



Nurse caring: A review of the literature

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Abstract

The purpose of this paper was to review the literature on caring among nurses. The approach utilized studies on nurse caring behaviors in a variety of patient care settings. Articles published between 1987-2012 in the CINAHL, Medline, and PubMed databases were used. Overall, fourteen different articles were deemed relevant and were included in the review. The review articles were grouped into three categories which were Acute/Surgical, Community/Institutionalized, and Postpartum/Childbirth. In conclusion, human needs assistance was a consistent aspect of caring valued by patients. We recommend that nurses learn their patient's likes and dislikes while also providing for topics related to patient physical needs. Also when caring for children, nurses should use entertainment and humor as part of their caring approach.

Keywords: *caring, caring behaviors, empathy, nurse caring, perceptions of caring.*

1 Introduction

Caring has historically been the cornerstone for how and why nurses practice, teach, and advocate. Nurse caring is more than just a general broad layperson notion of giving, sharing, attending to, respecting, honoring, and loving. Nurse caring is dependent upon the specific patient needs and the healthcare setting [24]. Only once the specific patient needs and the healthcare setting are evaluated do nurses decide upon an appropriate caring approach for the patient.

Several studies explore perceptions of patient satisfaction in acute/surgical care settings and report significant findings such as that high nurse job satisfaction is highly related to patient satisfaction [2; 11; 23; 12]. In community/institutionalized settings, one study investigated patient knowledge of and decisions related to attributes care received [23], while another study [16] investigated care adherence and efficacy of informal care in persons with HIV. Also, studies explore patient perception of nurse caring in postpartum/childbirth settings and care received during childbirth, yet they fail to examine the patient perceptions of the nurse caring behaviors that are considered most caring to them [10; 19; 13; 3]. Other studies fail to investigate which behaviors are most important or most caring to patients. Therefore this review analyzes studies which explored nurse caring behaviors in acute/surgical, community/institutionalized, and postpartum/childbirth settings that focus on most caring nurse behaviors.

2 Method

2.1 Inclusion and exclusion criteria

All inclusion and exclusion criteria were determined a-priori before performing the database searches. Studies were included if they were 1) articles with empirical data (either qualitative or quantitative analytic approaches) discussing caring behaviors. Studies were excluded if they 1) were theoretical articles, 2) contained anecdotal information, 3) were from non-peer reviewed journals, 4) articles intended for continuing education or training, and 5) were caring behaviors of advanced practice nursing.

2.2 Search strategy

On August 2012, a number of databases were searched for all the relevant studies from the year of 1984 to date. The search strategy consisted of the three sets of terms below of (caring) AND (nursing caring) AND (postpartum caring) AND (perceptions caring). All terms were searched in both subject heading and also for text words. Databases searched included Medline and Pre-Medline using the PubMed interface and CINAHL using the Ebsco interface. Finally, a search was done by reading relevant articles in order to determine if there were any other relevant articles of interest. No additional articles were found from this article review. In addition, any relevant articles familiar to the author that were relevant were included. The search retrieved 246 hits with the above listed databases. These were not all unique hits, as there was some overlap in the retrieved articles from these databases. The articles that were deemed relevant were included in the review. Table 1 summarizes key details about the 14 reviewed articles which include the author, publication year, setting, participant information, and major findings. The articles were published from the years of 1987 to 2012.

3 Results

3.1 Acute/Surgical setting

In a quantitative study, the Caring Assessment Instrument (CARE-Q) was used to identify and compared the perceptions of caring behaviors of cancer patients and professional nurses [8]. The sample consisted of 57 registered nurses (94% female) and 57 patients (66% female). The study found that nurses perceived demonstrating comforting and trusting relationship behaviors as being most important when caring for cancer patients, while patients perceived nursing behaviors that demonstrated being accessible, monitoring, and following through as being most caring.

In a quantitative study, the Caring Behaviors Assessment (CBA) Instrument was used to explore myocardial infarction (MI) patients' perceptions of their perceptions of most important nurse caring behaviors [4]. The sample consisted of 22 participants, with 5 (22.7%) female. The study found that patients in the coronary care unit (CCU) reported that "make me feel someone is there if I need them" as the most important item, and "visit me when I move to another hospital unit" as the least important item. The highest ranked subscale was "human needs assistance," which included such items as "know how to handle equipment," "check my condition very closely," and "let my family visit as much as possible."

In a quantitative study, the CBA was used to investigate preoperative nursing behaviors perceived as caring by selected surgical patients [17]. The sample consisted of a convenience sample of 19 patients, all Caucasian American, with 11 (57.9%) female. The study found that the most important caring behaviors were reassuring presence of the nurse, verbal reassurance and expressions of the nurse, and attention to physical needs and comfort. The highest ranked subscale was "human needs assistance."

In a quantitative study, the CBA was used to study emergency room and non emergency room patient rated caring behaviors [7]. The sample consisted of a total of 600 participants categorized as 157 emergent, 230 urgent, and 213 non urgent. No gender data was provided. The study found that the CBA item ranked as the most important caring behavior of emergency room nurses was, "know what they are doing." This item was from the human needs assistance subscale.

In a quantitative study, the CBA was used to explore the importance of nurse caring behavior as perceived by patients in the emergency department [1]. The sample consisted of 182 adult patients, with 104 (57.1%) female. The study found the top three most important behaviors were "know what they are doing," "know when it is necessary to call the doctor," and "know how to give shots, IVs."

In a quantitative study using the Caring Behavior Inventory (CBI), nurse caring behaviors were explored among trauma patients [6]. The sample consisted of 70 adult patients, with 25 female (35.7%). Race/ethnicity included Caucasian American (n=40) African American (n=22), Hispanic (n=6), and 2 did not self report ethnicity. The study found that neither gender nor race/ethnicity affected perceptions of nurse caring behaviors. The items that trauma patients referred to as most caring were being hopeful for you, being empathetic or identifying with you, treating your information confidentially, meeting your stated and unstated needs, and putting you first.

In a qualitative study, hospitalized children's perceptions of nurses and nurse behaviors were explored [20]. The sample consisted of 65 children with 31 girls (47.7%). The study found that of the seven themes that children perceived to be helpful or negative to their hospitalization that six themes had percentages endorsed by more than 45%. These six most important themes were: 1) positive affect/attitude (n=38, 58%); 2) physical comfort (n=32, 49%); 3) entertainment/humor (n=32, 49%); 4) advocacy (n=31, 48%); 5) basic needs (n=31, 48%); and 6) acknowledgment (n=30, 46%).

Table 1: Studies on caring behaviors

Author & Year	Setting	Participants	Major Finding
Larson (1987)	Acute/Surgical	N=57 registered nurses (94% female) and N=57 patients (66% female) oncology patients	Nurses perceived comforting and trusting relationship behaviors as most important caring behaviors. Patients perceived demonstrating being accessible, monitoring care, and following through as most important caring behaviors.
Cronin & Harrison (1988)	Acute/Surgical	N=22 post myocardial infarction (MI) patients; 22.7% female	Human needs assistance was the highest ranked subscale.
Parsons, Kee, & Gray (1993)	Acute/Surgical	N=19 subjects, all Caucasian American, 57.9% female	Human needs assistance was the highest ranked subscale.
Huggins, Gandy, & Kohnut (1993)	Acute/Surgical	N=600	Human needs assistance was the highest ranked subscale.
Baldursdottir & Jonsdottir (2002)	Acute/Surgical	N=182 adult patients, 57.1% female	Highest ranked were know what they are doing, know when it is necessary to call the doctor, and know how to give shots, IVs
Hayes & Tyler-Ball (2007)	Acute/Surgical	N=70 adult patients, 35.7% female	Items with highest ratings were being hopeful for you, being empathetic or identifying with you, treating your information confidentially, meeting your stated and unstated needs, and putting you first.
Schmidt et al. (2007)	Acute/Surgical	N=65 children, 47.7% female	Six most important themes: positive affect/attitude, physical comfort, entertainment/humor, advocacy, basic needs, and acknowledgment
Mullins (1996)	Community/Institutionalized	N=46, 2.2% female	Treat me as an individual was the highest ranked item
Marini (1999)	Community/Institutionalized	N=21 older adults; 71.4% female 71.4%	Human needs assistance was the highest ranked subscale
Dorsey et al. (2001)	Community/Institutionalized	N=29 sickle cell disease adults, 62.1% female	Human needs assistance was the highest ranked subscale
Lemmer (1991)	Postpartum/Childbirth	N=28 parents, 53.5% female	Themes were grouped into two categories which were "taking care of" and "caring for or about". Parents valued nurses caring as acknowledgment or responding appropriately to their loss, the ability to answer call lights promptly, give medication, communication
Winfield et al. (2000)	Postpartum/Childbirth	N=31 females	Human needs assistance was the highest ranked subscale
Potter et al. (2012)	Postpartum/Childbirth	N=50 females	Most common theme was attentive to needs.
Schultz et al. (1998)	Postpartum/Childbirth	N=10 females	Human needs assistance was the highest ranked subscale

3.2 Community/Institutionalized setting

In a quantitative study using the CBA, nurse caring behaviors were explored with persons with acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV) [15]. The sample consisted of 46 adult participants, with 1 female (2.2%). The study found that, “treat me as an individual,” was the highest ranked item and “visit me if I move to another hospital unit” as the least important item. The human needs assistance subscale was ranked highest.

In a quantitative study using the CBI, important nurse caring behavior indicators were explored as perceived by older adults residing in institutional settings [14]. The sample consisted of 21 older adults, with 15 female (71.4%). The study found that the most important indicator of caring for institutionalized older adults was nurses’ technical competency in meeting patient physical needs. Also, “human needs assistance” was the highest ranked subscale.

In a quantitative study, the CBA was used to explore differences in perceptions of nurses’ caring behaviors between adults with sickle cell disease and adults with general medical conditions [5]. The sample consisted of 29 adults with sickle cell disease and a comparison general medical sample of 34 African Americans with other medical conditions. The sickle cell disease sample had 18 females (62.1%). The general medical sample had 23 females (67.6%). The study found that participants with sickle cell disease reported lower satisfaction with nurses’ caring behaviors than those with other medical conditions. Also, women reported lower satisfaction with nurses’ caring behaviors than men with sickle cell disease. In terms of the most caring, the human needs assistance was the highest ranked subscale.

3.3 Postpartum/Childbirth Setting

In a qualitative study, the human experience of perinatal bereavement was explored by bereaved parents [9]. The sample consisted of 28 parents, with 15 females (53.5%). The study found that the themes for the most caring behaviors were grouped into two categories which were “taking care of” and “caring for or about.” Parents valued nurses caring as acknowledgment or responding appropriately to their loss, the ability to answer call lights promptly, give medication, and effective communication.

In a quantitative study, the CBA was used to identify nurse caring behaviors perceived as caring by adult women during an uncomplicated childbirth period [25]. The sample included 31 women, with race/ethnicity minority participation of Black (29%) and Asian (3%). The study found that the human needs assistance subscale ranked first of the seven subscales. Of the 10 most important perceptions of nurse caring behaviors, the top three items were “know what they’re doing,” “know how to handle equipment,” and “give treatments and medication on time.”

In a study using both qualitative and quantitative approaches, the CBA and two open-ended questions was used to explore first-time teenage mothers’ perceptions of nurse caring behaviors during the postpartum period [18]. The sample consisted of 50 first-time African American teenage mothers, aged 15-19. The qualitative analyses found that the most common theme was attentive to needs (n=27). The quantitative analyses found that the most important nurse caring behaviors were “respect me when I was moody or cranky”; “they always talked and checked on me to see how I was doing,” and “kept checking to make sure the baby and I were okay.” The human needs assistance subscale was the highest ranked subscale.

In a quantitative study, the CBA was used to describe and compare perceptions of caring behavior between hospitalized antepartum and postpartum patients [21]. The sample consisted of 10 participants (1 divorced, 9 married). The study found that items in the human needs assistance subscale were ranked highest and these items referred to the technological competence of maternity nurses. The items ranked the highest were “knowing how to use equipment,” “knowing what they are doing,” and “knowing when to call the doctor.”

4 Discussion

Our review of the literature on nurse caring behavior retrieved 14 studies from diverse patient care settings. We classified studies into three categories with number retrieved per category of 7 (50%) for acute/surgical, 3 (21.4%) for community/institutionalized, and 4 (28.6%) for postpartum/childbirth. With regard to the acute/surgical settings category, four studies used the CBA and found human needs assistance to be the highest ranked subscale in varied health areas of coronary care, perioperative, surgical, and emergency room settings [4; 17; 7; 1]. Despite the varied health areas, findings were remarkably similar with no major differences between these studies. Nurse caring behaviors in this category may be the result of the high acuity of patient care and the complexity of issues. Therefore, patients view being competent and tending to their needs as most caring. An additional important caring approach was seen by the one study with children. Children also considered entertainment/humor as an important part of nurse caring [20].

With regard to the community/institutionalized settings category, all three reviewed studies explored patient perceptions of nurse caring using the CBA. The results in this category were similar and when compared to the acute/surgical setting. All three studies [15; 14; 5] found that the human needs assistance subscale of the CBA was ranked the highest. With regards to the postpartum/childbirth settings category, four studies explored nurse caring behaviors. Three studies used the CBA and the human needs assistance subscale was the highest ranked subscale [21; 18; 25]. This is consistent with the findings from the acute/surgical settings and community/institutionalized settings categories.

5 Conclusion

In conclusion, we consistently found that in all settings of acute/surgical, community/institutionalized, and postpartum/childbirth that patients ranked the human needs assistance subscale of the CBA the highest. In acute/surgical settings, community/institutionalized settings, and postpartum/childbirth settings we recommend that nurses learn their patients likes and dislikes while also providing care based on patient physical needs. Also when caring for children, it may be helpful for nurses to use entertainment and humor as part of their caring approach.

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