nurse is too slow to do things for me. Concerning Interpersonal-educational subscale the highest percent of studied patients ' care satisfaction (46) reported for "I wish the nurse would tell me about the results of my tests more than he/ she does". Regarding to Interpersonal- trusting subscale the highest percent of studied patients ' care satisfaction (65.4) reported "The nurse should be more attentive than he/ she is".

Table (2): Distribution of the scores obtained from PSS and sub-scales (n=254):

Items subscale	Patient satisfaction of nursing care	Strongly agree		Agree		Don't sure		Disagree		Strongly disagree	
		No.	%	No.	%	No.	%	No.	%	No.	%
Technical-professionally	-The nurse is skillful in assisting the doctor with procedures	60	23.6	96	37.8	47	18.5	35	13.8	16	6.3
	-The nurse always knows what he/she is talking about.	38	15.0	42	16.5	70	27.6	60	23.6	44	17.3
	-The nurse is not precise in doing his/her work.	47	18.5	100	39.4	59	23.2	28	11.0	20	7.9
	-The nurse makes a point to show me how to carry out the doctor's orders.	37	14.6	58	22.8	67	26.4	56	22.0	36	14.2
	- Nurse is too slow to do things for me	31	12.2	109	42.9	37	14.6	37	14.6	40	15.7
	-The nurse is often too disorganized to appear calm	72	28.3	79	31.1	54	21.3	24	9.5	25	9.8
	-The nurse gives good advice.	60	23.6	95	37.4	70	27.6	19	7.5	10	3.9
Interpersonal-educational	-The nurse gives directions at just the right speed.	19	7.5	56	22.0	78	30.8	59	23.2	42	16.5
	-The nurse asks a lot of questions, but once he/she finds the answers, he/she doesn't seem to do anything.	55	21.7	50	19.7	75	29.5	52	20.5	22	8.7
	-I wish the nurse would tell me about the results of my tests more than he/ she does	117	46	83	32.7	31	12.2	21	8.3	2	0.8
	-The nurse explains things in simple language.	65	25.6	80	31.5	38	15.0	25	9.8	46	18.1
	-It is always easy to understand what the nurse is talking about.	45	17.7	88	34.7	30	11.8	30	11.8	61	24.0
	-Too often the nurse thinks you can't understand the medical explanation of your illness so he/she doesn't bother to explain.	57	22.4	99	39.1	60	23.6	26	10.2	12	4.7
	-The nurse always gives complete enough explanations of why tests are ordered.	34	13.4	84	33.1	45	17.7	38	14.9	53	20.9
Interpersonal-trusting	-The nurse is understanding in listening to a patient's problems.	76	29.9	82	32.3	70	27.6	8	3.1	18	7.1
	-The nurse should be more attentive than he/ she is.	166	65.4	69	27.1	10	3.9	6	2.4	3	1.2
	-The nurse is just not patient enough.	38	15.0	56	22.0	72	28.3	53	20.9	35	13.8

-When I need to talk to someone, I can go to the nurse with my problems.	51	20.1	74	29.1	72	28.3	36	14.2	21	8.3
-The nurse is too busy at the desk to spend time talking to me.	86	33.9	52	20.5	41	16.1	57	22.4	18	7.1
-The nurse is pleasant to be around.	64	25.2	63	24.8	84	33.1	32	12.6	11	4.3
-I'm tired of the nurse talking down to me.	28	11.0	31	12.2	66	26.0	67	26.4	62	24.4
-The nurse is a person who can understand how I feel.	85	33.5	76	29.9	66	26.0	16	6.3	11	4.3
-The nurse should be more friendly than he/she is.	130	51.2	67	26.4	40	15.7	14	5.5	3	1.2
-A person feels free to ask the nurse questions.	61	24.0	90	35.4	56	22.0	27	10.7	20	7.9
-Just talking to the nurse makes me feel better.	61	24.1	92	36.2	58	22.8	28	11.0	15	5.9

Table (3) showed the mean age of nurses was 25.94 ± 6.58 years old with a range of 20-46 years. Sixty nurses of the studied sample (32.4%) were fresh graded, while 32.4% had 1-5 years of experience. In respect to working in surgical department, only 6.5% were had 21 years' experience to surgical unites, 88.6% of studied sample were have diploma in nursing.

Table (3): Socio-demographic characteristics of nurses (n=185)

Socio-demographic characteristics of nurse	No.	%
Age		
Min. – Max.	20.0 – 46.0	
Mean \pm SD.	25.94 \pm 6.58	
Experience		
Fresh graduate	60	32.4
1-<5 year	60	32.4
5-<10 year	24	13.0
10-<15 year	19	10.3
15-<20 year	10	5.4
20-25 year	12	6.5
Marital status		
Single	92	44.6
Married	93	45.5
Nurse education		
Diploma	164	88.6
Bachelor	21	11.4
Satisfied with care provided		
Yes	150	81.1
No	35	18.9

Table (4) showed the analysis of CBI-24 sub-scale scores of nurses indicate that, in the assurance sub-scale, the highest percent of studied nurse caring behavior (57.8) reported for "Giving the patient's treatments and medications on time". In the professional knowledge and skills subscale the highest percent of studied nurse caring behavior (56.8) reported for "Knowing how to give shots, IVs, etc". As for respectful differences to others subscale the highest percent of studied nurse caring behavior (45.9) reported for "Being empathetic or identifying with the patient". As for positive connectedness subscale the highest percent of studied nurse caring behavior (38.9) reported for helping the patient grow.

Table (4): Distribution of the Scores obtained from CBI-24 and Sub-scales (N=185)

Caring Behavior Inventory		Never		Nearly never		Sometime		Often		Nearly always		Always	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Assurance of the human presence	Returning to the patient voluntarily.	0	0.0	14	7.6	13	7.0	23	12.4	46	24.9	89	48.1
	Talking with the patient.	3	1.6	15	8.1	20	10.8	42	22.7	49	26.5	56	30.3
	Encouraging the patient to call if there are problems.	5	2.7	18	9.7	22	11.9	30	16.2	49	26.5	61	33.0
	Responding quickly to the patient's call.	0	0.0	7	3.8	22	11.9	41	22.1	46	24.9	69	37.3
	Helping to reduce the patient's pain.	0	0.0	16	8.6	6	3.2	39	21.1	46	24.9	78	42.2
	Showing concern for the patient.	0	0.0	8	4.3	15	8.1	34	18.4	51	27.6	77	41.6
	Giving the patient's treatments and medications on time.	0	0.0	22	11.9	7	3.8	27	14.6	22	11.9	107	57.8
	Relieving the patient's symptoms.	0	0.0	8	4.3	16	8.7	23	12.4	56	30.3	82	44.3
Professional knowledge and skills	Knowing how to give shots, IVs, etc.	1	0.5	9	4.9	20	10.8	22	11.9	28	15.1	105	56.8
	Being confident with the patient.	0	0.0	15	8.1	15	8.1	23	12.4	44	23.8	88	47.6
	Demonstrating professional knowledge and skill.	3	1.6	15	8.1	28	15.2	40	21.6	42	22.7	57	30.8
	Managing equipment skillfully.	2	1.1	19	10.2	41	22.2	29	15.7	30	16.2	64	34.6
	Treating patient information confidentially.	2	1.1	10	5.4	8	4.3	36	19.4	34	18.4	95	51.4
Respectful differences to others	Attentively listening to the patient.	6	3.2	11	6	28	15.1	24	13.0	40	21.6	76	41.1
	Treating the patient as an individual.	14	7.6	18	9.7	46	24.9	28	15.1	25	13.5	54	29.2
	Supporting the patient.	3	1.6	10	5.4	22	11.9	38	20.5	54	29.2	58	31.4
	Being empathetic or identifying with the patient.	0	0.0	17	9.2	19	10.3	38	20.5	26	14.1	85	45.9
	Allowing the patient to express feelings about his or her disease and treatment.	2	1.1	8	4.3	29	15.7	43	23.2	45	24.3	58	31.4
	Meeting the patient's stated and unstated needs.	3	1.6	13	7.0	32	17.3	45	24.3	51	27.6	41	22.2
Positive connectedness	Giving instructions or teaching the patient.	1	0.5	9	4.9	18	9.7	45	24.3	48	25.9	64	34.7

Spending time with the patient.	1	0.5	15	8.1	31	16.8	51	27.6	47	25.4	40	21.6
Helping the patient grow.	1	0.5	7	3.9	25	13.5	42	22.7	38	20.5	72	38.9
Being patient or tireless with the patient	5	2.7	9	4.9	25	13.5	45	24.3	36	19.5	65	35.1
Including the patient in planning his or her care.	13	7.0	13	7.0	43	23.2	39	21.1	36	19.5	41	22.2

Table (5) demonstrated the relationship between caring behaviors and patient satisfaction. To determine the correlation between the caring behavior level as perceived by the patients and the patient satisfaction level, a spearman rank correlation rest was employed. Results revealed that a $r=0.704$, which indicates a moderately strong positive relationship: The increase the patients’ satisfaction, the increase the nurses reporting caring behaviors as proven by p value of less than 0.05.

Table (5): Relationship between Patient Satisfaction and nurses reporting caring behavior:

Correlation	Patient Satisfaction	
	Spearman’srho	p
Caring behavior of nurses	0.704	0.042*

P-value: the correlation between the means is considered statistically significant if the p-value is <0.05.

4. DISCUSSION

Patient satisfaction is commonly recognized as a vital indicator of the quality and effectiveness of care. The main finding of the current study that the nurses reported caring behaviors were positively correlated with patient satisfaction. This was supported by many study also reported, when nurse caring behaviors are obvious to patients in the surgical unit, they feel comfortable with and confident in the nurses caring for them (Palese et al.,2011; Patiraki et al. 2014; Zamanzadeh et al., 2010; Al-Mohrej et al., 2017; Kiliç & Öztunç, 2015). Many researchers also reported, Patients perceive this encounter as a positive experience and report feeling satisfied (CalongCalong, 2018 & Soriano, 2018; Recinos et al., 2017; Findik et al., 2010). Surgical nurses in the present study were found to see physical care (knowing how to give treatments and medications was the item with the highest score) as well as more important. This observation may result from the fact that surgical patients need more physical care in the perioperative time. These findings were also supported by the study of Abdullah et al. (2017). Moreover, the nurses in surgical wards usually work with patients with different diseases and they are obliged to provide holistic care to their patients (Ahmad & Alasad, 2004; Ahmad et al., 2015).

A possible explanation of these that, the surgical intervention is curative mainly and surgical patient's health condition is usually good. This was supported by Patiraki et al., (2014) who reported that, the patient's health condition may affect the satisfaction. The surgical patients usually were planned health admission and good health condition and might positively affected perception of care.

Although, the majority of the nurse participated in the current study were diploma degree, the patient satisfaction was positive scoring. This result is consistent with previous studies that found that education levels and nurses’ qualifications were not effect on patients’ satisfaction (Palese et al., 2011; Findik et al., 2010; Milutinovic et al., 2012). The personal characteristics such as conscience religious beliefs, personal philosophy, commitment, a sense of responsibility, and altruism have all contributed to caring behaviors (Palese et al., 2011; Papastavrou et al., 2014).

It is worth noting that all nurses in the current study were female. The female nurses were more sensitive than male nurses to patients’ feelings ability to express emotion. Also, the women were more likely to form a trusting relationship with patients than men. These finding was in accordance with (Arnstein, 2017; Zhang& Liu, 2016).

The present study revealed patients had negative experience of the lack of availability of nurses and slow to do anything for them. According to previous study Papastavrou et al., (2014) who indicated that several environmental factors have been reported as hindering the nursing profession in its ability to achieve patients’ satisfaction. These factors include poor

working conditions, heavy workloads, many hospitals have reduced the available nursing positions by introducing nurses' aides, and this has substantially decreased the possibility for the nurses to stay with patients. Nurses are also called in every day for several administrative tasks that are well recognized as non-value-added care. In these activities, they spend a lot of time away from the patients (Sarafis et al., 2016; Köberich et al., 2016 & Papastavrou et al., 2014). Under this perspective, it is not surprising that the 'technical'-based items rated higher scores to documents care and make care visible to patients. Papastavrou et al., (2014) reported, hospital concern to reduce cost of health services and nurse shortages, changes in the skill mix and hospital settings may have assured essential levels of care based mainly on technical aspects but took away the opportunity for performing 'soft' caring behaviors.

The present study results clearly indicate that clinical skills are still valued and respected by a proportion of nurses. This result is consistent with the finding of (Kilic & Oztunc, 2015) that found that the surgical nurses perceived that the physical care (knowing how to give treatments and medications) was the item with the highest score.

Furthermore, the nurses in this study were concerned relieving patients' symptoms, helping reduce pain, or showing concern because this side of caring is more perceivable by patients and hospital administration than the emotional aspect of care as positive connectedness (CalongCalong, 2018 & Soriano, 2018; Kilic & Oztunc, 2015).

This observation may result from the fact that surgical patients want extra physical care in the perioperative time. Also, the finding of this study might also be considered in light of the complex nature of nursing practice where priorities need to be continuously defined. Indeed, these results presenting caring as the performance of basic nursing care activities are in accordance with Maslow's hierarchy of needs and the life-saving purpose of professional actions (Zamanzadeh et al., 2010). Correspondingly, nurses should validate their practical skills and systematic knowledge to meet basic requirements of the patients before they continue to report the emotional and affective characteristics of caring (Zamanzadeh et al., 2010).

5. CONCLUSIONS

It was found that the nurses perceive negative connectedness than other dimensions of caring behavior scale and nurses thought they were better in technical -skill and assurance to others sub-scales of caring behaviors. Moreover, the results provide for nurses to be aware of the need, during their interactions with patients, to validate the effect their intended caring has upon patients. While, patients were high rated score about feeling free to ask nurse questions and felt better when to take to nurses and receive good advice from nurses and skillful in technical skills.

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