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Nurses' Caring Behaviour And Identification Of Influencing Factors: The Case Of A Public Hospital

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ABSTRACT

Introduction: Caring behavior aims to provide care in accordance with the needs of patients by taking an approach to improve their health status and is a concept directly related to the performance of nurses. The fact that patients' health outcomes are related to nurses' caring behaviors shows that it is imperative to focus on care in nursing practice.

Objective: The study was conducted to determine nurses' perceptions of quality of care and the factors affecting these perceptions.

Method: It is a descriptive study. It was conducted with nurses working in a public hospital between February 10 and February 20, 2025. There were 279 nurses in the sample of the study. Data were collected using the Socio-demographic Information Form and the Caring Behaviors Inventory-24 form. Descriptive statistics, t-test, one-way variance test (ANOVA) and Kruskal Wallis analysis were applied to analyze the data.

Results: The mean total score and sub-dimension total scores of the "Caring Behaviors Inventory-24" of the nurses participating in the study were as follows: Assurance sub-dimension mean score 5.30 ± 0.68 , Knowledge-Skill sub-dimension mean score 5.55 ± 0.64 , Respectfulness sub-dimension mean score 5.28 ± 0.73 , Commitment sub-dimension mean score 5.15 ± 0.81 , and scale total mean score 5.32 ± 0.66 , respectively. In the study, a statistically significant difference was found between the total score of the nursing behaviors scale and professional experience, liking the nursing profession, average weekly working hours, the time allocated to patient care in the 8-hour shift, finding the nursing care provided in the unit where they worked adequate and satisfaction with the nursing care provided ($p < 0.05$).

Conclusion: It was found that nurses' perceptions of quality of care were higher, nurses with 11 years or more of professional experience, those who love the nursing profession, those with an average weekly working time of 40 hours, those who spent two hours or more on patient care in an eight-hour shift, those who found nursing care adequate in the unit where they worked, and those who were satisfied with the nursing care provided had higher total scores on the care behaviors scale. In line with these results, it is recommended to organize trainings that will strengthen nurses' bonding with the patient, empathy, and support for the patient and to create positive working environments in order to increase the quality of care.

Keywords: Nurse, Care, Care Behavior, Quality of Care.

INTRODUCTION

Watson defines caring as the moral aspect and heart of nursing and considers it to be the foundation of professional nursing (1). According to Watson, nursing is defined as an ethical, scientific and interpersonal process of interaction with the harmony of mind, spirit and body (2,3). Care includes aspects such as informing the patient about the procedures being applied to the patient, individualising, providing support, meeting unmet needs, helping the individual to cope, and these practices constitute the art aspect of nursing (4). The literature recommends that the caring aspects of nursing should be considered alongside the technical aspects of care and that both aspects of care should be provided together (5,6). Caring behaviour aims to provide care that meets the needs of patients by demonstrating an approach to improving their health status and is a concept directly related to nurses' performance (7). Caring behaviours refer to actions that support the person's wellbeing, such as skills, knowledge, effective communication, critical thinking, careful listening and acceptance without judgement (8,9). In the study by Taylor et al (10), the fact that patient health outcomes are related to nurses' caring behaviours demonstrates the need to focus on caring in nursing practice (11).

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It has been reported that the patient-nurse caring relationship is influenced by situations such as expectations, knowledge, skills, values, communication and environment (5,6). Many factors such as personal characteristics such as age and experience, job satisfaction, lack of resources and time, workload, communication, shift work and mental health have been reported to influence nurses' caring behaviour (9,12-15). Nursing is a distinct field of the nursing profession and the quality of nursing is the basis for the success of the profession (16). Nurses focus on quality care to maximise the quality of life of patients (17).

As nurses have a high level of interaction with patients and families, their caring behaviours are important in providing treatment and psychological comfort. It is emphasised that nurses' caring behaviours are important indicators of service quality and influence patient satisfaction, quality of care and hospital readmissions (18). Therefore, the aim of this study was to determine nurses' perceptions of quality of care and the factors influencing these perceptions.

METHOD

Type of Research

The study used a descriptive design to determine the extent to which nurses perceived the quality of care.

Study Population and Sample

The study population consisted of 836 nurses working in a public hospital. The minimum number of samples to be achieved was calculated as 264 by calculating the known sample. The study was completed with 279 nurses who volunteered to participate.

Inclusion criteria:

Nurses who had worked in a public hospital for at least six months and who volunteered to participate in the study were included in the study.

Data Collection Tools

The Sociodemographic Information Form and the Care Behaviour Scale-24 were used to collect data.

Socio-demographic Information Form

The form contains a total of 15 questions, including questions on demographic information such as age, gender, education, marital status, family status and length of employment, as well as questions on the nursing profession and working conditions.

Caring Behaviors Inventory-24

The scale was developed by Wolf (19) in 1981 and consisted of 75 items. It was revised in 1994 and reduced to 42 items. The scale can be used bidirectionally by nurses and patients. In 2006, the number of items was reduced to 24 by Wu et al. (20) and reorganised into 4 sub-dimensions as knowledge-skills, assurance, commitment and respectfulness. The scale was designed as a 6-point Likert scale to assess the nursing process. The Turkish validity and reliability of the scale was conducted by Kurşun and Kanan (2012). For the scale and its sub-dimensions, the scores of the items are summed and then the obtained score is divided by the number of items to obtain a sub-dimension score between 1 and 6 points. In the Turkish validity and reliability study of the scale, the Cronbach's alpha value was reported to be 0.96 (17). In this study, Cronbach's alpha was found to be 0.96.

Variables of the Study

The dependent variable of the study was the mean score of the caring behaviours scale. The independent variables of the study were age, gender, educational status, marital status, working hours, service, liking the nursing profession, willing to choose the nursing profession, working style, working hours, satisfaction with the care provided, finding the care provided adequate, number of patients cared for and duration of care provided.

Data Collection

Ethics committee and institutional approval was obtained from the institution where the research was to be conducted. The link to the online survey was then sent to the nurses. Before completing the data collection tools, the nurses were informed about the research in the first part of the online survey link and were asked to tick the I agree to participate box if they agreed to participate in the research. Nurses were informed that they could withdraw from the study at any time and that participation was voluntary. The consent and forms received by the researchers were digitally recorded. Nurses who completed the form online were considered to have agreed to participate in the study. Confidentiality of form responses was ensured and only the email account provided to the researchers and Google forms were displayed. The average time taken to complete the questionnaire was between 5-10 minutes. Data were collected between 10 and 20 February 2025.

Analysis of Data

SPSS 25.00 was used to analyse the data. The Shapiro-Wilk test, histogram, skewness and kurtosis coefficients were used to assess the adherence to normal distribution. Descriptive statistics (number, percentage, mean), independent samples t-test and one-way analysis of variance (ANOVA) were used for those conforming to normal distribution and Kruskal-Wallis analysis for those not conforming to normal distribution. In statistical decisions, $p < 0.05$ was accepted as an indicator of significant difference.

Ethical Aspects of the Study

Approval was obtained from the Ethics Committee of a university (decision dated 10.02.2025, meeting number 03 and number 01), the Education Planning Committee of the hospital where the study would be conducted, the individuals who would participate in the study and the authors of the scale. The study was conducted in accordance with the tenets of the Declaration of Helsinki.

RESULTS

Of the nurses who participated in the study, 52.3% were between 31 and 50 years old, 56.3% were female, 76.3% were married, 80.3% had a bachelor's degree, 36.9% had worked in nursing for 6-10 years, 51.6% had worked in the same institution for 1-5 years, 33.3% worked in units other than surgical, medical, emergency, intensive care, 41.2% enjoyed the nursing profession, 71%, 7% chose the nursing profession by choice, 59.4% worked alternate days and nights, 57% worked 41 hours or more per week, 62.7% were satisfied with the care provided, 50.9% found the care provided in the unit where they worked sufficient, and 38.4% spent 2 hours or more caring for patients in an eight-hour working period (Table 1).

The mean total and sub-dimension total scores of the Caring Behaviours Scale-24 of the nurses participating in the study were 5.30 ± 0.68 , 5.55 ± 0.64 , 5.28 ± 0.73 , 5.15 ± 0.81 and 5.32 ± 0.66 , respectively (Table 2).

In the study, there was a statistically significant difference between the total score of the nursing behaviours scale and professional experience, liking the nursing profession, average weekly working hours, time spent on patient care in an 8-hour shift, finding the nursing care provided in the unit where they worked sufficient and satisfaction with the nursing care provided ($p < 0.05$). Accordingly, it was found that nurses with 11 or more years of experience, those who like the nursing profession, those who work an average of 40 hours per week, those who spend 2 or more hours on patient care in an 8-hour shift, those who find the nursing care provided in the unit where they work adequate and those who are satisfied with the nursing care provided have higher total scores on the nursing behaviours scale (Table 3).

Table 1. Sociodemographic Characteristics of Nurses

Sociodemographic characteristics		Number	Percent
Age	23-30	133	47.7
	31-50	146	52.3
Gender	Woman	157	56.3
	Male	122	43.7
Marital Status	Married	213	76.3
	Single	66	23.7
Education Status	Pre-Licence	36	12.9
	Licence	224	80.3
	Postgraduate	19	6.8
Work Experience	6-11 months	14	5.0
	1-5 years	78	28.0
	6-10 years	103	36.9
	11-20 years	64	22.9
	Over 21 years	20	7.2
Duration of the employment relationship with the organisation	6-11 months	48	17.2
	1-5 years	144	51.6
	6-10 years	56	20.1
	11-20 years	26	9.3
	Over 21 years	5	1.8
The unit you work in	Internal services	38	13.6
	Surgical wards	50	17.9
	Emergency Services	22	7.9
	Intensive care	76	27.2
	Other	93	33.3
Loving the nursing profession	Yes	115	41.2
	Partially	52	18.6
	No	112	40.1
Nursing career choice voluntarily	Yes	200	71.7
	No	79	28.3
How you work	Constantly at night	113	40.6
	Alternating day and night	165	59.4
Your average weekly working hours	40 hours	120	43.0
	41 hours and over	159	57.0
Satisfaction with the nursing care provided	Yes	175	62.7
	Partially	86	30.8
	No	18	6.5
Finding the nursing care provided in the unit where she/he works adequate	Yes	142	50.9
	Partially	113	40.5
	No	24	8.6
In an 8-hour shift, how much time do you spend on patient care?	15-30 min	59	21.1
	31min-1 hour	46	16.5
	1-2 hours	67	24.0
	2 hours and above	107	38.4

Table 2. Distribution of nurses' scores on the Caring Behaviors Inventory-24 (n=279)

	Min	Maks	Mean	Standard Deviation
Assurance	2.88	6.00	5.30	0.68
Knowledge and skill	1.00	6.00	5.55	0.64
Respectfulness	1.00	6.00	5.28	0.73
Connectedness	1.00	6.00	5.15	0.81
Caring behaviour inventory total score	1.88	6.00	5.32	0.66

Min: Minimum, Max: Maximum, n: Number.

Table 3. Comparison of nurses' socio-demographic characteristics and mean Caring Behaviors Inventory-24

Socio-demographic Characteristics	Assurance	Knowledge and skill	Respectfulness	Connectedness	Caring behaviour inventory total score
	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD
Age					
23-30	5.22±0.75	5.48±0.63	5.23±0.71	5.12±0.78	5.26±0.68
31-50	5.38±0.60	5.65±0.52	5.35±0.66	5.20±0.76	5.39±0.59
p	0.067	0.015	0.156	0.428	0.088
Gender					
Woman	5.34±0.66	5.61±0.53	5.36±0.63	5.26±0.70	5.39±0.59
Male	5.26±0.70	5.52±0.64	5.20±0.74	5.04±0.84	5.26±0.68
p	0.354	0.206	0.056	0.020	0.094
Marital Status					
Married	5.31±0.70	5.56±0.62	5.30±0.71	5.18±0.78	5.33±0.66
Single	5.29±0.60	5.62±0.43	5.28±0.59	5.12±0.73	5.32±0.52
p	0.842	0.448	0.886	0.623	0.929
Education Status					
Pre-Licence	5.51±0.74	5.71±0.59	5.48±0.73	5.39±0.76	5.52±0.67
Undergraduate and postgraduate	5.28±0.66	5.55±0.58	5.27±0.68	5.13±0.77	5.30±0.62
p	0.058	0.136	0.085	0.064	0.058
Work Experience					
6 months -5 years	5.23±0.69	5.47±0.59	5.23±0.67	5.12±0.78	5.26±0.64
6-10 years	5.25±0.73	5.55±0.64	5.24±0.76	5.09±0.83	5.27±0.70
11 years and over	5.47±0.56	5.71±0.46	5.43±0.57	5.30±0.68	5.48±0.52
p	0.031 (1-3)(2-3)	0.027 (1-3)	0.081	0.129	0.0398 (1-3)(2-3)
Loving the nursing profession					
Yes	5.41±0.64	5.64±0.53	5.40±0.65	5.26±0.73	5.42±0.59
Partially	5.19±0.69	5.47±0.64	5.14±0.72	5.01±0.81	5.40±0.62
No	5.35±0.70	5.64±0.54	5.39±0.65	5.28±0.73	5.20±0.66
p	0.051	0.054	0.011 (1-2)(2-3)	0.023 (1-2)(2-3)	0.018 (1-2)
Nursing career choice voluntarily					
Yes	5.36±0.65	5.57±0.59	5.32±0.68	5.19±0.77	5.36±0.63
No	5.17±0.73	5.57±0.56	5.22±0.69	5.09±0.76	5.25±0.64
p	0.032	0.978	0.272	0.301	0.185
How you work					
Constantly at night	5.39±0.66	5.62±0.57	5.39±0.64	5.25±0.72	5.41±0.60
Alternating day and night	5.25±0.69	5.54±0.59	5.23±0.71	5.10±0.80	5.17±0.65
p	0.107	0.221	0.051	0.129	0.085
Your average weekly working hours					
40 hours	5.42±0.63	5.69±0.51	5.47±0.61	5.36±0.68	5.47±0.57
41 hours and over	5.23±0.70	5.48±0.62	5.16±0.71	5.01±0.80	5.22±0.66
p	0.020	0.004	0.001	0.001	0.001
In an 8-hour shift, how much time do you spend on patient care?					
15-30 min	5.14±0.73	5.50±0.67	5.11±0.81	4.95±0.95	5.16±0.72
31min-1 hour	5.22±0.53	5.51±0.43	5.16±0.50	4.99±0.58	5.22±0.47
1-2 hours	5.29±0.76	5.54±0.63	5.30±0.72	5.16±0.81	5.32±0.69
2 hours and above	5.45±0.63	5.66±0.55	5.45±0.62	5.36±0.66	5.48±0.58
p	0.023	0.276	0.008	0.003	0.011
	Median ±SD	Median ±SD	Median ±SD	Median ±SD	Median ±SD
Is the nursing care provided in the unit where you work adequate?					
Yes	5.75±0.62	6.00±0.54	5.66±0.64	5.60±0.68	5.75±0.58
Partially	5.12±0.66	5.60±0.67	5.16±0.67	5.00±0.76	5.20±0.62
No	5.00±0.82	5.60±0.66	5.08±0.80	5.00±0.97	5.08±0.76
p	0.001 (1-2)(1-3)	0.001 (1-2)(1-3)	0.001 (1-2)(1-3)	0.001 (1-2)(1-3)	0.001 (1-2)(1-3)
Are you satisfied with the nursing care you receive?					
Yes	5.75±0.62	6.00±0.55	5.66±0.62	5.40±0.67	5.66±0.58
Partially	5.06±0.64	5.60±0.69	5.16±0.69	5.00±0.81	5.12±0.62
No	4.93±0.84	5.60±0.58	5.00±0.85	4.80±0.93	5.06±0.78
p	0.001 (1-2)(1-3)	0.001 (1-2)(1-3)	0.001 (1-2)(1-3)	0.001 (1-2)(1-3)	0.001 (1-2)(1-3)

Min: Minimum, Max: Maximum, SD: Standard Deviation.

DISCUSSION

The study was conducted to determine nurses' perceptions of the quality of nursing care and the factors influencing these perceptions. When the calculation of the Care Behaviours Scale-24 used in the study was examined, it was reported that the total scale score ranged from 1 to 6 and as the total scale score increased, the level of nurses' perception of quality of care increased (17). In the study, the total scale score was found to be 5.32. Accordingly, it can be said that the nurses participating in this study have a high perception of quality of care. In the literature, similar to this study, there are studies reporting that nurses' perceptions of caring behaviours are high (12,16,21-33) and moderate (34-37). In addition, the highest score was found in the knowledge-skills sub-dimension and the lowest score was found in the commitment sub-dimension. This finding is similar to the literature (16,21,27).

Nurses' high perceptions of quality of care indicate that nurses are aware of and sensitive to the care that is their primary responsibility. The high score for the knowledge-skills sub-dimension indicates that nurses use their professional knowledge and skills more effectively, particularly in medical procedures and patient care, and that they emphasise the technical aspects of professional care. The low scores for the commitment sub-dimension suggest that nurses find it difficult to get closer to their patients and spend more time with them. This finding may indicate that nurses sometimes experience deficits in the human aspects of care. The inability of nurses to devote sufficient time to these aspects may be due to heavy workloads, stress and institutional barriers. The results of the study show that nurses are strong in the technical aspects of care, but there are areas for improvement in terms of interaction with patients and engagement. The literature emphasises that the caring aspects of nursing should be considered together with the technical aspects of care and that both aspects of care should be provided together (5,6). In order to improve the quality of care provided by nurses, it is suggested that not only their professional skills but also their relationships with patients should be strengthened.

The study found that nurses who had worked for 11 years or more had higher perceptions of quality of care. Similarly, there are studies in the literature reporting that experienced nurses have higher perceptions of quality of care (16,35). In contrast to this finding, there are also studies reporting that there is no relationship between nurses' years of experience and their perceptions of quality of care (22,29). The results of the study showed that work experience had a positive effect on the quality of care, and that nurses became more aware and competent in providing quality care as they gained experience. It is thought that nurses develop more effective communication skills, identify patients' needs more accurately and quickly, and that these processes enhance their perceptions of quality of care.

The study found that nurses who liked their job had higher perceptions of quality of care. It has been reported in the literature that those who willingly choose the nursing profession have good levels of caring behaviour (27), that doing their job willingly increases their perceptions of quality of care (26), that nurses' job commitment and job satisfaction positively influence their caring behaviour (38), and that nurses' job satisfaction influences their perceptions of caring behaviour (30). The results of the study show that nurses' interest in their work has an impact on the quality of care. It also shows that nurses' love and commitment to their profession are important factors that increase their perception of quality of care and the quality of care they provide. It was suggested that increased professional satisfaction of nurses improved their interactions with patients, empathy, perceptions of quality of care and care behaviours.

The study found that nurses' perceptions of quality of care decreased as average weekly working hours increased. Similarly, there are studies in the literature (33,39) reporting that nurses' caring behaviours deteriorate with increases in daily working hours. It is thought that long working hours can cause nurses to experience negative conditions such as stress, fatigue and burnout, limiting their energy, attention and interactions with patients and negatively affecting their care processes. This finding from the study shows that a balance between nursing workload and working hours is important for nurses to provide effective, high quality care.

The study found that nurses who spent two hours or more on patient care in their eight-hour shift had higher perceptions of quality of care. It was suggested that the increase in time spent on patient care allowed nurses to better understand the needs of their patients. When nurses spend more time caring for

patients, it is easier for them to establish a strong patient-nurse interaction and provide careful care, and it improves the quality of care by allowing nurses to focus more on the processes of care.

It was found that nurses who perceived the care provided in the unit where they worked to be adequate and who were satisfied with the care provided in their unit had higher perceptions of quality of care. Similarly, scores on the commitment sub-dimension (40) and caring behaviours were higher in nurses who were satisfied with the care provided in the studies (41,42). This finding shows that nurses' perceptions of quality of care are influenced not only by their knowledge, skills and experience, but also by the conditions of their working environment and the quality of the service provided. It is suggested that improving not only the individual dimension but also the working environment can increase nurses' satisfaction with care and their perceptions of care quality.

The study found that nurses' age, gender, marital status, educational status, choice of nursing profession and work style did not affect the total score on the caring behaviours scale. Similarly, there are studies in the literature (12,16,22,29,43) that report that gender, age and educational level do not influence nurses' caring behaviours. In addition to these findings, the literature also reported that nurses with an associate's degree had higher perceptions of quality of care than those with a bachelor's degree (27), that higher levels of education were associated with caring behaviours (14,30), that caring behaviour scores increased with age (31,35), and that nurses who worked full-time during the day had higher caring behaviour scores (31). These different findings suggest that the factors influencing perceptions of quality of care and care behaviours are multidimensional and that it would not be sufficient to assess the effect of quality of care using only one variable. Studies showing that demographic factors do not influence care behaviours suggest that situations such as working conditions, institutional factors and personal motivations may also be at play.

Limitations of the Study

This study was limited to nurses working in a public hospital. The results of the research cannot be generalised to society, the results are valid for the defined sample.

CONCLUSIONS

This study shows that nurses have high perceptions of quality of care and that there are several factors that influence these perceptions. It was found that the nurses' professional experience, the fact that they love the nursing profession, the time they devote to patient care, the working hours and the quality of the service provided are the factors that influence the level of perception of quality of care. Nurses were found to be strong in technical aspects of care such as knowledge and skills, but there were areas for improvement in areas such as patient engagement and interaction. It was noted that long working hours and excessive workload can negatively affect nurses' perceptions of quality of care. The results of the study showed that in order to improve the quality of care provided by nurses, not only their professional skills but also their relationships with patients should be strengthened. It was concluded that demographic factors alone were not sufficient to explain quality of care. In line with these findings, it is recommended that training is organised to enhance nurses' ability to relate to, empathise with and support patients and to create a positive working environment to improve the quality of care. In addition, it will be important to improve work organisation, work schedules and workload balance to reduce the negative effects of long working hours and high workload.

DESCRIPTIONS

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