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Critical Care Nurse's Capacities to Express a Caring Relationship with Patients in Teaching Hospitals

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ABSTRACT

Nurse's belief in his or her ability to express a caring orientation and to develop caring relationships with clients or patients is a core professional variable in the equation of providing high quality care. This variable can be predicted by assessing nurses Caring-Efficacy level. This study aimed to assess the caring efficacy level and verify any potential relationship between critical care nurse's professional characteristics and their Caring-Efficacy level in teaching hospitals. A descriptive correlational design was used, under which a purposive sample of 147 critical care nurse were recruited to join the study. Coates Caring-Efficacy Scale (CES) was used to achieve the study aims. A significant statistical difference at the p -value ≤ 0.05 level, in nurses Caring-Efficacy was verified among subjects' educational attainment, gender, work shift, continuous education sessions, caring curriculum-based education, and caring actualization in academia and clinical setting. Despite the fact that the highest percentage of the study sample were classified under the category of highest caring efficacy indicating high caring competency, it is important to recognize that there is a significant percentage of the nurses with moderate and even low caring efficacy level. In a profession like nursing where caring is the essence of nurse-client therapeutic relationship, the maximum level of Caring-Efficacy should be the norm, particularly in critical care setting.

Keywords: *Caring-Efficacy, critical care, nurse*

INTRODUCTION

According to the International Council of Nurses (INC), a nurse is an academically certified and officially authorized person to actively intervene within the specified scope of nursing practice. The aforementioned scope deals with, however not limited to, health promotion, illness prevention, and care provision to human beings in all settings (ICN, 2012)¹. Nursing preventive, curative, and rehabilitative roles need unique professionals to serve individuals, families, communities, and societies. Such roles can be challenging in critical care settings as the complexity of care intensifies when considering the constantly increasing numbers of hospitalized

patients and their health status acuity, which may also be complicated by the acute shortage of nurses in such clinical settings. All these variables can jeopardize the inner core aspect of nurse-patient relationship, which is caring. Providing quality care is a pivotal aspect of professional nursing. Without it, nurses will not be viewed as the official human advocate (McEnroe-Petite, 2014)². In response to the scientific technical revolution that the world has witnessed, computerized technology and automation have replaced caring essence as a cornerstone of the nursing practice to an extensive degree (Straughair, 2012)³. Unfortunately, such a shift may blur the original identity of nursing by stealing the caring essence of nursing and changing nurses into humanoid robots. This justifies the need for the current study to assess the Caring-Efficacy among critical care nurses. Caring efficacy focused on assessing nurse's belief in one's ability to express a caring orientation and to develop caring relationships with clients or patients. Assessing such an important concept throughout defining its major variables is of great necessity for ensuring high

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quality nursing (Coates, 1997)⁴. Therefore, this study came to fill the literature gap whereas no previous studies have dealt with this topic particularly in Iraq. The main objective of this study was to assess the caring efficacy level and verify any potential relationship between critical care nurse's professional characteristics and their Caring-Efficacy in teaching hospitals.

MATERIALS AND METHOD

Study Design, Sample, and Setting

A descriptive correlational design study was conducted on 147 critical care nurses who were working as a full-time job staff in Intensive Care Units (ICUs), in teaching hospitals at Baghdad City from November 3rd 2016 to May 15th, 2017. Inclusion criteria embraced all nurses who agreed to join the study.

Tool(s) and Data Collection

The Arabic-language version of the caring-efficacy scale (Coates, 1997)⁴ was selected to achieve the study objectives. The 30-item CES was found to have satisfactory feasibility and face validity to assess critical care nurses Caring-Efficacy. Cronbach Alpha is 0.90 signifying a satisfactory internal consistency, and criterion validity is good, $r = 0.803$, $p < 0.001$. The CES was rated based on the following numerical range (1-6). Whereas "1" stands for "strongly disagree with the statement", "6" stands for "strongly agree with the statement".

Ethical Considerations

The University of Baghdad, School of Nursing Institutional Review Board approved the study proposal. All inform consents were signed by the subject confirming that their participation in the study was completely voluntary and anonymous.

Statistical Analysis

As it consistent with nursing studies, the study targeted an alpha level of 0.05, an effect size (Cohen's d) of 0.5, a statistical power of 0.8, and a sample size of 147 subjects (Grove, Burns, & Gray, 2013)⁵. Statistical Package for Social Science (SPSS) version 24.0 was used to conduct the statistical analysis. Both descriptive and nonparametric tests were employed to conduct the statistical analysis through the computation of the frequencies, percentages, Mann-Whitney test, and

Kruskal-Wallis Test.

RESULTS AND DISCUSSION

The underlined numbers represent the highest percentages of the selected variables. In which, more than half (62.6%) of the study sample were male nurses. More than half (51.7%) of the study sample classified as young individuals within the following age group 18-28 years old. In terms of educational attainment, (31.3%) of the study sample were academic nurses at the time of data collection, which represents the highest percentage among other educational levels. The underlined numbers represent the highest percentages of the selected clinical experience-related characteristic of the subjects. Almost three quarters (68.7%) of the study sample had previously participated in a caring competence enhancement training session(s). Responding to "what is your current work shift?" nine tenths answered that their work shift was morning time. The underlined numbers represent the highest percentages of the selected caring actualization-related characteristic of nurses. In which, subjects answered that caring was one of the most prominent cores of the curriculum during their academic preparation time, as presented by more than half (55.1%) of nurses. Almost three quarters (72.8%) of the study sample reported experiencing caring actualization incidents with them during their academic preparation by their nursing instructors or preceptors. Correspondingly, (70.7%) of the study sample reported witnessing a caring actualization experience that were managed by their clinical instructors or preceptors while providing care to clients in the course of clinical training. Table 4 shows that based on the study statistical criteria, the topmost percentage (66.7%) of the study sample were classified under the category of high caring efficacy. Table 4 shows that female nurses ranked higher than male nurses in terms of their Caring-Efficacy. A statistically significant difference in nurses Caring-Efficacy between the gender groups ($U = 1794.500$, $p\text{-value} = 0.003$) was verified. Nurses who had the opportunity to participate in caring enhancement training sessions had ranked higher than others who had not participated in similar sessions. A statistically significant difference in nurses' Caring-Efficacy between the caring enhancement training sessions groups ($U = 1060.000$, $p\text{-value} = 0.000$) was confirmed. Nurses who worked during the morning shift ranked higher than their colleagues who worked during night shift in terms of their Caring-Efficacy. A statistically significant

difference in nurses Caring-Efficacy between the work shift groups ($U= 635.000$, $p\text{-value}= 0.023$) was marked. Nurses who reported that they were instructed based on the major principles of caring curriculum ranked higher than others who did not report a similar state. A statistically significant difference in nurses' Caring-Efficacy between the caring curriculum groups ($U= 1946.500$, $p\text{-value}= 0.005$) was validated. Nurses who reported experiencing caring actualization incidents during their academic preparation course by their nursing instructors and witnessing a caring actualization experience that were managed by their clinical instructors while providing care to clients in the course of clinical training, ranked higher than others in terms of their caring efficacy level. A statistically significant difference in nurses' Caring-Efficacy between the caring actualization in academia groups ($U= 1499.000$, $p\text{-value}= 0.005$) and in clinical setting ($U= 852.000$, $p\text{-value}= 0.005$) was established. Table 6 reveals that nurses who were within 50-49 years age group, ranked higher than others in terms of their caring efficacy. However, no statistically significant difference in nurses Caring-Efficacy between the age groups ($\chi^2= 8.673$, $df= 3$, $p\text{-value} = 0.128$) was verified. Nurses who graduated with a nursing vocational diploma ranked higher than others in terms of their caring efficacy. A statistically significant difference in nurses Caring-Efficacy between the educational level groups ($\chi^2= 78.516$, $df= 3$, $p\text{-value} = 0.000$) was confirmed. The main hypothesis that this study endeavored to test is: "critical care nurses Caring-Efficacy is high considering their challenging care tasks and their clients' critical health problems". Therefore, nurses Caring-Efficacy was assessed by using CES (Coates, 1997)⁴. This tool was initially created to assess nurse's confidence in his or her competence conveying a caring rapport with patients in different health care settings (Lawrence, 2002)⁶. This study targeted the Iraqi critical care nurses considering their challenging role practicing nursing under the shadows of war and ongoing terrorism attack (Alsamarai, Alobaidi, Sarhan, Ismail, & Alhamdani, 2013, Garfield & McCarthy, 2005)⁷. As shown in table 4, the statistical analysis shows that more than half of the study sample were classified under the category of high caring efficacy. This finding was not surprising since a strict selection criterion is applied when recruiting nurses to work in critical care settings such as ICU. Nurse's role in such settings requires the highest level of caring efficacy. According to Lee and Ko, (2010)⁸ quality of nursing

care is a true reflection of nurse's high level of Caring-Efficacy. High Caring-Efficacy can be both reflected on patient's clinical outcome and organizational quality outcome. In their study, Alavi, Bahrami, Zargham-Boroujeni, & Yousefy (2015)⁹, emphasized that health care providers, particularly critical care nurses must show the maximum level of confidence in their care provision professional capacities. Lack of this essential capacity may jeopardize their patients' life when failing to believe in their abilities to make the right professional decisions. As presented in tables 5 & 6, female nurses, nurses who had the opportunity to participate in caring enhancement training sessions, nurses who worked during the morning shift, nurses who reported that they were instructed based on the major principles of caring curriculum, nurses who reported experiencing caring actualization incidents during their academic preparation by their nursing instructors and witnessing a caring actualization experience that were managed by their clinical instructors while providing care to clients in the course of clinical training, nurses who were within their fourth decade of life, and nurses who graduated with a nursing vocational diploma ranked higher than their counterparts in terms of Caring-Efficacy. Age group was the only variable that shows no statistical difference among the covered age categories. Readers can directly infer after reviewing the findings that Caring-Efficacy cannot attributed to single or even multiple variables. In fact, it is a true reflection of the interaction among the selected nurses' socio-demographic, clinical practice environment, educational background. Bassett (2002)¹⁰ and Robb (2012)¹¹ highlighted the construct of nurses' perceptions of care and caring confirming that caring perception is a complex and multi-faceted construct. In her theory, Watson (2004)¹² discussed the ultimate reflection of care phenomenon by stating that caring experience is beyond the traditional aspects of clinical-oriented duties; it is a life-sharing human to human interaction. Despite the fact that the highest percentage, (table 4), of the study sample were classified under the category of highest Caring-Efficacy indicating high caring competency, it is important to recognize that there is a significant percentage of the nurses with moderate and even low caring efficacy level. In a profession like nursing where caring is the essence when dealing with human being, the maximum level of care should be the norm. In critical care setting, the highest level of caring efficacy should be the norm. However, both clients and their family members perception of the provided care

quality should not be overlooked (Shamloo, 2012)¹³. Other findings that must be highlighted in this study is that female nurses ranked higher than male nurses in terms of their Caring-Efficacy. Coates (1997)⁴ supported that when comparing female to male nurses in terms of caring potential, female outweigh their counterpart gender. This can be explained by the innate caring potential of female gender which gives her the well-deserved honor of nurturing the human being. Of equal importance, theorists rationalized the current study findings about caring actualization in academia and health care settings, (table 5), that persons absorb and reflect care form social and organizational contexts when

experiencing caring actualizations situations to care from educators (Gano-Overway, Newton, Magyar, Fry, Kim, & Guivernau, 2009)¹⁴. Considering the positive tangible impact of caring actualization on nurses' Caring-Efficacy, nurse-educators and preceptors should be encouraged to role-model caring with their student both in academia and in health care settings. Correspondingly, based on the on the fact that BSc to BSN path nurses ranked in the lowest level of caring efficacy, this study supports either engaging them in caring-focused educational programs or re-distributing them to practice in their specialty arenas.

Table 1. Socio-demographic characteristics of critical care nurses

Variable		f	%
Gender	♂	92	62.6
	♀	55	37.4
	Total	147	100
Age	18-28	76	51.7
	29-39	51	34.7
	40-49	15	10.2
	50-59	5	3.4
	Total	147	100
Education	Vocational school of nursing	27	18.4
	Technical institute of nursing	42	28.6
	BSN	46	31.3
	BSc to BSN	32	21.8
	Total	147	100

Table 2. Clinical setting and other related characteristics of critical care nurses

Variable		f	%
Caring-enhancement training sessions	Participated	101	68.7
	Has not participated	46	31.3
Work Shift	Morning shift	132	89.8
	Night shift	15	10.2
	Total	147	100

Table 3. Caring curriculum and caring actualization experience of nurses

Variable		f	%
Caring curriculum	Yes	66	44.9
	No	81	55.1
	Total	147	100
Caring actualization with students	Yes	107	72.8
	No	40	27.2
	Total	147	100
Caring actualization with clients	Yes	104	70.7
	No	43	29.3
	Total	147	100

Table 4. Statistical differences of two-level variables with Caring-Efficacy

Caring-Efficacy	Variable	Categories	n	Mean Rank	Mann-Whitney U	Asymp. Sig. (2-tailed)
	Gender		Male	92	66.01	1794.500
Female			55	87.37		
Total			147			
Caring enhancement training sessions		Participated	101	86.50	1060.000	0.000
		Has not participated	46	46.54		
		Total	147			
Work Shift		Morning shift	132	76.69	635.000	0.023
		Night shift	15	50.33		
		Total	147			
Caring curriculum		Yes	66	85.01	1946.500	0.005
		No	81	65.03		
		Total	147			
Caring actualization with students		Yes	107	79.99	1499.000	0.005
		No	40	57.98		
		Total	147			
Caring actualization with clients		Yes	104	87.31	852.000	0.000
		No	43	41.81		
		Total	147			

Table 5. Statistical differences of three-level variables with Caring-Efficacy .

Caring-Efficacy	Variable	Categories	n	Mean Rank	χ^2	df	Asymp. Sig.
	Age		18-28	76	71.73	8.673	3
		29-39	51	69.23			
		40-49	15	93.50			
		50-59	5	98.70			
		Total	147				
Educational level		Vocational school of nursing	27	105.63	78.516	3	0.000
		Technical institute of nursing	42	86.35			
		BSN	46	83.89			
		BSc to BSN	32	16.89			
		Total	147				

CONCLUSION

Despite the fact that the highest percentage of the study sample were classified under the category of highest caring efficacy indicating high caring competency, it is important to recognize that there is a significant percentage of the nurses with moderate and even low Caring-Efficacy level. In a profession like nursing where caring is the essence of nurse-client therapeutic relationship, the maximum level of Caring-Efficacy should be the norm.

Financial Disclosure: There is no financial disclosure.

Conflict of Interest: None to declare.

Ethical Clearance: Both experimental and non-experiments study protocols were consented and authorized by the Adult Nursing Department, School of Nursing, University of Baghdad. Approved guidelines were employed to carry out all research-related experiments.

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