PERCEPTION OF PATIENTS AND STUDENT NURSES ON NURSING CARE AT

KENYATTA NATIONAL HOSPITAL, MEDICAL WARDS
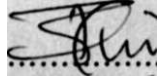
BY:

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A THESIS SUBMITTED IN PARTIAL FULFILLMENT FOR THE AWARD OF
MASTERS OF SCIENCE IN NURSING DEGREE AT THE UNIVERSITY OF NAIROBI,
KENYA.

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^mUCALUBHAm

DECLARATION

I, Susan Muhoro hereby declare that this study is my original work and has never been presented

in any other university or institution of higher learning for any academic award.
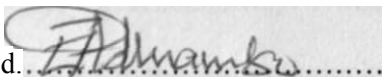
Signed. ...... **Date**

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ACKNOWLEDGMENT

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OPERATIONAL DEFINITIONS

Nursing care: Actions, activities performed, or services rendered by nurses directed towards assisting, supporting or enabling patients or group of people with evident or anticipated needs to remove or improve human condition or to face death.

Caring: Art of administering to patients, the work or practice of looking after those unable to look after themselves, especially the sick. Displaying kindness and concern for others.

Perception: Opinion formed and entertained by individuals, prepossession, a prejudice, anticipation. Ability to see, hear, or become aware of something through the senses. Awareness of the environment through the senses.

Adult patient: A person who has attained the legal age of an adult, namely 18 years and above.

Student nurse: A person training to be a nurse at a nursing school or hospital, a nurse in training, undergoing a trial period.

Medical wards: Special areas set aside in the hospital for the accommodation of those in-patients who have been diagnosed with medical conditions.

LIST OF ABBREVIATIONS

BScN: Bachelor of Science Nursing.

KMTC: Kenya Medical Training College.

KNH: Kenyatta National Hospital.

SONS: School of Nursing Sciences.

UON: University of Nairobi

KRCHN: Kenya Registered Community Health Nurse

ABSTRACT

Recovery or alleviating the suffering of patients is through delivery of nursing care. The patients' perception of nursing care is dependent on various factors, one being the professional behaviours. The **objective** of this study was to explore the patients' and the students nurses' perception towards nursing care behaviours. In the **methodology,** a cross section, descriptive and comparative study was done and the population included patients in eight (8) medical wards, in Kenyatta National Hospital, and student nurses from University of Nairobi. Purposive sampling was employed to select participants, after which proportionate allocation was done to get samples of patients (134 participants) and students (68 participants).

The patients were those with at least 4 days of stay in the ward, of sound mind, who were in stable health status and not in pain. The nursing students were those with more than two years in training. Data was collected by eight (8) research assistants using the Care-Quality instrument, (CARE-Q), which was developed by Larson, (1981), after undergoing a two day training on how to handle the tool. The tool was pretested at Mbagathi Hospital for reliability. Data was cleaned and SPSS database used for analysis. To compare patients and student nurses' perception scores on CARE-Q scales paired *t*-test was used. The **study results** showed that students rated highly the subscales of Aticipates (ANT), Explains and Facilitates (E&F) and Monitors and Follows through (M&F). More students than patient rated highly ANT with a mean difference of 6.029.. The patients rated highly the subscales of Anticipates, Accessible (ACC), and Comforts. More patients (mean 4.8) rated Comforts highly than students (mean 3.08). Both the patient and students picked trusting relationship for almost a ratio of one to one, (t=31.5 vs t=32.6; P=<0.001). One recommendation is that similar studies should be done to find out factors that affect perceptions of patients and nurses on nursing care behaviours in Kenya.

CHAPTER ONE

1.0 INTRODUCTION OF STUDY

1.1 Background Information

Nursing care forms the basic core of nursing actions. Traditionally, nurses have described the acts of administering to patients as care behaviors. It is important that nurses have insight into the specific behaviors, which, if performed to patients, make them feel cared for.

Several studies have examined and compared nurses' and patients' perceptions of effective care behaviors. The context and culture under which these studies have been done are different with what is prevailing in Kenya. Available literature supports an incongruence of what nurses perceive as the most important with that of what patients perceive as the most important caring behavior (Essen and Sjoden, 2003).

In nursing, it is generally agreed that both concepts "care "and "caring "are difficult to define. However, both concepts have a central role in nursing. Researchers, Khademian and Vizeshfar (2007), attempts to define caring. According to them, caring are actions or activities performed by nurses directed towards assisting, supporting or enabling another individual or group with evident or anticipated needs to remove or improve human condition or to face death.

Since caring is core to nursing, it is important therefore, for nurses to understand what behaviour(s) constitutes care (Basset, 2002). It has been demonstrated by researchers that patients' and nurses' perception about the care are different (White, 1972; Williams, 2002; Irurita, 2002; Essen and Sjoden, 2003). Therefore, awareness needs to be created so that there is no gap in the delivery of efficient and effective care.

Williams, (2002), found out that therapeutic effectiveness was facilitated by development of a positive relationship between nurses and patients. Nurses' positive attributes and competent practice as well as functional nursing team were also factors.

Therefore, caring has a role in enhancing patients' health and wellbeing. Caring also facilitates health promotion. In view of this, nurses should be prepared for this core functions which influence the nursing delivery during their training. Equipping nurses' with competency in caring behaviours should be emphasized (Khademian and Vizeshfar, 2007).Patient's view of what is important is likely to influence his/her attitudes towards care and the benefits. Again, the study indicates that activities of nurses are influenced by his/her perception of what is important (Essen and Sjoden, 2003).

1.2 Problem Statement

Caring refers to being humane and remains to be the core of the nursing profession. It has been argued that patient's view of what is important is likely to influence his/her attitudes towards care and the benefits. A study by Essen and Sjoden, (2003), indicated that activities of the nurse are influenced by his/her perception of what is important.

Caring behaviours demonstrated by nurses have been linked to high patient satisfaction with nursing care and the intent to return to a facility for care, (Rafii *et al,*2008). Caring also has an ethical and a moral component and it is an essential element in forming successful therapeutic relationships between nurses and patients where goals and satisfaction can be achieved, (Summer, 2001).

It can therefore be concluded that, the different perceptions of nurse and patient, if not addressed can lead to poor quality of care and poor patient outcome due to misunderstandings.

The family and significant others will suffer financial implications, child neglect, unfaithfulness, and other social problems. The community will suffer due to reduced number of energetic people to contribute to the community development.

When patients feel cared for, their perception about the quality of the nursing care will be improved and the usage of the health care facility will improve. This will promote patient satisfaction and also improve quality of care.

Quality of care will lead to good patient outcomes, reduced patient stay in the wards, reduction of financial burden to the hospital and the country at large, and the morale of the nurses and other healthcare workers will be boosted. This will go a long way in ensuring that the health ministry achieves its mission and vision.

1.3 Broad Objective

To establish the patients' and the students nurses' perception on nursing care given to patients at the KNH, medical wards.

1.4 Specific Objectives

1. To determine the Patients' perception on the nurse caring behaviours

2. To establish the student nurses' perception on nurse caring behaviours

3. To compare the patients' and the student nurses' perception on the nurse caring behaviours

1.5 Purpose of the study

The purpose of this study was to determine the nursing students' and hospitalized patients" perception on the nursing care at KNH in the medical wards.

1.6 Research Questions

The study was seeking to answer the following questions:

1. What is the patients' perception towards nurse caring behaviours?

2. What is the student nurses' perception towards nurse caring behaviours?

3. Is there a difference between the patients' and the student nurses' perception on nurse caring behaviours?

1.7 Justification of the study

Therapeutic encounters depend on relationship between the nurse and the patient which is greatly influenced by their different perceptions. Bethel (1995) states that persons who are aware of their feelings and perceptions are also likely to understand other individuals' reactions.

This understanding between patient and the nurse lead to a collaboration towards a mutual goal until problem is solved. This interpersonal relationship has a significant impact on patient wellbeing, quality and outcome of nursing care.

Since caring should be based on patients need and not solely on what nurses value (Fhlers, 2008), this study seeks to find out perception of both patients and nursing students on caring behaviours of the nurse that make the patients feel cared for. There is limited literature about care behaviours in the Kenyan setting and there is need for it to be established to improve patient outcomes.

Once established, this evidence-based information will be disseminated to the nursing schools to reinforce attitude of students regarding caring behaviours, with the aim of producing competent patients- centered care professionals.

Student nurses, the clinical nurses of tomorrow, will be equipped with the right skills which will make them competent health care professionals, with ability to show responsiveness to clients needs.

1.7 Research Hypothesis

There is no difference between patients' and student nurses' perception on nurse care behaviours.

-Ho: Perception of patients on nurse care behaviours is similar to that of the student nurses.

-Ha: The perception of patients on nurse care behaviours is different from that of the student nurses.

1.8 Theoretical Framework

Jean Watson, ...developed the theory of care. Care is described as the biggest service that nursing practice can give in the service to humanity and this aspect of caring had been neglected in the practice of nursing. Many other aspects were given great priorities but the issue of care was neglected. Watson believed that a person can be cured but that the illness can still remain because without care it is not possible to attain full health. Care in the nursing practice is the most important because it gives a chance to a direct responsiveness between the patient and the nurse. Care can make a patient more knowledgeable, gain confident and regain control (Marylyn, 2001).

Watson presents ten curative factors as nurse interventions in human care, but for them to work, the nurse must have values, a will and commitment. Other prerequisites include knowledge base

and clinical competence. Each caring act seeks to hold intentional consciousness of caring. This energetic and focused consciousness potentiate healing and wholeness.

This theory is intentioned to bring a humanistic value in the nursing practice. The model aims to create or make the nursing profession a more humanistic system. This would make the nursing practice to be people friendly. There is also an aspect which instils faith in the patients. One thing that makes patients to get healed fast is faith. Nurses are supposed to give patients the hope of getting better as this will result in a quick recovery. This aspect of caring also cultivates a sense of sensitivity. This is where the nurses become more sensitive to the needs of the patient. This also makes the nurses be tender when they are handling patients.

When patients are shown that the nurses are sensitive to their plea they will form a positive attitude which will help them to get better quickly. This will also help in the promotion and acceptance of positive and negative feelings. When there is a humanistic system in place people also tend to have a better way of solving problems as there is a mutual understanding.

Watson holds that caring can only be done in an interpersonal way. This means that the art of caring can only exist if there is more than one person. It only exists where there is a relationship between two or many people. The art of caring has some aspects which make a person be in a position to feel satisfied in certain needs. This makes a person to have peace of mind and peace of the heart which will promote healing in a patient. Caring offers a patient the right to decide what is good for him or her at a specific time. Care is important in the practice of nursing as there is always a relationship in existent between a nurse and a patient (Bethel, 1995).

This model of caring offers a framework for art, science, humanities, spirituality and a new dimension of mind, body, spirit medicine, (Watson, 2003). Caring can save a life of a patient, offer a death with dignity and convey trust and commitment to patients, families and staff. It can also promote self- growth, self-knowledge, self-control and self-healing processes and possibilities.

1.10 Conceptual Model

Patient's view of what is important is likely to influence his/her attitudes towards care and the benefits (Essen and Sjoden, 2003). The chart below shows the conceptual frame work used by the researcher. It shows that the perception of the patients and that of the student nurses will be determined by the nurses' response to patient care needs and the promptness in addressing the needs. If the patients' needs are addressed by the nurse promptly to the patients' satisfaction, this will make them feel that they are being cared for. However, if there is a gap in the way the needs have been addressed (like delay in attending to the patients' needs) then the patient may have a feeling that he/she is not receiving the care he/she deserves.

Independent Variables

- **Nurse**: Accessible, Comforts, Anticipates, Explains/Facilitates, Monitoring, Maintain confidentiality, Skills

Dependent variables

Outcomes

Perception of caring behaviours by:
- Patients
- Student nurses

Patients' feelings on the care given by the nurse

Patients' care needs- pain relief, medication, skin care, excercises, wound dressing
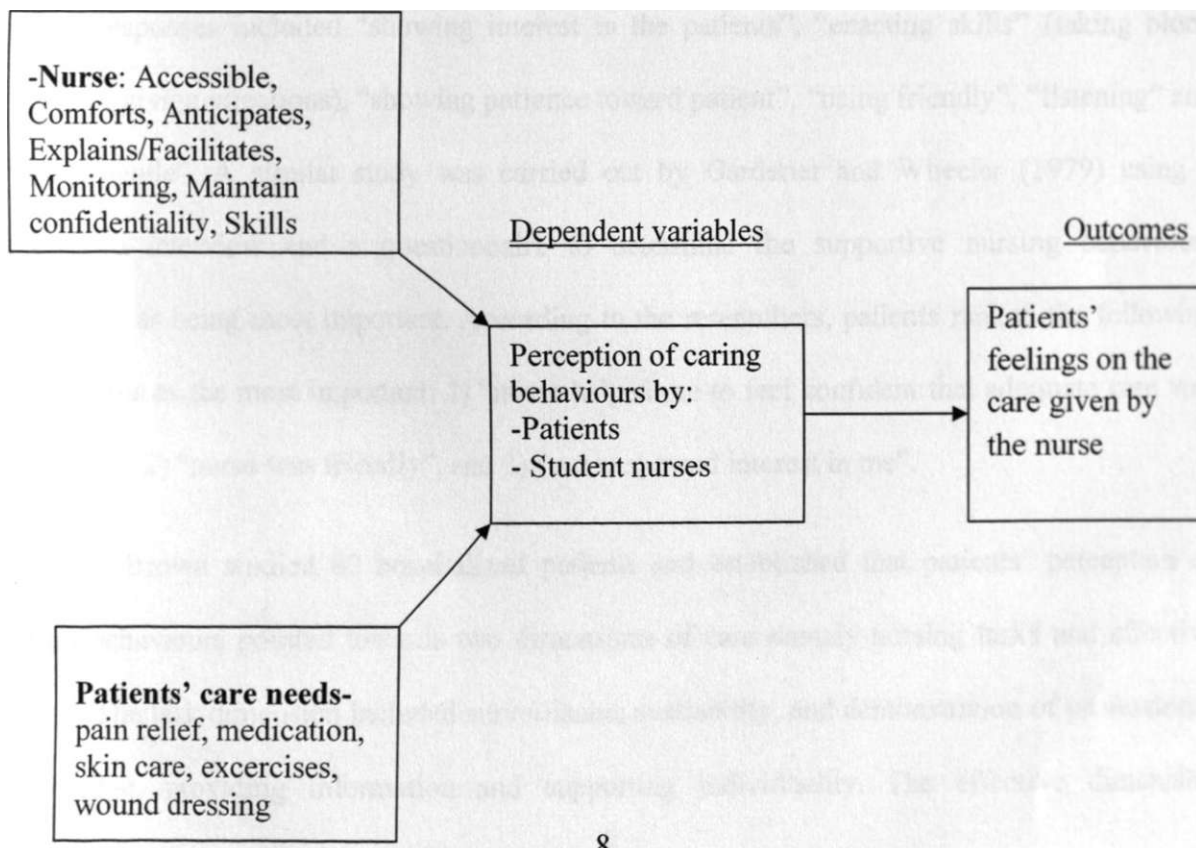
CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

In this chapter an in-depth literature search has been carried out in respect to the patients' and student nurses' perception on nurse caring behaviours. The review is in three sections. The first and the second sections discuss different studies which have been carried out in relation to patients and student nurses' perception on nurse caring behaviours, respectively. The third section evaluates the factors that affect the care which nurses give to patients.

2.2 Patients' perception on the nurse caring behaviours

Henry (1975) conducted a study to explore the perception of Caring behaviours from patients' perspective. In this study, a total of 50 patients in home care were investigated using open ended interview questions. Patients described what nurses do to indicate caring as doing "extra things". These included bringing flowers, getting food stuff, and finding transportation to the doctor. Others responses included "showing interest in the patients", "enacting skills" (taking blood pressure, giving injections), "showing patience toward patient", "being friendly", "listening" and "being gentle". A similar study was carried out by Gardener and Wheeler (1979) using a structured interview and a questionnaire to determine the supportive nursing behaviours perceived as being most important. According to the researchers, patients ranked the following three items as the most important: 1) "nurse helped me to feel confident that adequate care was provided", 2) "nurse was friendly", and 3) "nurse showed interest in me".

In 1981, Brown studied 80 hospitalized patients and established that patients* perception of caring behaviours pointed towards two dimensions of care namely nursing tasks and effective caring. The task dimension included surveillance, availability, and demonstration of professional knowledge, providing information and supporting individuality. The effective dimension

addressed the personal and professional qualities of the nurse. Brown, (1986) conducted another study with a sample of 50 patients who were hospitalized for two to five days for treatment of non threatening medical or surgical conditions. Patients were asked to describe an experience in which they had felt cared for by a nurse. Two major patterns ("demonstration of professional knowledge and skill, surveillance and reassuring presence and recognition of individual qualities and needs, promotion of autonomy and time spent) emerged from the analysis. These findings show that patients were interested in the caring behaviours which meet their needs. However, these caring behaviours should be done in a way that protects and enhances the unique identity of the individual.

Larson (1984) conducted a study involving 57 cancer patients. He established that the most important nurse caring behaviours were those that indicated competent clinical know-how. Same findings were realized by Mayer (1987).

In 1987, Keane *et al* used the CARE-Q instrument to identify the perceptions of 26 rehabilitation patients on their perceptions on the most and least important nurse caring behaviours. The most important items as ranked by the patients included "knows when to call the doctor", "puts the patients first no matter what else happens", "knows how to give injections, intravenous fluids and to mange equipment like suction machines".

In a grounded theory study, Williams (2002), explored and described the delivery of quality-nursing from nurses' perspective involving 24 respondents, who were interviewed about the quality of nursing care. Quality nursing was perceived as therapeutic effectiveness, which was guided by patient's psychosocial and physical response to illness, safety and satisfaction. Another study examining the perception of the patients' quality of nursing care was conducted

by Irurita (2002). I he researcher used grounded theory methodology and found out that quality nursing care was perceived differently by patients. Patients sampled perceived quality nursing care at different levels. The level of quality of care was found to depend on certain contextual and intervening conditions pertaining to the broader environment, the organization and personal factors of the nurse and patient.

A study conducted White (1972) indicated that nurses were more concerned about satisfying patients' psychosocial aspects of care while patients are more concerned about their physical care.

Factors that influence caring behaviours among nurses and students include; commitment, intentionality, consciousness, genuine presenting, intuition, communication, skills (use of self), teaching, hope, and compassion (Watson *et al*, 2001).

According to Ehlers (2007), several factors affect caring behavior of professionals. These factors include the context in which nursing is delivered, culture, age of patients and nurses and type of institutional care.

Caring takes place every time a nurse- to- patient contact is made. It centers on person, presenting dignity and humanity, and must be guided by compassion, tenderness, gentleness, loving kindness and equanimity for self and others (Watson, 2002).

2.3 **Student nurses' perception towards nurse caring behavior**

Caring behaviours form a basic component of a nursing curriculum, as such is taught across nursing training institutions (Komorita *et al*, 1991). It is therefore, expected that students in their last year of training should exhibit these behaviours and perceive care more realistically.

A lot has been published on the concept of caring in nursing literature although there does occur some blurring about what the concept of nursing and caring means. Both concepts of caring and nursing are used interchangeably. Wilkin and Slevin (2004) investigated the meaning of caring to nurses and reported that caring and nursing are used synonymously. In this study, three themes namely nurses' feelings, nurses' skills and nurses' knowledge emerged.

Brilowski and Wendler (2005), conducted a study in which the concept of caring was analyzed. Action, relationship, attitude, acceptance and variability were identified as the core attributes of caring. Related factors such as trust, rapport, understanding of self and other and commitments were identified as antecedents. Caring was found to result in increased ability to heal from patients and increased sense of personal and professional satisfaction from nurses. However, when the concept of caring was explored from nurses' diary by Skott and Ericksson (2005), it was established that caring represented three groups which included verbal communication, physical movement and reflection. Competence, lack of continuity, strain and vulnerability, striving and interactions towards a goal were themes which were identified in a study by Berg *el al* (2006). In another study by Karaoz (2005) involving Turkish students, caring was perceived as *professional/helping relationship and technical competency.* Granum (2004) carried out a study in Norway on students. The first year nursing students used the word "care" based on their experience about life, while third year students considered nursing as a caring science which contains knowledge for practicing professional nursing.

The perception of caring is affected with the level of students' training. And in a longitudinal study, Watson *et al* (1999a, b, 2001) found that nursing students after 12 months of education lost some of their idealism about caring. Again after 24 months, they became more influenced by

professional and technical aspects of caring. As the training proceeded, the psychosocial aspect seemed to be more apparent. According to Kapborg, (2000) students explained caring as having technical knowledge and being able to help patients manage bodily vital functions.

Furthermore, in Mangold's study (1991), both nurses and nursing students agreed that the most important nurse caring behavior was "listens to the patient". Professional nurses rated as the least importance "is professional in appearance". Nursing students chose "puts the patient first no matter what happens" as the least important caring behavior.

Khademian and Vizeshfar (2007) found out that nursing students perceived practical and cognitive caring behaviours; "monitors and follows through", "explains and facilitates" as the most important caring behaviours; "Emotional caring behaviours"; "trusting relationship", "comforts" were rated as least important by the nursing students interviewed.

CHAPTER THREE: METHODOLOGY

3.1 Research Design

This was a cross-sectional, descriptive and comparative study to determine the patients' and the students nurses' perception towards nurse caring behaviors at the KNH medical wards.

3.2 Study area

The study was conducted at the KNH medical wards and the University of Nairobi school of Nursing. KNH is a national referral hospital which is about two Kilometers away from the Nairobi city center, off Ngong road. The hospital has a bed capacity of 1800. It is the largest teaching and referral hospital in Kenya. The medical wards are located on the 7 and 8 [1] floors ot the main hospital tower block.

The University of Nairobi School of nursing is also housed in the KNH compound. It is located next to the females* hostels for the Kenya Medical training college (Nairobi campus).

3.3 Study Population
The study population comprised of:

- Patients admitted at the KNH medical wards as long as they met the inclusion criteria and they had been in the ward for at least four (4) days, (134paticipants).

- Students from the University of Nairobi, School of Nursing, who had been in the training for at least two years, (68paticipants).

3.4 Inclusion criteria
The following were included in the study;

- All hospitalized patients in the medical wards and are above 18 years of age.

- Conscious patients and those with sound mind

- BScN students with two years of training and above

3.5 Exclusion criteria

The following were excluded from the study;

1. All BScN students two years and below in training due to lack of experience and short study period.

2. Patients in the following categories;

   a. All patients below 18 years of age

   b. Patients of unsound mind

   c. Patients in pain and those in poor health condition.

3. 6 Sampling technique

Purposive sampling technique was used for the KNH and the wards. This mode of sampling was used because the research assistants had to select the patients who were not in pain and those who were in good health status. Only patients who had been in the ward for more than four days were selected for the study. For students, the research assistants eliminated the first and second year student, hence the need for purposive sampling. Proportionate allocation was used to select the sample from the created strata of patients from eight (8) medical wards, and the student nurses above two years of training.

3.7 Sample size determination

To determine the sample size, Cochrane's formula was be used,

$n = \underline{z^2pq}$ (Mugenda & Mugenda, 2003).

n = sample size (When the study population is greater than 10,000).

z = standard normal deviate corresponding to 95% confidence level (1.96)

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p = proportion of the target population estimated to have the characteristics being measured

q= 1-p

d = precision set at ±0.05

Since there is no available proportion, 50% (0.5) will be used.

$$\frac{(1.96)^2(0.5)^2}{(0.05)^2}$$

= 384.16, which is 384 (rounded to the nearest figure).

For a population less than 10,000, the desired sample size Nf = $\dfrac{n}{1+\dfrac{n}{N}}$

The final sample (nf) was estimated as follows

nf=n/(1+n)/N

Where: n_f = the desired sample size, (when population is less than 10,000)

n = the desired sample size, (when population is more than 10,000)

N = the estimate of population size: Patients in all medical wards = 290.

Level 3& 4 Student nurses in the school =147.

Therefore, the total population= 290 + 147 = 437

The study sample size, n_f = $\dfrac{384}{1+\left[\dfrac{384}{437}\right]}$

n_f= $\dfrac{384}{1.9}$ = 202

Patients: n_1 = $\left[\dfrac{290}{437}\right]$ x 202 = 134 patients

Students: n_1 = $\left[\dfrac{147}{437}\right]$ x 202 = 68 students

Proportionate allocation

<u>Students</u>

3rd year students $\quad = (74/147) \times 68 = 34$

4th year students $\quad = (73/147) \times 68 = 34$

<u>Patients</u>

$\qquad$ Ward 7A $= (26/290) \times 134 = 12$

$\qquad\qquad$ 7B $= (25/290) \times 134 = 12$

$\qquad\qquad$ 7C $= (35/290) \times 134 = 15$

$\qquad\qquad$ 7D $= (29/290) \times 134 = 13$

$\qquad\qquad$ 8A $= (25/290) \times 134 = 12$

$\qquad\qquad$ 8B $= (50/290) \times 134 = 24$

$\qquad\qquad$ 8C $= (63/290) \times 134 = 28$

$\qquad\qquad$ 8D $= (42/290) \times 134 = 18$

3.8 **Data collection tool**

The CARE-0 was developed by Larson (1981) is based on Q-methodology and was used to determine staff and patient perceptions of important nurse caring behaviours. In the Q- technique statements are placed along a continuum of significance. The subject is instructed to rank-order them according to a condition of the instruction which will be the most important and least important caring behaviours of a nurse. The placement of individual item is determined by the

subject. The resulting statement is called Q-sort and is the means by which a person models his/her opinion or feelings on an issue.

The CARE-Q consist of nurse caring behavioural items ordered in six subscale namely (1) accessible 6 items, (2) explains and facilitates 6 items, (3) comforts 9 items, (4) trusting relationship 15 items, (5) anticipates 5 items, and (6) monitors and follow through 8 items.

The individual items of nursing caring behaviours investigated are 47 items from 50 items in Larson (1981). Individual items were selected from each subscale. This is in line with the findings of Peterson *et al,* (1997), Sjoden and Essen (2003) and Khademian and Vizeshfar (2007) about the most rated and the least rated nursing caring behaviours.

The following questions were posed to the subjects, (patients, nursing students): In order to make a patient feel cared for, please identify……? The subjects were asked to identify one most and one least important behavior. Then identify four next most and four next least important behaviors. Following that subject identified 10 rather and 10 not that important behaviours, and finally identified 17 behaviours that were neither important or unimportant.

Each behavior was given a value of 1 to 7 and mean values were calculated for each item. The items were rated on a 7-point Likert scale to reflect their relative importance in making patient feel cared for. A score of 1 corresponds to "least important", and a score of 7 corresponds to "most important".

To facilitate easy identification and ranking of the behavior items, small cards were used indicating every behavior on a different card, which the subject arranged in order of importance.

3.9 Pretesting the study tool

The study was pretested at Mbagathi Hospital using 10 patients. This health care facility is in the same geographical area as KNH and has similar patient characteristics. Patients from Mbagathi are referred to KNH for specialized treatment. The objective of the study was to evaluate the validity and reliability of the study instrument. Suggestions on how to improve the questionnaire were incorporated in the final draft.

3.10 Ethical considerations

The proposal was submitted to the Kenyatta National Hospital/ University of Nairobi ethics and research committee. After approval of the proposal, permission to collect data from the medicine department was sought from the Senior Assistant Director (Department of medicine) and the deputy chief nurse (medicine). Nature and purpose of the study was explained to the participants. Respondents had the right to ask questions for clarification. An informed consent was obtained from the study participants after thorough explanation of the benefits of the study and any concerns clarified. Only those patients who indicated that they had understood the nature of the study and were willing to participate were allowed to sign the consent and then interviewed. Patients who were in pain or in poor health status were not included in the study. Confidentiality was assured to the subjects and their names did not appear on the questionnaire.

3.11 Data collection procedure

Before data collection, eight research assistants who had a Bachelor of Science degree in Nursing were oriented on the tool for two days. During this period, the assistants were trained on interviewing techniques to enable them elicit the required responses from the participants. After this they were taken through a practical session with the principal researcher being the

respondent to make sure that the assistants had acquired the necessary skills to carry out the interviews.

The research assistants administered the questionnaires to the participants who met the inclusion criteria. Before administering the questionnaire, the assistants explained to the participants the purpose, nature, befits and any risks involved in the study process. Only those who expressed understanding of the study and accepted to participate were asked to sign the consent. After this, they were interviewed.

3.12 Data analysis

The questionnaires ware checked for completeness and data was cleaned. It was keyed into a computer file for storage and analysis. Statistical Package for Social Sciences, (SPSS), was used to compare patient and nursing students' scores on CARE-Q scales. The statistical tests used were the /-test.

3.13 Control of biases and errors

Research assistants were trained on handling the questionnaires. The questionnaires were pre-tested to improve on reliability and validity. Clear instructions were given for the participants. Co-operation of the respondents was sought before giving them the questionnaire.

3.14 Assumption

For the purpose of this study, two assumptions were made:

1. Subjects ranked the caring behaviors without prejudice

2. The cultural context of the subjects was similar.

3.15 Limitations

The expected study limitations included:

1. Passive resistance by the respondents: To avoid this, the research assistant utilized the necessary communication skills to make the participants respond willingly.

2. Language barrier: An interpreter was sought for one patient who could not communicate in either Swahili or English.

3. Patients' poor health status: In this case patients in pain and those in poor health condition were excluded.

4. Support from the staff in the ward: The researcher had obtained permission from the management and the ward in-charge which helped to gain support from the ward staff.

3.16 Outcomes

This study highlights the perception of patients and nursing students on nursing care given to patients, the findings of which will build unto the nursing body of knowledge. This information will be used for future research as nursing profession searches for ways to improve the nursing care and patient satisfaction.

CHAPTER FOUR: STUDY RESULTS

4.1 PATIENTS' PERCEPTION ON THE NURSE CARING BEHAVIOURS

4.1.1 (a) Anticipates (ANT)

4.1.1.1 Anticipates that the first time is the hardest and pays special attention to patient

1% ^o

- Least important
- Neutral important
* Rather important
- Next important
- Most important
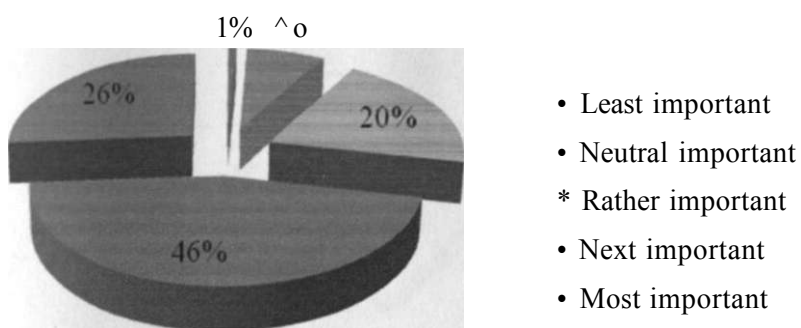
Figure 1. Anticipates that the first time is the hardest

Many of the patients (46%) perceived that the nurse caring behaviour of *anticipating the first*

time as the hardest and *pays special attention to patient* was next important (Figure 1).

4.1.1.2 Anticipates the patient's and his/her family's shock over his/her diagnosis

Table 2

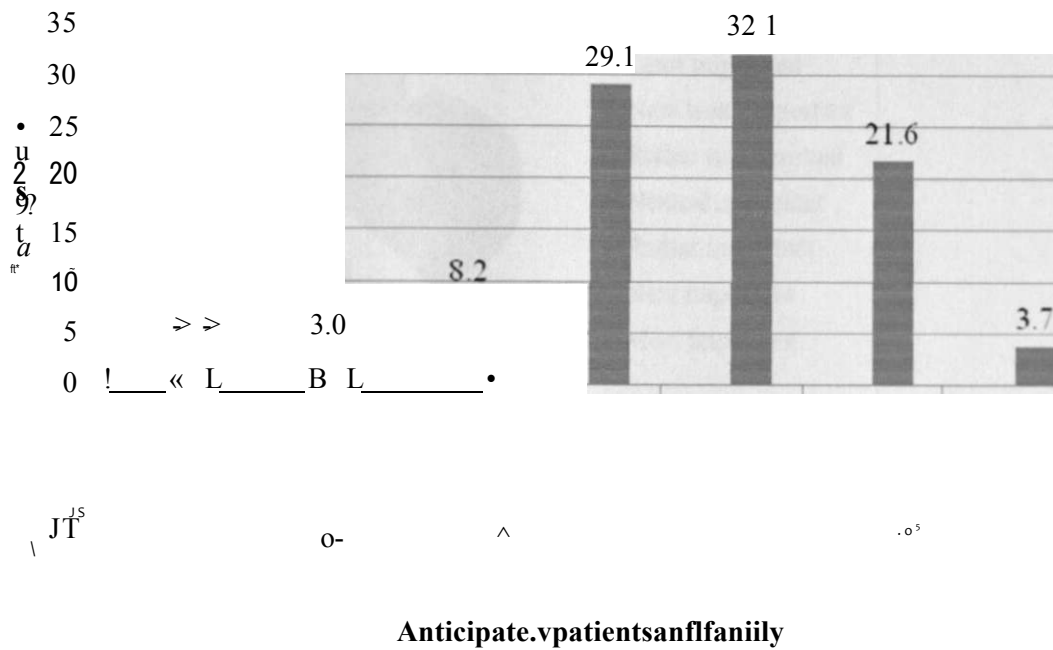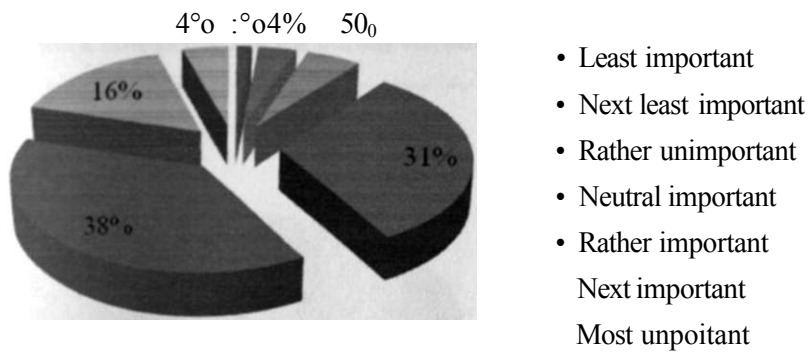**Anticipate.vpatientsanflfaniily**

Figure 2. Anticipates the patient's and his/her family's shock over his/her diagnosis

Thirty two point one (32.1%) of the respondents perceived that *anticipating the patient's and his/her family's shock over his/her diagnosis* by the nurse was rather important (Figure 2).

4.1.1.3 Perceptive of patient's needs and plans and acts accordingly

4°o :°o4%   50₀

16%

31%

38%

• Least important
• Next least important
• Rather unimportant
• Neutral important
• Rather important
  Next important
  Most unpoitant

Figure 3. Perceptive of patient's needs and plans and acts accordingly

Thirty eight (38%) of the respondents perceived that the fact of a nurse being *perceptive of patient s needs and plans and acts accordingly* was rather important (Figure 3).

4.1.1.4 Know when the patient had enough and act accordingly e.g. rearrange examination

01   **Next important**   **9 0**

s *rs*

2   **Ratliei important**   **20.9**

                              J

J̇S. 7̄V **Neutral unportant**   1

~ *rz*   **4" 0**

S —

s   **Rather unimportant**

I   f

S

                    '1-
                     1   1
                         10   20   30   40   50
                              Percentage (%)

Figure 4. Know when the patient had enough and act accordingly

24
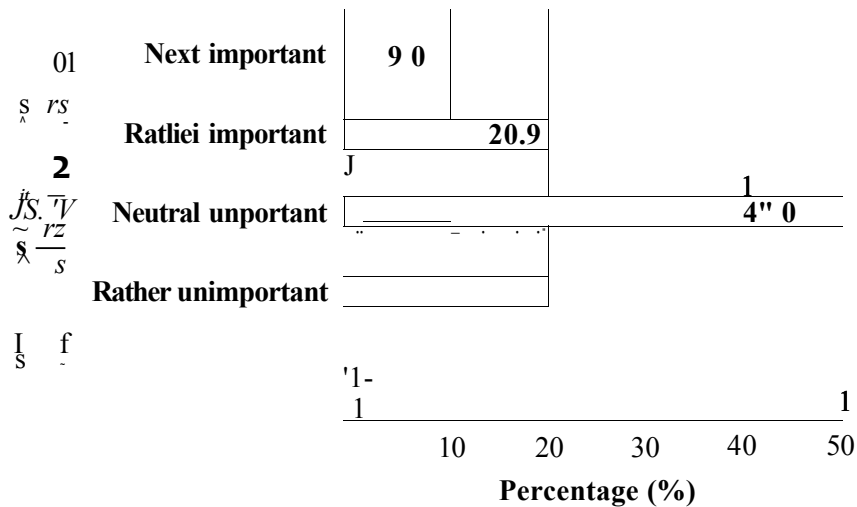
Forty seven (47 %) of the respondents perceived that the fact of *a nurse knowing when the patient had enough and act accordingly* was neutral important (Figure 4).

4.1.1.5 Check condition health status without being told
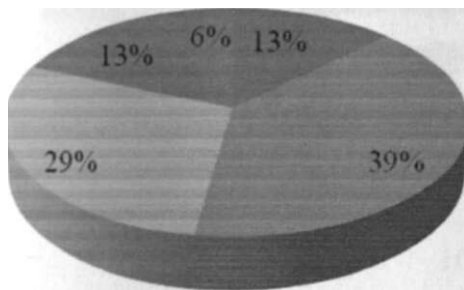
- **Rather unimportant**
- **Neutral important**
- **Rather important**
- **Next important**
- **Most important**

Figure 5. Check condition health status without being told

A significant proportion, (39%) of respondents perceived that *checking the condition of patient without being told* is neutral important, 29% said it was rather important, 13% reported that it was next important, 13% said that it was rather unimportant while 6% said that it was most important (Figure 5).

4.1.2 Explains and Facilitates (E& F)

4.1.2.1 Tells patient of support systems available, such as self help groups
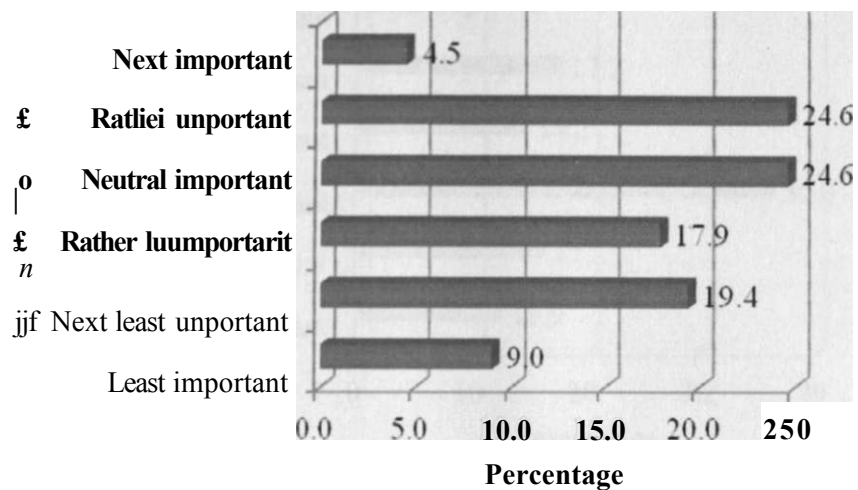
Figure 6 : Tells patient of support systems available

Twenty four percent of the respondents reported that *telling patients of support systems available, such as self help groups* was rather important, another 24% said that it was neutral important, 19.4% reported that it was next least important, 17.9% said that it was rather unimportant, 9% reported that it was least important while 4.5% said it was next important (Figure 6).

4.1.2.2 Suggest questions for patient to ask his/her doctor
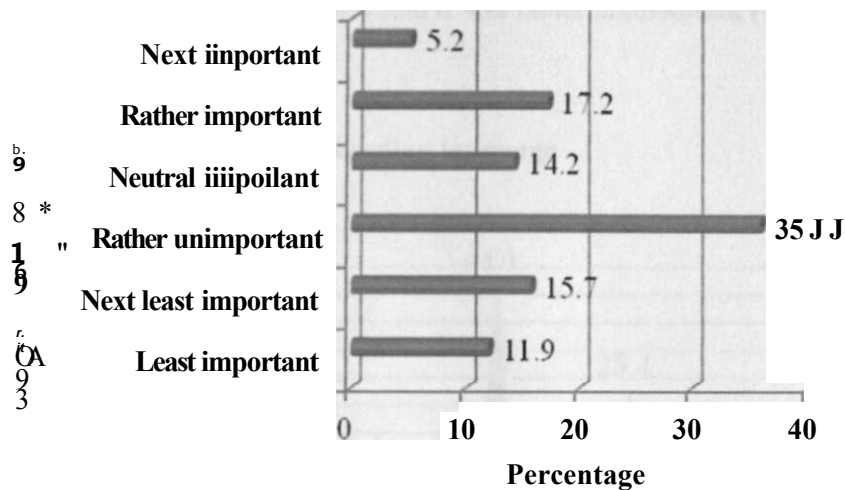
Figure 7: Suggest questions for patient to ask his/her doctor

About 35.8% of the respondents reported that the behaviour of *a nurse suggesting questions for patient to ask his/her doctor* was rather unimportant, 17.2% reported that it was rather important, 15.7% said that it was next least important, 14.2% reported that it was neutral important, 11.*9%* said it was least important (Figure 7).

4.1.23 Is honest with patient about his/her medical condition

Variables	Frequency	Percent
Least important	3	2.2
Next least important	11	8.2
Rather unimportant	22	16.4
Neutral important	40	29.9
Rather important	29	21.6
Next important	16	11.9
Most important	13	9.7
Total	134	100.0

Table 4.1 Honest with patient

27

Twenty nine point nine (29.9%) of the respondents reported that the behaviour of *a nurse being honest with patient about his or her medical condition* was neutral important, 21.6% felt that it was rather important, while 16.4% said it was rather unimportant (Table 4.1).

4.1.2.4 Tells patient in understanding language
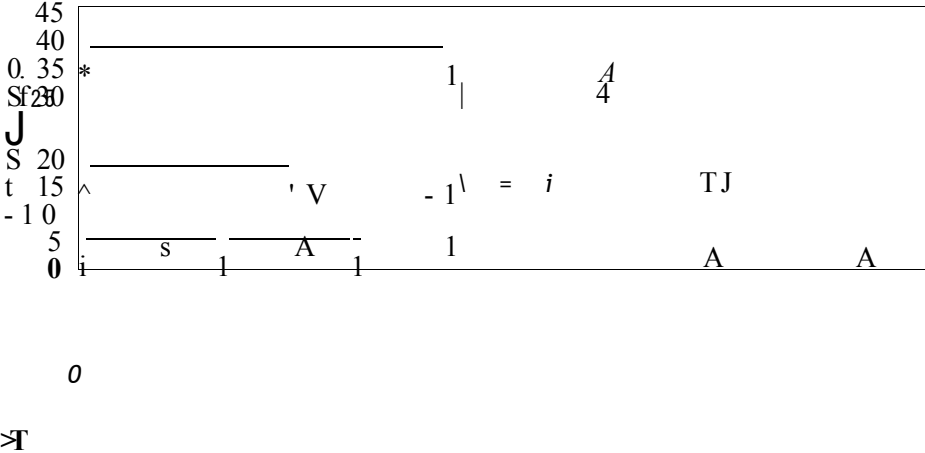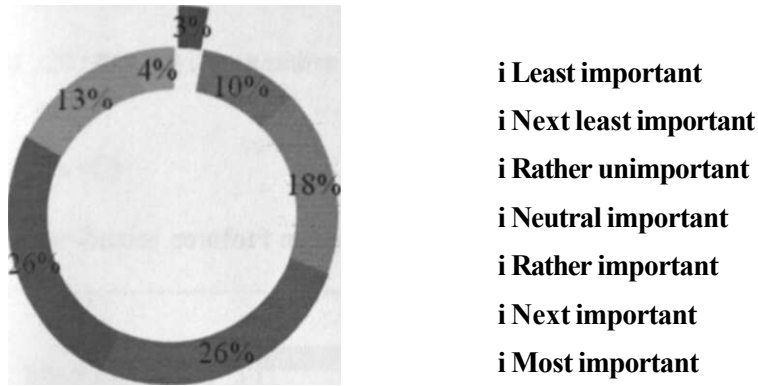

Tells patient in understanding language

Figure 8: Tells patient in understanding language

The behaviour of *a nurse telling patient what is important to know about his or her disease and treatment in an understanding language* was neutral important according to 44 % of the respondents. 25.4% said it was rather important, 10.4% reported that it was rather unimportant (Figure 8).

4.1.2.5 Does advocacy for the patient

i Least important
i Next least important
i Rather unimportant
i Neutral important
i Rather important
i Next important
i Most important

Figure 9: Does advocacy for the patient

A number of respondents (26%) perceived that the behaviour of *the nurse doing advocacy for the patient* was rather important, while another 26% of the respondents felt it was neutral important. 18% said it was rather unimportant, 13% reported that it was next important (Figure 9).

4.1.2.6 Inform patient of daily examination, therapy and nursing care plans
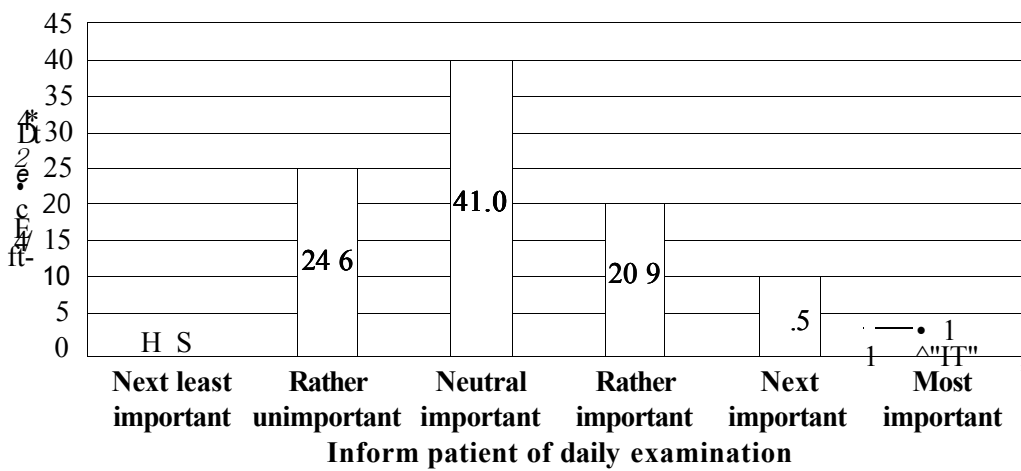
Figure 10. Inform patient of daily examination

Many patients, (41%) perceived that the nurses' behaviour of *informing patient of daily examinations, therapy and nursing plans* was neutral important, 24% reported that it was rather unimportant, 20.9% said it was rather important (Figure 10).

4. 1.3 Comforts (C)

4.1.3.1 Provides basics comfort measures
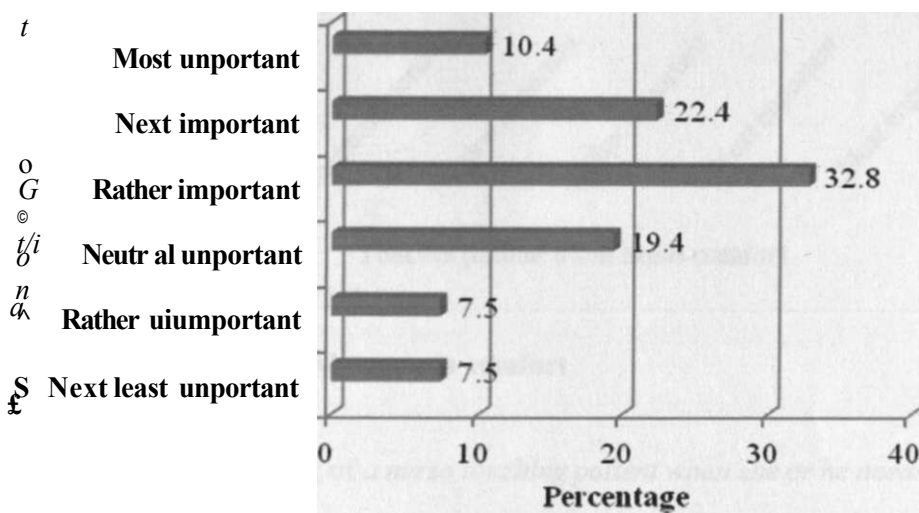
Figure 11. Provides basics comfort measures

About 32.8% of the respondents perceived that *providing basics comfort measures such as appropriate lighting, control of noise and adequate blankests* is rather important, 22.4% said it was next important, 19.4% reported that it was neutral important, while 10.4% said it was most important (Figure 11)

4.13.2 Touches patient when needs comfort

Touches patient when needs comfort
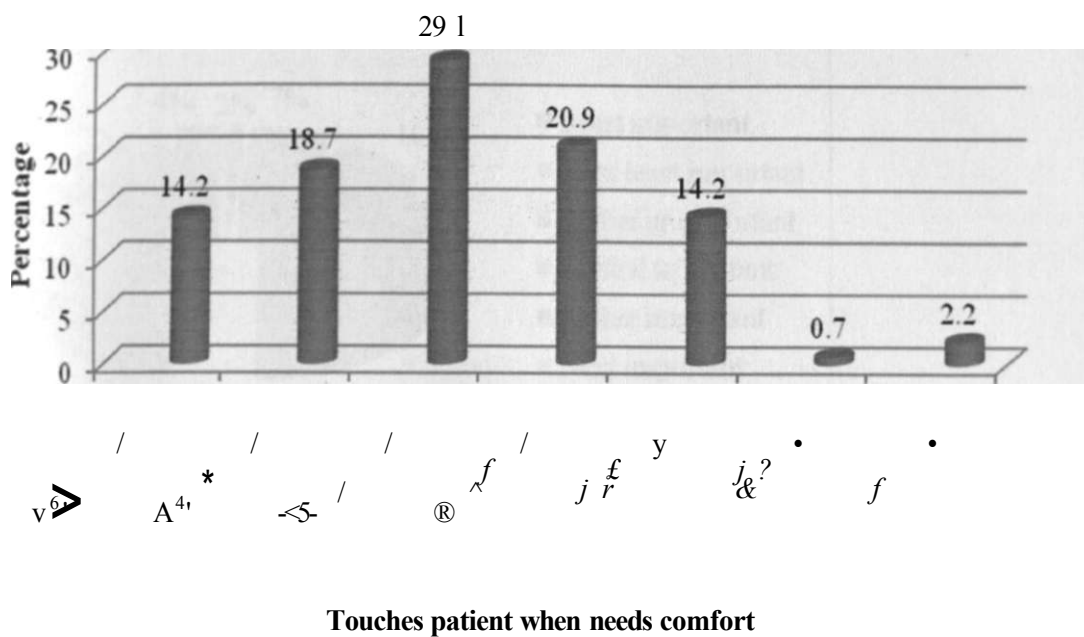
Figure 12. Touches patient when needs comfort

29.1 % said that the behaviour of *a nurse touching patient when she or he needs comfort* is rather unimportant. 20.9 % of the respondents reported that it was neutral important, 18.7% said it was next least important, while 14.2% felt it was rather important and least important respectively (Figure 12).

4.1 JJ Listens to the patient
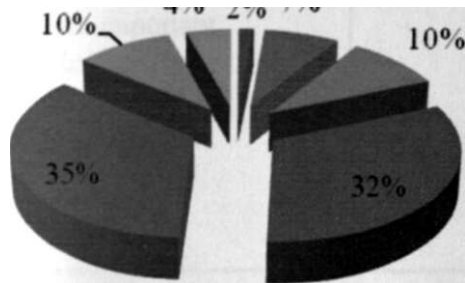
- • **Least important**
- • **Next least important**
- • **Rather unimportant**
- • **Neutral important**
- • **Rather important**
- • **Next important**
- • **Most important**

Figure 13. Listens to the patient

 35% of the respondents reported that a nurses' behaviour of *listening to patient* was rather important, 32% said it was neutral important, 10% said it was next important and rather unimportant respectively (Figure 13).

4.1.3.4 Involves the patient's family or significant others in his or her care

Variable	Frequency	Percent
Least important	5	3.7
Next least important	12	9.0
Rather unimportant	26	19.4
Neutral important	49	36.6
Rather important	34	25.4
Next important	6	4.5
Most important	2	1.5
Total	**134**	**100.0**

Table 4.2   Involves the patient's family or significant others in his or her care

Thirty six point six (36.6%) of the respondents reported that the behaviour of *nurses involving the patient's family or significant others in his or her care* is neutral important, 25.4% said it was rather important, 19.4% reported that it was rather unimportant (Table 4.2).

4.13.5 Talks to the patient
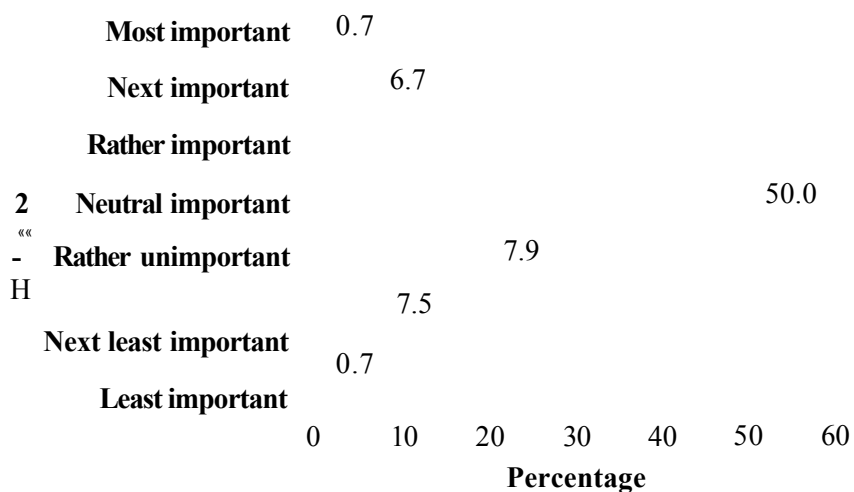
Figure 14. Talks to the patient

33

Half (50%) of the respondents perceived that a nurse whose behaviour was *talking to patients* was neutral important. 17.9% reported that it was rather unimportant, 16.4% said it was rather important (Figure 14).

4.1 3.6 **Convey a sense of commitment and understanding to patients**
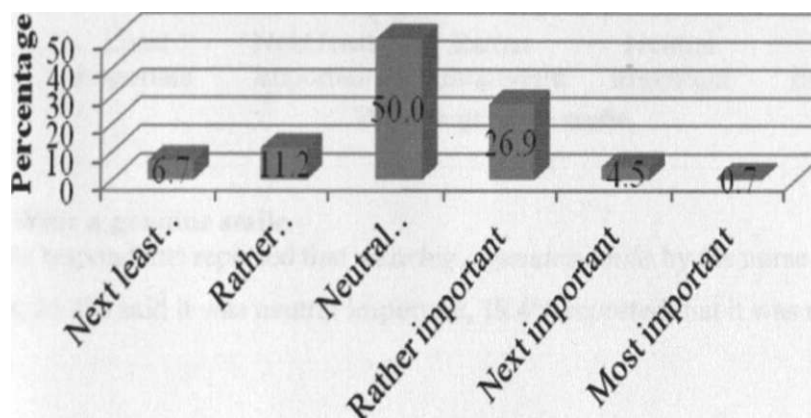
Convey a sense of commitment

Figure 15. **Convey a sense of commitment**

Half (50%) of the respondents perceived that the behaviour of a *nurse conveying a sense of commitment and understanding to patients* was neutral important. 26.9% said it was rather important, 11.2% reported that it was rather unimportant (Figure 15).

4.1.3.7 Wear a genuine smile
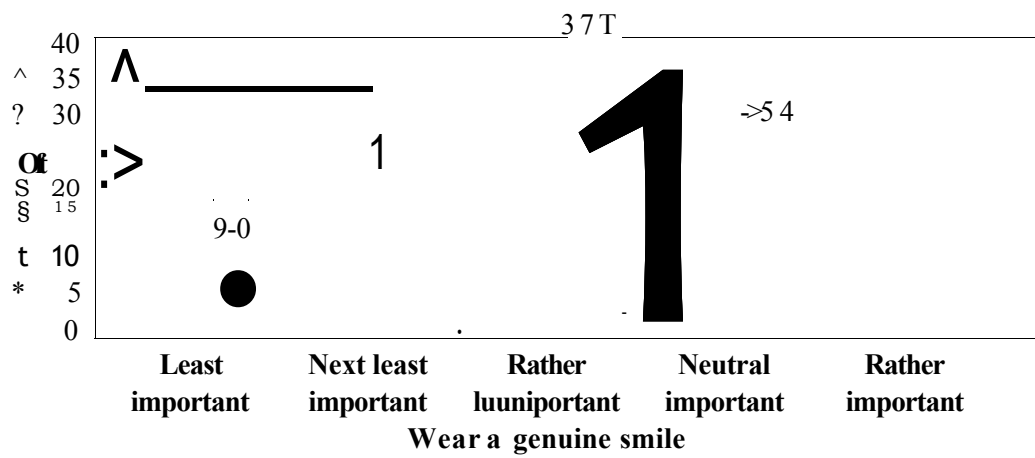
Figure 16. Wear a genuine smile

37.3% of the respondents reported that *wearing a genuine smile* by the nurse is rather unimportant, 25.4% said it was neutral important, 19.4% reported that it was next important (Figure 16).

4.1.3.8 Have a concerned warm tone

Figure 17. Have a concerned warm tone

More than half (53%) of the respondents perceived that the behaviour of a nurse having *a concerned warm tone* was rather important, 19.4% said that it was rather unimportant, 13.4% said it was next least important (Figure 17).

4.1.4. Monitors and Follows through (M&F)

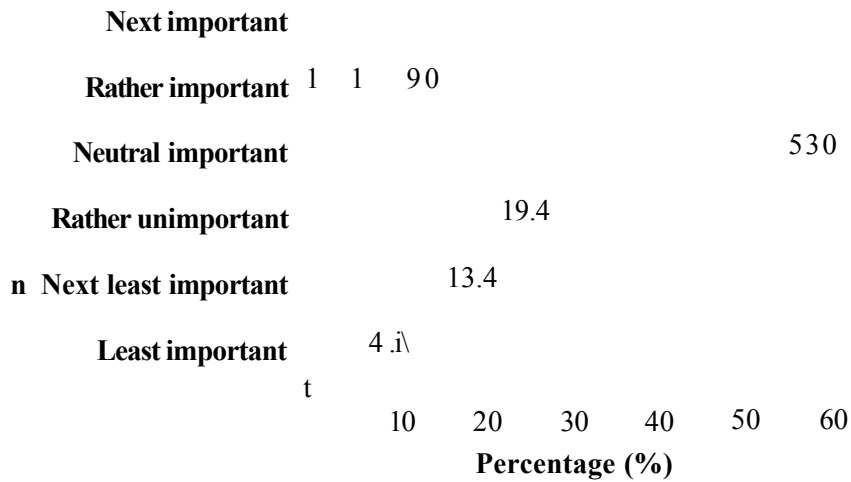| Variable	Frequency(n=134)	Percentage (%)
Action must be gentle		
Rather unimportant	8	20.5
Neutral important	23	59.0
Rather important	5	12.8
Next important	3	7.7
Total	**39**	**100.0**
Knows when to call the doctor		
Next least important	14	10.4
Rather unimportant	39	29.1
Neutral important	48	35.8
Rather important	20	14.9
Next important	3	2.2
Most important	10	7.5
Total	**134**	**100.0**
Knows how to give injections, I.Vs		
Least important	10	7.5
Next least important	10	7.5
Rather unimportant	15	11.2
Neutral important	19	14.2
Rather important	29	21.6
Next important	38	28.4
Most important	13	9.7
Total	**134**	**100.0**
Demonstrate professional competency		
Least important	2	1.5
Next least important	1	0.7
Rather unimportant	21	15.7
Neutral important	57	42.5
Rather important	25	18.7
Next important	14	10.4
Most important	14	10.4
Total	**134**	**100.0**
To be calm		
Least important	4	3.0
Next least important	16	11.9
Rather unimportant	38	28.4
Neutral important	56	41.8
Rather important	17	12.7
Next important	3	2.2

Total	134	100.0
Variable	**Frequency**	**Valid Percent**
To be organized		
Least important	4	3.0
Next least important	23	17.2
Rather unimportant	21	15.7
Neutral important	26	19.4
Rather important	31	23.1
Next important	20	14.9
Most important	9	6.7
Total	134	100.0
Take action immediately for example change dressing when they are wet		
Next least important	7	5.2
Rather unimportant	15	11.2
Neutral important	61	45.5
Rather important	44	32.8
Next important	6	4.5
Most important	1	0.7
Total	134	100.0
Help patient take medicine and perform therapy when supposed to		
Next least important	1	0.7
Rather unimportant	23	17.2
Neutral important	43	32.1
Rather important	55	41.0
Next important	8	6.0
Most important	4	3.0
Total	134	100.0
When getting drugs intravenously, regularly examine the speed of solution flow and the area		
Least important	1	0.7
Next least important	5	3.7
Rather unimportant	20	14.9
Neutral important	43	32.1
Rather important	46	34.3
Next important	13	9.7
Most important	6	4.5
Total	134	100.0

Table 4.3 Monitors and Follows through

38

Majority (59%) of the respondents perceived that the behavior of the nurse *knowing when to call the doctor* was neutral important. 28.4% reported that *knowing how to give injections* by the nurse was a behaviour which was next important, *demonstrating professional competency* was a behaviour perceived to be neutral important by 42.5% of the respondents. *Being calm* was also perceived as neutral important by 41.8% of the respondents (Table 4.3).

4.1.5. Trusting Relationship (TR)

4.1.5.1 Offers reasonable alternatives to patients, such as choice of appointment times, bath times

Offers reasonable alternatives' to patients-
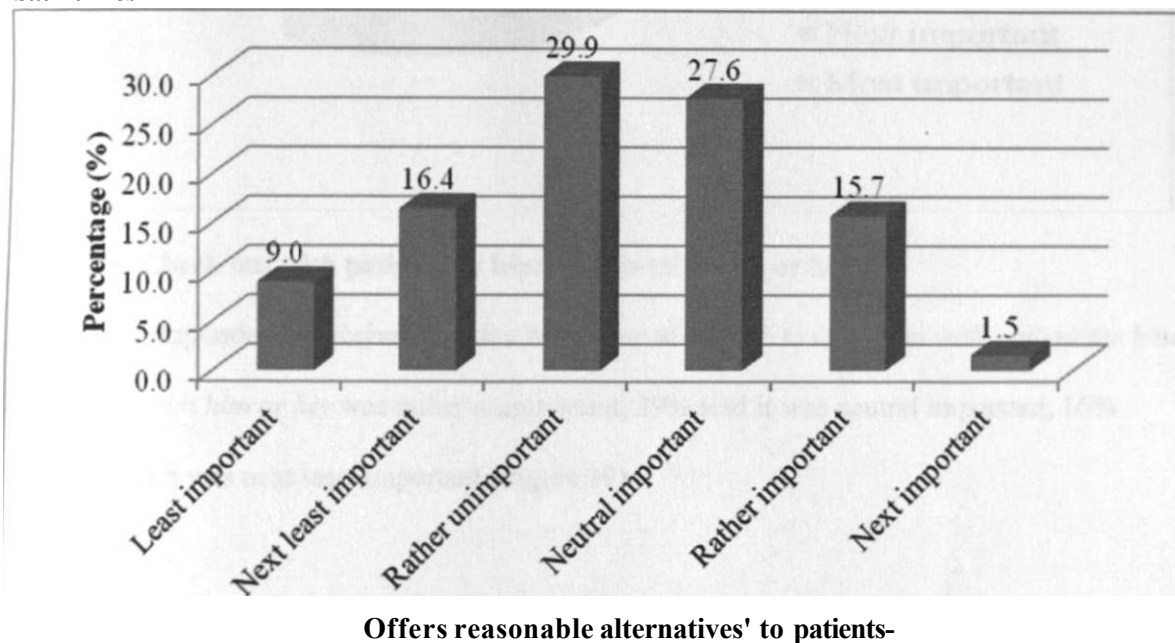
Figure 18. Offers reasonable alternatives to patients

29.9% of the respondents perceived that *offering reasonable alternatives to patients, such as choice of appointment times, bath times* by the nurse is rather unimportant, 27.6% said it was neutral important, 16.4% reported it was next least important (Figure 18).

39

4.1.5.2 Check out with patient the best time to talk with or her

1 %

Least important
Next least important
Rather unimportant
Neutral important
Rather important
Next important
Most important
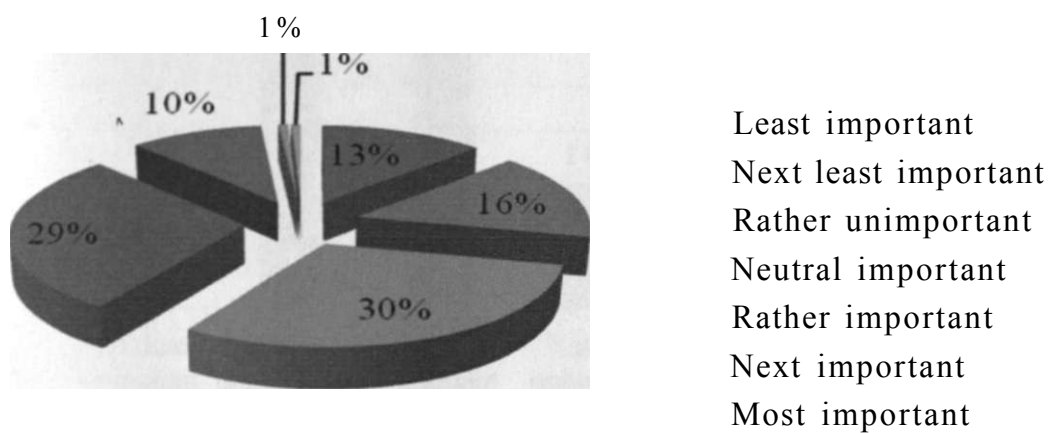
Figure 19. Check out with patient the best time to talk with or her

30% of the respondents perceived that the behaviour of a nurse *to check out with patient the best time to talk with him or her* was rather unimportant, 29% siad it was neutral important, 16% reported that it was next least important (Figure 19).

4.1.5J Help the patient clarify his or her thinking in regard to his/her diseases and treatment
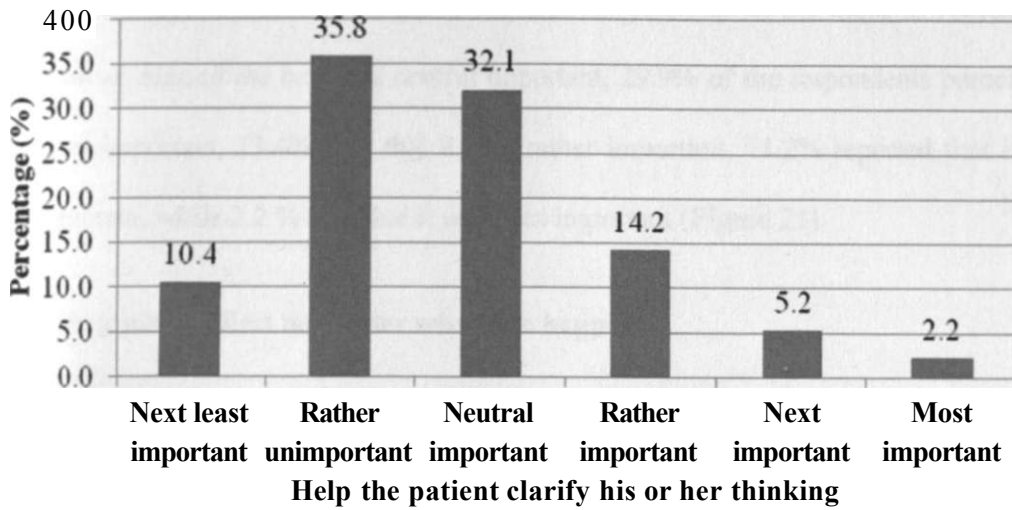
Figure 20. Help the patient clarify his or her thinking

35.8% of the respondents perceived that *help the patient clarify his or her thinking in regard to his/her diseases and treatment* was rather unimportant, 32.1% reported that it was neutral important, 11.2% said that it was rather important, 3.2% perceived that it was next important awhile 2.2. % said that it was most important (Figure 20).

4.1.5.4 Realizes that the patient knows himself the best

- Most important
- Next important
- Rather important
- Neutral important
- Rather unimportant
- Next least important
- Least important
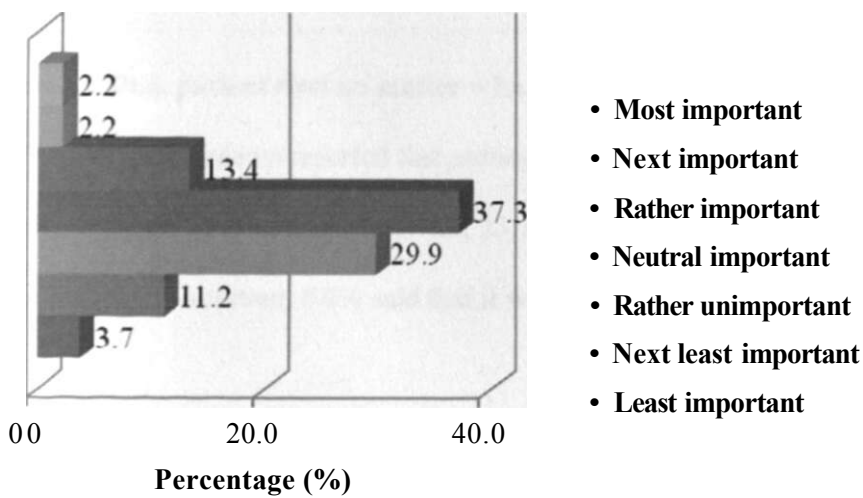
Figure 21. Realizes that the patient knows himself the best

A number of respondents (37.5%) perceived that the behavior of the nurse *to realizes that the patient knows himself the best* was neutral important, 29.9% of the respondents perceived that it was rather important, 13.4% said that it was rather important, 11.2% reported that it was next least important, while 2.2 % said that it was next important (Figure 21).

4.1.5.5 Puts patient first no matter what else happens
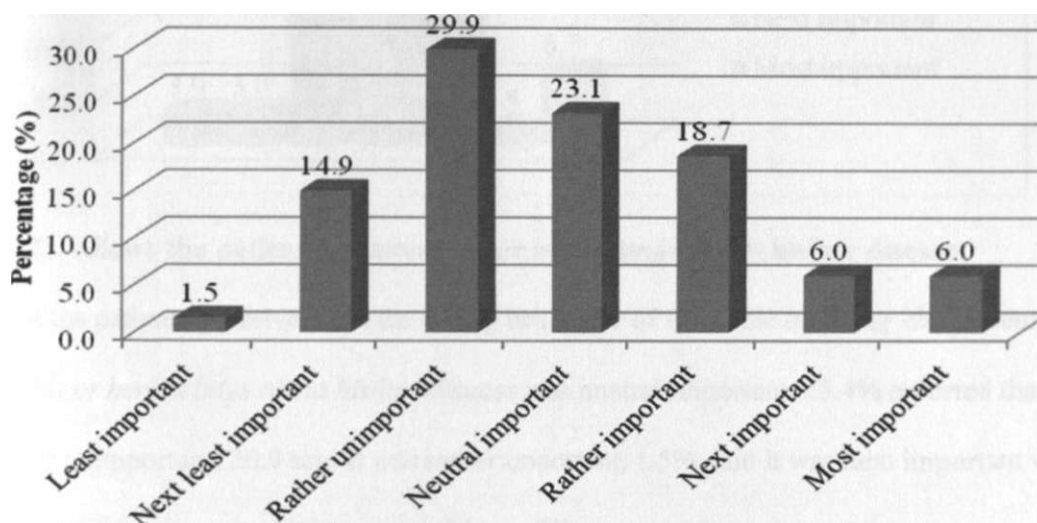
Puts- patient first no matter what else happens

Figure 22. Puts patient first no matter what else happens

29,9% of the respondents reported that *putting patient first no matter what else happens* was a behaviour which was rather unimportant, 23.1% said it was neutral important, 18.7% reported that it was rather imprtant, 6.0% said that it was next important (Figure 22)

4.1.5.6 Allows the patient to express his or her feelings about his/her disease
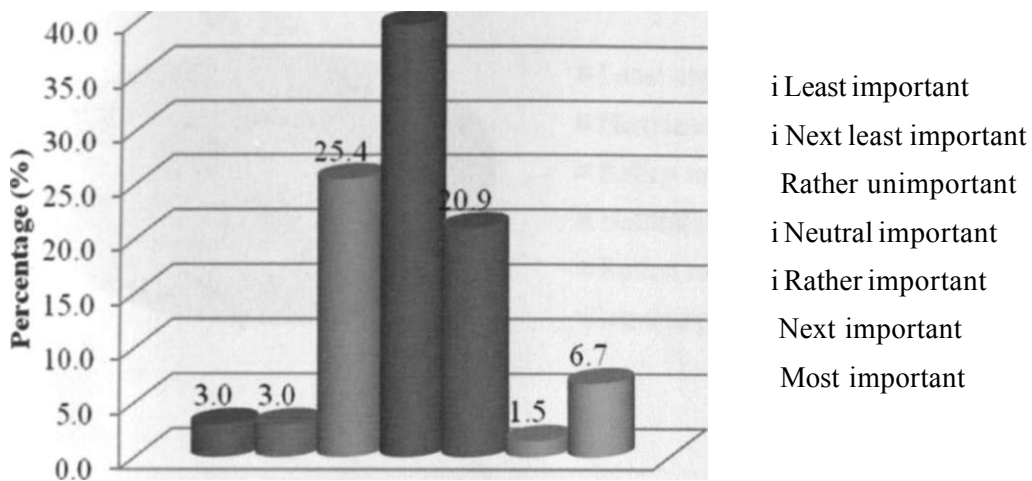
Figure 23. Allows the patient to express his or her feelings about his/her disease

39.6% of the patients perceived that the caring behaviour of the nurse *allowing the patient to express his or her feelings about his/her disease* was nuetral important, 25.4% reported that it was rather unimportant, 20.9 said it was rather important, 1.5% said it was next important while 6.7% reported that it was most important (Figure 23).

4.1.5.7 Have consistent approach with the patient

3% *2%*

- Least important
- Next least important
- Rather unimportant
- Neutral unportant
- Rather important
- Next unportant
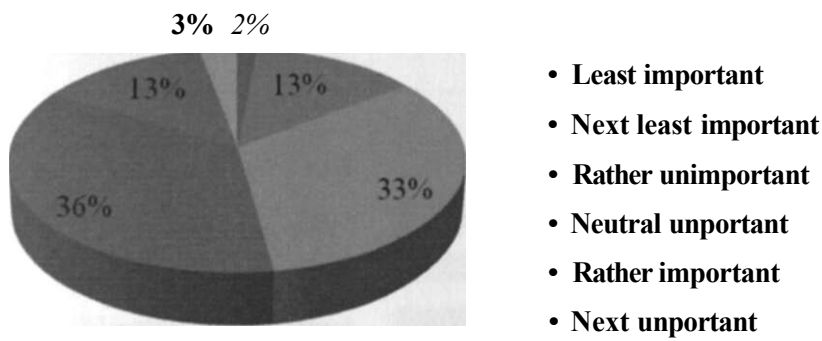
Figure 24. Have consistent approach with the patient

Thirty six percent (36%) of the respondents reported that *having consistent approach with patient* was neutral important, 33% said that it was rather unimportant, 13% said that it was rather important (Figure 24).

4.1.5.8 **Adresses patient properly and makes him/her feel respected**
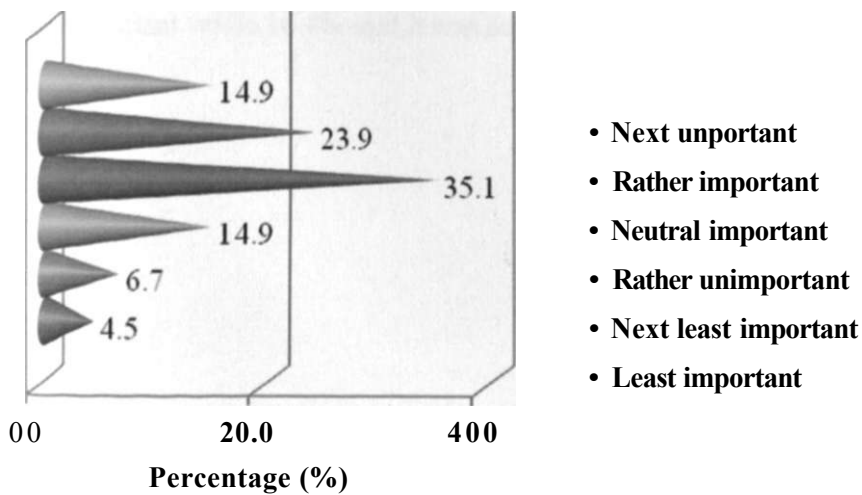
- Next unportant
- Rather important
- Neutral important
- Rather unimportant
- Next least important
- Least important

Percentage (%)

Figure 25. Adresses patient properly and makes him/her feel respected

44

Most of the respondents (35.1 %) felt that *adressing patient properly and makes him/her feel respected* was neutral important while 23.9% said it was rather important (Figure 25).

4.1.5.9 Respects patient privacy and keep medical status privileged

Figure 26 bar chart data:
- Most important: 0.7
- Next important: 16.4
- Rather important: 38.8
- Neutral important: 35.1
- Rather unimportant: 3.7
- Next least important: 3.0
- Least important: 2.2

Percentage (%)
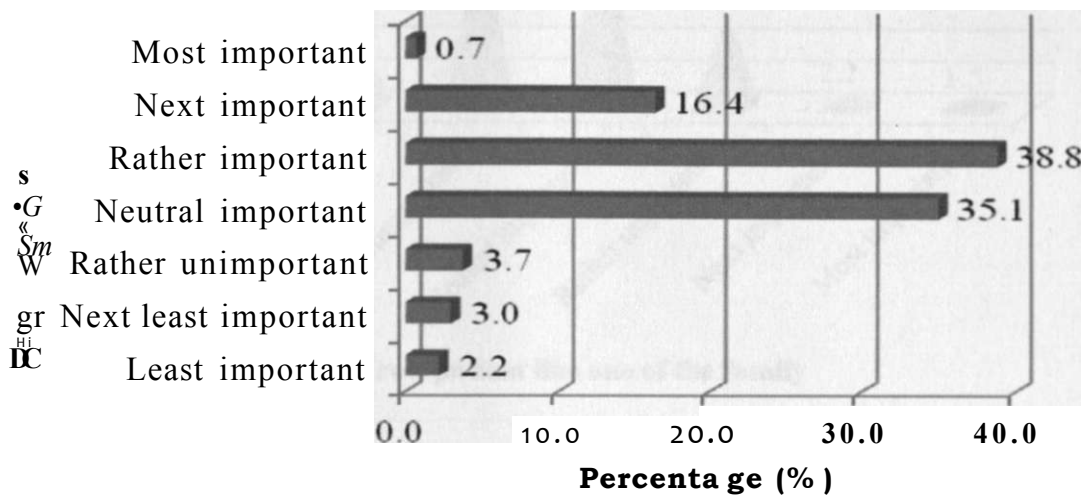
Figure 26. Respects patient privacy and kee medical status privileged

Thirty eight point eight precent (38.8%) of the respondents said that it was rather important for a nurse to *respect patient privacy and keep medical status privileged,* 35.1% said that it was neutral important while 16.4% said it was next important (Figure 26).

4.1.5.10 Treat patient like one of the family

Treat patient like one of the family
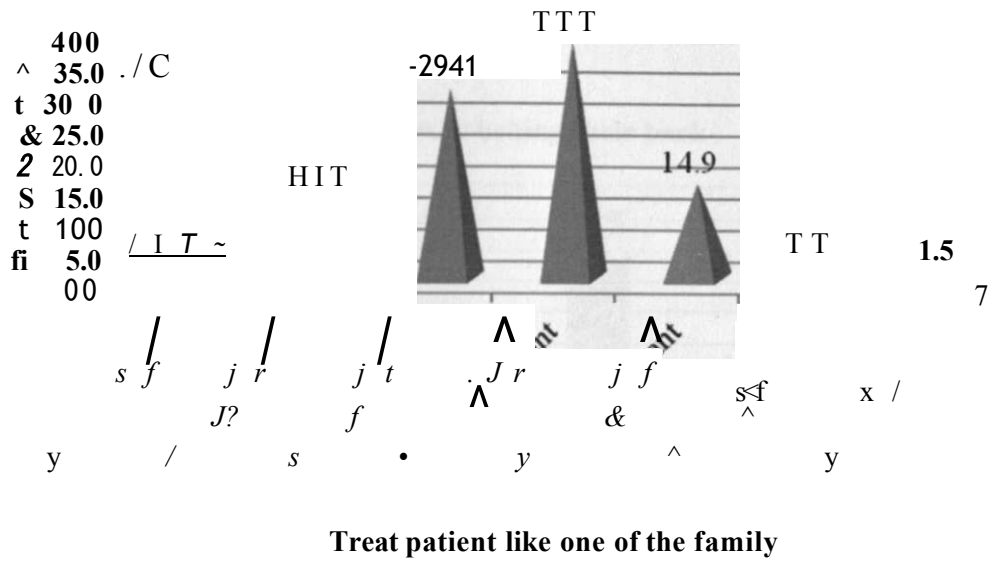
Figure 27. Treat patient like one of the family

Thirty seven point three percent (37.3%) of the respondents reported that *treating patient like one of the family* was neutral important, 29.9% said it was rather unimportant(Figure 27).

4.1.5.11 Keep promises and explains when they are broken
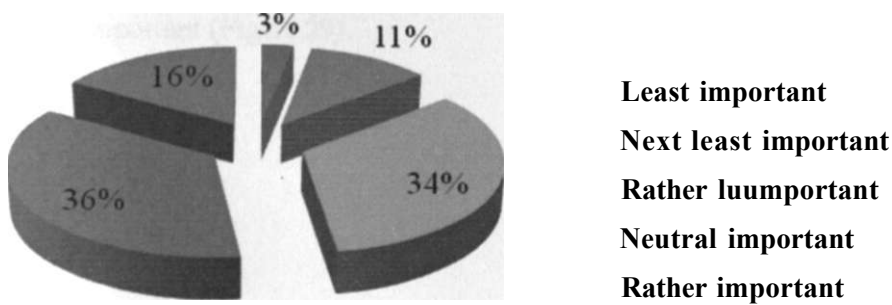
Least important
Next least important
Rather luumportant
Neutral important
Rather important

Figure 28. Keep promises and explains when they are broken

46

Thirty six percent (36%) of the respondents reported that *keeping promises and explains when they are broken* was neutral important, 34% reported that was rather unimportant while 16% said that was rather important (Figure 28).

4.13.11 Avoid critisizing patient or family behing their back
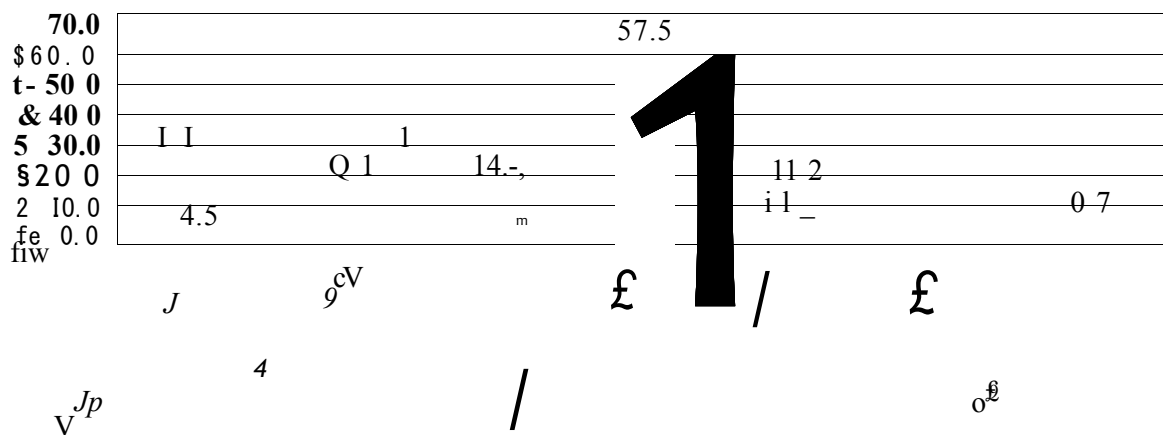
Avoid critisizing patient or family behing their back

Figure 29. Avoid critisizing patient or family behing their back

More thatn half (57.5%) of the patients the nurses'behaviour of *avoiding critisizing patient or family behing their back* as neutral important, 14.2% felt it was rather unimportamt, 11.2% said it was rather important (Figure 29).

4.1.5.13 Still takes time with patient even when too busy or about to go home

Least important
Next least important
Rather unimportant
Neutral important
Rather important
Next important
Most important
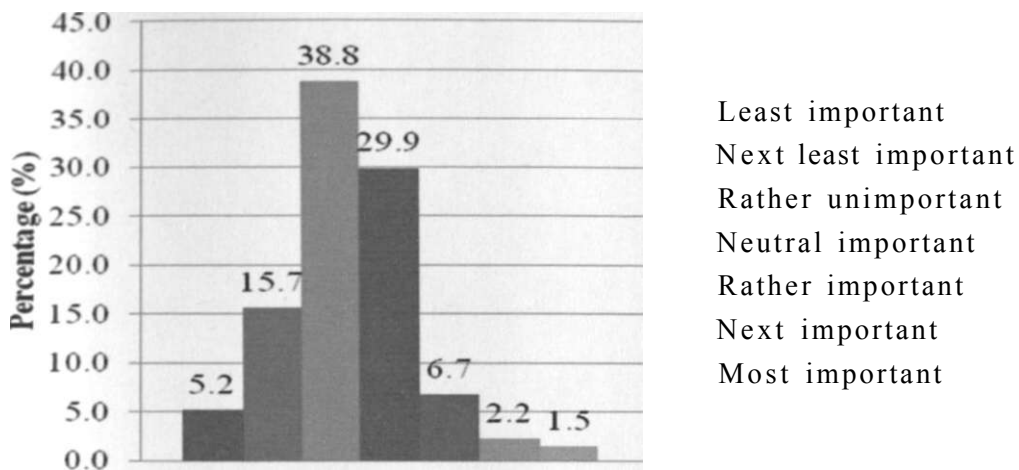
Figure 30. Still takes time with patient even when too busy or about to go home

Thirty eight point eight percent (38.8%) of the respondents reported that the caring behaviour of the nurses where they *takes time with patient even when too busy or about to go home* was rather unimportant, 29.9% said it was neutral important, 6.7% said it was rather important (Figure 30).

4.1.5.14 Encourages patient to speak freely
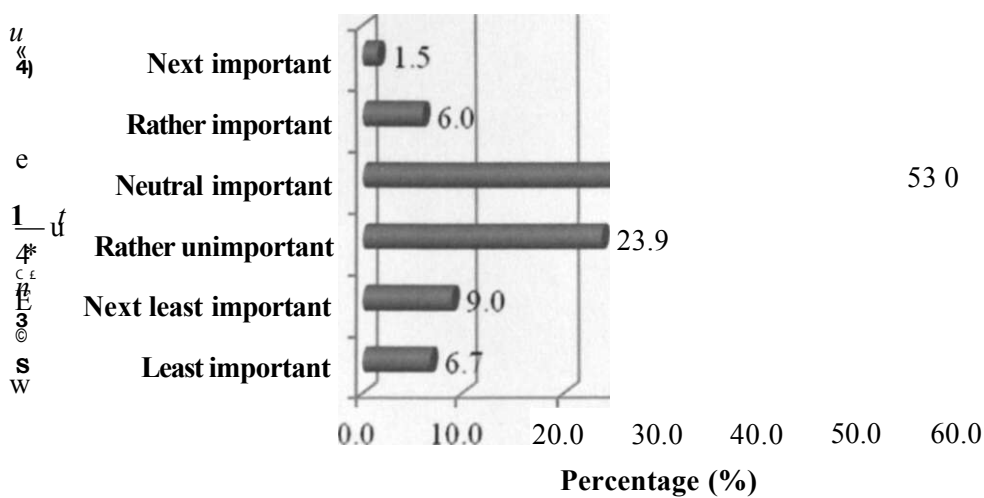
Figure 31. Encourages patient to speak freely

48

More that half (53%) of the respondents reported that *encouraging patient to spek freely*

neutral important, 23.9% said it was rather unimportant (Figure 31).

4.1.6 Accessible **(ACC)**

Table 4.4 Accessible (ACC)

Variable	Frequency(n = 134)	Percentage (%)
Check on patient frequently		
Least important	3	2.2
Next least important	1	0.7
Rather unimportant	16	11.9
Neutral important	21	15.7
Rather important	32	23.9
Next important	46	34.3
Most important	15	**11.2**
Total	**134**	**100.0**
Gives patient treatments and medication on time		
Next least important	3	2.2
Rather unimportant	13	9.7
Neutral important	42	31.3
Rather important	48	35.8
Next important	17	12.7
Most important	11	8.2
Total	**134**	**100.0**
Encourages patient to call if he/she has problems		
Least important	4	3.0
Next least important	3	2.2
Rather unimportant	41	30.6
Neutral important	53	39.6
Rather important	24	17.9
Next important	7	5.2
Most important	2	1.5
Total	**134**	**100.0**
Readily available to the patient and his / her family	Frequency	Valid Percent
Least important	1	0.7
Next least important	2	1.5
Rather unimportant	13	9.7
Neutral important	77	57.5
Rather important	27	20.1
Next important	13	9.7
Most important	1	0.7
Total	**134**	**100.0**

4.1.6.1 Accessible (ACC)

Table 4.4 Accessible (ACC)

Variable	Frequency (n = 134)	Percentage (%)
Does voluntary little things e.g. bringing a glass of water		
Least important	22	16.4
Next least important	40	29.9
Rather unimportant	37	27.6
Neutral important	30	22.4
Rather important	4	3.0
Next important	1	0.7
Total	**134**	**100.0**
When patient calls response immediately		
Least important	1	0.7
Next least important	5	3.7
Rather unimportant	28	20.9
Neutral important	62	46.3
Rather important	22	16.4
[1] Next important	15	11.2
Most important	1	0.7
Total	**134**	**100.0**

Thiety four point three percent (34.3%) of the patients reported that *checking on patient frequently* was next important, 35.8% said that *giving patient treatments and medication on time* was rather important, 39.6% said that *encouraging patient to call if he/she has problems* was neutral important, 57.5% reported that *being readily available to the patient and his/her family* was neutral important, 29.9% said that *doing voluntary little things e.g. bringing a glass of water* was next least important while *responding quickly when the patient calls* was perceived to be neutral important by 46.3% of the respondents (Table 4.4).

4.2 STUDY RESULTS FOR STUDENT NURSES

4.2.1 (a) Anticipates (ANT)

4.2.1.1 Anticipates first time

Rather important
Next important
Most important
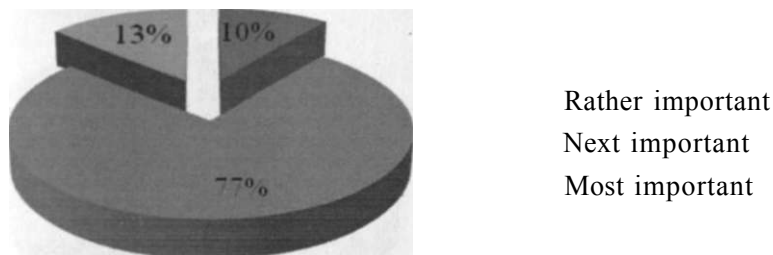
Figure 1. Anticipates that the first time is the hardest

Majority of the students (77%) perceived that a nurse behaviour of *anticipating the first time as the hardest and pays special attention to patient* was next important, 13% said it was most important while 10% said it was rather important (Figure 1).

4.2.1.2 Anticipates the patient's and his/her family shock over his/her^diagnosis
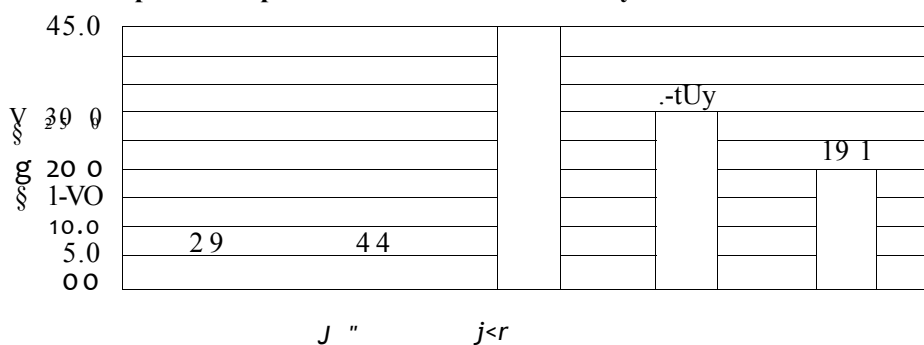
Anticipates the patient's and his/her family's shock

Figure 2. Anticipates the patient's and his/her family's shock over his/her diagnosis

52

42.6% of the respondents perceived the behaviour of *anticipating the patient's and his/her family's shock over his/her diagnosis* by the nurse was rather important (Figure 2).

4.2.1 J Perceptive of patient's needs and plans and acts accordingly

- **Least important**
- **Neutral important**
- **Rather important**
- **Next important**
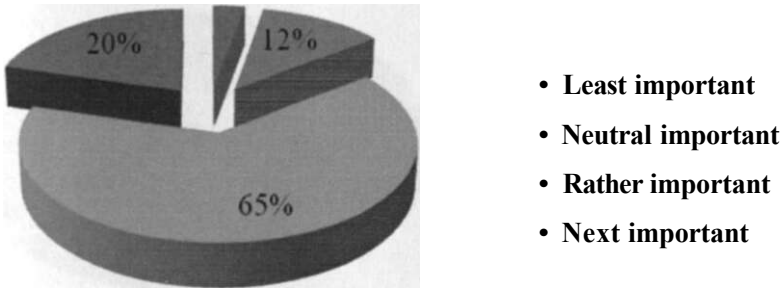
Figure 3. Perceptive of patient's needs and plans and acts accordingly

Majority (65 %) of the respondents perceived that the fact of a nurse *being perceptive of patient's needs and plans and acts accordingly* was rather important (Figure 3).

4.2.1.4 Know when the patient had enough and act accordingly e.g. rearrange examination

Next important   20 *6*

2 Rather important   H **I** _ 5

g Neutral important   F   5 9
US

0.0   200   400   600   **so 0**
Percentage (*/•)
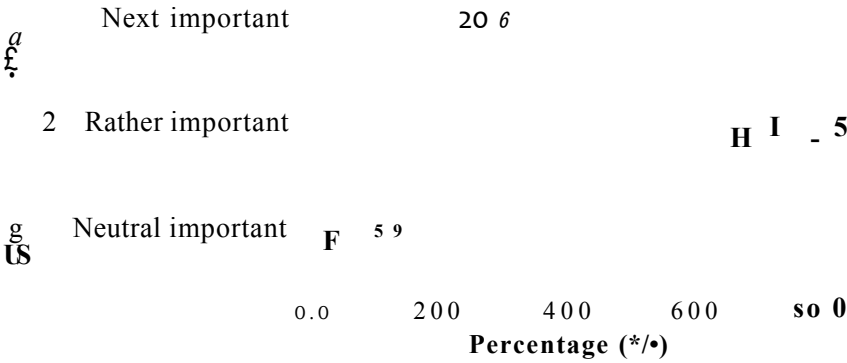
Figure 4. Know when the patient had enough and act accordingly

Majority (73.5 %) of the respondents perceived that the nurse *knowing when the patient had had enough and act accordingly* is rather important, 20.6% felt that it was next important (Figure 4).

4.2.1.5 Check condition (health status) without being told

- **Next least important**
- **Rather unimportant**
- **Neutral important**
- **Rather important**
- **Next important**
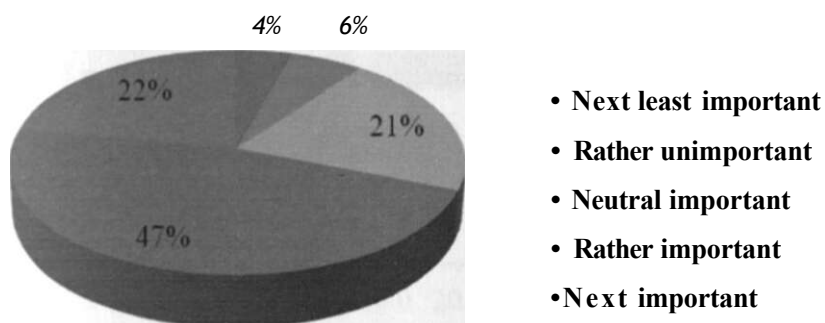
Figure 5. Check condition health status without being told

A significant number (46 %) of respondents perceived that *checking the condition of patient without being told* was rather important, 22% said it was next important, 21% reported that it was neutral important, 6 % said that it was rather unimportant, while 4 % said that it was next least important (Figure 5).

4.2.2 (b) Explains and Facilitates (E& F)

4.2.2.1 Tells patient of support systems available, such as self help groups
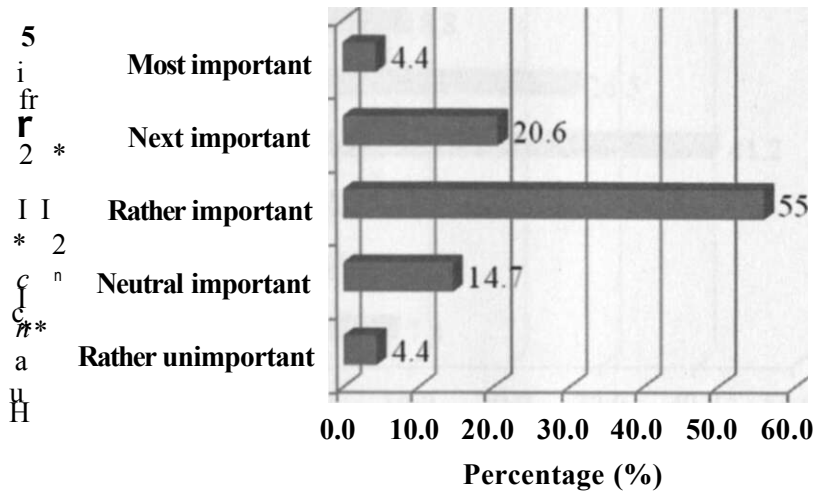
Figure 6 : Tells patient of support systems available

Over half (55.9%) of the respondents reported that *telling patients of support systems available, such as self help groups* was rather important, 20.6 % said that it was next important, 14.7 % reported that it was neutral important, 4.4 % said that it was most important, while another 4.4% said it was rather unimportant (Figure 6).

4.2.2.2 Suggest questions for patient to ask his/her doctor
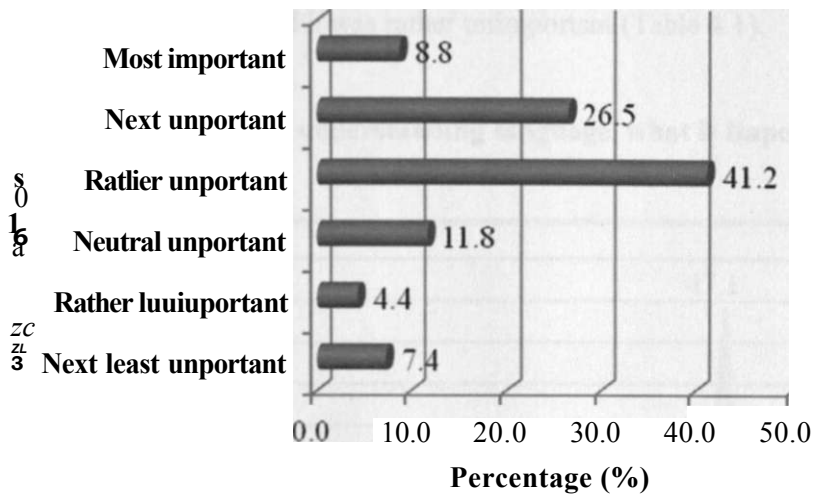
Figure 7: Suggest questions for patient to ask his/her doctor

41.2 % of the respondents reported that the behaviour of a nurse *suggesting questions for patient to ask his/her doctor* was rather important, 26.5 % reported that it was next important, 11.3 % said that it was neutral important, 8.8% reported that it was most important (Figure 7).

4.2.2.3 Is honest with patient about his/her medical condition

Variable	Frequency	Percent
Rather unimportant	2	2.9
Neutral important	3	4.4
Rather important	32	47.1
Next important	8	11.8
Most important	23	33.8
Total	68	100.0

Table §. Honest with patient about his/her medical condition

Many (47.1 %) of the respondents reported that the behaviour of a nurse *being honest with patient about his or her medical condition* was rather important, 21.6% felt that it was rather important, while 16.4% said it was rather unimportant (Table 4.1).

4.2.2.4 Tells the patient in understanding language, what is important to know about
his/her disease
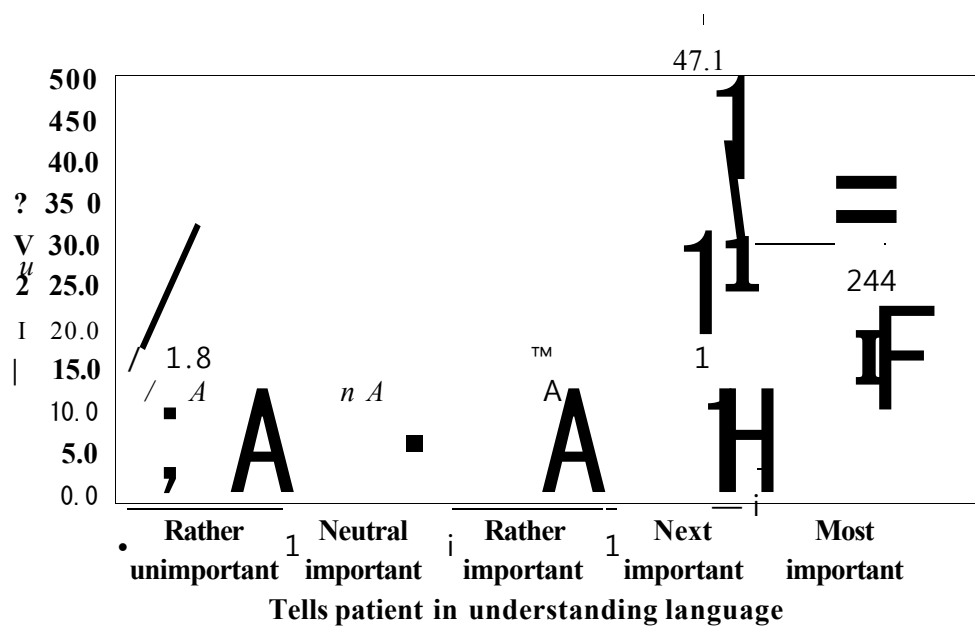
Figure 8: Tells patient in understanding language

The behaviour of a nurse *telling patient what is important to know about his or her disease and treatment in an understanding language* was neutral important according to 44 % of the respondents. 25.4% said it was rather important, 10.4% reported that it was rather unimportant (Figure 8).

4.2.2.5 Does advocacy for the patient
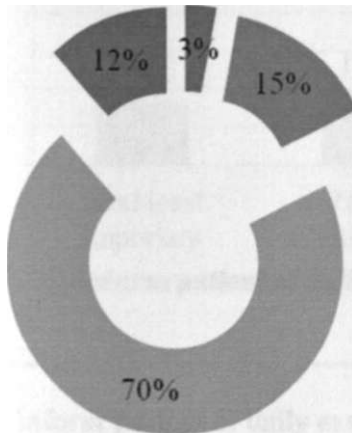
- **Rather unimportant**
- •Neutral important
- **Rather important**
- **Next miport ant**

Figure 9: Does advocacy for the patient

A large proportion of respondents (70 %) perceived that the behaviour of the nurse *doing*

advocacy for the patient was rather important while another 15 % of the respondents felt it was

neutral important. 18% said it was rather unimportant, 12% reported that it was next important

(Figure 9).

4.2.2.6 Inform patient of daily examination, therapy and nursing care plans
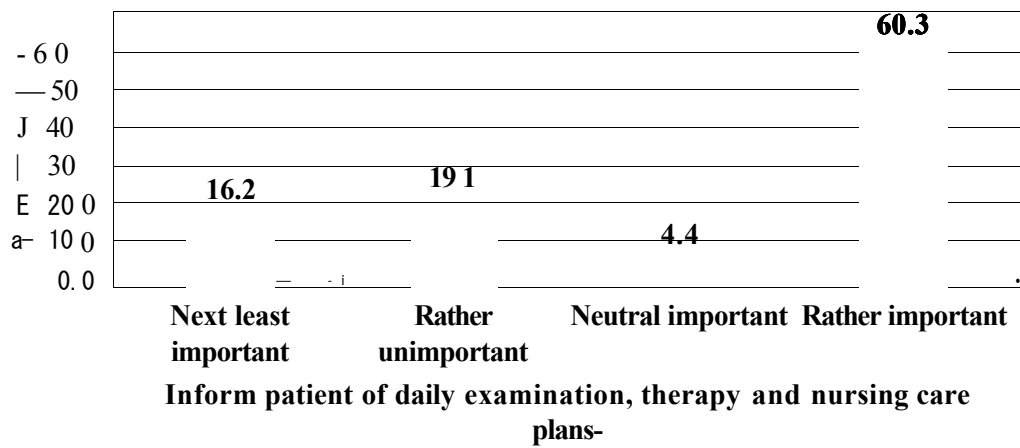
Figure 10. Inform patient of daily examination

Most (60.3 %) perceived that the nurses' behaviour of informing *patient of daily examinations,*

therapy and nursing plans was rather important (Figure 10).

4.2.3 Comforts (C)

4.2 J. 1 Provides basics comfort measures
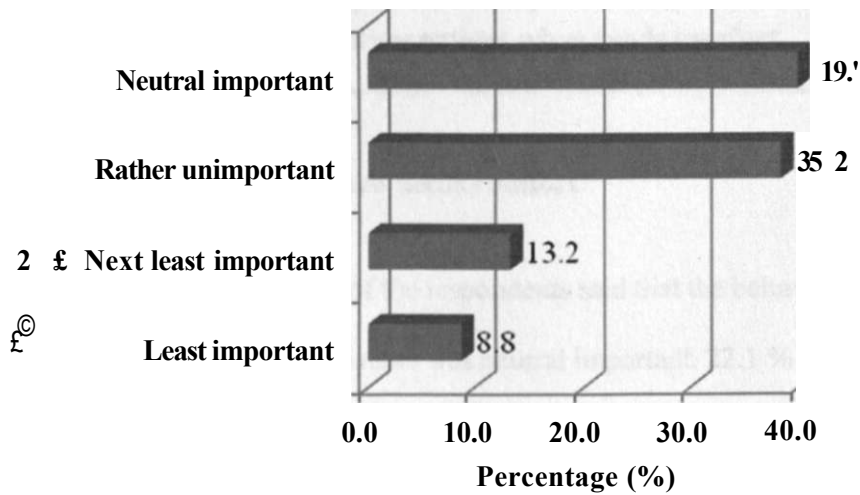
Figure 11. Provides basics comfort measures

59

Thirty eight point two (38.2%) of the respondents perceived that *providing basics comfort measures such as appropriate lighting, control of noise and adequate blankest* was rather important (Figure 11).

4.23.2 Touches patient when needs comfort
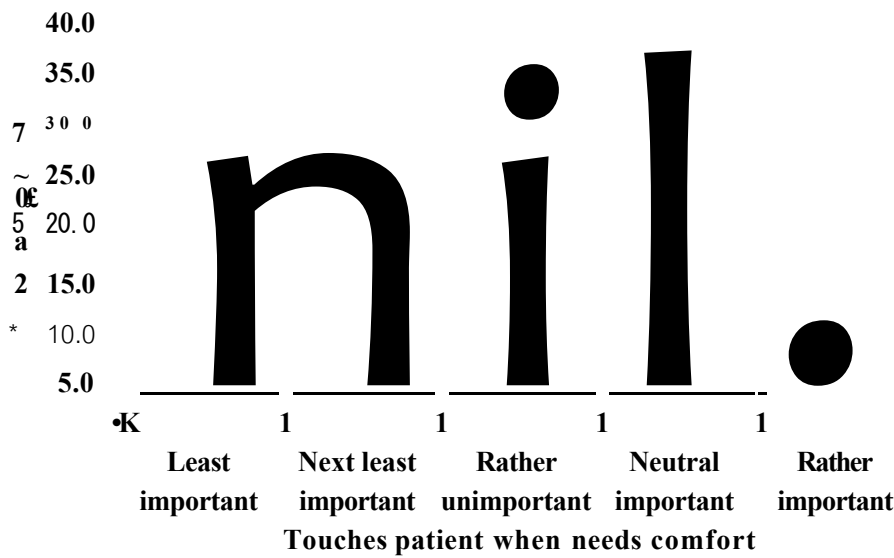
Figure 12. Touches patient when needs comfort

Thirty five point three (35.3%) of the respondents said that the behaviour of a nurse *touching patient when she or he needs comfort* was neutral important. 22.1 % of the respondents reported that it was rather unimportant, (Figure 12).

60

4.2 J J Listens to the patient
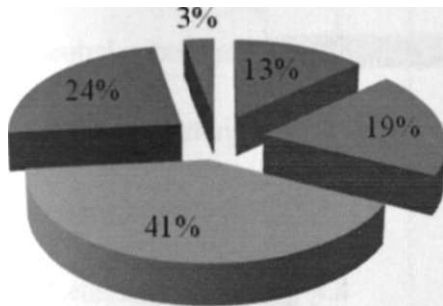
- **Next least important**
- **Rather unimportant**
- **Neutral important**
- **Rather important**
- **Next important**

Figure 13. Listens to the patient

Fourty one percent (41%) of the respondents reported that a nurses' behaviour of *listening to patient* was neutral important, 24 % said it was rather important, (Figure 13).

4.23.4 Involves the patient's family or significant others in his or her care

Table 6: Involves the patient's family or significant others in his or her care

Variable	Frequency	Percent
Rather unimportant	17	25.0
Neutral important	35	51.5
Rather important	4	5.9
Next important	12	17.6
Total	68	**100.0**

Slightly more than half (51.5 %) of the respondents reported that the behaviour of nurses *involving the patient's family or significant others in his or her care* was neutral important, 25.0% said it was rather important, (Table 4.2).

4.2J.5 Talks to the patient
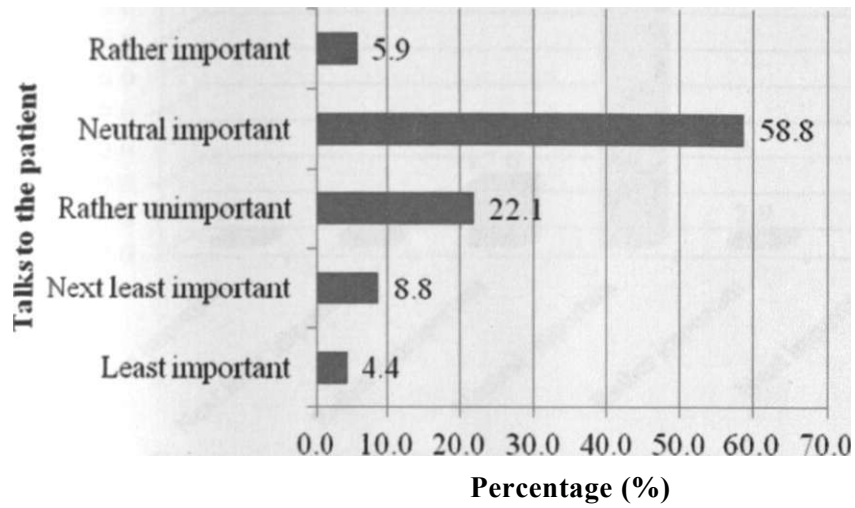
Figure 14. Talks to the patient

Slightly over half (58.8 %) of the respondents perceived that a nurse whose behaviour was *talking to patients* was neutral important. 22.1% reported that it was rather unimportant, 16.4% said it was rather important (Figure 14).

4.2J.6 Convey a sense of commitment and understanding to patients
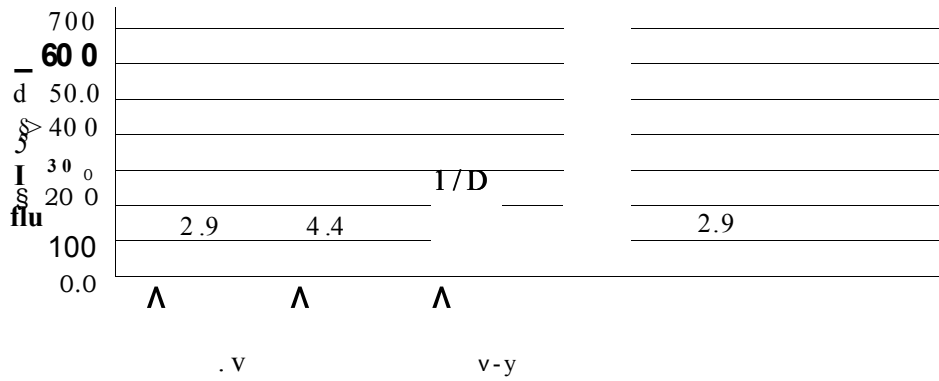
Convey a .sen.se of commitment anil understanding to patients-

Figure **15. Convey a sense of commitment**

Over half (67.6 %) of the respondents perceived that the behaviour of a nurse *conveying a sense of commitment and understanding to patients* was neutral important. (Figure 15).

4.23.7 **Wear a genuine smile**
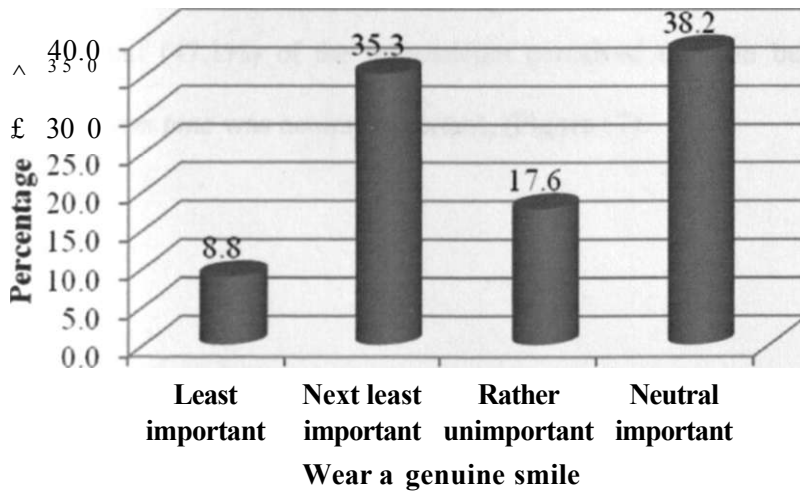
Figure **16. Wear a genuine smile**

63

Thirty eight point two (38.2 %) of the respondents reported that *wearing a genuine smile* by the nurse was neutral important, 35.3 % said it was next least important (Figure 16).

4.23.8 Have a concerned warm tone
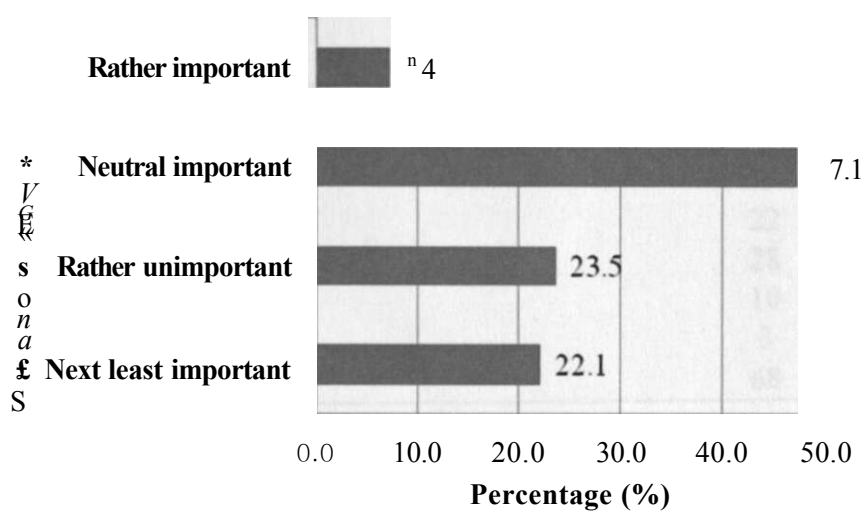
Figure 17. **Have a concerned warm tone**

More than half (47.1%) of the respondents perceived that the behaviour of a nurse *having concerned warm tone* was neutral important, (Figure 17).

4.2.4 Monitors and Follows through (M&F)

Variable	Frequency	Percentage (%)
Knows when to call the doctor		
Neutral important	7	10.3
Rather important	46	67.6
Next important	15	22.1
Total	**68**	**100.0**
Knows how to give injections		
Rather unimportant	13	19.1
Neutral important	19	27.9
Rather important	33	48.5
Next important	3	4.4
Total	**68**	**100.0**
Demonstrates professional competency		
Least important	3	4.4
Next least important	2	2.9
Rather unimportant	22	32.4
Neutral important	28	41.2
Rather important	10	14.7
Next important	3	4.4
Total	**68**	**100.0**
To be calm		
Least important	3	4.4
Next least important	17	25.0
Rather unimportant	3	4.4
Neutral important	40	58.8
Next important	5	7.4
Total	**68**	**100.0**
To be organized		
Least important	3	4.4
Next least important	12	17.6
Rather unimportant	16	23.5
Neutral important	37	54.4
Total	**68**	**100.0**

4.2.4 Monitors and Follows through (M&F)

Variable	Frequency	Valid Percent
Take action immediately		
Next least important	2	2.9
Rather unimportant	29	42.6
Neutral important	32	47.1
Rather important	3	4.4
Next important	2	2.9
Total	**68**	**100.0**
Help patient take medicine		
Next least important	17	25.0
Rather unimportant	13	19.1
Neutral important	20	29.4
Rather important	11	16.2
Next important	7	10.3
Total	**68**	**100.0**
When getting drugs intravenously		
Next least important	6	8.8
Rather unimportant	19	27.9
Neutral important	24	35.3
Rather important	16	23.5
Next important	3	4.4
Total	**68**	**100.0**

Table 7. Monitors and Follows through (M&F)

Majority (67%) of the respondents perceived that the behavior of the nurse *knowing when to call the doctor* was neutral important. 48.5 % reported that *knowing how to give injections* by the nurse was a behaviour which was next important, *demonstrating professional competency* was a behaviour perceived to be neutral important by 41.2% of the respondents. (Table 4.3).

4.2.5 Trusting Relationship(TR)

4.2.5.1 Offers reasonable alternatives to patients, such as choice of appointment times, bath times
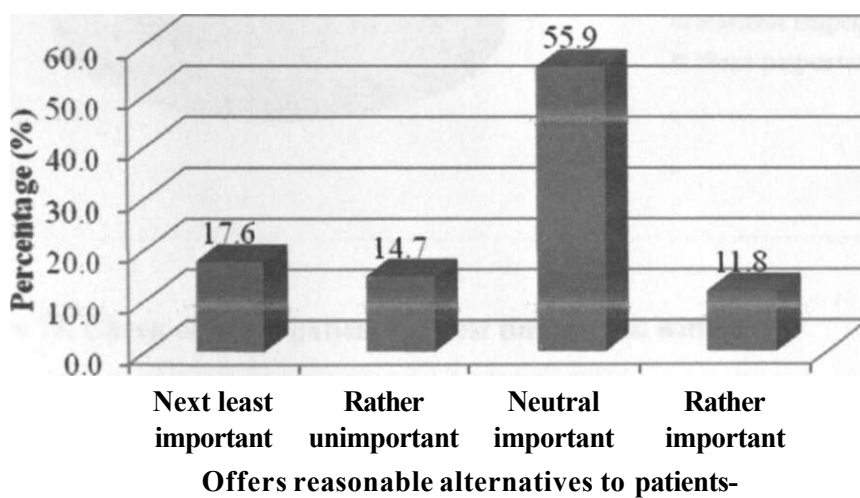
Figure 18. Offers reasonable alternatives to patients

Slightly over half (55.9%) of the respondents perceived that *offering reasonable alternatives U patients, such as choice of appointment times, bath times* by the nurse was neutral important (Figure 18).

4.2.5.2 Check out with patient the best time to talk with or her

4°o
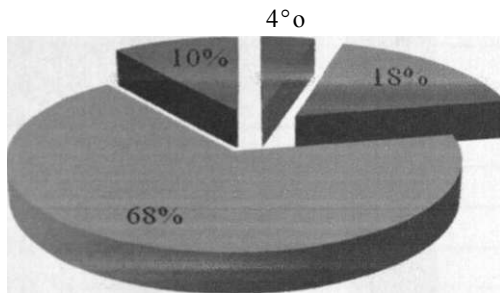
- Next least important
- Rather luumportant
- Neutral important
- Next unpoitant

Figure 19. Check out with patient the best time to talk with or her

Majority (68 %) of the respondents perceived that the behaviour of a nurse to *check out with patient the best time to talk with him or her* was neutral unimportant, 18 % siad it was rather unimportant, (Figure 19).

4.2.5.3 Help the patient clarify his or her thinking in regard to his/her diseases and treatment
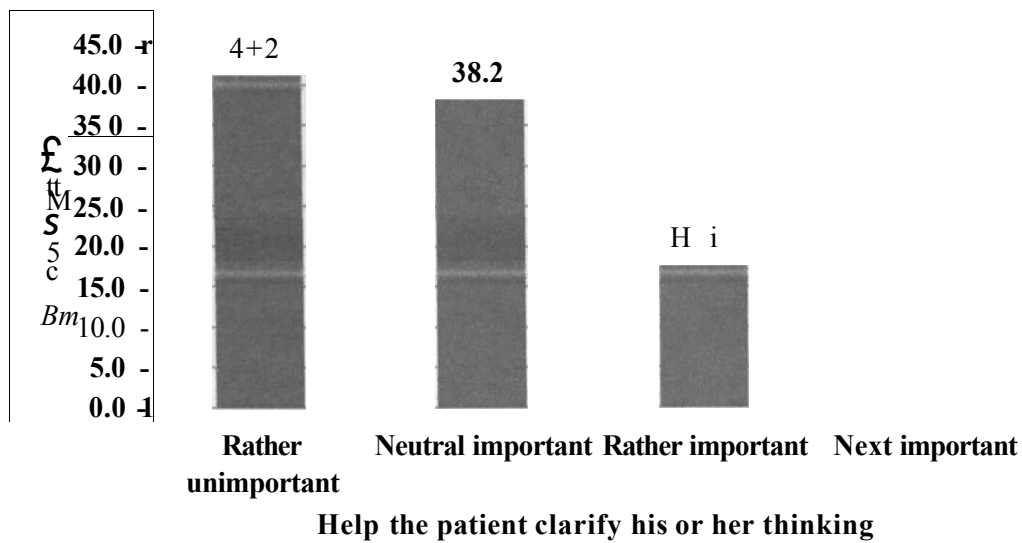
Figure 20. Help the patient clarify his or her thinking

Many of respondents (41.2 %) perceived that help *the patient clarify his or her thinking in regard to his/her diseases and treatment* was rather unimportant, 38.2 % reported that it was neutral important, (Figure 20).

4.2.5.4 Realizes that the patient knows himself the best
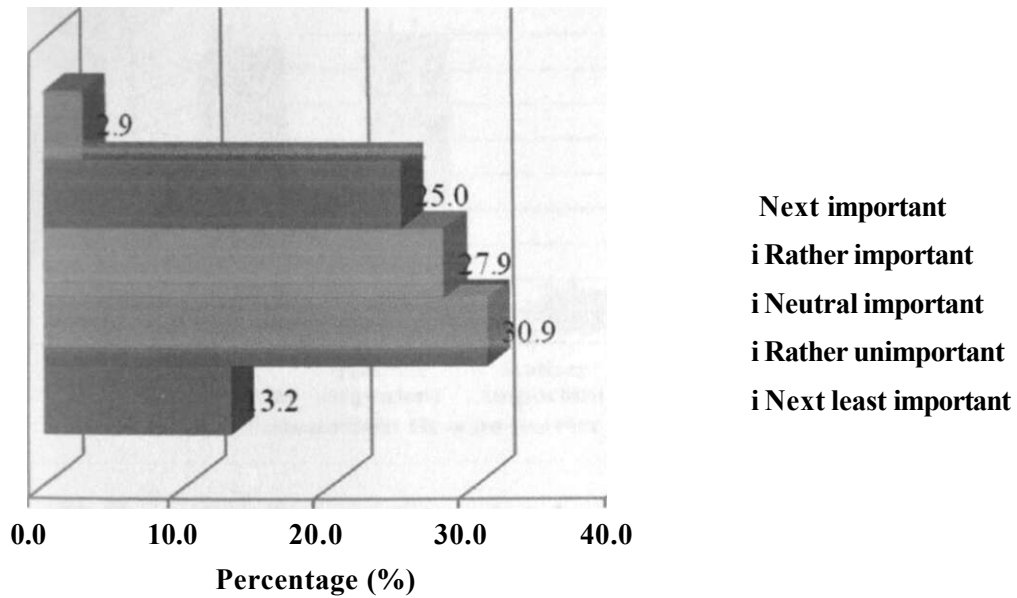
Figure 21. Realizes that the patient knows himself the best

A number of respondents (30.9 %) perceived that the behavior of the nurse to *realize that the patient knows himself the best* was **rather unimportant, 27.9% of the respondents perceived that it was neutral important, (Figure 21).**

4.2.5.5 Puts patient first no matter what else happens
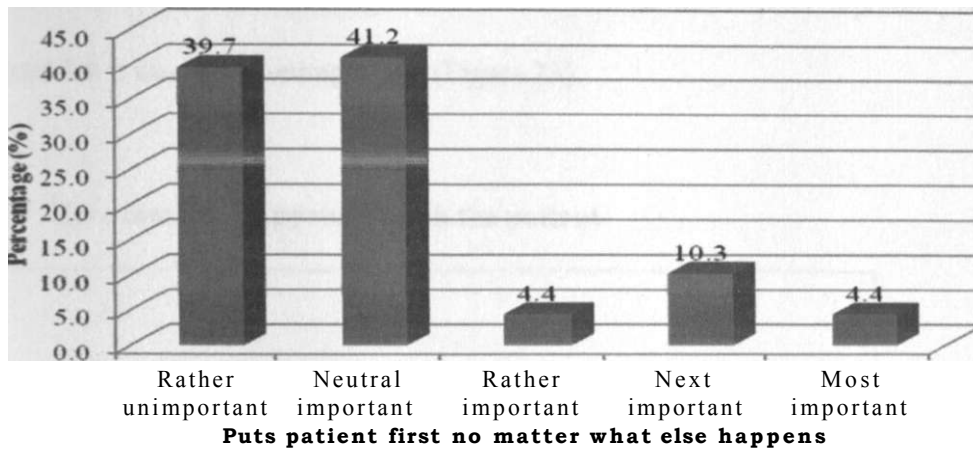
Figure 22. Puts patient first no matter what else happens

Thirty nine point seven patients (39,7%) reported that *putting patient first no matter what else happens* is a behaviour which was rather unimportant, 41.2% said it was neutral important, (Figure 22).

4.2.5.6 Allows the patient to express his or her feelings about his/her disease
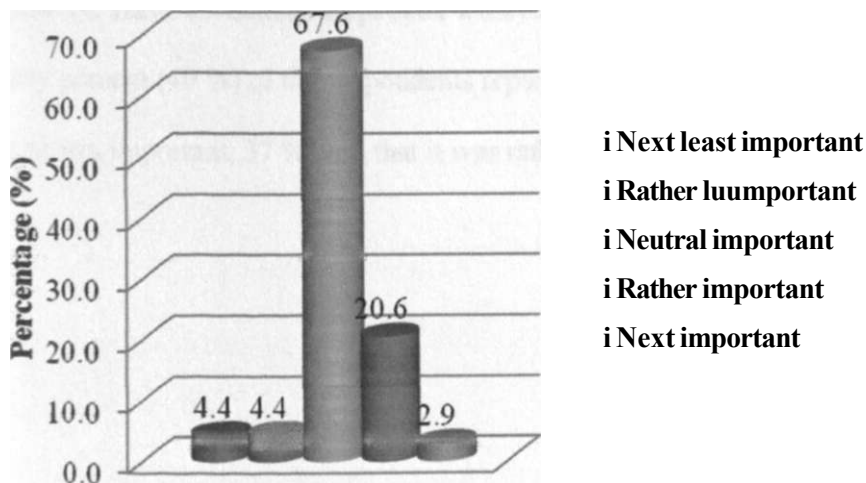
Figure 23. Allows the patient to express his or her feelings about his/her disease

Majority of the patient (67.6%) perceived that the caring behaviour of the nurse *allowing the pa: lent to express his or her feelings about his/her disease* was nuetral important, 20.6 % reported that it was rather unimportant, (Figure 23).

4.2.5.7 Have consistent approach with the patient

- Least important
- Next least important
- Rather unimportant
- Neutral important
- Rather important
- Next important
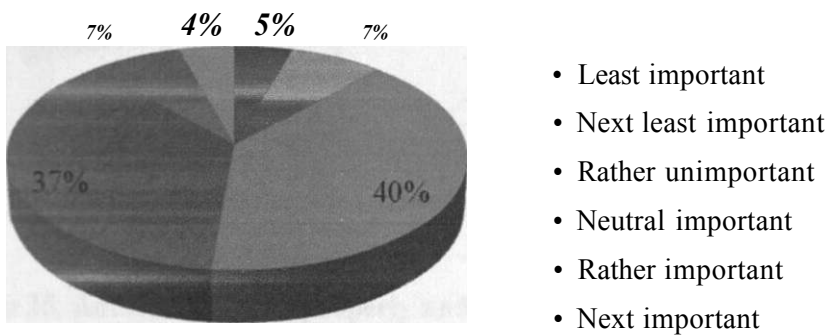
Figure 24. Have consistent approach with the patient

Fourty percent (40 %) of the respondents reported that having *consistent approach with patient* was neutra important, 37 % said that it was rather important, (Figure 24).

4.2.5.8 Adresses patient properly and makes him/her feel respected
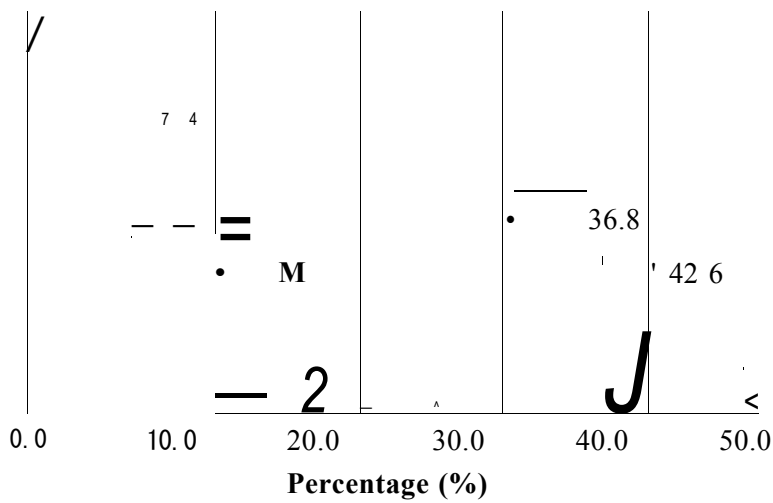
Figure 25. Adresses patient properly and makes him/her feel respected

Many respondents (42.6%) felt that *adressing patient properly and makes him her feel respected*
was neutral important while 36.8% said it was rather important (Figure 25).

4.2.5.9 Respects patient privacy and kee medical status privileged
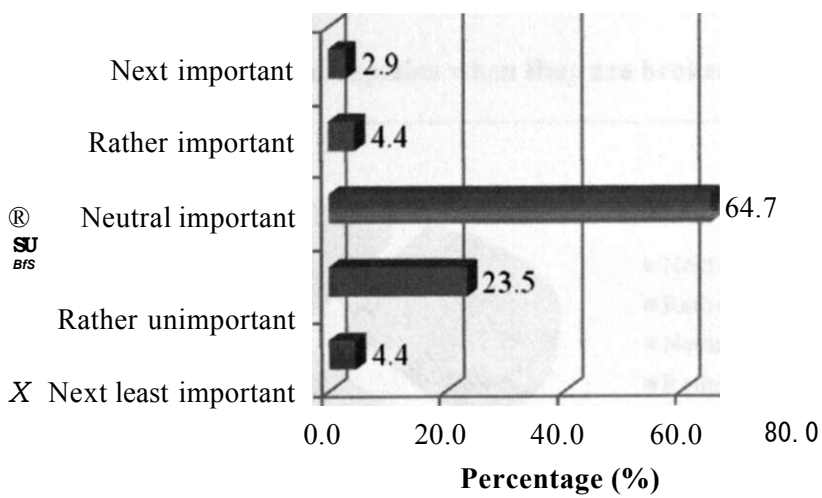
Figure 26. Respects patient privacy and kee medical status privileged

Majority of the respondents (64.7 %) said that it was neutral important for a nurse *to respect patient privacy and kee medical status privileged,* (Figure 26).

4.2.5.10 Treat patient like one of the family

Treat patient like one of the family
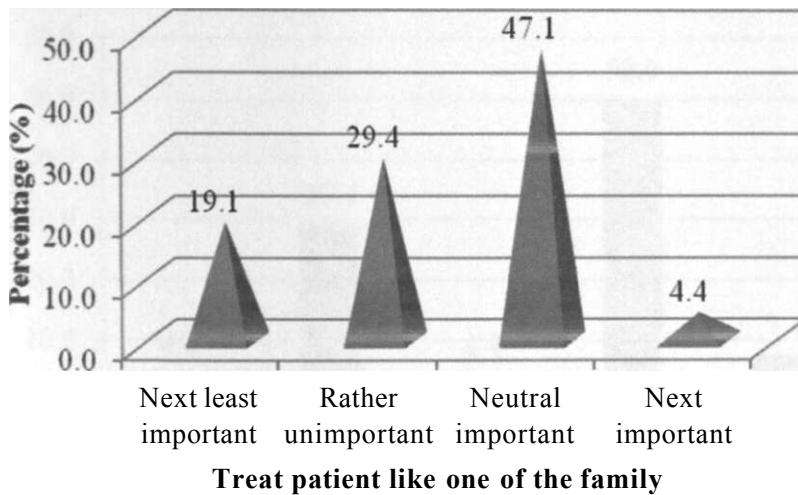
Figure 27. Treat patient like one of the family

Fourty seven point one of patients (47.1%) reported that *treating patient like one of the family* was neutral important, 29.4 % said it was rather unimportant(Figure 27).

4.2.5.11 Keep promises and explains when they are broken
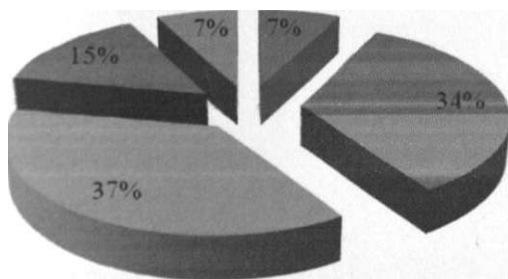
- Next least important
- Rather unimportant
- Neutral important
- Rather important
- Next important

Figure 28. Keep promises and explains when they are broken

Thirty seven percent (37%) of the respondents reported that *keeping promises and explains when they are broken* is neutral important, 34% reported that was rather unimportant (Figure 28).

4.2.5.12 Avoid critisizing patient or family behing their back

Avoid critisizing patient or family behing their back
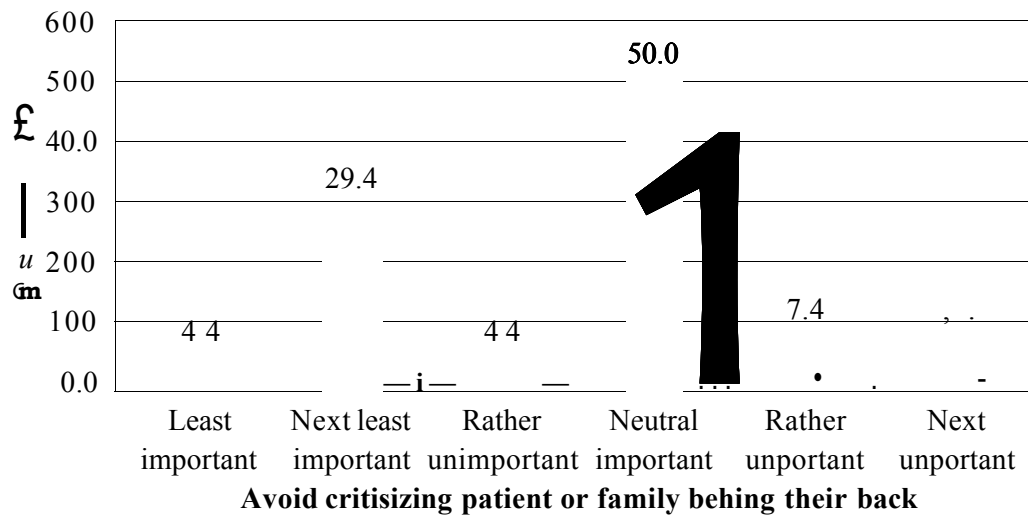
Figure 29. Avoid critisizing patient or family behing their back

Half (50.0 %) of the patients reported that the nurses'behaviour of *avoiding critisizing patient or family behing their back* as neutral important, 29.4 % felt it was rather unimportamt, (Figure **29).**

75

4.2.5.13 Still takes time with patient even when too busy or about to go home

60 0

i Next least important
i Rather luiimportant
Neutral important
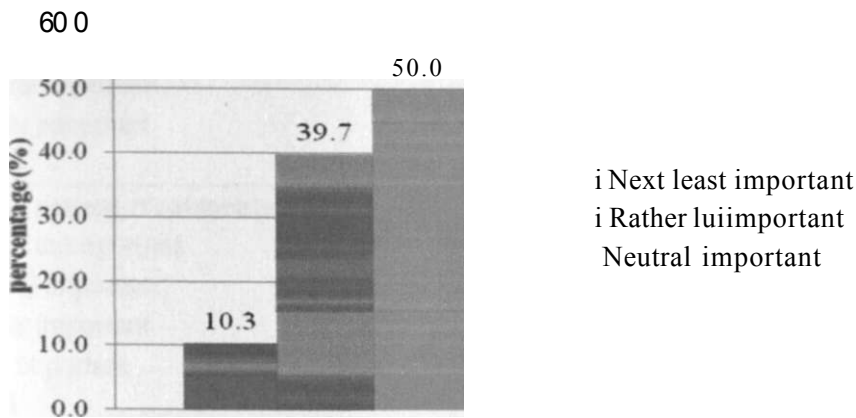
Figure 30. Still takes time with patient even when too busy or about to go home

Half (50.0 %) of the respondents reported that the caring behaviour of the nurses where they *take time with patient even when too busy or about to go home* was neutral important 39.7% said it was neutral important, (Figure 30).

4.2.5.14 Encourages patient to speak freely
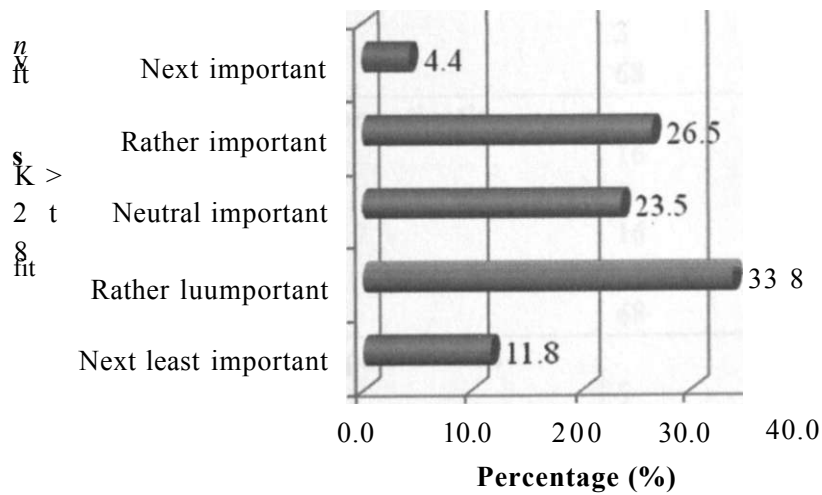
Figure 31. Encourages patient to speak freely

Thirty three point eight (33.8 %) of the respondents reported that *encouraging patient to speak freely* was rather unimportant, 26.5% said it was rather important (Figure 31)

4.16. Accessible **(ACC)**

Variable	Frequency	Valid Percent
Checks on patient frequently		
Next least important	18	26.5
Rather unimportant	7	10.3
Neutral important	37	54.4
Rather important	6	8.8
Total	**68**	**100.0**
Gives patient treatments		
Rather unimportant	25	36.8
Neutral important	15	22.1
Rather important	23	33.8
Next important	5	7.4
Total	**68**	**100.0**
Encourages patient to call if in problems		
Next least important	3	4.4
Rather unimportant	9	13.2
Neutral important	38	55.9
Rather important	15	22.1
Next important	3	4.4
Total	**68**	**100.0**
Be readily available to patient and family		
Rather unimportant	32	47.1
Neutral important	24	35.3
Rather important	9	13.2
Next important	3	4.4
Total	**68**	**100.0**
Does voluntary little things for patient's		
Least important	16	23.5
Next least important	5	7.4
Rather unimportant	16	23.5
Neutral important	31	45.6
Total	**68**	**100.0**
Response immediately when patient calls		
Next least important	9	13.2
Rather unimportant	25	36.8
Neutral important	13	19.1
Rather important	21	30.8
Total	**68**	**100.0**

Table 4.5 : Accessible (ACC)

Slightly over half (54.4%) **of** the patients reported that *checking on patient frequently* was neutral important, 36.8% said that *giving patient treatments and medication on time* was rather **important,** 55.1% said that *encouraging patient to call if he/she has problems* was neutral important, 47.5% reported that being *readily available to the patient and his/her family* was rather unimportant, 46.5 % said that *doing voluntary little things e.g. bringing a glass of water* was neutral important while *responding quickly when the patient calls* was perceived to be rather important by 36.8 % **of** the respondents (Table 4.4).

4.3 COMPARISON OF THE PATIENTS' AND THE STUDENT NURSES' PERCEPTION TOWARDS THE NURSE CARING BEHAVIOURS
4.3.1 Anticipates that the first time is the hardest and pays special attention to patient

Anticipates that the first time is the hardest and pays special attention to patient
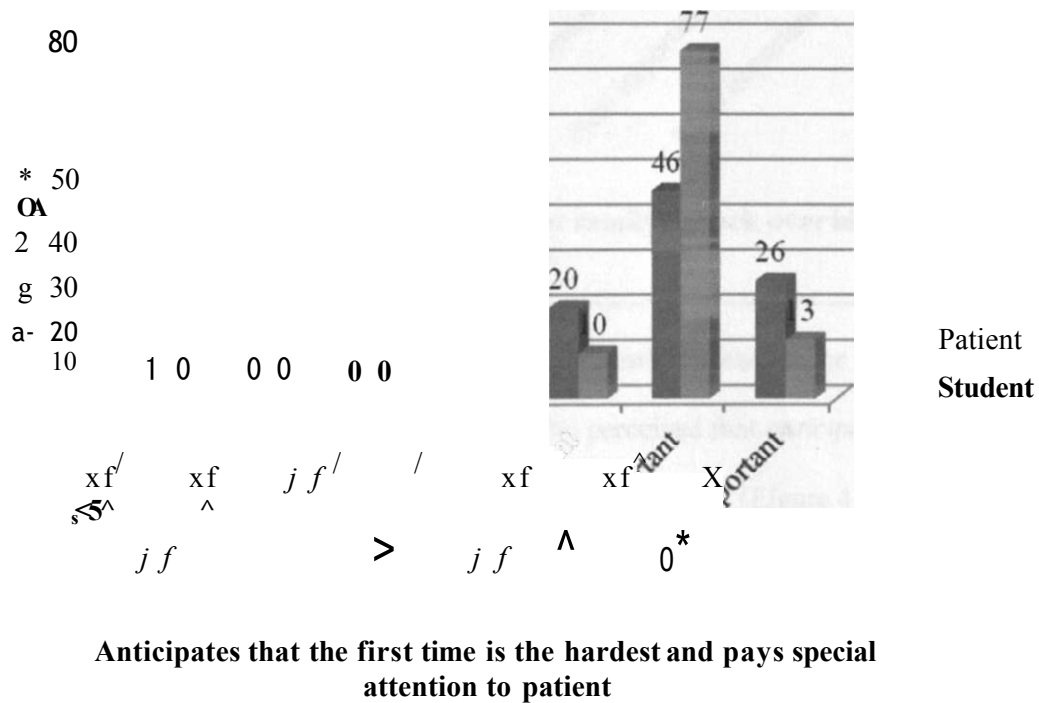
Figure 4J.1 Anticipates that the first time is the hardest and pays special attention to patient

78

Many (46%) of the patients and 77% of the students perceived that *anticipates that the first time is the hardest and pays special attention to patient* was next important (Figure 4.3.1).

4.3.2 Anticipates the patient's and his/her family's shock over his/her disease
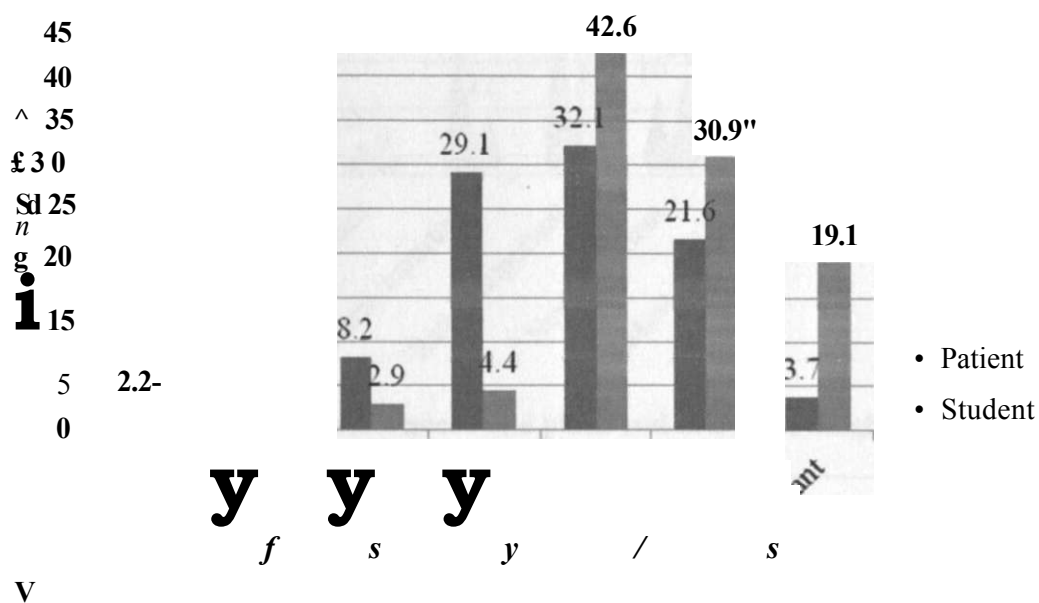
Anticipates the patient's and his/her family's shock over his/her disease

Figure 4.3.2 Anticipates the patient's and his/her family's shock over his/her disease

Thirty two point one (32.1 %) and students (42.6%) perceived that *anticipating the patient's and his her family's shock over his/her disease* was rather important (Figure 4.3.2).

4.3.3 Perceptive of patient's needs and plans and acts accordingly
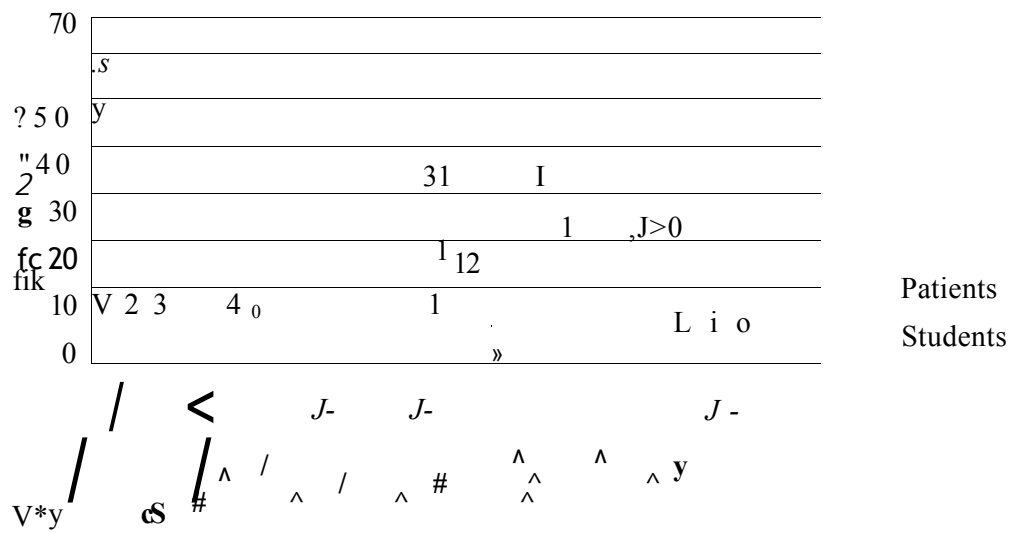
Perceptive of patient's needs and plans and acts accordingly

Figure 4.3.3 Perceptive of patient's needs and plans and acts accordingly

Thirty eight percent (38%) and students (65%) perceived that *being perceptive of patient's needs and plans* was rather important (Figure 4.3.3)

4.3.4 Check condition health status without being told
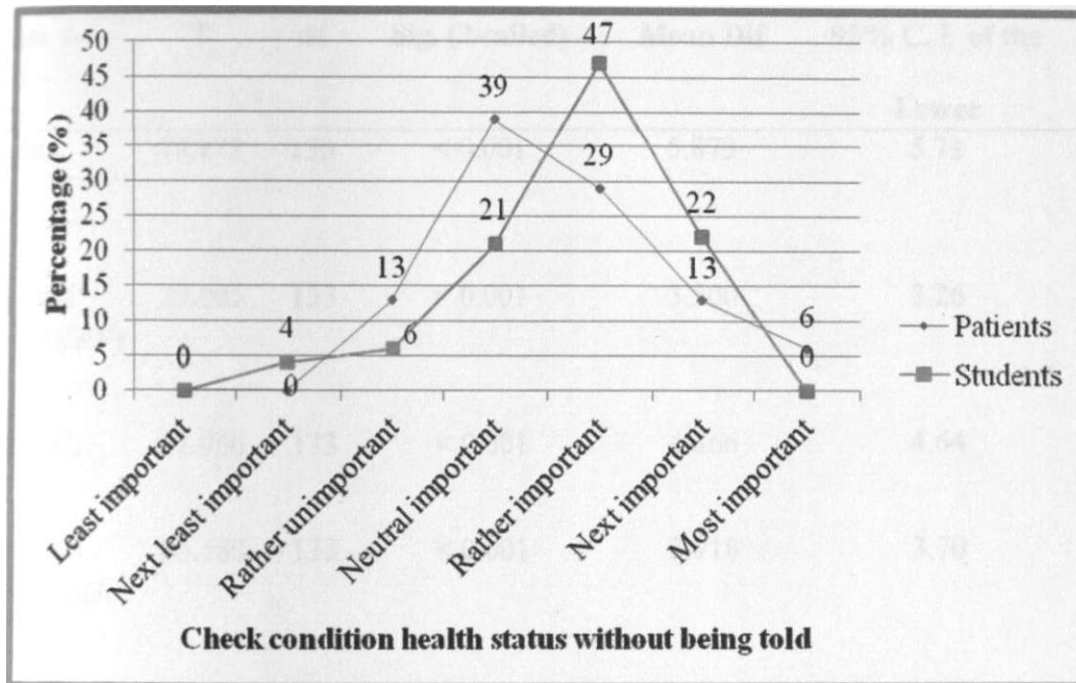
Figure 4.3.4 Check condition health status without being told

Thirty nine percent (39%) perceived that *checking condition of the patient* was neutral important while the students perceived that it was rather important (Figure 4.3.4)

4.3.5 ONE SAMPLE T - TEST OF PATIENTS' MEAN SCORES ON THE SIX CARE-Q SIBSCALES

subscales for patients	T	df	Sig. (2-tailed)	Mean Dif	95% C.I of the Lower	Difference Upper
Anticipates (ANT)	70.172	133	<0.001	5.873	5.71	6.04
Explains and facilitates (E&F)	29.005	133	<0.001	3.500	3.26	3.74
Comforts (C)	41.966	133	<0.001	4.866	4.64	5.10
Monitors and follows through (M&F)	35.580	133	<0.001	3.918	3.70	4.14
Trusting relationship (TR)	31.251	133	<0.001	3.291	3.08	3.50
Accessible (ACC)	42.933	133	<0.001	5.060	4.83	5.29

NB: The p-value was significant for all the variables i.e. anticipates (ANT) > 0.001, Explains and facilitates (E&F) > 0.001, Comforts (C) > 0.001, Monitors and follows (M&F) > 0.001, Trusting relationship (TR) > 0.001 and Accessible (ACC) > 0.001.

Relationship between dependent variables and the independent was done to generate the difference in p-values and confidence intervals.

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4J.6 ONE SAMPLE T - TEST OF STUDENT NURSES MEAN SCORES ON THE SIX (\RE-Q SUBSCALES

Nib*cales for patients	t	df	Sig. (2-tailed)	Mean Dif	95% C.I of the Difference	
					Lower	Upper
Anticipates (AND	101.931	67	<0.001	6.029	5.91	6.15
Explains and facilitates (E&F)	49.407	67	<0.001	5.059	4.85	5.26
Comforts (C)	27.030	67	<0.001	3.088	2.86	3.32
Monitors and follows through 'M&F)	75.274	67	<0.001	5.118	4.98	5.25
Trusting i relationship **J OK)**	32.613	67	<0.001	3.618	3.40	3.84
Accessible ACC)	26.922	67	<0.001	3.500	3.24	3.76

NB: The p-value was significant for all the variables i.e. anticipates (ANT) > 0.001, Explains and facilitates (E&F) > 0.001, Comforts (C) > 0.001, Monitors and follows (M&F) > 0.001, Trusting relationship (TR) > 0.001 and Accessible (ACC) > 0.001.

Relationship between dependent variables and the independent was done to generate the difference in p-values and confidence intervals.

4.3.7 Normal distribution curve for the patients on the perception of anticipates (ANT) subscale
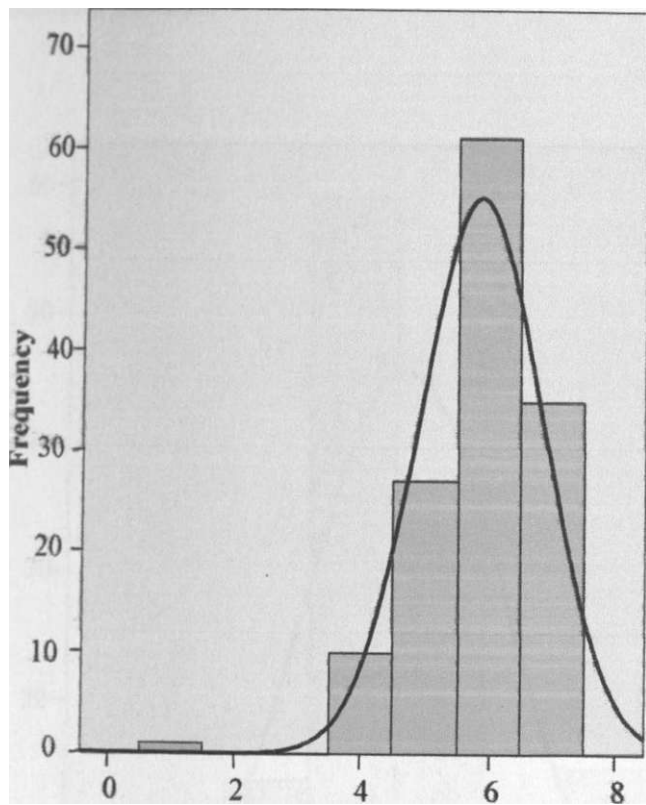
Anticipates (ANT)

Mean = 5.83
Std. Dev. = 0.969
N = 134

The mean for the subscale anticipates is 5.83, SD =0.969. The distribution is skewed to the left.

4.3.8 Normal distribution curve for the patients on the perception of Explains and Facilitates subscale

Facilitates and Explains (E&F)
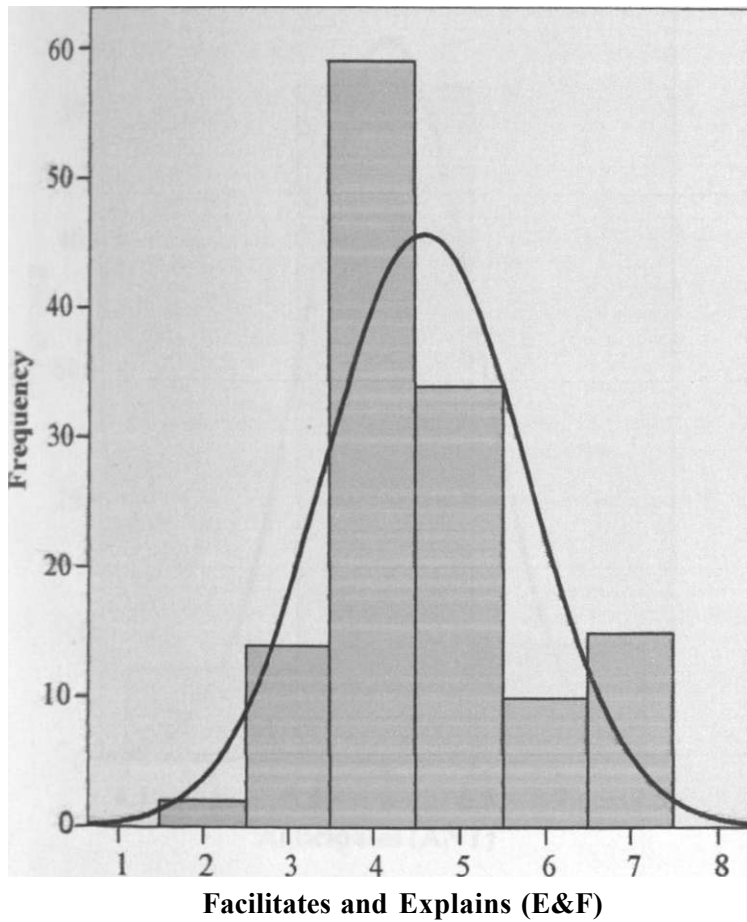
Std. Dev. = 1.17
Mean = 4.6
N = 134

The mean for Facilitates and Explains is 4.6 and SD is 1.17. Distribution is skewed to the right.

13.9 **Normal distribution curve for the students on the perception of Anticipates (ANT)**
Subscs l(
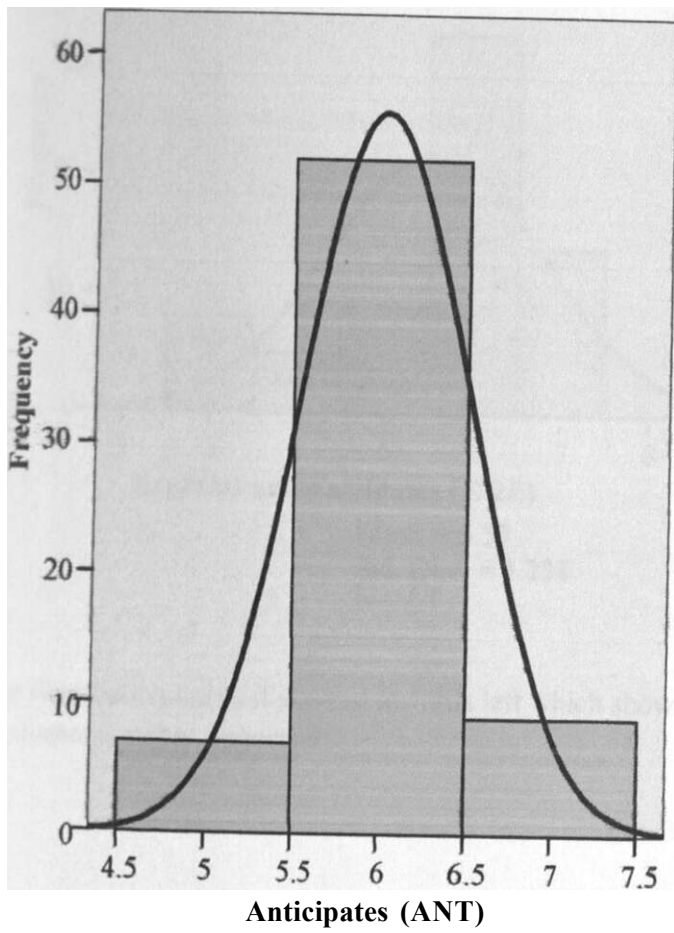
Anticipates (ANT)

Std. Dev. = 0.488
Mean = 6.03
N = 68

The mean of Anticipates is 6.03 and SD is 0.488.

-.3.10 Normal distribution curve for the students on the perception of Explains and Facilitates subscale
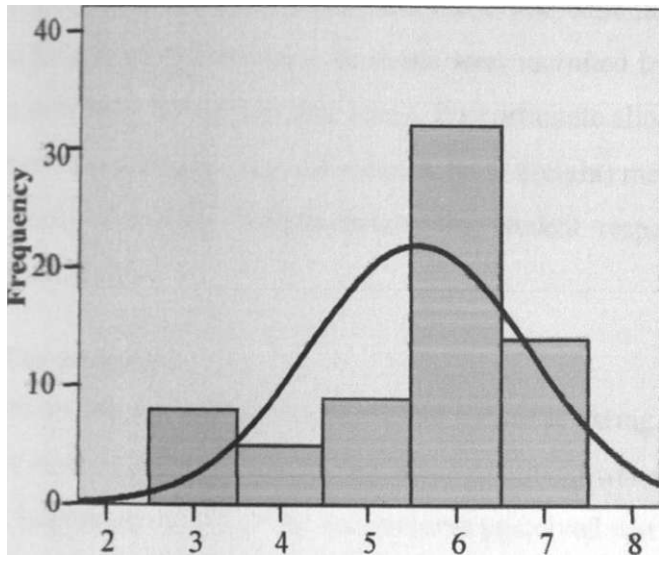
Explains and Facilitates (E&F)

Mean = 5.57
Std. Dev. = 1.238
N = 68

The distribution curve if skewed towards left which shows that the subscale of explains and **facilitates is** rather important.

CHAPTER FIVE: DISCUSSION

Introduction

Purposive sampling technique was used to select the sample, where reseach assistants selected the patients who were not in pain and those who were in good heallth status, and had been in the . -j for at least 4(four) days. Students were recruited from the University of Nairobi, who had been in training for at least two years. Proportionate allocation was used to select sample of 134 patients from created strata of patients from 8(eight) medical wards wards, and 68 students fron the school of nursing. Patients and nursing student responses to CARE-Q subscales are presented below.

5.1 The patients

Fourty six percent (46%) perceived that the nurse caring behaviour of *anticipating the first time as the hardest and pays special attention to patient* was next important and 26 % felt it was the most important. 32.1% of the respondents perceived that *anticipating the patient's and his/her Emily's shock over his/her diagnosis* by the nurse was rather important and 29% felt it was next mportant. Majority (38%) of the respondents perceived that the fact of a nurse being *perceptive oj patient's needs and plans and acts accordingly* was rather important and 16% felt it was next important.

i wenty four percent (24%) of the respondents reported that *telling patients of support systems available, such as self help groups* was rather important, another 19.4% said that it was next i mportant. 32.8% of the respondents perceived that *providing basic comfort measures such as appropriate lighting, control of noise and adequate blankest* was rather important and 22.4% felt it was next important. Most of the respondents (35%) reported that a nurses' behaviour of *listening to patient* was rather important. 28.4% reported that *knowing how to give injections* by the nurse was a behaviour which was next important.

Behavior of the nurse to *realize that the patient knows himself the best* was neutral important, 29.9% of the respondents perceived that it was rather important. Most of the patients (29.9%) reported that *putting patient first no matter what else happens* was a behaviour which was rather unimportant. Majority (34.3%) of the patients reported that *checking on patient frequently* was

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e\t important and 23.9% felt it was rather important. 35.8% said that *giving patient treatments :nJ medication on time* was rather important.

5.1.1 Previous studies on perception of patient on care behaviours

Brown (1981) studied 80 hospitalized patients and established that patients' perception of caring -;ha\ iours pointed towards two dimensions;

- Nursing tasks- this dimension included surveillance, availability, and demonstration of professional knowledge, providing information and supporting individuality.

- effective caring- this dimension addressed the personal and professional qualities of the nurse.

- These finding can be compared with the subscale of Monitors and follow through, where the patients felt that professionalism (42.7%), helping relationship (41%), giving of I.V drugs were rather important.

In 1987, Keane *et al* used the CARE-Q instrument on 26 rehabilitation patients about their perceptions on the most and least important nurse caring behaviours, which were ranked as follows; "knows when to call the doctor (M&F)", "puts the patients first no matter what else happens (TR)", "knows how to give injections, intravenous fluids and to mange equipment like suction machines (M&F)".

This study findings show that these were not the most important, but they were still ranked fairly well as following;

- knows when to call the doctor- 7.5% felt it was most important, 14.9% felt it was rather important and 35.8% felt it was neutral.

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- puts patient first no matter what- 6% felt it was most important, 18.7% felt it was rather important and 23.1% felt it was neutral.

- knows how to give injections- 9.7 felt it was most important, 28.4% felt it was next important and 21% felt it was rather important.

Henry (1975) explored the perception of 50 patients who indicated caring as doing "extra things", including bringing flowers, getting food stuff, and finding transportation to the doctor. This was very different in this study because the patients felt it was least important (16.4%). Others responses included "showing interest in the patients", "enacting skills" (taking blood pressure, giving injections), "showing patience toward patient", "being friendly", "listening" and being gentle". While some of these responses are similar in this study, they were not rated highly by the patients. The time spent with patient (29.9%) was neutral, Being gentle (59%) was neutral.

5.2 **The Students**

Majority of the students (77%) perceived that a nurse behaviour *of anticipating the first time as the hardest and pays special attention to patient* was next important and 13% felt it was most important. Many (42.6%) of the respondents perceived the behaviour of *anticipating the patient's and his/her family's shock over his/her diagnosis* by the nurse was rather important,30.9 felt it was next important, and 19.1% felt it was most important.

Majority (65 %) of the respondents perceived that the fact of a nurse *being perceptive of patient's needs and plans and acts accordingly* was rather important and 20% felt it was next important. Majority (73.5 %) of the respondents perceived that the fact of a nurse *knowing when*

'•h put icnt had enough and act accordingly was rather important and 20% felt it was next important. A significant number (46 %) of respondents perceived that *checking the condition of patient without being told* was rather important.

Slightly above half (55.9%) of the respondents reported that *telling patients of support systems mailable, such as self help groups* was rather important, 20% felt it was next important and 4.4 % felt it was most important. Most (41.2 %) of the respondents reported that the behaviour of a nurse *suggesting questions for patient to ask his/her doctor* was rather important, 26.5 felt it was next important and 8.8% felt it was most important.. Majority (47.1 %) of the respondents reported that the behaviour of a nurse *being honest with patient about his or her medical condition* was rather important, 11.8 % felt it was next important and 33.8% felt it was most important.

The behaviour of a nurse *telling patient what is important to know about his or her disease and treatment in an understanding language* was neutral important according to 47.1% of the respondents said it is next important, 13.2 felt it was rather important and 20,6% felt it was most important. A number of respondents (70 %) perceived that the behaviour of the nurse *doing advocacy for the patient* was rather important. Most (60.3 %) perceived that the nurses' behaviour of *informing patient of daily examinations, therapy and nursing plans* was rather important.

Thirty eight point two (38.2%) of the respondents perceived that *providing basics comfort measures such as appropriate lighting, control of noise and adequate blankest* was rather

:n port ant. Majority (67%) of the respondents perceived that the behavior of the nurse *knowing to call the doctor* was rather important and 15% felt it was next important.

5.2.1 Previous studies on nurse student perception on care behaviours

karaoz (2005) involving Turkish students, caring was perceived as *professional/helping relationship and technical competency*. This compares positively with this study on the Anticipates(ANT) subscale where all of the above variables are represented and were rated highly by both patients and nursing students. These include; advocacy (70%), telling patient what is important about condition (47.1%), and checking condition of patient (46%) respectively.

Nurses' Diary by Skott and Ericksson (2005), established that caring represented three groups which included:

> Verbal communication- which is similar to findings in this study, where students felt that giving information about support systems available (55.9%) and suggesting questions to the client (41.2%) was rather important.

> Physical movement- can compare with this study where students felt that checking condition of the patient (46%) and perceptive of patients needs and plans accordingly (65%) was rather important.

> Reflection- can be found in this study where students felt that anticipating first time as the hardest (77%), anticipates patient /family shock (30.9%) was next important and (19.15%) felt it was most important.

Brilowski and Wendler (2005), caring concept was analyzed. Action, relationship, attitude, acceptance and variability were identified as the core attributes of caring. Related factors such as

ru>t. rapport, understanding of self and other and commitments were identified as antecedents. This relates favourably with this study.

Khademian and Vizeshfar (2007) found out that nursing students perceived practical and cognitive caring behaviours; "monitors and follows through", "explains and facilitates" as the most important caring behaviours; "Emotional caring behaviours"; "trusting relationship", "comforts" were rated as least important by the nursing students. In this study, the highly rated behaviours were the subscales of Anticipates and Explains and facilitates.

5J Comparison of Patients and student nurses perceptions

The patients (46%) and most of the students (77%) perceived that *anticipates that the first time is the hardest and pays special attention to patient* was next important. Some of the patients (32.1%) and students (42.6%) perceived that *anticipating the patient's and his/her family's shock over his/her disease* was rather important. Many patients (38%) and majority students (65%) perceived that *being perceptive of patient's needs and plans* was rather important. A number of patients (39%) perceived that *checking condition of the patient* was neutral important while the students (54.3 %) perceived that it was rather important.

There was a similarity on *trusting relationship* between the patients and nursing students (t = 31.5 vs t - 32.6; p = < 0.001). Majority of the students picked the item *anticipates* (ANT) more than the patients (mean difference 6.029). Most of the patients picked the item *comforts* (C) more than student nurses (Mean difference 4.8 vs 3.08 for students).

\ siud> conducted by White (1972) indicated that nurses were more concerned about satisfying patients' psychosocial aspects of care while patients were more concerned about their physical care. This statement is similar to findings in this study, where we find that the patients rated highly issues like Check condition, (34.3%) felt it was next important, giving treatment on time,(38.5%), anticipating needs and planning accordingly, (38%) felt it was rather important. Students on the other hand felt First time (77%) was next important, Advocacy (20.6%) was most important and 47.1% felt it was next important, Understanding language (47.1%) felt it was next important.

5.4 Factors influencing perception of patients and nurses toward care behaviours

According to the literature review, some factors that influence perception of patients and nurses include:

- Action, relationship, attitude, acceptance and variability were identified as the core attributes of caring. Related factors such as trust, rapport, understanding of self and commitments were identified as antecedents, (Brilowski and Wendler 2005).

- Nursing students perception changed as training progressed, whereby first year students based care on experience and later on caring science, (Granum, 2004)

- Jean Watson (10) curative factors as nurse interventions (Julia George, 2002) brings humanistic value to nursing, but for them to work, the nurse must have values, will and commitment. Other prerequisites include knowledge base and clinical competence.

Irurita. (2002) found out that quality nursing care was perceived differently and at different levels depending on certain contextual and intervening conditions pertaining to the broader environment, the organization and personal factors of the nurse and patient.

CHAPTER SIX: CONCLUSION

6.1 CONCLUSION

Phis study shows that the students rated highly the subscales of Aticipates (ANT), Explains and Facilitates and Monitors and follow through(M&F). More students than patient rated highly ANT with a mean difference of 6.029. Simillarly to a study by White (1972), student nurses were more concerned about satisfying patients' psychosocial aspects of care, example, they felt First time (77%) was next important, Advocacy (20.6%) was most important and 47.1% felt it was next important, Understanding language (47.1%) felt it was next important.

The patients rated highly the subscales of Anticipates(ANT), Accessible(Acc), and Comforts(C). More patients (mean 4.8) rated Comforts highly than students (mean 3.08). Patients were more concerned about their physical care (similar to White 1972) where they patients rated highly issues like Check condition(34.3%) felt it was next important, giving treatment on time (38.5%), anticipating needs and planning accordingly (38%) felt it was rather important.

There were some similarities between the perception of the patients and that of students in some areas, example:

S   Both the patient and students picked trusting relationship for almost a ratio of one to one, (t=31.5 vs t=32.6; P=<0.001)

S   In the scale of ANT, both students and patients rated highly the nursing behaviours of Anticipates first time to be the hardest (46%, 77%), and Anticipates feelings of shock for patient/family (32.1%, 46.6%).

The other responces that are not highlighted here fall on or near neutal, which means they had some degree of importance. There were only two exceptions whereby both patient and students rated as next least important, and include Genuine smile (patients 19.4%, students 35.3%), and Doing voluntary things (patients (16.4%), students (23.5%).

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ne Hypothesis!Ho) was rejected, that there is no difference between the perception of patients

-d that of the student nurses on nurse care behaviours, and the alternative(Hl) adopted, that

there was a difference between the perception of the patient and that of the student nurse.

6.2 Recommendations

> The nursing management at Kenyatta National Hospital medical wards needs to ensure that nurses have the knowledge that the first time as the hardest and pay special attention to the patients, and anticipate patient/family shock over diagnosis and plan opportunities for them to talk about it. This can be done by disseminating the findings of this study to the nurses.

> Providing basics comfort measures such as appropriate lighting, control of noise and adequate blanket brings satisfaction and dignity to the patient and therefore should be given a priority and plans made to make it possible and a reality to the patients.

> All nurses need to inform patient of daily examinations, therapy and nursing plans as this has come up as a nursing behaviour that was rated highly by the patients.

> The nursing students should be aware about the perception of patients where they valued physical care more than psychological care and put more effort in satisfying the physical needs of the patient.

> The students should be made aware of the subscales which patients rated highly so that they could do what is necessary to improve their nursing behaviours towards the patients, which will increase patient satisfaction and improve outcome, leading to quality care.

1. Anticipates(ANT)

2. Comforts(C)

3. Accessible(Acc)

4. Trusting Relationship(TR)

This type of study should be replicated in different settings. Example, maternity, surgical

wards, outpatient and health clinics like antenatal clinics, to find out what factors

influence the perception of patients and nurses on nursing care behaviour.

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APPENDIX 1: GANTT CHART (WORK PLAN)

Date	Jan	Feb	March	April	May	June	July	Aug	Sept
Proposal writing									
Proposal approval by ethics committee									
Training of assistants									
Pretesting of the tool and Data collection									
Data analysis and report writing									
Presentation compiling final report									
Dissemination of findings									

APPENDIX 2: STUDY BUDGET

ITEM	QUANTITY	UNIT COST (kshs)	TOTAL COST(kshs)
STATIONARY	2 ream	1000	1000
! Foolscaps	1 dozen	15	180
Pens	6	150	900
Folders	10	15	150
Felt pens	1 box	200	200
Staples	1	300	300
Stapler	1	1000	1000
Flash disk			
SUBTOTAL			3,730
SERVISES			
Printing proposal and report(34 pages)	1	10/page	350
Printing questionnaire (5 pages)	1	10/page	100
Photocopy questionnaire (10 pages)	170	2/page	3400
Binding proposal and report	4	200	800
Secretarial	1	5000	5000
Stastician	1	10,000	10,000
Training venue	1 days	1000	2000
! Meals (6 persons)	6 days	300	10,800
SUBTOTAL			32450
RENUMERATIONS			
Principal researcher	1xlOOdays	1000/day	100,000
Research assistants	2x 15 days	500/day	15,000
SUBTOTAL			115,000
TOTAL			150,680
CONTIGENCIES (10%)			15,068
GRAND TOTAL			165,748

APPENDIX 3: CONSENT EXPLANATION

I am a student at the University of Nairobi, pursuing a masters degree in nursing sciences carrying out a study to determine the patients' and the students nurses' perception towards nurse caring behaviors at the KNH medical wards. The purpose of this research is to compare patients and student nurses perception of care behaviours of the nurse at Kenyatta National Hospital. The study was approved by Ethic and Research Committee, KNH, UON, and Ministry of higher Education Science and Technology.

Participating in this study is voluntary. You are free to withdraw from participation without any victimization. There may not be direct or immediate benefits to the individual participants, but information generated from the study will shed light on how nurses can promote quality of care and enhance patient satisfaction.

You will be given a questionnaire to fill or be interviewed in case you need assistance in answering the questions. The questionnaire will take about thirty 30 minutes to complete and you are free to ask any questions about the study.

The information gathered will be held in confidence and will only be used for the study purposes. You should not indicate your names in the questionnaire. The results of the study will be communicated to the clinical nurses and student nurses through the Director of Nursing.

CONTACTS

Researcher: 0722686255

KNH/UON, Ethics and Research Committee:

APPENDIX 4: CONSENT FORM

I hereby consent to participate in this study on perception of patients and student nurses of care behaviours of the nurse that make patients feel cared for, whose nature and purpose has been explained to me.

Respondents' Signature. . . . . .Date

Interviewers' Signature. . . . . .Date

APPENDIX 5: DATA COLLECTION TOOL

This is a study to determine the patients' and the students nurses' perception towards nurse caring behaviors at the KNH medical wards

Premeable:

This tool was used by both patients and students, who had 'experienced' nurse care behaviours for a certain length of time, either as care givers or care recipients.

Caring behaviours of a nurse comprise of 47 individual items which are divided into 6 subscales. In order to make a patient feel cared for, please;

1. Identify one most and one least important behavior that makes a patient feel care for.

2. Identify four next most and four next least important behaviors that make a patient feel care for.

3. Identify 10 rather and 10 not that important behaviours that make a patient feel care for.

4. Identify 17 behaviours that are neither important nor unimportant that make a patient feel care for.

Indicate: **7** (most important) **6** (next important) **5** (Rather important)

4 (Neutral) 3 (Rather unimportant) 2 (Next least important)

I (Least important)

Anticipates (ANT)

1. Anticipates that the first time is the hardest and pays special attention to the patient during the first clinic visit, first hospitalization, first treatment etc...7 6 5 4   3   2   1

2. Anticipates the patient's and his/her family's shock over his/her diagnosis and plans opportunities for them, individually or as a group, to talk about it. ..7 6 5 4   3   2   1

3. Is perceptive of the patient's needs and plans and acts accordingly e.g. gives antiemetic medication when ons is receiving medication which may induce nausea

                                                       7 6 5 4 3 2 1

4. Know when the patient had had enough and act accordingly e.g. to rearrange examination, to leave patient alone..7 6 5 4 3 2 1

5. Check condition (health status) without being told. For example examine injuries or check for fever...7 6 5 4 3 2 1

Explains and facilitates (E&F)

1. Tells the patient of support systems available, such as self help groups, patients with similar diseases...7 6 5 4 3 2 1

2. Suggests questions for the patient to ask his/her doctor.................7 6 5 4 3 2 1

3. Is honest with patient about his/her medical condition.................7 6 5 4 3 2 1

4. Tells the patient in understandable language, what is important to know about his/her disease and treatment..7 6 5 4 3 2 1

5. To do advocacy for the patient..7 6 5 4 3 2 1

6. Inform patient of daily examinations, therapy and nursing plans.......7 6 5 4 3 2 1

Comforts (C)

1. Provides basic comfort measures, such as appropriate lighting, control of noise, adequate

    blankets etc..7 6 5 4 3 2 1

2. Touches the patient when s/he needs comfort...........................7 6 5 4 3 2 1

3. Listens to the patient..7 6 5 4 3 2 1

4. Involves the patient's family or significant others in his/her care.......7 6 5 4 3 2 1

5. Talks to the patient...7 6 5 4 3 2 1

6. Convey a sense of commitment and understanding to patients..........7 6 5 4 3 2 1

7. Wear a genuine smile...7 6 5 4 3 2 1

8. Have a concerned warm tone...7 6 5 4 3 2 1

9. Action must be gentle. For example, gently help me use the bedpan or turn

    over...7 6 5 4 3 2 1

Monitors and follows through (M&F)

1. Knows when to call the doctor..7 6 5 4 3   2   1

2. Knows how to give injections, IVs, etc.................................7 6 5 4 3   2   1

3. To demonstrate professional competency and be assured that nursing actions delegated to

    others were completed..7 6 5 4 3   2   1

4. To be calm...7 6 5 4 3 2 1

5. To be organized...7 6 5 4 3 2 1

6. Take action immediately for example change my dressing when wet..

7 6 5 4 3 2 1

7. Help patient take my medicine and perform therapy when I'm suppose to..

7 6 5 4 3 2 1

8. When getting medicine intravenously, regularly examine the speed of solution flow and

the area around the insertion site.......................................7 6 5 4 3 2 1

Trusting relationship (TR)

1. Offers reasonable alternatives to the patient, such as choice of appointment times, bath

times etc...7 6 5 4 3 2 1

2. Check out with patient the best time to talk with him/her about changes in his/her

condition..7 6 5 4 3 2 1

3. Helps the patient clarify his/her thinking in regard his/her disease and treatment.

7 6 5 4 3 2 1

4. Realizes that the patient knows himself the best and whenever possible includes the

patient in planning and management of his/her care.....................7 6 5 4 3 2 1

5. Puts the patient first no matter what else happens.......................7 6 5 4 3 2 1

6. Allows the patient to express his/her feelings about his/her disease and fully, and treat the information confidentially..7 6 5 4 3 2 1

7. To have consistent approach with the patient................................7 6 5 4 3 2 1

8. Address patient properly and make me feel respected.....................7 6 5 4 3 2 1

9. Respect my individual privacy and keep my medical status privileged...

7 6 5 4 3 2 1

10. Treat patient like one of the family..7 6 5 4 3 2 1

11. Keep promises and explain when they are broken........................76 5 4 3 2 1

12. Avoid criticizing patient or family behind their back.....................76 5 4 3 2 1

13. When too busy or about to finish your shift, still take your time with patient.

7 6 5 4 3 2 1

14. Believe subjective feeling, for example, believe when patient say, "I am in pain"

15. Encourage patient to speak freely..7 6 5 4 3 2 1

Accessible (ACC)

1. Check on the patient frequently...7 6 5 4 3 2 1

2. Gives the patient treatments and medication on time....................7 6 5 4 3 2 1

3. Encourages the patient to call if s/he has problems.....................7 6 5 4 3 2 1

4. To be readily available to patient and his/her family....................7 6 5 4 3 2 1

5   To do voluntarily little things for the patient's e.g. bring paper, a glass of water etc.

7 6 5 4 3 2 1

6.   When patient calls, responds immediately............................7 6 5 4 3 2 1

Thank you for your participation

VPPENDIX 6: LETTER SEEKING AUTHORITY TO CONDUCT RESEARCH

SUSAN NYAKIENI MUHORO

SCHOOL OF NURSING SCIENCES,

UNIVERSITY OF NAIROBI

20th JANUAY 2012

THE PERMANENT SECRETARY

MINISTRY OF EDUCATION,

RESEARCH & TECHNOLOGY,

NAIROBI.

Dear Sir/Madam,

RE: AUTHORITY TO CONDUCT RESEARCH

I am a 2nd year Masters of Nursing Science student, University of Nairobi. I am conducting a research study to determine the patients' and the students nurses' perception towards nurse caring behaviors at the KNH medical wards.

The research findings will be used to give recommendations on what student nurses should learn about caring behavious that lead to quality care to the patients and to quick recovery from illness. This will lead to less misunderstanding and to improved relationships between nurses and patient.

I kindly ask for your approval to conduct the study.

Awaiting your favourable reply.

Thank you.

Yours faithfully,

Susan N. Muhoro

APPENDIX 7: LETTER OF APPROVAL FROM KNH/UON ETHICAL
COMMITTEE

UNIVERSITY OF NAIROBI
COLLEGE OF HEALTH SCIENCES
r O BOX m-7» Code 00202
Teltframs: varsity
(254420) 2726300 Eil 44355
Ref: KNH-ERC/A/178   unk.www.uonbL.cj

KNH/UON-ERC
Email: nonknh_erc@aonbl.ac.kc
Website: www.uonbLac.kc

KENYATTA NATIONAL HOSPITAL
P O BOX 20723 Code 00202
Tel: 726300-9
 Fas:725272
Telegrams: MEDSUP, Nairobi

22 June 2012

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APPROVED

J UN 2012

ETIECS & RESEARCH COMMITIEB

Susan N. Mahoro
School of Nursing Sciences
School of Medicine
University of Nairobi

Dear Ms. Muhoro

Research proposal: "Perception of Patients and student nurses on Nursing care at
Kenyatta National Hospital medical wards"   (P124/03/2012)

This is to inform you that the KNH/UoN-Ethics & Research Committee (ERC) has reviewed
and underlined approved your above revised research proposal. The approval periods are 22* June 2012 to
21" June 2013.

This approval is subjeclto compliance with the following requirements:

a) Only approved documents (informed consents, study instruments, advertising materials etc) will be used.
b) All changes (amendments, deviations, violations etc) are submitted for review and approval by KNHAJoN
     ERC before implementation.
c) Death andmtircatenmg problems and severe adverse events (SAEs) or unexpected adverse w e r r c s —
     whether related or unrelated to the study must be reported to the KNH/UoN E R C within 72 hours of
     notification.
d) Any changes, anticipated or otherwise that may increase the risks or affect safety or welfare of study
     participants and others or affect the integrity of the research must be reported to KNH/UoN ERC within 72
     hours.
e) Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period.
     (Attach a comprehensive progress report to support the renewal).
f) Clearance for export of biological specimens must be obtained from KNH/UoN-Ethics & Research
     Committee for each batch of shipment
g) Submission of an *executive summary* report within 90 days upon completion of the study
     This information will form part of the data base that will be consulted in future when processing related
     research studies so as to minimize chances of study duplication and/or plagiarism.

For more details consuft the KNHAJoN ERC website www.uonbl.ac.ke/activlties/KNHUoN

"Protect to Discover"

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