

NURSE CARING BEHAVIORS: A SURVEY OF RECIPIENTS OF HEALTH SERVICES' EXPECTATIONS

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ABSTRACT

Introduction: Patient is the core unit of the healthcare system. The behaviors of the nurse professionals matter a lot in patients' satisfaction. Thus, it is aimed to measure the expectation of recipients of health services on nurses' caring behaviors. **Methodology:** A quantitative cross-sectional survey was carried out in four selected tertiary healthcare institutions in NCT of Delhi. The recipients of health services (n=244) were enrolled by consecutive sampling from the inpatients of the medical and surgical wards. Socio-demographic data sheet and Caring Behavior Assessment (CBA) tool were used to collect the data. Ethical clearance was obtained from the Institute Ethical Committee. **Results:** The recipients of health services rated 'give me treatments and medications on time' (81.6%, 1st rank) and 'know how to give shots, IVs, etc' (79.1%, 2nd rank) from the domain of human need assistance as most expected caring behaviors; and 'introduce themselves to me' (25.4%, 62nd rank) and 'come into my room just to check on me' (24.2%, 63rd rank) from the domain of helping/trust as least expected caring behaviors. No statistically significant relationship was found between socio-demographic variables of recipients of health services and their expectation ($p>0.05$). **Conclusion:** The overall expectation of the recipients of health services on nurses' caring behaviors was relatively low. Maintaining adequate nurse-patient ratio, motivating nurses to demonstrate all aspects of caring behaviors, creating a caring environment and implementing in-service education programs about caring behaviors may improve the quality of care and patients' satisfaction.

KEYWORDS: Nurses' caring behaviors, recipients of health services.

INTRODUCTION

"The best way to find yourself is to lose yourself in the service of others" – Gandhiji.

Patients are the center of the healthcare system and are partners with their health care providers. Healthcare professionals treat patients not only from a clinical aspect but also from an emotional, mental, spiritual, social and financial aspect. Quality healthcare is safe, effective, patient-centered, timely, efficient, and equitable.^[1] Patients' satisfaction is the yardstick to measure the quality of care. Ensuring optimum patient satisfaction is the priority of healthcare institutions. We tend to improve the technical part of objective care but the subjective qualitative part of valuing and satisfying the patients' needs is critical to understand and decide. Nurses play a major role in providing quality care and contribute to patients' satisfaction. Nursing is the humanistic science; caring is the central component of nursing practice and cordial interaction between the

nurse and the patient.^[2] It expects professional care composed of legal, ethical and cultural behaviors from a nurse to perform for the well being of the patients.

Caring with a humanistic spirit, competent and holistic care, fostering growth and understanding the purpose of life, experiencing the 'give-and-take' of caring for others, receiving fair compensation and raising the public's awareness of health promotion were the important caring behaviors of the nurses.^[3] Politeness and respect for other persons are the important virtues of the nurses.^[4] Patient values even a small act of kindness and respect. Even after death, compassionate care remained.^[5] Spending time, using therapeutic touch, sharing relationship and maintaining a professional relationship and professional boundaries are the act of kindness.^[6] Patients expect from nurses to have time for them, listen to them, gestures and touch within one to one interactions.^[7]

Understanding and realizing patients' expectations can enhance their level of satisfaction. What patient expects from the healthcare system and what is their experience with the healthcare system are not considered by the healthcare professionals, planners, and policymakers. Emerging challenges in the healthcare system such as continually increasing patient loads, changing patients' behaviors, inadequate nurse-patient ratio, advanced technology, and innovation in patient care add tremendous work pressure on nurses. It can lead to gaps between what is actually possible and what is expected, thus, it is ideal to recognize recipients of health services' expectation on nurses' caring behaviors. The study aimed to measure the recipients of health services' expectation of nurses' caring behaviors.

MATERIALS AND METHODS

A quantitative cross-sectional survey was conducted in four selected tertiary healthcare institutions each one from autonomous, central and state governments as well as from the private sector in NCT of Delhi. The recipients of health services were pairs of patients (n=122) and their caregivers (n=122), those who were above 18 years, stable on the day of discharge, able to read and understand Hindi and consented to participate were enrolled by consecutive sampling from the inpatients of the medical and surgical wards of all four selected healthcare institutions. The sample size was estimated based on the mean score of previous similar studies.

Socio-demographic data sheet and a Hindi version of Caring Behavior Assessment (CBA) tool were used to collect the data. CBA is a standardized self report questionnaire developed by Cronin SN and Lee BH (1988)^[8] consisting of 63 items categorized under seven domains namely humanistic/faith-hope/sensitivity (items: 1-16), helping/trust (items: 17-27), expression of positive/negative feeling (items: 28-31), teaching-learning (items: 32-39), supportive/protective/corrective environment (items: 40-51), human needs assistance (items: 52-60) and existential/phenomenological forces (items: 61-63). Each item is positively directed and on a Likert scale ranging from one (not important) to five (most important) with the score range of 63 to 315. The score of each item is interpreted as low (1 and 2), acceptable (3) and high (4 and 5) expectation in nurses' caring behavior orientation. The internal consistency for the total 63 item scale ranges from (Cronbach coefficient alpha) $\alpha=0.66$ to 0.90. CBA questionnaire was translated to Hindi since it is the local language used by the recipients of health services. Then, it was back-translated to English with the help of language experts to ensure the meaning, clarity, and readability of its content. It was used in Hindi for data collection. After translating, the CBA tool was tried out on 10 patients and 10 caregivers. It took approximately 25 to 30 minutes to administer and the questionnaire was found feasible for acquiring requisite information.

Data collection was done from March to November 2017. Individual written informed consent was obtained from each participant after explaining the purpose of study, method of data collection and the time required; their questions and doubts were answered and clarified. The patients and their caregivers were asked to rate their expected nurses' caring behaviors using a five-point Likert scale. The data were collected individually and the questionnaire was collected back after 25 to 30 minutes.

Data Analysis

Item-specific analysis (i.e., Likert type items) and domain-specific analysis of cumulative score (i.e., Likert scale) were carried out. The scores on expectation of nurses' caring behaviors were expressed in mean \pm SD, first quartile (Q1), second quartile (Q2; median), third quartile (Q3), range, cumulative percentage with score of 4 and 5 and each Likert type item was given a rank as per the cumulative percentage of recipients' score of 4 and 5. Comparison/association/ correlation between two groups of recipients of health services and recipients' expectation of nurses' caring behaviors with their socio-demographic characteristics were tested using Student's 't' test/one way ANOVA/Pearson correlation as appropriate. The results were considered statistically significant at 5% level of significance ($p<0.05$).

Ethical considerations

Ethical clearance was obtained from the Institute Ethical Committee. Permission was taken from all four healthcare institutions. Permission was obtained from copyrighted authors to translate and use the tool for data collection.

RESULTS

Description of Socio-demographic characteristics of the recipients: There were 26.2% recipients of health services from autonomous and each 24.6% were from all other three healthcare institutions i.e., central, state and from private sector. The mean age of the recipients of health services were 35.97 ± 13.90 (years). The median monthly family income of the recipients of health services was Rs 20,000/- (IQR: Rs10,000 - 30,000). In the recipients of health services, 58.6% were males, 66.4% were married, 70.5% were from extended family, 52.5% were from outside Delhi, 72.5% had residence in the urban area and 53.3% had secondary education. Out of 122 patients, 75 (61.5%) had stayed one to ten days in the hospital and 67 (54.9%) had been admitted for the first time in the hospital.

Recipients' most expected nursing caring behaviors: There were more than 70% of the recipients of health services rated that 13 out of 63 nurses' caring behaviors (CBA) were most desirable among which eight were similar between the patients and caregivers. 'Know how to give shots, IVs, etc' (81.9%, 1st rank; 76.2%, 2nd rank), 'give me treatments and medications on time' (77.9%, 2nd rank; 85.2%, 1st rank), 'know how to handle equipments' (73.8%, 3rd rank; 73.8%, 4th rank), 'check

my condition very closely' (73.8%, 3rd rank; 72.9%, 7th rank) and 'know when it is necessary to call the doctor' (73.7%, 5th rank; 70.5%, 12th rank) from the domain of human need assistance; 'encourage me to believe in myself' (72.9%, 7th rank; 72.1%, 9th rank) from the domain of humanism/faith-hope/sensitivity; 'really listen to me when I talk' (72.9%, 7th rank; 73%, 6th rank) from the domain of helping/trust; 'help me to feel good about myself' (71.3%, 9th rank; 75.4%, 3rd rank) from the domains of existential/phenomenological/spiritual forces and 'don't give up on me when I'm difficult to get along with' (71.3%, 9th rank; 70.5%, 12th rank) from the domain of expression of positive/negative feelings were the similarly rated nurses' caring behaviors by both the groups. In the domain of supportive/protective/corrective environment, patients rated that 'give me pain

medication when I need it' (73.8%, 3rd rank) was highly expected behavior whereas caregivers rated 'are gentle with me' (70.5%, 12th rank) and 'are cheerful' (72.1%, 9th rank) were the highly expected behaviors respectively. The patients gave importance to 'point out positive things about me and my condition' (71.3%, 9th rank) and 'know when I have had enough and act accordingly' (70.5%, 12th rank) whereas caregivers gave importance to 'treat me with respect' (71.3%, 11th rank) and 'maintain a calm manner' (70.5%, 12th rank) from the domain of humanism/faith-hope/sensitivity. 'Keep my family informed of my progress' (73.7%) from the domain of human need assistance was given 5th rank, however the patients gave 13th rank to that. (Table 1).

Table 1: Comparison of Stakeholders' (Recipients of health services) Perception of Nurses' Caring Behaviors: Item Specific Analysis n=244.

Item No	Nurses' Caring Behaviors	Recipients of Health Services (n=244)			Patients (n=122)			Caregivers (n=122)		
		Mean±SD	Cum (%) with score		Mean±SD	Cum (%) with score		Mean±SD	Cum (%) with score	
			4 & 5	Rank		4 & 5	Rank		4 & 5	Rank
Humanism/Faith-hope/Sensitivity										
6	Encourage me to believe in myself	4.06±1.1	72.5	7	4.07±1	72.9	7	4.05±1.1	72.1	9
7	Point out positive things about me and my condition	3.91±1.1	69.7	13	3.96±1.1	71.3	9	3.86±1.1	60.6	28
14	Know when I have had enough and act accordingly (Eg: limiting visitors)	4.01±1.1	69.7	13	4.04±1.1	70.5	12	3.98±1.1	68.9	14
15	Maintain a calm manner	4.04±1.1	69.7	13	4.04±1	68.8	15	4.04±1.1	70.5	12
5	Make me feel someone is there if I need them	3.93±1.2	66.4	19	4.05±1.1	68	18	3.81±1.2	64.7	22
16	Treat me with respect	4.11±1	69.7	13	4.11±1	68	18	4.1±1	71.3	11
13	Be kind and considerate	3.95±1.1	65.6	22	3.9±1.1	66.3	20	4±1.1	64.8	20
1	Treat me as an individual	3.8±1.1	58.6	30	3.88±1.1	60.7	28	3.72±1.1	56.6	32
3	Know what they are doing	3.64±1.1	54.5	34	3.63±1.1	54.1	33	3.65±1.2	54.9	35
4	Reassure me	3.67±1.2	55.7	33	3.68±1.1	54.1	33	3.66±1.2	57.4	30
9	Understand me	3.52±1.2	52.9	37	3.48±1.2	51.6	37	3.55±1.2	54.1	37
12	Be sensitive to my feelings and moods	3.48±1.1	50.4	41	3.56±1.1	51.6	37	3.4±1.2	49.2	44
8	Praise my efforts	3.4±1.2	48.8	43	3.37±1.1	46.7	46	3.44±1.2	50.8	41
2	Try to see things from my point of you	3.24±1.2	43.5	49	3.26±1.2	45.9	47	3.22±1.2	41	49
11	Accept me the way I am	3.29±1.3	42.6	50	3.4±1.3	44.3	50	3.19±1.3	41	49
10	Ask me how I like things done	2.98±1.2	31.5	56	2.91±1.3	30.4	57	3.04±1.2	32.8	54
Helping/Trust										
17	Really listen to me when I talk	4.14±1	72.9	6	4.18±0.9	72.9	7	4.1±1	73	6
24	Give me their full attention when with me	3.71±1.3	60.3	27	3.81±1.3	61.5	25	3.61±1.3	59	29
23	Answer quickly When I call for them.	3.42±1.2	48.3	45	3.47±1.2	48.3	44	3.36±1.2	48.4	45
25	Visit me if move to another hospital unit	2.79±1.4	34.8	52	2.88±1.4	37.7	52	2.7±1.4	32	56
27	Do what they say they will do	2.76±1.3	29.1	58	2.79±1.3	30.4	57	2.72±1.2	27.9	59
26	Touch me when I need it for comfort	2.71±1.4	29.9	57	2.81±1.4	33.6	55	2.62±1.3	26.2	61
20	Talk to me about my life outside the hospital	2.7±1.3	28.2	59	2.73±1.3	27.9	59	2.66±1.3	28.7	57
18	Accept my feelings without judging them	2.79±1.2	26.6	60	2.83±1.2	26.2	60	2.75±1.2	27.1	60
19	Come into my room just to check on me	2.45±1.4	24.2	63	2.56±1.4	26.2	60	2.33±1.3	22.1	63
22	Introduce themselves to me	2.73±1.3	25.4	62	2.73±1.3	25.4	62	2.72±1.3	25.4	62
21	Ask me what I like to be called	2.68±1.2	26.2	61	2.64±1.2	23.8	63	2.72±1.3	28.7	57
Expression of Positive/Negative Feelings										
31	Don't give up on me when I'm difficult to get along with	4.06±1.1	70.9	11	4.09±1.2	71.3	9	4.04±1.1	70.5	12
29	Don't become upset when I am angry	3.59±1.3	54.5	34	3.74±1.2	59	30	3.45±1.3	50	43
30	Help me understand my feeling	3.52±1.2	52.8	39	3.62±1	54.1	33	3.6±1.1	51.6	39
28	Encourage me to talk about how I feel	3.52±1.2	53.2	36	3.42±1.2	49.2	41	3.62±1.1	57.4	30

Teaching-Learning										
33	Answer my questions clearly	3.99±1	67.2	18	4.03±1	68.1	16	3.95±1	66.4	19
34	Teach me about my illness	3.95±1	66.4	19	3.85±1.1	63.1	23	4.04±1	69.7	15
35	Ask me questions to be sure I understand	3.82±1.1	61.9	25	3.81±1.1	61.5	25	3.84±1.1	62.3	25
36	Ask me what I want to know about my health/illness	3.63±1.1	58.6	30	3.68±1.1	61.4	27	3.59±1.1	55.7	33
38	Help me plan ways to meet those goals	3.73±1.1	59.8	28	3.68±1	58.2	31	3.79±1.1	61.5	27
32	Encourage me to ask questions about my illness and treatment	3.75±1.2	60.7	26	3.65±1.2	57.4	32	3.84±1.1	63.9	23
37	Help me set realistic goals for my health	3.72±1.1	58.2	32	3.63±1	54.1	33	3.81±1.1	62.3	25
39	Help me plan for my discharge from the hospital	3.51±1.2	49.5	42	3.51±1.1	48.3	44	3.51±1.2	50.9	40
Supportive/Protective/Corrective Environment										
45	Give me pain medication when I need it	4.08±1	71.3	10	4.17±1	73.8	3	3.99±1.1	68.9	16
50	Are gentle with me	3.99±1.1	70.5	12	4±1.1	68.1	16	3.98±1	72.9	7
47	Respect my modesty (eg: keeping me covered)	3.83±1.1	63.9	23	3.91±1.1	64.8	21	3.74±1.2	63.1	24
44	Explain safety precautions to me and my family	3.81±1.2	59.8	28	3.86±1.2	64.7	22	3.76±1.2	55	34
51	Are cheerful	4±1.1	67.6	17	3.92±1.1	63.1	23	4.09±1.1	72.1	9
46	Encourage me to do what I can for myself	3.84±1	62.7	24	3.79±1	60.7	28	3.88±1	64.8	20
48	Check with me before leaving the room to be sure I have everything I need within reach	3.56±1.2	51.7	40	3.58±1.1	50.8	40	3.54±1.3	52.4	38
43	Leave my room neat after working with me	3.35±1.3	47.6	46	3.4±1.2	49.2	41	3.29±1.4	45.9	46
42	Offer things (Position changes, blankets, back rub, lighting, etc) to make me more comfortable	3.27±1.3	44.7	47	3.31±1.3	48.4	43	3.24±1.3	41	49
49	Consider my spiritual needs	3.31±1.2	44.7	47	3.34±1.2	45.9	48	3.27±1.3	43.5	48
41	Understand when I need to be alone	2.97±1.2	34.5	53	2.96±1.2	35.3	53	2.99±1.2	33.7	53
40	Tell me what to expect during the day	2.91±1.3	34.1	54	2.85±1.2	32	56	2.97±1.3	36.1	52
Human Needs Assistance										
53	Know how to give shots, IVs, etc	4.31±0.9	79.1	2	4.35±0.9	81.9	1	4.27±1	76.2	2
55	Give me treatments and medications on time	4.34±0.9	81.6	1	4.28±0.9	77.9	2	4.4±0.8	85.2	1
54	Know how to handle equipments (eg: Monitors)	4.13±1.1	73.8	3	4.17±1	73.8	3	4.1±1.1	73.8	4
58	Check my condition very closely	4.19±1	73.4	4	4.16±1	73.8	3	4.22±1	72.9	7
60	Know when it is necessary to call the doctor	4.05±1	72.2	8	4.11±1	73.7	6	4±1	70.5	12
56	Keep my family informed of my progress	4.13±1	71.7	9	4.05±1	69.7	13	4.2±1	73.7	5
52	Help me with my care until I'm able to do it for myself	3.97±1.1	68.8	16	3.95±1	68.9	14	4±1.1	68.9	16
59	Help me feel like I have some control	3.52±1.1	48.4	44	3.5±1.2	45.9	48	3.54±1	50.8	41
57	Let my family visit as much as possible	2.93±1.3	33.6	55	2.92±1.3	34.5	54	2.95±1.2	32.8	54
Existential/Phenomenological/Spiritual Forces										
63	Help me to feel good about myself	4.09±1	73.3	5	4.03±1	71.3	9	4.16±1	75.4	3
61	Seem to know how I feel	3.63±1.1	52.9	37	3.54±1.2	50.9	39	3.72±1.1	54.9	35
62	Help me see that my past experiences are important	3.2±1.3	42.6	50	3.09±1.4	38.6	51	3.32±1.3	46.7	46

Recipients' least expected nursing caring behaviors

The lowest graded five nurses' caring behaviors were from the domain of helping/trust in which three were similar among the patients and caregivers i.e., 'introduce themselves to me' (25.4%, 62nd rank; 25.4%, 62nd rank), 'come into my room just to check on me' (26.2%, 60th rank; 22.1%, 63rd rank) and 'accept my feelings without judging them' (26.2%, 60th rank; 27.1%, 60th rank) respectively. 'Ask me what I like to be called' (23.8%, 60th rank) and 'talk to me about my life outside the hospital' (27.9%, 59th rank) were the other two lowest graded nurses' caring behaviors by the patients whereas 'touch me when I need it for comfort' (26.2%, 61st rank) and 'do what they say they will do' (27.9%, 59th rank) were lowest graded by the caregivers. (Table 1).

Relationship between recipients' demographic variables and their expectation nurses' caring behaviors:

The socio-demographic variables such as age, gender, marital status, type of family, family income, domicile, place of residence and educational qualification did not have any influence on patients' and caregivers' expectation of nurses' caring behaviors ($p>0.05$). No statistically significant relationship was found between hospital experience such as number of days stayed in the hospital and number of times admitted in the hospital and patients' expectation of nurses' caring behaviors ($p>0.05$).

DISCUSSION

The recipients of health services' had higher expectation of nurses' behaviors related to competency such as use of technical knowledge and skill, close monitoring, judgment for providing assistance, reporting patients' progress to family members, listening attentively, respect and be sensitive to the patient as a human being. These findings are supported by studies done by Mansour^[9], Omari^[10], Ogugu^[11], O'Connell^[12] and Mullins^[13]. Labrague L.J.^[14] also stated that the student nurses had higher competency in giving treatments and medications on time (mean score: 4.78). The caring behaviors related to human caring which enhance the faith-hope and sensitivity such as love, kindness, empathy, concern, being calm and composed even in a difficult situation, reassuring and respecting uniqueness of patients were given relatively low importance in the present study. In contrast, Mullins^[13] and Adereti et.al^[15] reported that the children and their caregivers gave high preference to 'kindness and accept the patients the way they are'. According to Labrague L.J.^[14] the student nurses had higher competency in the nurses' caring behavior, 'help me feel good about myself' (mean score: 4.80) from the domain of existential/phenomenological spiritual forces which is consistent and given 5th rank (73.3%) by the recipients in the present study.

The domain of supportive/protective/corrective environment includes the nurses' caring behaviors which facilitate the internal and external environments to promote health and well-being of the patients. Nurses'

caring behaviors involve comfort, being gentle and cheerful were the desired behaviors of the recipients reported by Adereti S.C. et.al,^[15] Omari F.H. et.al,^[10] Ogugu E.G.^[11] and Mullins I.L.^[13] but none of the behaviors from this domain were graded among the five most important nurses' caring behaviors.

The recipients did not give importance to the caring behaviors focus on teaching the patient about health and illness, goal setting and discharge planning from the domain of teach-learning; acknowledge the separateness, identity of each person and understands the patient's experience from the domain of existential/phenomenological/spiritual forces; facilitate and show acceptance of patient's verbalization of feelings from the domain of expression of positive/negative feelings; and promote a therapeutic nurse-patient relationship from the domain of helping/trust were not the expected behaviors according to the recipients of the present study.

In the domain of teaching/learning, according to Omari F.H. et.al^[10] the nurses gave importance to 'answer my questions clearly' (4.68 ± 0.5), 'ask me what I want to know about my health/illness' (4.62 ± 0.49) and 'teach me about my illness' (4.62 ± 0.58) whereas the present study gave 18th (67.2%), 30th rank (58.6%), 19th rank (66.4%) respectively for the same. In contrast, to present study findings (70.9%, 11th rank), Ogugu E.G.^[11] reported that the patients gave most importance to 'don't give up on me when I am difficult to get along with' (patients: 4.42 ± 0.4) from the subscale of expression of positive/negative feelings.

All the five least expected nurses' caring behaviors rated by the recipients were related to the domain of helping/trust in the present study which is congruent with several other study findings reported by Mansour M.A.M et.al,^[9] Omari F.H. et.al^[10], Labrague L.J.,^[14] Ogugu E.G.^[11] O'Connell E. and Landers M.^[16] and Mullins I.L.^[13] Youssef H.A.M. et.al^[17] reported that nurse gave importance to 'really listen to me when I talk' (4.3 ± 0.8) which is given 6th rank (72.9%) in the present study. Unlike present study findings, the patients' most desired nurses' caring behaviors reported by Omari F.H. et.al^[10] was, 'accept my feelings without judging them' (4.39 ± 0.69) which is given 60th rank (26.6%) in the present study. Adereti S.C. et.al,^[15] reported that the nurses gave importance to, 'call my child by real name and not a nickname' (4.66 ± 0.68) and 'giving child full attention when they are with him' (4.47 ± 0.77). The recipients (60.3%) of present study gave 27th rank to 'give me their full attention when with me'.

Mohajjel et.al^[16] who studied the nurses' ethical performance in the view of patients reported that the more frequently performed ethical behaviors by the nurses were 'respect to the patients, faculty and nursing students' whereas less frequently performed ethical behaviors was 'introduce themselves by their name, role and assigned responsibilities'. Shih F^[3] stated that nurses

appreciated caring behaviors were patient-centered care, communication, trusting relationship, respect, sincerity, tenderness, accessibility, empathetic, professional competence, physical comfort, promoting physical and functional well-being, helping in stabilize the critically-ill, help patients' cope with stress and enjoy a sense of security, clarify health-related questions, critical thinking skills and decision making. Tsai Y. et.al^[18] who conducted a qualitative study among nurses reported that inspiring hope in patients, providing physical comfort, respecting patients' culture and having professional knowledge, skill and patience were the most desired nurses' caring behaviors.

Azizi-Fini et.al^[19] who stated that the caring behaviors related to professional knowledge and skill were the highest expected whereas respectful deference to others and patients education was the lowest. Effective communication and professional relationship with the patients is the most important behavior in caring the hospitalized patients. Zamanzadeh V. et.al^[20] and Greenhalgh J. et.al^[21] also stated that demonstrating professional competency and ensure assurance in patient care activities were given most importance rather than accessibility, teaching, clarifying and advocacy, physical and emotional support to patients and families and anticipating actions in relation to changes in the patient's situation. In contrast, Larsson I, E. et.al^[22] stated that respecting the patient, being accessible, listening and talking to them appropriately; giving adequate information both oral and written material and acting as intermediary of contacts; and being competent to discuss and make agreement and hand over the responsibilities enhance the patients' participation in care.

In the Indian scenario, inappropriate nurse-patient ratio, a large number of patients and clerical work increase the workload of the nurse. It causes nurses fatigue and prevents professional caring relationships such as developing rapport and other aspects of care such as patient assignments, nursing process, advocating, participating patients related activities, etc. Ultimately the patients' respect and emotional needs are neglected. It was observed by the recipients over a period of time, thus they limited their expectations on the basis of their observation from the nurses. Therefore, maintaining adequate nurse-patient ratio, motivating nurses to demonstrate all aspects of caring behaviors, creating a caring environment and implementing in-service education programs about caring behaviors may improve the patient quality of care and the patients' satisfaction.

LIMITATION

This study did not measure caring behavior practice received by the recipients of health services.

CONCLUSION

- The overall expectation of the recipients of health services on nurses' caring behaviors was relatively

low and relevant according to what the caring behaviors frequently they have observed in the clinical settings over a period of time. It limited their expectations of caring from the nurses on the basis of their observation.

- In the prioritization of nurses' caring behaviors, the recipients of health services gave the most importance to caring behaviors related to human need assistance and least importance to helping/trust.
- Maintaining the adequate nurse-patient ratio, motivating nurses to demonstrate all aspects of caring behaviors, creating a caring environment and organizing educational programs strengthen the nurses' understanding about the importance of caring behaviors.
- Studies can be done to measure the perception of nurse professionals and nursing students on nurses' caring behaviors.

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