UNIVERSITY OF THE PHILIPPINES

Master of Arts in Nursing

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Nurses' Caring Behaviors and Patients' Satisfaction in a Tertiary Hospital in the Kingdom of Saudi Arabia

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Date of Submission
October 2021

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CERTIFICATE OF ACCEPTANCE OF THESIS

The thesis attached hereto, entitled "**Nurses' Caring Behaviors and Patients' Satisfaction in a Tertiary Hospital in the Kingdom of Saudi Arabia,"** prepared and submitted by **MS. DAPHNE JOANNE MUÑOZ** in partial fulfillment of the requirement for the degree of **Master of Arts in Nursing** with specialization in **Nursing Administration** is accepted.

ASST. PROF. QUEENIE R. RIDULME
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Accepted as partial fulfillment of the requirements for the degree of

MASTER OF ARTS IN NURSING

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APPROVAL SHEET

We, the members of the oral examination panel for **MS. DAPHNE JOANNE MUÑOZ** unanimously approved the thesis entitled **"Nurses' Caring Behaviors and Patients' Satisfaction in a Tertiary Hospital in the Kingdom of Saudi Arabia."** The thesis attached hereto was defended on April 26, 2021, at UPOU Learning Center in Manila for the degree of **Master of Arts in Nursing** is hereby accepted.

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We therefore recommend that **MS. DAPHNE JOANNE MUÑOZ** be awarded the degree of **Master of Arts in Nursing** from the **Faculty of Management and Development Studies**.

Very truly yours,

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ACKNOWLEDGEMENTS

All praises and gratefulness to our Almighty Creator who had been the source of my strength, faith, and hope in completing this course. With all the prayers, determination, and resilience, I had come to this part of my graduate studies.

I would like to acknowledge with all my heart these people who had been a huge part of this endeavor.

Firstly, a tremendous appreciation and gratitude to the University of Negros Occidental-Recoletos for my high-quality education from my primary, secondary and bachelor years. Particularly, to Ms. Leticia Yee, Fr. Bernard Amparado, OAR, and the late Fr. Jose Antonio Rodrigalvarez, OAR, for granting my scholarship. To all my grade schoolteachers who had given me a strong educational foundation. To my high school teachers, who had turned to be my second parents after the demise of my mom and had given me and all their students the best education in preparation for collegiate and life. And to all my Nursing professors, especially to Ms. Evelyn Vedad, Dr. Elvi Lucila Bajador and Dr. Sheila Plomines-Arnibal, for the guidance and mentorship during my nursing school years which made me where I am today.

Secondly, I would like to thank Dr. Amal Magzoub, the Associate Executive Director for Nursing Services of Prince Mohammed bin Abdulaziz Hospital and to the Institutional Review Board of the Ministry of Health- Second Cluster for the granted permission and approval for the implementation of my research study. Moreover, to my Head Nurses in Ward 11, Ms. Pravina Johnson, Ms. Norma Armada and Mrs. Alphonsa Thomas for my approved leaves whenever I would be going for my clinical practicum; Ms. Marleen Beltran for sharing the Endoscopy lounge with me where I kept my research instruments; and Mr. Mamdouh Alanazi, my ICU Head Nurse, for the approved leaves during my thesis defense and victory moment and for the trust. In addition, I would like to thank Mr. Reynaldo Panopio, Jr., and Mr. Atenogenes Potito Asuncion, for the encouragement and support during my research study. As well as, to Mr. Gil Soriano and Dr. Allan Rodelas for the additional knowledge on research and statistics.

Lastly, to my professors with the University of the Philippines-Open University for all the guidance and support, especially to my adviser Prof. Queenie Roxas-

Ridulme and to the panel members during my thesis defense, Prof. Rita Cui-Ramos, Prof. Elma Mirandilla, Prof. Grace Riego de Dios and Prof. Fritz Gerald Jabonete.

I could not attain this point of success without all of you. Once again, THANK YOU!

ABSTRACT

Caring has always been associated with nursing as its essence, core and foundation in the nursing practice. Identifying the caring behaviors of nurses would give additional determinants to effective and excellent quality nursing care, patient's safety and patient satisfaction.

The research design utilized is descriptive-correlational quantitative method. The participants were assessed with the Caring Nurse Patient Interaction Scale (CNPI) and the Patient Satisfaction Instrument (PSI). The study was completed through purposive sampling of 162 patients of the inpatient wards in a selected tertiary hospital in Riyadh, Saudi Arabia.

The results showed that nurses' caring behavior as perceived by the patients had a mean score of 4.39 (SD=0.68) and patient satisfaction had a mean score of 3.97 (SD=0.50). There is a moderately high positive correlation (Pearson R=0.527; *p*=0.000) noted between the nurses' caring behavior as perceived by the patient and patient satisfaction.

It could be concluded that patients were satisfied in the level of care received from the nurses in the hospital. They are more satisfied on how nurses' value them and show their worth. However, they are not well satisfied on how nurses' give respect to their perception about their health. Moreover, nurses must recognize the value of caring in relation to patients' satisfaction. They must give more emphasis on how to establish more rapport to build stronger nurse-patient relationship.

CHAPTER 1

THE RESEARCH PROBLEM

Background of the Study

Caring has always been associated with nursing as its essence, core, and foundation in the nursing practice. It includes the holistic view of nurses in rendering optimal level of care to every patient. Wolf, Giardino, Osborne, and Ambrose (1994) defined caring as a process of interaction and interpersonal undertaking which happens during times of mutual vulnerability involving people with both the self-directed and other-directed process. Leyson (1996) accentuated that in a caring environment there is an interpersonal relationship which is exhibited between the involved people and had resulted in a remarkable instance of a patient life.

Caring has been perceived to have largely contributed in the contemporary nursing literatures. Fortuno, Oco, and Clores (2017) in their study stated that Humanistic care ranked highest among the caring behavior of nurses in a tertiary medical facility in the Philippines. Additionally, hospitals need to have nurses that truly make a patient feels better in the most appreciative way. Gaining high satisfaction rates from patients make the hospital or any other healthcare organization competitive and at haste in the marketing world (Abdullah et al, 2017).

Caring has been defiance in the contemporary healthcare system due to the evolution of technology in addition to the scarcity of resources, nursing personnel shortage, and occupational stress. The nurse-patient ratio has always been imbalanced from the ideal one. Patients usually tend to demand immediate nursing care even if their complaints are minor ones. Additionally, our patients had made a huge number of complaints from the Patient Experience Department and with the Ministry of Health. The MOH informed the hospital's administration that among the

complaints they had received, 66.7% are from our facility in which is mostly due to nurses' behaviors and nurses' treatment of them, the way nurses communicate with them, and not granting their immediate needs. Thus, this study would determine how patients perceived nurses' behavior and how nurses could improve in rendering better caring behavior to their patients. Moreover, we would determine what are the caring behaviors of nurses they are having problems with, which they appreciate, and which would give them satisfaction. Hence, determining the caring behaviors of nurses that give patient satisfaction would give additional determinants to the nursing quality of our institution in giving solutions to the complaint problem with the nursing department. In the world of healthcare, nurse's caring behavior has always been vital. Nurses remain the primary source of care. Hence, patient satisfaction has always been looked forward to in the caring environment. Nurses' caring behavior has a different weight that could vary on how to show their compassion, competence, and morality in the delivery of care. Patients could be easily satisfied or not with the experienced nursing care. Notably, patients have their own thought on how they should be taken care by their care provider while being hospitalized. Thus, patient satisfaction would conclude the kind of caring behaviors nurses' renders. In evaluating the correlation between the satisfaction of patients and the rendered nursing care, Abdullah et al. (2017) said that the efficiency and effectiveness of nursing care being provided to the patient could result in optimum wellness of the patient and a high satisfaction rate could be guaranteed.

Since care is intractable at the deepest root of the nursing practice, research on this spectacle is highly valuable. As the knowledge on caring evolves, these research studies will be a foundation on which to build nursing education and practice.

Further research and replication of previous studies are needed to validate caring attitudes which could cause affection and satisfaction with the patients.

General Objective

This study aims to determine the relationship of nurses' caring behavior as perceived by patients and patient's satisfaction.

Specific Objectives

1. Determine the perception of nurses' caring behaviors among patients in terms of:
    - 1.1 Clinical care
    - 1.2 Relational care
    - 1.3 Humanistic care
    - 1.4 Comforting care
2. Determine the patient's satisfaction in terms of:
    - 2.1 Technical-Professional care
    - 2.2 Trust
    - 2.3 Patient Education
3. Determine the relationship between nurses' caring behaviors as perceived among patients and patient's satisfaction.

Significance of the Study

Identification of nurse's caring behavior would determine the complacency among patients on how the nurses' render their care, the efficiency of care they are

receiving, and the utmost safety they should be having during their hospital admission. Subsequently, in this study, patients would be able to discern the treatment they would be receiving from the nurses and what nurses should be providing with them. With this recognition of nurses' caring behavior and patient satisfaction, the patient could communicate properly to the nurses the care they need and would also be able to understand why certain nursing care could not be provided immediately. Likewise, nurses could also promulgate to the patient what care they could urgently provide and why they must prioritize. Nonetheless, this study would determine the importance of nurses' caring behavior and patient satisfaction with the aspect of nursing practice, administration, education, and research.

Nursing Practice. A certain benefit of this correlative study includes the identification of nurses' caring behaviors and the application in their everyday practice which can lead to the provision of the most conducive care leading to quality and patient safety by giving more emphasis on bedside nursing care and excellent patient-nurse relationship.

Nursing Administration. The outcomes of this research will lead hospital administrators to investigate the processes, policies, caring behaviors, and too much adherence to the execution of clinical tasks and protocols that hinder the staff nurses to demonstrate caring behaviors. Thus, proper demonstration of caring behavior by nurses will give patients quality and safe care which will lead to patient satisfaction.

Nursing Education. This study will yield recommendations for nursing educators to explore more on the caring behaviors most appropriate in the practice of nursing and what they can institute as programs to escalate knowledge on caring behaviors in the

practice of staff nurses that would give explicit on their performance on rendering care to the patients with fulfillment.

Nursing Research. This study might yield some recommendations for future researchers at the general nursing units in designing and developing further research on this topic. It is acknowledged that this study has some limitations and can be broadened to more in-depth research. The more divergent the study on nurses' caring behavior, the more alternative output to be presented for patient satisfaction.

Scope and Limitations

This study was done to identify the nurses' caring behavior as perceived among patients and patient satisfaction and its level of relationship from the inpatient wards of Prince Mohammed bin Abdulaziz Hospital in Riyadh, Saudi Arabia. The study was completed through purposive sampling of 162 patients who were able to complete the survey. The researcher had done the survey once a week in a 2.5-month period from July 1, 2020, to September 15, 2020. As the data collection was done during the peak of CoVID-19, the hospital had emphasized following the protocol strictly to have less frequency on patient interaction with full personnel protective equipment.

The participants' level of caring behavior will be assessed based on four domains of Caring Nurse-Patient Interaction Scale which includes Clinical, Relational, Humanistic and Comforting Care while the Patient satisfaction will be evaluated with the use of Patient Satisfaction Instrument (PSI) which is grouped into three areas, namely: Technical-Professional Care, Trust, and Patient Education.

CHAPTER 2

THEORETICAL BACKGROUND

Review of Related Literature

A review of related literature was done to find and evaluate previous akin studies using the keywords: caring behaviors, humanistic care, comforting care, clinical care, relational care, technical-professional, trust, patient education, patient perception on the caring behaviors of nurses, patient satisfaction, and perception on nurse caring behavior among patients and patient satisfaction. These keywords were searched thru ResearchGate, Nursing Research Journal, PubMed, and Elsevier and which were written and published by local and foreign authors. Articles and journals which focus on nurse-patient interaction, nurses' caring behavior, and patient satisfaction from different countries were found and reviewed.

Caring Behavior

Nurses are the vanguard of patient's wellness. An indicator and one of the determining factors of good quality care delivery is patient satisfaction. Nursing is an attitude of caring and respect for others. In fact, many nurses do not reflect caring behavior when caring for clients. A quality nurse-patient interaction is distinguished as a relationship which promotes healing with patient in which nurses identify the client's highly important matters, assess the client's percipience, provide a place for the patient to vent his or her sentiments, provide needed data and education to the patient and significant folks on necessary skills for personal care, acknowledging the patient's requests, meeting the patient's needs with proper nursing management, and guide the patients to their recuperation (Videbeck, 2011).

According to Gunther and Alligood (2002), nurses in a paragon of caring set-up are more likely to be affectionate, dependable, and receptive to patients' necessities. A few characteristics of a nurse ought to have incorporate sympathy, humble, compassion, responsibility, happiness, devotion, judiciousness, certainty, expertise, and truthfulness. Cosette et al. (2006) stated that caring behaviors can be classified into four namely: Clinical, Humanistic, Relational, and Comforting Care.

Clinical Care

Caring is at the bosom of the nursing practice, a willingness to think critically and high clinical skills are requisite for a proficient nursing care. However, in a rapid and perplex setting where "caring" can largely be lost. There are high numbers of patients that are neglected when it comes to their satisfaction rate due to the high census number in a government medical ward. These settings usually have limited studies that give light to the patient's perspectives when being admitted for a certain period in a high-density population institution. The international standard for nurse to patient's ratio in hospitals is 1:4 ideally. Clinical skills performed by a nurse include assessment of vital signs, handling of intravenous therapy, administration of all forms of medications, and adeptness related to client personal care. Many clinical skills that were noted as significant by these nurses were stated as less frequently performed, which may point out a possible issue about relying on unusually delivered skills in emergent circumstances, as they have highlighted these skills as necessary (Pai, H. et al, 2012).

Humanistic Care

Nursing has human-centered and research-based fundamentals which makes it as a science of caring. It views to see how wellbeing and ailment are determined

with human conduct through the study of caring attitude (Leininger, 1988; Watson,1990). There are five epistemological perspectives of caring as identified by Morse, Solberg, Neander, Bottorff, and Johnson (1990) in their impression of caring. These include caring as a human condition, caring as a moral imperative or idea, caring as an affect, caring as an interpersonal relationship, and caring as a nursing intervention. It is believed by Mallison (1993) that caring is a type of energy that motivates patients to regain their wellness or depart their life peacefully because of the love they had received. Watson (1988) classifies caring into activities which are expressive and instrumental. Expressive activities include reliability, veracity, and confidence, while instrumental activities refer to behavior. Through this, a strong correlation between caring and nursing behaviors is highly expected. Caregivers can help the patient get through the disease process by knowing the patient and being an advocate for the patient.

Many perspectives on the commitment to the nursing professional role and mission had been emphasized with activities that go beyond disability, diagnosis, situation, and environment and these include maintaining human caring with its moral agreement with society; in respecting the life of oneself and others; that even in jeopardy, maintaining humanity is still aimed; to value human dignity and help maintain its unity, to hold the other in stability even when they feel incomplete themselves. Smith and Pressman (2010), it should be mandatory to nurses on having continuous education to intensify their nursing knowledge and skills, especially in their therapeutic communication with patients as caregivers from the present to the succeeding years even if there will be changes in society and science.

Relational Care

As mentioned earlier, caring is the ethos of nursing that can improve patient health, support personal development, and invigorate coping (Watson, 1979). Additionally, Watson stated that nurses can only fully assess patients' situations and needs if they value caring in their daily nursing experience. Relational caring by nurses can promote the growth and development of different types of relationships in nursing. (Pollard, 2015). Brookfield (2000) stated that emotions are imperative to the critical thinking scheme. Specifically, how the person schematizes circumstances, how to have a good decision-making, and how to act reflects the basis of a person's emotional defenses to the facts they are confronted. Above all, a caring attitude is essential for maintaining relationships (Thayer-Bacon, 1993). Nurses can deliver care more enthusiastically, be a good listener and can be more considerate with their patient through this caring behavior. Caring can tend nurses to comprehend adequately the patient's assumptions and making sure all ideas have been considered. The caring behaviors of nurses in the areas of relational nursing, humanistic nursing, and clinical nursing are evident in their practice. Whether a female or male nurse, old or young, communication skills and the relationship between nurses and patients that had been developed during the hospital encounter in the wards are the most important issues which can change nurses' caring behaviors and enrapture patient satisfaction (Combras, 2011). Zou (2016) defined relational practice in nursing as a respectful and ruminative strategy to delve into patients' life emprises and wellness. It is the skillful action of respect, benevolence, and undoubtedly interesting quests. He added that understanding the imperative yet complicated needs of the patient is a component of relational nursing practice. Moreover, he considers the idea of relational practice as the one which focuses on the relational and mutual structural facet that molds the

clients' views and life experience and not just the one that is related with the nursing care. This serves as a great core for a nurse when dealing with patients from different cultures and backgrounds.

Comforting Care

The last care concept in this study is about comforting patients. Nurses in the wards are assigned to a wide variety of patients, from acute to chronic cases. According to the Australian Committee study on safety and quality in Health Care (ACSQHC, 2013), wards have seen an increase in the number of patients who are in the EOL stage and require comprehensive care. Nowadays, it is challenging to find specific moment for a good conversation with patients. The rapid movements of the hospital environment, the presence of ambitious nurses, and the limitation of overtime in the hospital all contribute to these challenges. Moreover, the likelihood of litigation mandates nurses to document every procedure, lab results, and all types of therapies that were done, which reduces the time for nurses to interact to their patients or render the necessary care such as helping them to eat, toilet, and care for themselves (Smith, 2014). Holding a patient's hand could promote physical comfort and touch can provide emotional support.

A study by Pedrazza (2015) showed that the most significant predictor of emotional exhaustion and can provide emotional suppression was touch. Comforting plays a major role in sustaining and ameliorating health in patients who have experienced a lot. Anxiety can be relieved and healing can be promoted just by holding their hand. Nonetheless, a simple touch of the hands, a pat on the shoulder, a smile, or even a gentle handshake promotes comfort to the terminally ill. It has become a vital part of nursing care and part of the interaction that nurses provide to the patient.

Moreover, it has also been shown to alleviate pain and provide comfort at times when the patient is at their weakest. Patients tend to seek comfort from their healthcare providers as a sign of consolation and recuperation.

Patient's Satisfaction

Effective nurse-patient interaction is still neglected as far as nurse-patient relationship and patient satisfaction are perturbed even if communication technique training, seminars, workshops, and courses had been implemented to develop and shape nurses to communicate effectively with patients, such as acting calmly, caringly, and professionally. The desired outcome and patient satisfaction can be attained through accomplishing the quality aspect of care delivery. All healthcare professionals which include doctors and nurses were anticipated to acquire this. Patient satisfaction can be measured by determining professional care, trust, and patient education (Hinshaw & Atwood, 1982).

Technical-Professional Care

Technology is the production, refinement, utilization, and knowledge of tools, machines, techniques, crafts, systems, and methods of organization to disentangle a quagmire, enhance a prevailing solution to a predicament, obtaining an objective, or execute a particular role. It can also be cited as the assemblage of such tools, machines, modifications, arrangements, and procedures (Eric, 2006). In every setting worldwide, nurses pursue to care for patients and their families to protect them, help them heal, and bringing them back to the optimal wellness possible. It is in hospitals where simple goals are evidently aimed amidst every struggle. There is less probability between balancing act of what nurses consider adequate resources for quality care and the affordability of the required and needed resources. Doran, Haynes, and

Kushniruk (2010) stated that nurses, given the rapidly changing healthcare milieu and the convolution of modern healthcare systems, are challenged to execute the current technological innovation and abrupt delivery of care as possible. Nurses need to be critically *au fait* of them to comply with these demands. Nursing education all throughout the globe has arrogated critical thinking and skills in the use of a wide range of technologies as an educational goal necessary to the proficiency of nursing. Critical thinking is a contemplative and evaluative form of thinking that leads to reasoned judgment in imparting patients with pertinent nursing behaviors that influence patient satisfaction. (George, Davidson, &Serapiglia, 2010). According to Natverkspatients (2011), hospitals around the world are using robotic platforms that authorize physicians to communicate with nurses and manage patient care in times of inaccessibility.

Specialists around the country and even around the world can relate to many facilities that utilize teleconferencing, smartphones, and remote access systems. Inch-thick reference books that are accessible are no longer necessary to health personnel to have the information they need as there are available references that are free, downloadable, and full versions of each material which permits RNs to bring medical and nursing information in their pockets and can be browsed on their smartphones and tablets (Natverkspatients, 2011). Technological innovations create provocation and predicaments for nurses and nursing and can dehumanize patient care. This means that in a technological environment, applied science can pose a risk that patients are not perceived as human beings. Several studies have shown that nurses had high optimistic perceptions, while almost all of them had low defeatist perceptions in relation to the usage of technology. Occasionally, technology is available but nurses are not taking the benefits when it comes to caring for their patients. There is a

necessity for medical professionals to be knowledgeable in using technology to provide appropriate care and attain patient satisfaction and health (Hudson & Buell, 2011; Adel, Mohamed, Ali, &Sobh, 2014).

Trust

The value of care is affected by the trust with undetermined reasons on why and how patients trust nurses. It is recognized in public opinion surveys that long-standing trust status is given to nurses and are proud of themselves (Gallup Polls, 2012). The convictions associated with trust mandate an understanding of the preceding and consequences that prompt response in a relationship that invigorate trust as it is highly intricate and "multifaceted" (Dinc&Gastmans, 2012). In addition, trust is one of the most indisputable assets of nursing and influences nurses' potential to mold worthwhile affinities with patients, and this interconnectedness impacts positive health outcomes. Nursing characteristics linked to nurse-patient trust include clinical expertise, exhibited compassion and benevolence, patient advocacy, patient amenableness, and nurses' work ethics. Webster's definition links trust to reliance on, reliance on duty, and a commitment for a person to behave in the foremost interest of another (Marshall, 2000). The literature on trust accents on a notion that is primarily researched in the disciplines of psychology, sociology, and economics (Sellman, 2007; Johns, 1996). Trust involves a psychological decision (confidence) towards an individual to another. In the fields of sociology and economics, trust is associated with an aspect of desired utility that leads to the formation of a contractual relationship. According to Rortveit et al. (2015), their findings in the study show that quality patient care are rendered to patients in a healthcare setting where ill conditions are sympathized, health problems are addressed, and all throughout guidance are given with the patient during the ailment experience. Such a setting requires a forbearing of

the challenges to experiencing trust that arise from the specifics of the patient-caregiver relationship. When a trust occurs from one person to another person, it means opening oneself freely and assuming the other person to act in line with one's wishes, interests, or will. Trust is usually characterised as contradiction of free-will. Trust, choice, and power are significant aspects in mental health care as patients expect to participate in the treatment process.

Patient Education

In every nurse and nurse practitioner, patient education has been an integral part of our work. Patients who are clear about their discharge instructions, such as how to take their medications and when to come back for follow-up of doctor's appointments, have less probability to be hospitalized again or the need to see the Department of Emergency Medicine than patients who have deficiency with this information. The drill is implicit: patients who better understand their medications, disease signs and symptoms, diet and lifestyle requirements, and upcoming doctor appointments and tests have exponentially better success staying healthy on the outside. A quality time from the staff nurses is quite needed to delivery patient education and does remains a fact. Proper documentation is highly recommended to promote conciseness and a knack for multitasking (e.g., discussing the importance of medication while it's being administered), these critical conversations won't take as much time as you might expect. While sophisticated technology and perplexed diagnostics devices are at work all throughout the healthcare experience, the information that can be disseminated with the patients should include: a clear summary of what they need know and what to do when they are discharged from the hospital. Patient education resources have the ability to turn communication into action and improve health. Moreover, in the current healthcare, patient education is abetted

because it adds value to the treatment of disparate health problems and complications. Precise interventions aimed at escalating patient awareness can ameliorate treatment outcomes for many acute and chronic diseases. For instance, when patients become sickened, they dwell on how to stay encouraged and how to comply to the treatment programs. If patients are directly involved in their treatment decisions, it could increase enthusiasm, personal responsibility, treatment compliance, and satisfaction. (Friberg, Granum, & Bergh, 2012).

According to Koivunen, Huhtasalo, Makkonen, Valimaki, and Hatonen (2012), patients should receive concrete and suitable education for the care, treatment, and services administered. The content of patient education should be customized for each client according to traditional altercations and specified needs. Effective patient education is the result of in-depth, attested solutions that were critically thought to be put in place by healthcare providers and conflated into the patient care system. In addition, an improved quality of care in economically accountable healthcare systems can be a result of an effective patient education platform. Patient education can be put into a reading material written in a more understandable way such as using non-medical terms and which can be accessible anywhere.

Relationship between Caring Behavior and Patient Satisfaction

The concept of caring in nursing science has been defined by Watson (1990) as "caring encompasses knowledge, execution, and results ". For most patients who are conceded to the hospital, an uncertain state occurs which is associated with some tensions for them. These tensions can influence patient fulfillment and treatment results. The staff nurses are the main source of abetment and consolation and are not only a source of patient data. (Goldwag, Berg, Yuval, &Benbassat, 2002). There could

be numerous ways by which a care provider would render care, conduct changes, and affects patient satisfaction. Gunther and Alligood (2002) found that there is an unmistakable connection between caring practices in the nature of care and patient fulfillment. High satisfaction appraisals show that care is suitable, not that it is more excellent; low evaluations demonstrate complexities and ought not to be hidden by unveiling normal scores. This was supported by the study of Papastavrou, Andreou, Tsangari, and Merkouris (2014), which expressed that when a patient is dissatisfied, it is anything but an adverse consequence on the patient's well-being status and can foster unwanted results that can diminish trust and faithfulness to medical care providers and the organization. Clearly, estimating patient fulfillment is the utilization of client satisfaction to healthcare, an idea that started in both quality administration and advertising. Nevertheless, the benefit of estimating patient satisfaction has been restricted. Mainly because surveys, as in other industries, have tended to focus on the agendas of managers and clinicians instead of on issues that make a difference to patients and that can be converted right into it.

Hypothetically, patient satisfaction is identified with nursing care, caregivers, and the organizational setting. There are a lot of environmental components which have been accounted to obstruct the nursing profession in its capacity in accomplishing further developed wellbeing through the provision of proficient, culturally sensitive, evidence-based care (Papastavrou, Andreou, Tsangari & Merkouris, 2014). Nowadays, patient satisfaction is utilized as a norm to quantify the quality of service of hospitals. Better compliance with management plans had been shown with satisfied patients according to researchers. Thus, satisfaction with care can a significant impact in advancing patient health and well-being. However, the study by Combras (2011) indicated that there is a distinction in the impression of nursing

behavior between patients and nurses. Patient satisfaction is generally regarded as the key index of the standard and adequacy of care, as well as a significant component of value-based healthcare, and appears to be selectively subtle to distribution.

THEORETICAL FRAMEWORK

One of the known nursing theories supporting the claim that caring is a central concept is Jean Watson's theory of caring. The nurse-patient relationship is deeply rooted in a value system based on the reverence they have in life itself. Caring must take place, therefore, before and actual caring or interaction between the nurse and the patient. Watson's theory (1979; 1985) proposes that caring is the scrupulous, ideally high-end profession, in which the outcome is self-enriching. This motivates the application of the right values, dedication to expanding knowledge, providing kindhearted gestures, and knowing consequences. According to Watson (1979, 1988) the ten carative factors of love-heart-centered- caring/compassion epitomizes the heart of caring which supports and improves the patients' caring experience. The ten Carative components of Watson are viewed as an interaction between the nurse and the patient and the paradigm that can be utilized to succor and refurbish the reality of the caring environment experience. The ten carative factors and how it is depicted in the Caritas Process, includes the following:

F1: Formation of a humanistic-altruistic system of values that pertain into developing the act of love- benevolence and equanimity toward self as well as other people as fundamentals to caritas cognizance.

F2: Instillation of faith-hope which shows being licitly present, empowering, maintaining and honoring the confidence, trust and the profound convictional framework and the internal emotional life of oneself and of the other.

F3: Cultivation of sensitivity to oneself and to others which relates to developing one's own non-secular practices and transpersonal self, going past one’s self-esteem.

F4: Development of a helping-trusting, human caring relationship which is creating and supporting a helping-trusting, caring relationship.

F5: Promotion and acceptance of the expression of positive and negative feelings as integrated to being available to, and steady of, the statement of good and adverse sentiments.

F6: Systematic use of a creative problem-solving caring process as coalesce to innovative utilization of oneself and all methods of knowing as a feature of the caring cycle.

F7: Promotion of transpersonal teaching learning which means taking part in the artistry of caritas nursing; participating in certifiable teaching-learning encounters that take care of the solidarity of being and abstract significance and endeavoring to remain inside the other's edge of reference.

F8: Provision for a supportive, protective and corrective mental, physical, societal and spiritual environment which correlates to establishing recuperating surroundings at all levels.

F9: Assistance with gratification of human needs is equated to directing sacred nursing demonstrations of caring-healing by tending to human essentials.

F10: Allowance for existential-phenomenological-spiritual forces which is conjoined to opening and taking care of profound or strange and existential questions of life and demise.

Cosette et al. (2006) had developed a Caring Nurse-Patient Interactions scale consisting of 70 items (CNPI-70) that describes caring attitudes and behaviors parallel to the ten carative factors as recommended by Watson. Later, this scale was shortened to 23 items (CNPI-23) grouped under four dimensions of caring to be used when the utilization of a shorter version is necessary. The chosen items were ascertained by factor analysis, with theoretical and empirical pre-requisite. Each item is relevant to their theoretical domain alone.

Cosette et al. (2006) grouped the ten carative factors into four caring domains to reduce the 10 carative factors which are Humanistic Care, Comforting Care, Relational Care, and Clinical Care. According to Watson (1979, 1988), the philosophical aspect of caring has been reflected with the first factor of carative care. It was theoretically the first domain: Humanistic Care. The second and third factors are interdependent and show the individual's sensitivity and value system and were labeled with the second domain which is Comforting Care.

Watson (1979, 1988) also highlights the therapeutic relationship, which is subject to the humanistic area, yet surpassing it. Furthermore, she expresses that those factors 4 and 5 are profoundly relates and establishes the significant components of a therapeutic relationship. Sustaining such relationship, the nurse should consider the patient's impression of a specific circumstance best addressed in F10. Certain creative critical thinking underlies every single carative factor; notwithstanding, it is especially noticeable in the therapeutic relationship. Thus, the nurse endeavors to see the value in the patient's opinion of a circumstance with a full intention of upgrading the connection among mind and body (F6). Nurses organized these elements to 4, 5, 6, and 10 into a third caring section which is the Relational Care. A fourth domain was made for factors 7, 8 and 9, and these carative factors

mirror the nurse's reaction and nursing abilities expected to respond to patient medical issues. It was assembled into a fourth domain which is Clinical Care.

The four carative components: clinical, humanistic, relational, and comforting care which assume an information base and clinical ability; a responsibility toward securing, upgrading, and safeguarding human nobility; and assertion of the subjective importance of the patient.

The caring event is the second wherein the patient and the medical attendant really meet up same with what the hypothesis proposes and that both the medical caretaker and the patient carry their own abstract real factors to the second and both can contact the other.

The carative factors are the structure for the caring event which includes both the nurse and the patient in selecting and acting which is applied daily by the nurses. Both the nurse and the patient are completely involved in the relationship, influenced by the transpersonal measurement of nursing (Watson, 1990). Relational and Humanistic Caring are the ethical beliefs of nursing that work toward accomplishment. The carative variables become the nursing management in the nurse-patient relationship (Watson, 1985). Watson considers that caring advances wellbeing and human development fulfills a human need, and praises the science of healing. Clinical and Comfort Caring is integral to the wellbeing and recuperation in Watson's view and curing succeeds (Watson, 1990). Comforting a patient just by touch or uncomplicated beneficial words can ease up their spirit and can be a wellspring of alleviation.

CONCEPTUAL FRAMEWORK

Figure 1. Correlation on Nurses' Caring Behavior among Patient and Patient Satisfaction in a Tertiary Hospital in KSA

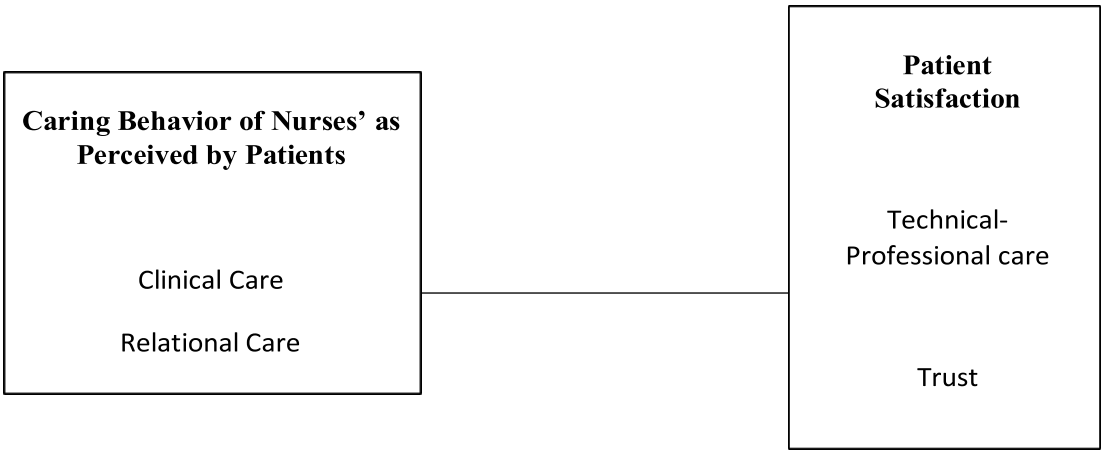


Figure 1 shows the sets of variables in this study. The independent variable is the Caring Behavior of the nurses as perceived among patients such as the Clinical Care, Relational Care, Humanistic Care, and Comforting Care as shown in the left box while the dependent variables in the right box represent the patient's satisfaction with care classified in three areas, namely: Technical-professional care, Trust and Patient Education.

The straight line pointing from the right box to the left box represents the relationship of the perception of nurses' caring behaviors as perceived among patients and patient satisfaction.

Operational Definition of Terms

These are the significant terms explicated by the researcher in this study:

Care. It denotes a standpoint, perspective, and behaviors with consideration of a nurse to a patient's own aptness.

Clinical Care. It refers to the nurse's skills as a general ward nurse required for the delivery of clinical assessment, symptom management, and procedures to their patient.

Comforting Care. It represents the respect of the staff nurse to the patient's confidentiality and taking their essential needs into consideration.

Humanistic Care. It refers to the dignity and worth, values, attitude and capacities of general ward nurse that influences the outcome of the nursing interventions.

Level of Caring Behavior. It refers to the level of care provided by ward staff nurses in terms of Clinical, Comforting, Relational, and Humanistic care.

Patient Education. It refers to the nurses' knowledge and skills to deliver to the patients the necessary health knowledge, the rationalization behind the rendered nursing care, and the redemonstration of procedures to be performed.

Patent's Satisfaction. It refers to the scope to which a client is gratified with the nursing care service acquired from the staff nurses in terms of technical- professional care, trust, and patient education.

Relational Care. This pertains to the nurse honoring the patients' assimilations while supporting them to decipher the intent in connection with their health status.

Technical-professional. It refers to the proficiency of nurses to execute technical activities.

Trust. It refers to the nursing attribute that permits an encouraging and pleasant interaction with the patient.

Hypotheses of the Study

HA1: There is a significant relationship between the perception of nurses' caring behavior among patients and patient's satisfaction.

CHAPTER 3

RESEARCH METHODOLOGY

RESEARCH DESIGN

A descriptive-correlational research design was implemented for this study. It is a type of research method which seeks to expound relationships between variables as opposing to surmising casuality (Polit and Beck, 2017). This is the technique applied in this research study to recognize the caring practices of the nursing staff, the patient's satisfaction and deduces the relationship that exists between the nurses' caring behavior and patient's satisfaction.

POPULATION AND SAMPLING TECHNIQUE

The respondents of this study were selected with the use of purposive sampling since the researcher considers the nominated participants as the best informant of the necessary data in the study done. This pertains to the selection of respondents which depends on the researcher's preference on which among the potential participants will give the fact of information (Polit and Beck, 2017). The participants of this study were selected based on their comprehensibility, their ability to tell their name, time, and place, and on their age limit. A sample size of 162 was required to attain a power of 0.95, a medium impact size for the relationship was set at 0.30 while the alpha was set at 0.05 (Cohen, 1998). There were 170 review polls disseminated to the inpatient wards, yet just 162 patients had optioned to finish answering the survey.

The sample size (n) is calculated according to the formula:

$n = [z^2 * p * (1 - p) / e^2] / [1 + (z^2 * p * (1 - p) / (e^2 * N))]$

Where:

z = 1.96 for a confidence level (α) of 95%

p = proportion (expressed as a decimal)

N = population size

e = margin of error.

z = 1.96, p = 0.5, N = 280, e = 0.05

$n = [1.96^2 * 0.5 * (1 - 0.5) / 0.05^2] / [1 + (1.96^2 * 0.5 * (1 - 0.5) / (0.05^2 * 280))]$

$n = 384.16 / 2.372 = 161.956$

$n \approx 162$

The sample size (with finite population correction) is equal to 162

https://goodcalculators.com/sample-size-calculator/

RESEARCH SETTING

The study will be conducted at Prince Mohammed bin Abdulaziz Hospital in Riyadh, Saudi Arabia. It is a 500-bed capacity tertiary hospital that caters to all acute and chronic medical and surgical cases only. Its mission is to provide a high-quality level of healthcare in a safe environment. The hospital has 10 medical-surgical wards with 20-28 patients in each unit, three intensive care units, Outpatient department, Operating Room, and Emergency Department. The medical-surgical wards have 20-25 patients in each unit.

INCLUSION AND EXCLUSION CRITERIA

Patients that will be included in the study are those who are (1) ages 18 years old and above, (2) responsive, coherent, and oriented, (3) are currently admitted in the inpatient wards for more than three days as they have been in the hospital long enough to measure the caring behavior of nurses in the hospital, (4) an Arab-national, and (5) are willing to give informed consent. On the contrary, patients who are excluded in the study are (1) patients with comorbidities (e.g., on psychological treatment sessions), (2) having a private nurse (other than the hospital staff) or significant other at the bedside to prevent bias in the point of reference, (3) those who refused to complete in answering the survey.

RESEARCH INSTRUMENT AND TOOLS

The research tools used in this study are adapted from the study of Sylvie Cosette, et al. which is “Assessing nurse-patient interactions from a caring perspective: report of the development and preliminary psychometric testing of the Caring Nurse-Patient Interactions Scale” and Patient Satisfaction Tool from Hinshaw and Atwood. The adaption of these tools was permitted by Sylvie Cosette and Jan Atwood on behalf of Nancy Risser through email. The email conversation copy is attached in the appendix as proof of their approval.

Clinical Nurse Patient Interaction Scale

Taken from the study of Cossette et al. (2006), Caring Nurse-Patient Interaction Scale or CNPI-23 relates the perspectives and practices that can be seen in a clinical setting which can be estimated importance, frequency, satisfaction, competency, and feasibility. It has been categorized into three sections: the patient’s demographic data, survey scale, and open-ended questions. The Survey Scale includes 23 things, exhibiting four caring domains: Humanistic Care (four items), Relational Care (seven), Clinical Care (nine), and Comforting Care (three). The tool is a 5-point Likert scale with five response options ranging from “Almost always” (five points), “Very often” (four points), “Often” (three points), “Sometimes” (two points), and “Almost never” (one point). Table 1 displays the verbal interpretation of the Likert scale used in this study. It incorporates 23 statements gathered under four aspects: Clinical Care (Statements 1 to 9), Relational Care (Statements 10 to 16), Humanistic Care (Statements 17 to 20), and Comforting Care (Statements 21 to 23). A content validity approach composing 13 expert nurses brought about a 70-item tool sub-partitioned into 10 nursing carative factors.

Alpha coefficients between sub-scales differed from .73 to .91 and sub-scales between relationships were from .53 to .89. Pearson correlation coefficients were - .02 to .32 between the sub-scales and social appeal proposing low to moderate predisposition. Aftereffects of the differentiated group approach somewhat upheld the speculations while all distinctions were in the anticipated path. Results recommend that the scale has solid potential for use in research, clinical and instructive settings.

Patient Satisfaction Instrument

The Patient Satisfaction Instrument (PSI) is partitioned into two sections to the patient's demographic information and the survey scale. This survey scale has been borrowed from the research of Hinshaw and Atwood (1982), which was initially created by Nancy Risser, which contains 24 things, assembled in three domains, to be specific: technical-professional care (P), trust (T), and patient education (E). Technical-professional care dimension includes seven statements (Items 12, 14, 15,17, 19, 24) that assess the capability of nurses to perform a high-tech tasks; the trust area contains eleven statements (Items 1, 3, 4, 5, 6,9, 10, 13, 18, 21, 22) that assess nursing attributes that permit a useful and agreeable collaboration with the patient and their correspondence; and patient education areas contains seven statements (Items 2, 7, 8, 11, 16, 20, 23) that assess the capacity of medical caretakers to give data to patients, their clarifications about the care and techniques exhibit.

Likewise, Likert scale is utilized with the Patient Satisfaction Instrument which comprises five response choices going from "strongly agree" (five points), "Agree" (four points), "Somewhat agree" (three points), "Disagree" (two points) and "Strongly Disagree" (one point) and, for the things with negative sentences, the scale score is assessed inversely. Table 1 shows the verbal interpretation of the scale utilized in the

investigation. The higher the score of the PSI, the higher patient satisfaction levels with the rendered care. The internal consistency estimates seem agreeable and stable across the different research; for instance, alpha coefficients for the Technical-Professional subscale normal .79, Education coefficients normal .78, and Trust coefficients normal .88. Interitem, item- subscale, and interscale connections validate the alphas. Construct validity estimates were made through focalized/discriminant procedure, and prescient display. Experiential relationships tolerably validate the various, united/discriminant forecasts. Discriminance was firmly recorded for everything except the Education subscale, which had unobtrusive support. Prognostic modeling delivered moderate to strong validity estimates. Generally, the PSI has satisfactory degrees of validity and reliability with refinements exhibited.

Table 1: CNPI Likert Scale Interpretation

Scale	*Value Range*	*Interpretation*
5	4.20-5.0	Excellent
4	3.40-4.19	Good
3	2.60-3.39	Fair
2	1.80-2.59	Poor
1	1.0-1.79	Very Poor

Table 2: PSI Likert Scale Interpretation

Scale	*Mean Range*	*Interpretation*
5	4.20-5.0	Completely Satisfied
4	3.40-4.19	Very Satisfied
3	2.60-3.39	Moderately Satisfied
2	1.80-2.59	Slightly Satisfied
1	1.0-1.79	Not at all Satisfied

Table 3: Pearson r Index Interpretation

Pearson r Index	Interpretation
± 0.90 to ± 1.0	Very high positive/ negative correlation
± 0.70 to ± 0.90	High positive/ negative correlation
± 0.50 to ± 0.70	Moderate high positive/ negative correlation
± 0.30 to ± 0.50	Low positive/ negative correlation
0.00 to ± 0.30	Negligible correlation

PRE-TESTING OF TOOLS

The validity of the instruments used will be determined through language and content validity.

LANGUAGE VALIDITY

The instruments of the research study were transcribed from English to Arabic and were, back translated into English to guarantee that the deciphered instrument conveys on similar interpretation as their act ual English terms. As per Erkut, Alarcon, Garcia and Vasquez (1999), the back-translation technique has been viewed as the

selected strategy for acquiring a culturally identical research questionnaire when converting an existing instrument.

CONTENT VALIDITY

The interpreted instruments that were utilized in this research was evaluated by five specialists, four of them were nurses and one linguist. Once the survey questionnaires had been completed, the content validity index (CVI) of the tool will be measured by identifying the level of each item appraised as three or four on a 4-point Likert scale given to the experts (one=not relevant, four=highly relevant).

As per Lynn (1986) to build up the content validity of an item in a panel comprising five experts as what was done in the research study, an Item Level CVI (I-CVI) of 0.78 and a Scale Level CVI (S-CVI) of 0.80 is required (Davis, 1992). I-CVI points to the extent of content specialists giving the item a significant rating of 3 or 4 (Polit and Beck, 2006) while S-CVI is the" extent of items given a rating of very/applicable by raters who are included" (Waltz, Strickland and Lens, 2005, p. 155). Moreover, Waltz and Bausell (1981) stressed the utilization of the 4-direct Likert Scale to refrain from an unbiased or undecided midpoint.

RELIABILITY PROCEDURES

After organizing the validity of the instruments, a reliability test utilizing Cronbach's Alpha Statistics was directed. An alpha inside the range of 0.70-0.95 will be acknowledged as acceptable for internal consistency (Polit and Beck,2014).

The CNPI-Patient and PSI scale will be tested for internal consistency in a selected hospital in Saudi Arabia.

ETHICAL CONSIDERATIONS

The respondents were counseled about nature and objectives with respect to the study and their privilege to procure an informed consent as required in this study and their right to refuse anytime during the study on its data collection phase. The members were educated that no harm would cause them during the implementation of the study. Verbal and written consent was assured once the respondents had absolutely expressed interest to join the study. The time and site of the distribution of the questionnaires were dictated by the respondents. Likewise, the respondents were educated that they may decline to address the questions in the event that they discover it as excessively intruding or may cause them any uneasiness. Rational process was strictly complied to guarantee privacy, anonymity, and security of data accumulated throughout the investigation. All the accumulated information from the members will be kept in a USB drive and will only be obtainable by the researcher. It will be obliterated through suitable methods (for example destroying) after 5 years. The implementation of data collection was done after the endorsement from the Ethics Review Board of the university, Institutional Review Board of the Ministry of Health-Cluster 2, and from the Associate Executive Director of Nursing of Prince Mohammed bin Abdulaziz Hospital.

DATA GATHERING PROCEDURE

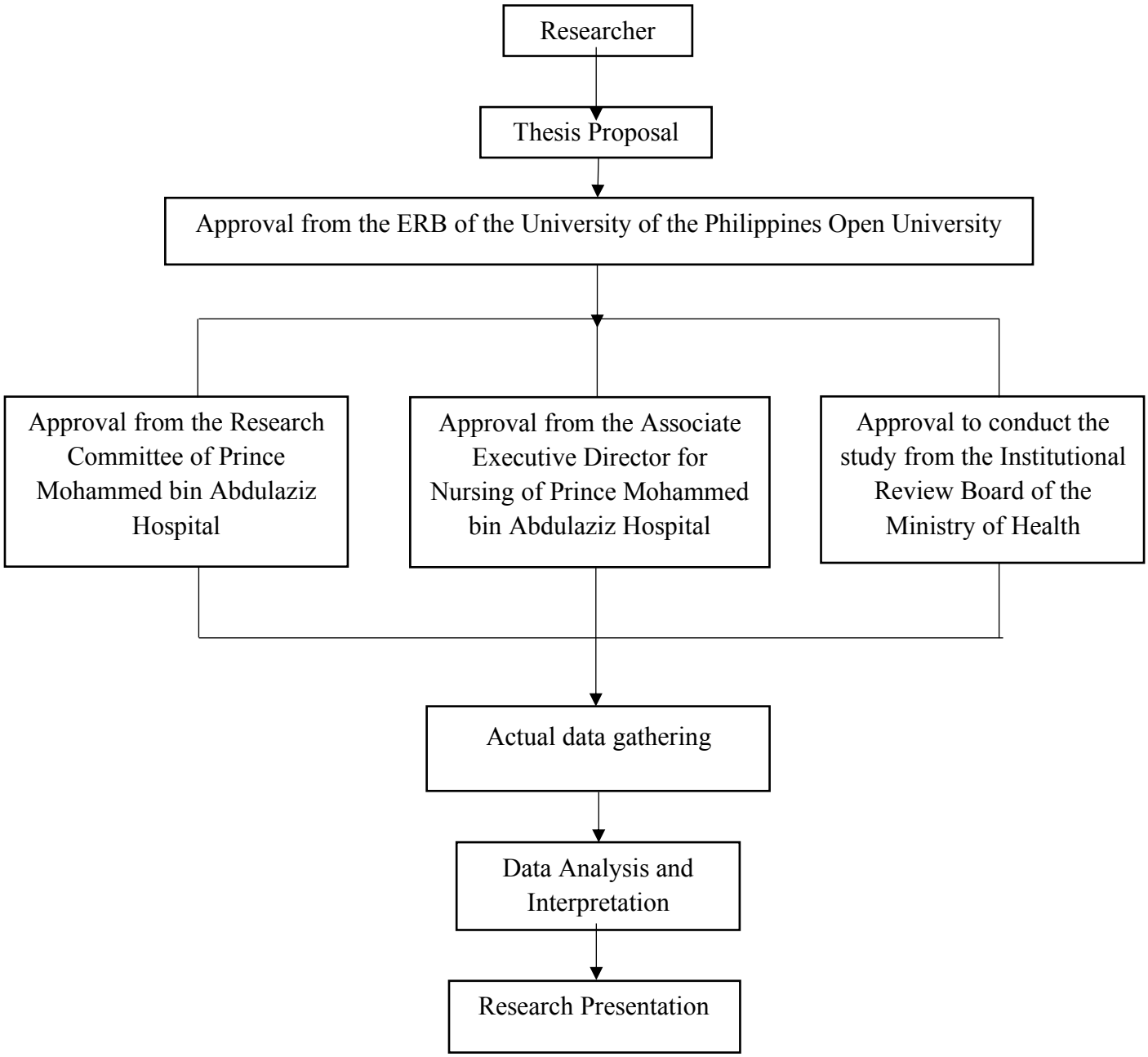
The researcher had sought permission from the University of the Philippines Open University to conduct this study. The research study had been approved by the research panel members. After the approval from the panel members, the research study was submitted to the Ethics Review Board of the University of the Philippines-Open University. Upon the approval from the Ethics Review Board, the research was submitted and permitted to be implemented by the research committee of Prince

Mohammed bin Abdulaziz Hospital and Institutional Research Board of the Ministry of Health where the data collection will take place. The research was succeeded with the data collection after approval of this study has been secured from the Associate Executive Director for Nursing and from the Research Committee of Prince Mohammed bin Abdulaziz Hospital, Institutional Review Board of the Ministry of Health, and from the University of the Philippines Open University Faculty Management and Development Studies, Ethics Review Board, Research and Publications Committee, UP Open University. Actual data gathering had followed.

The data collection was done thru a few steps. Firstly, the researcher will be checking in the Cerner System on patients' data (age, number of hospital days and level of consciousness and orientation, and nationality). Secondly, the time of data collection will be at 09:00 a.m.- 05:00 p.m. where patients were active for interaction for the survey. Thirdly, the researcher had requested the prospective participants if they were willing to engage in the study and had them signed the informed consent. Afterward, the researcher had distributed the questionnaires to the patient and had given them 30 minutes to an hour to finish the questionnaires. If the participant needed more time to answer the questionnaire, the researcher had given ample time for them to answer the questionnaire. Hence, these procedures had been followed until the target number of participants had been achieved.

After the number of participants had been reached and data collection was obtained, the data were analyzed and interpreted. Finally, the presentation of the research to the research panel members and critics was done. Figure 2 presents the pathway of the research study.

Figure 2. The Protocol of the Study



Statistical Treatment

This research study used three statistical treatments which include a weighted mean to determine the level of caring behavior of staff nurses as perceived among patients and the patient's satisfaction. Additionally, standard deviation had been used to describe the homogeneity and heterogeneity of the data. Lastly, Pearson R

correlation was used to measure the strength and direction of the association between the level of caring behaviors as perceived among patients and patient satisfaction.

Formula in each objective:

Objectives 1 and 2: *The weighted mean*

$$\bar{x} = \frac{\Sigma wx}{\Sigma w}$$

Σ= summation of

$\bar{x}$ = the weighted mean

x = the repeating value (Likert scale score)

w = the number of occurrences of *x* weight

The Standard Deviation

$$S = \sqrt{\frac{\sum(x - \bar{x})^2}{n - 1}}$$

Σ= summation of

$\bar{x}$ = mean of all values in the data set

x = each value in the data set

n = number of values in the data set

S =standard deviation of a sample

Objective 3: *Pearson r Correlation*

$$r_{xy} = \frac{n\sum x_i y_i - \sum x_i \sum y_i}{\sqrt{n\sum x_i^2 - (\sum x_i)^2}\sqrt{n\sum y_i^2 - (\sum y_i)^2}}$$

N= number of pairs of scores

$\sum xy$= sum of the products of paired scores

$\sum x$= sum of x scores

$\sum y$ = sum of y scores

$\sum x^2$= sum of squared x scores

$\sum y^2$= sum of squared y scores

CHAPTER 4

RESULTS AND DISCUSSIONS

This chapter of the study exhibits the interpretation, analysis, and discussion of the gathered data from 162 respondents of the inpatient wards of Prince Mohammed bin Abdulaziz Hospital in Riyadh, Saudi Arabia. The data analysis is indicated in alignment with the specific objectives of the study.

The first part of this chapter details the demographic profile of the patients which includes the age, sex, ethnicity, and length of hospital stay. This is succeeded by the determination of the level of caring behaviors by nurses as perceived by the patient using the Caring Nurse-Patient Interaction Scale (CNPI) and patient satisfaction using the Patient Satisfaction Instrument (PSI). Interpretation of the results was based on the level of responses denoted in mean score. Lastly, the correlation between the level of nurses' caring behavior as perceived by the patient and patient satisfaction was identified and interpreted.

Demographic Profile of the Respondents

Table 1 displays the distribution of respondents according to the social characteristics of the respondents which include age, sex, ethnicity, and length of hospital stay.

Table 4: Frequency Distribution of the Demographic Profile of Patients Based on Age, Sex, Ethnicity and Length of Stay in the Hospital

Demographic Profile	Mean (SD)	Frequency (n=162)	Percentage (%)
Age	46.85 (1.29)		
Sex			
Male		115	71%
Female		47	29%
Ethnicity			
Saudi		102	63%
Egyptian		25	15%
Syrian		21	13%
Yemeni		8	5%
Others		6	4%
Length of Stay	6.95 (4.83)		

Based on the results, the respondents have a mean age of 48.65 (1.29). In terms of sex, most of the respondents were males which accounts for 71% of the population while females account for 29% only. Additionally, the respondents were mostly Saudis which accounted 63% of the study, Egyptian with 15%, Syrian with 13%, Yemeni with 5%, and 4% from other Arab groups. Furthermore, most of them have a mean length of stay of 6.95 (SD= 4.83) days in the hospital.

Level of Caring Behaviors of Nurses as Perceived by Patients

Table 2 presents the mean and standard deviation of the patients' perception about the level of caring behavior of nurses in terms of each level of care: clinical care, relational care, humanistic care, and comforting care. Participants were asked to respond with one of the five values: Almost never, Sometimes, Often, Very often, and Almost always.

Table 5: Mean and Standard Deviation of the Level of Caring Behaviors of Nurses as Perceived by Patients in each term of each Level of Care

Level of Clinical Care	**n=162**	
	Mean	**SD**
Provide treatment in a safe and gentle manner (e.g., intravenous injections, bandages, etc.).	4.79	0.52
Operate correctly the specialized equipment (e.g., pumps, monitors, etc.).	4.75	0.62
Instruct to report if the medications soothed the symptoms (e.g., nausea, pain, constipation, anxiety, etc.).	4.59	0.80
Give indications and means to treat or prevent certain side-effects of their medications or treatments.	4.40	1.04
Demonstrate professional expertise under stressful situations	4.46	0.88
Assist the patient with the activities of daily living.	4.61	0.78
Show to the patient the ability and skill in the way of intervening with them.	4.67	0.66
Always check the patient from time to time.	4.58	0.81
Always provide to patient the opportunity to practice self-administered care	4.39	0.94
Over-all	4.58	0.53
Level of Relational Care		
Help the patient to look for a certain equilibrium/balance in their life.	3.93	1.36
Help the patient to explore what is important in their life.	3.72	1.44
Help the patient's significant other to clarify which things they would bring in the hospital.	3.96	1.36
Explain to the patient their over-all health condition.	4.22	1.17
Help the patient recognize the means to efficiently resolve problems.	4.08	1.22
Help the patient to see things from a different point of view.	3.94	1.33

Try to identify with the patient the consequences of their behavior.	3.85	1.44
Over-all	3.96	1.14
Level of Humanistic Care		
Always consider the patient as complete individuals and show that they are interested in things other than their health problem.	4.57	0.84
Encourage the patient to be hopeful, when it is appropriate.	4.56	0.91
Always emphasize the patient's effort.	4.40	1.07
Do not show any attitude of disapproval.	4.46	1.13
Over-all	4.50	0.80
Level of Comforting Care		
Always respect the patient's privacy (e.g., did not expose them needlessly).	4.69	0.78
Always take the patient's basic needs into account (e.g., sleeping, hygiene, etc.)	4.55	0.93
Always give treatment or medications at the scheduled time.	4.82	0.56
Over-all	4.69	0.65
Over-all score for level of Nurses' Caring Behavior	4.39	0.68

Clinical Care

The level of clinical care as perceived by patients was measured through nine statements in the questionnaire. The mean and standard deviation were given for each of the questions related to the clinical care factors as shown in Table 2.

Based on the results, the statement that has the highest mean was "Provide treatment in a safe and gentle manner (e.g., intravenous injections, bandages, etc.)" at M=4.79 (SD= 0.52) while "Always provide to the patient the opportunity to practice self-administered care" which has the M=4.39 (SD=0.94), gained the lowest mean.

The overall mean score for Clinical care as perceived by the patient is 4.58 with a standard deviation of 0.53 which showed an excellent level of clinical care.

The result for clinical care can be related with the study of Noveno (2018) which expresses that establishing rapport with the patient through self-introduction and revealing to them the names of the ones who will manage them like the appropriate data (i.e., identifying with medical or nursing management) of different nurses and physicians' name are significant. If there is a medicine for administration, discussing the indication of the medication to the client before offering it to them and giving data on the best way to take this medication at home once discharged. Nurses likewise should be extremely cautious during medication administration.

To build clinical skill, Weyant et al. (2017) said that nurses ought to be self-assured with the new era today wherein innovation is developing from time to time. Nurses could have an interval on observing patients due to the attention required from the patient and the contending request of generating information by documenting utilizing innovation and using time productively is necessary to get rid of conflicts. Nurses ought to have systematized policies and procedures.

In our institution, by policy and by practice, before giving any medication or before doing any procedure, we are mandated to obtain correct patient identification. Nurses shall ask the patient's name or check the patient's identification band before medication administration or any medical and surgical procedures. Thus, it showed as the highest mean in this level of care. However, nurses are not allowed to keep or leave patient's medication at the bedside. Even patient's own medications are prohibited to be kept with the patient to promote safety on medication administration. Hence, the statement "Always provide to the patient the opportunity to practice self-administered care" gained the lowest mean. Nonetheless, once the patient is ready

for physical discharge, patient education on how to take their own medication is always accomplished.

Relational Care

The relational care aspect in the questionnaire was measured with seven statements. The participant responses to the individual survey questions related to patients' perceptions of relational care.

It can be seen from the table that patients rated the statement "Explain to the patient their overall health condition" with a M=4.22 (SD=1.17) has the highest rating while the statement "Help the patient to explore what is important in their life." with a M=3.72 (SD=1.44) had the lowest rating. In terms of Relational care as perceived by the patient, the overall mean score is 3.96 with a standard deviation of 1.14 which showed a good level of relational care.

It can be noted that this aspect had the lowest rating among all the caring behaviors, this can be related to the study of Beckett et al. (2007) wherein they stated that education curricula regularly highlight logical, quantifiable specialized information, disregarding relational parts of care in nursing. Besides, nursing students are instructed to survey the primary necessities of the client, while psychosocial needs are frequently disregarded.

This term of caring behavior had been minimally practiced among nurses and patients. As indicated by Combras (2011), the interrelationship that created by the nurses with patients during their duty hours in the wards is the most significant components which differ caring behavior and influence satisfaction. This was upheld by Allen et al. (2013) which expressed those pointless stressors for patients and the possibility of harm increases as an effect to an impeded relational practice. Moreover, in large numbers of the medical care, as contemplated, communication between the

nurse and the patient has been inadequate, especially when the process is commanded by the care providers. Much of the time, a few nurses disregard patient needs and worries just as exploit and embarrass them, particularly in maternal/antenatal and primary medical care facility which are in public medical services. Nonetheless, results exhibited that nurse-patient communication and interaction have been caring and beneficial in ICU, operating theatre, and HIV/AIDS care settings. The essential seems to be for the incorporation of relational abilities in nursing training programs just as the commitment of nursing managers and administrators in fortifying communication inside the nurse-patient dyad (Kwame, 2020).

Relational care is achieved through communication that is happening between the nurse and the client. The language barrier that exists between expatriate nurses and Arab patients is undeniable. Nurses would know the basic medical and non-medical Arabic terms but usually cannot explain too much in Arabic to attain good communication skills. Thus, nurses can explain what the medications are and what it is for to the patient, the procedure to be done and what are the plans for them, however, nurses usually are unable to give psychological support. Although, there are patient health educators and social workers to provide psychological support in Arabic but they are not always available. Moreover, nurses are focused on rendering nursing skills and routines such as taking vital signs, medication administration, nursing documentation, specimen collection, and completing radiological procedures. Furthermore, ward nurses are assigned with 4-6 patients in a shift which could be a factor that they could not render ample time for psychological comfort with the patients.

Humanistic Care

The humanistic aspect was measured in the questionnaire with four statements. The participant responses to the individual survey questions related to patients' perceptions of humanistic care as presented.

The patients rated the statements "Always consider the patient as complete individuals and show that they are interested in things other than their health problem." with a M=4.57 (SD=0.84) has the highest rating while the statement "Always emphasize the patient's effort." at M=4.40 (SD=1.07) was rated lowest. In terms of Humanistic care as perceived by the patient, the overall mean score is 4.50 with a standard deviation of 0.80 which showed excellent humanistic care of nurses.

Nurses, as individuals from a humanistic profession, honor every individual as a remarkable person. This value is conveyed via caring practices (Wu and Volker, 2015). It could likewise be said that non-caring behaviors decrease the human coordination among nurses and patient. Patients are being cared for by nurses. Porr and Egan (2013) affirmed that nurses need not to offer care that needs to add distress to other people however ought to be genuine and back up with quick exact execution. Consequently, to get successful, nurses ought to consider the attribute parts of caring behavior that was given which has a good result and not simply arbitrary sentiments showed for the patient. Indeed, in the study of Noveno (2018), he stated that holistic care includes focusing on the patients' general condition. This would involve giving a precise methodology of care that incorporates physical, psychological, and spiritual dimensions. Caring for them should giving full attention to the patients' wellness and giving all their essential needs in the caring process. Moreover, nursing care includes listening, acting, understanding, and satisfying one's necessities.

The ward nurses had been fulfilling roles beyond their job description that even patients had been demanding in their minute needs, they are accomplishing their patient requests. May it be to prepare a hot tea or coffee, putting on or off the lights, air conditioner, and television or even checking the blood pressure of their significant folks. On the contrary, when it comes to emphasizing patient's effort, it would less likely be done by nurses that could be due to disregarding that part of their needs because of work priority and work overload. Nurses tend to focus on their technical work and documentation to be done as urgently as it could be.

Comforting Care

The level of caring behavior in terms of comforting care of nurses and patients was measured by three statements in the questionnaire. The participant responses for the individual survey questions related to the perception of comforting care as perceived by patients as presented.

Based on the table, the statement "Always give treatment or medications at the scheduled time." with a M=4.82 (SD=0.56) rated the highest while the statement "Always take the patient's basic needs into account (e.g., sleeping, hygiene, etc.) with a M= 4.55 (SD=0.93) was the lowest. In terms of the level of comforting care as perceived by the patient, the overall mean score is 4.69 with a standard deviation of 0.65 which shows excellent comforting care of nurses.

This aspect of caring attitude had been the most noteworthy as this indicates the appraised comfort with regard to nurses rendering care for their patients. Pedrazza (2015) denotes that comforting takes an enormous part in acquiring and further developing wellbeing status in patients who have experienced a lot. The study of Noor,S. et al. (2016)revealed that caring and comfort are significant factors that impact patient satisfaction. Hence, the job of caring nurses and nurses' capacity to

render comfort for patients in the future ought to progress alongside the advancement of science and technology and society's insistence. Further research should be directed to see the circumstances and logical results of caring and comfort toward patient satisfaction.

Medication administration can be done an hour before or after the scheduled time of administration. Post cebum doses are being given right after the patients' meal. Antibiotics and insulins are given at their scheduled time. On the other hand, common complaints of the patients include sleep disturbances due to nurses awakening them, especially at night, for medication administration, vital signs taking, and blood extraction. Other complaints include noises at the nurse's station and hallways during rest hours, an inappropriate way of closing the doors, and no immediate response with the call bell.

To sum up, nurses had the highest score in care behavior of "timely execution of medical procedures and medication administration". It was found out the nurses focused harder on the technical aspect than its psychosocial perspectives, through furnishing nurses with the right notion of care, clients can be receiving necessities-based consideration. The expansion of patient satisfaction with nursing care will be seen, and by implication would bring about the uplifting perspective of clients and the society with the nursing profession and its benefits (Asadi, 2014). In any case, Papastavrou, E. (2011) in his review exhibits those nurses do not precisely evaluate patient denotations on the different components of caring that insinuates that they may plan and carry out on patient-based which depends on their own presumptions. In gathering the client's assumptions, this event requires the advancement of medical knowledge and skills, critical judgment, and efficacious interaction of nurse to patient for which practices intends caring. Consider the patients' viewpoint to interface nursing

interventions with patient results. In the study of Weyant, R. (2017), topics that arose regularly were giving data, giving consolation, exhibiting capability, and being available. Different practices recognized as caring behaviors where nursing guidance and utilization of a gentle tone of voice when speaking. Nursing behavior that was in opposition to the perception of caring showed up as separated occurrences. The composed antagonistic disposition, interfering with rest, not getting data, and inadequate management of pain. Significant opinions are acquired into what they see as caring and what adds to recuperation as seen by those in emergency and in critical care settings with patients and families who were directly asked about their experience with nursing care. Capturing this information is basic to planning high-standard, safe surroundings that work with healing. Also, Afaya, A. (2017) in his research reveals insight into the patients' perception in regard to nurses caring behavior in the medical-surgical wards in Ghana wherein it appeared that caring practices of nurses are important in clinical nursing practice among the participants in this study who evaluated nurses caring attitude as extremely high with a general mean score of 4.68. Likewise, his study clearly showed that clients liked to be taken care of by a competent nurse. Although patients had a positive view of nurses' caring behaviors in this study, there is yet a small percentage of participants who did not have a commendatory impression of nurses caring behavior. Hence, nurses should keep on pursuing excellence in their caring behavior as caring is the highlight of nursing.

Level of Patient Satisfaction

Table 3 presents the mean and standard deviation of the level of patient satisfaction. This is composed of the patient satisfaction based on three factors: trust, patient education, and technical-professional care. Participants were asked to respond with one of five values: strongly disagree, disagree, somewhat agree, agree and

strongly agree. There are seven negative statements that were reversely scored to obtain the accurate mean scores and standard deviation of the Patient Satisfaction Instrument. The negative statements are underlined.

Table 6: Mean and Standard Deviation of the Level of Patient Satisfaction

Level of Trust	**n=162**	
	Mean	**SD**
The nurse on duty should be more attentive than he/she is.	3.20	1.59
The nurse is pleasant to be around	4.16	1.12
I always feel free to ask the nurse questions	4.42	1.01
The nurse on duty should be more friendly than he/she is.	3.37	1.55
The nurse on duty is a person who can understand how I feel	4.31	1.01
When I need to talk to someone, I can go to the nurse on duty with my problems	3.68	1.44
The nurse on duty is too busy at the desk to spend time talking to me	3.68	1.44
The nurse on duty is understanding in listening to a patient's problems	4.28	1.05
The nurse is just not patient enough	4.19	1.34
I'm tired of the nurse on duty talking down to me	4.20	1.34
Just talking to the nurse on duty makes me feel better	4.30	1.15
Over-all	3.94	0.48
Level of Technical-Professional Care		
The nurse on duty is often too disorganized to appear calm	3.51	1.6
The nurse on duty gives good advice	4.49	0.89
The nurse on duty really knows what he/she is talking about	4.38	0.99
The nurse on duty is too slow to do things for me	4.12	1.3
The nurse on duty is not precise in doing his/her work	4.27	1.3
The nurse on duty is skillful in assisting the doctor with procedures	4.56	0.86
Over-all	4.23	0.38
Level of Patient Education		

Too often the nurse on duty thinks I can't understand the medical explanation of my illness, so he/she does not bother to explain it to me	3.00	1.59
The nurse on duty explains things in simple language	4.35	1.01
The nurse on duty asks a lot of questions, but once he/she finds the answers, he/she doesn't seem to do anything	3.17	1.59
I wish the nurse on duty would tell me about the results of my test more than he/she does	3.33	1.37
It is always easy to understand what the nurse on duty is talking about	4.34	0.95
The nurse on duty gives directions at just the right speed	3.96	1.33
The nurse on duty always gives enough explanations of why tests are ordered.	4.44	0.93
Over-all	3.80	0.62
Total	3.97	0.50

Trust

The level of trust felt by the patients was measured with eleven statements in the questionnaire. The mean and standard deviation were given for each of the questions related to the level of trust as shown.

Based on the results, the statement that has the highest mean was "I always feel free to ask the nurse questions" with M=4.42 (SD=1.01), whereas the statement "The nurse on duty should be more attentive than he/she is" with M=3.2 (SD= 1.) gained the lowest mean. In terms of patient satisfaction when it comes to trust, it accounted for a total mean score of 3.46 with a standard deviation of 0.65 which showed that patients trust nurses very satisfactorily.

The result of the study showed that patients trust the nurses well. As per Olshanky (2011), the nursing profession is frequently valued as the highly trusted

vocation. Moreover, American Nurses Association (ANA, 2016) stated that trust should be obtained from patients to give the ideal and holistic care necessary to the patient.

Novero (2018) showed in his research nurses and their caring behavior that setting up an affinity with patients and even with the patient's significant others is the underlying objective of interaction. If trust exists between the nurse and the patient collaboration is likely accomplished. As per a participant of the study that nurses ought to be "touchy… and convenient in reacting to patients. The participant proceeds with that having "great eye to eye contact; keeping away from interruptions; showing empathy and verifying concerns" are significant in acquiring patients' trust. Nonetheless, the nature of listening given by nurses is difficult to identify, yet if nurses listen inactively without giving input to demonstrate patient concerns are heard and understood, the interaction may be disappointing to patients. Likewise, seeing negative sentiments as issues to be tackled likely advances the utilization of supported methodologies, like teaching and clarifying, at the expense of more empathetic reactions (Thomas, D., et al. 2018).

Nurses always attain professionalism at work. Being approachable, hospitable, and respectful are just a few behaviors that nurses render at work. Work overload could not be a factor for nurses to disregard patient’s urgent and appropriate queries. Thus, patients have their full trust in nurses. Primary nurses, upon entering the patient’s room, would greet their patients with a “Sabah Al Khair” (Good morning) and followed by “Keef Hallek/ Hallal” (How are you) with a smile. And when they have not fully complied with the patient’s request, they would immediately say “Malish” (Sorry/ excuse me). Moreover, nurses render adequate attention to patient’s concerns, inquiries, and requests and would politely comply to the urgent and necessary needs of the patient.

Technical-Professional Care

The technical-professional care aspect was measured in the questionnaire with seven statements. The participant responses to the individual survey questions related to patients' perceptions of technical-professional care. These represent the response frequencies of survey questions related to nurses' perceptions of communication/ leadership.

Participants rated the statements "The nurse on duty is skillful in assisting the doctor with procedures" with M=4.56 (SD=0.86) and "The nurse is often too disorganized to appear calm" with M=3.51 (SD=1.6) with the highest and lowest rating respectively. The overall mean score for patient satisfaction in terms of technical-professional care is 3.75 with a standard deviation of 0.69 which showed that patients are very satisfied with the nurses' technical-professional aspect.

Zuzelo (2009) stated that different medical care establishment needs to evaluate the abilities of their nurses to do that they need to have sufficient opportunity and money. Then, at that point, specific competency-based training or workshops is exceedingly advised to make the organization high industrialized and maintain its competitiveness. It is accepted, that the center of the hospital is to acquire certain clinical abilities that are one's fundamental to patients and that abilities without knowledge are perilous and could prompt harm (Roberts and Watkins, 2009). In light of the outcome, it appears to be that nurses are exceptional with the important skills in the providing of care to patients. As indicated by Baldursdottir et al. (2002), in his study conducted based on a hypothetical point of view, which characterizes caring as an ethical position that surmises clinical skill in the nursing practice. The outcomes support this evidence and ought to be utilized in a more extensive setting to recognize patients' requirements for caring and the comprehension of their assumptions for the

nursing profession. According to this viewpoint, the outcomes are important for clinical practice as well as for nursing education.

Newly hired nurses are well-equipped with knowledge and skills before giving them an assigned patient. They have a probationary period for three months where they are oriented with the hospital and the unit. The orientation period includes the general nursing orientation, general nursing competencies, and preceptorship. At the end of the three-month probationary period, evaluation of staff is done to determine if they are prepared and suitable for the assigned unit. Hence, newly hired nurses were assumed to be competent with the needed nursing knowledge and skills and well-trained with the machines before proceeding with primary nursing. Additionally, nurses are trained to respond properly and calmly in every situation especially during emergencies to keep focus and organized at work. Nurses keep themselves calm in every situation, may it be emergencies, talking to impatient family members, and environmental factors where work may delay or change of routine happens.

Patient Education

The patient education aspect in the questionnaire was measured with seven statements. The participant responses to the individual survey questions related to patients' perceptions of patient education as presented.

It can be seen from the table that patients rated the statement "The nurse on duty always gives enough explanations of why tests are ordered." at M=4.44 (SD=0.86) with the highest rating while the statement "Too often the nurse on duty thinks I can't understand the medical explanation of my illness, so he/she does not bother to explain it to me" at M=3.00 (SD=1.59) had the lowest rating. With the level of patient satisfaction in terms of patient education, the overall mean score is 3.25 with

a standard deviation of 0.61 which showed that patients are moderately satisfied with the patient education being received from the nurses.

Patient education is a significant concept of current healthcare. As indicated by Antsiferov et al. (1998), this includes teaching the patient as well as the family members of the patients. Also, Arnstein (2017) shown in his study that involving the patient education program can aid medical care providers and associations produce greater impacts and escalate the standard of care. Moreover, the research of Noveno (2018) highlighted that giving patients data about the procedure and consoling them that whatever request will be dealt with are involved in the health education process. Including the significant folks by clarifying completely the issue including the patient as essential for the health education. Consequently, imparting health teaching will ultimately lessen wrong practices.

As stated above, nurses are competent before being assigned as primary nurses. Knowledge on why a certain test is being done is ensured during the orientation phase. Hence, they could respond to the patient queries. On the other hand, they are doing what is required of them. Thus, they would just ask the patient the needed information they need and proceed with their next task. Furthermore, Arabic communication could be a factor why nurses could not explain further details with the patient. Otherwise, nurses will call for the doctor or any Arabic speaker in the area to comply with their response to the patient. On the contrary, nurses do not further explain on the medical aspect. By hospital's policy, doctors are the only medical personnel who is authorized to explain medical/surgical procedures especially on obtaining informed consent where the procedures to be done, its reason to be done, the benefits and possible risks should have been stated during the process. Otherwise,

nurses would just revalidate the patient's comprehension of the procedure and answer the client's queries in basic Arabic language.

Evidently, the client's readiness to get back to a similar healthcare facility for their medical care needs indicates that patient satisfaction is one of the benchmarks for measuring the quality of nursing care. In the planning and evaluation of care, patient satisfaction is frequently being utilized. in the planning and evaluation of care, it is subsequently important for nurse managers and policy authors to involve patients' perspectives and views. In this study, the quality of care, communication and information professional-technical skills and competence just as ecological groups and not necessarily the geographical setting of the patients are the factors that were found to influence patient satisfaction remarkably. Nurses should accordingly be made more subtle and mindful of the significance of patients' sentiments, personal views, right to information, and autonomy. Likewise, it is certain that assessing patient satisfaction should be consistent to reformulate the pattern and to have determine interventions and changes in nursing care management (Folami, O. 2019). Nursing Implication of Finding Healthcare encounters can be perceived by contemplating value systems including different entertainers and connections. A positive or negative patient experience can be made by the individual's unique capacity. Hospital room appearance and solace also assume a critical part in deciding patient perception, which appears to be directed by socio-demographic factors; however, a few authors assert that this play conflicting, no or miniscule jobs. Doctor studies show that various patient satisfaction, discernment, care take-up, and other consistence behavior is a result of diverse role assumptions. Trust has been studied about wellbeing with care inaccuracy revealed in the media. In any case, the material investigated brings up that healthcare trust requires further research study. A conceptual model to gauge medical

services and one proposes that patient satisfaction is a multi-dimensional idea that ought to be focused on by operationalizing it in its context was created by few researchers (A., 2009).

Table 7: Relationship between Caring Behaviors and Patient Satisfaction

Factor	n‡	Mean# ± SD*	Pearson's r‡‡	*p*	Interpretation
Caring Behavior	162	4.39±0.68			
			0.527	0.000	Significant
Patient Satisfaction	162	3.97±0.50			

‡ n: the number of cases
# Mean
‡‡Pearson's r correlation
* SD: Standard Deviation
** P-value: the correlation between the means is considered statistically significant if the p-value is <0.05

In order to determine the relationship between the level of caring behavior as perceived by the patients and the level of patient satisfaction, a Pearson's r correlation test was used. Results, as shown in Table 4, revealed that a moderately high correlation with Pearson's r coefficient of 0.527 and p-value of less than 0.05. A significant moderately high positive correlation between perception of nurses' caring behavior among patients and patient satisfaction is noted. It can be concluded that the higher the level of perception of nurses' caring behavior among patients, the higher is the level of patient satisfaction. Likewise, the lower the level of nurse's caring behavior as perceived by the patients, the lower the level of patient satisfaction.

The finding of this study was upheld by Aziz-Fini et al. (2012) and Calong and Soriano (2019) which claimed that there is a direct interrelationship between caring behaviors of quality care and patient satisfaction. However, this was opposed by

Akhtari et al. (2010) who indicated that a negative relationship between's nurses' caring behavior and patients' satisfaction which consolidated information of the variables.

This shows that caring behavior and patients' satisfaction are interrelated although occasionally conflict with one another, this was reiterated by Abejuela (2002) who reasoned that the caring model of a hospital which gives emphasis to some particular nursing care/service to be improved/focused on will generally give patient contentment.

As indicated by Tang et al. (2013), compatibility between patients' assumptions for caring and nursing behaviors will add to patient satisfaction since patients anticipate caring behaviors from nurses. Determination of behaviors distinguished by patients as caring behaviors permits the nurse to render care in a way that conveys caring to the patient. Knowledge is a requisite part which can further develop nursing procedures which needs to cover an enormous number of populaces in a ward or institution (Tang et al., 2013). Time restriction and excessive work have been the major torment of nurses with regards to inadequate care rendered to patient. The conviction that additional time is fundamentally required to provide care does not support this result. Nonetheless, when the nurse is ethically cognizant and genuinely present with patients in satisfying their neglected needs, a caring moment can be made using their learning and clinical proficiency (Baldursdottir, 2002).

Lleva (2010) recognized that nurses' professional characteristics, relational abilities, proficient capability, and enthusiasm in the job are recognized through the patient satisfaction. This was promoted by Alfonso (2008) who presumed that the empathetic, kind, and proficient nurses values patient satisfaction. Additionally, patient satisfaction seems to have nurses render care in a standard manner which is

moderately evaluated with related costs. When there is less pressure, approved vacation leaves, and standard work assignments, patient thinks that it is really fulfilling when nurses are cheerful. Additionally, the study findings detected that the clients appraised their satisfaction of nursing care as profoundly based on the satisfaction when there is affective comfort and empathy displayed by nurses (Dey, 2016; Merill et al., 2012 and Tang et al., 2013).

In conclusion, the overall result of this study shows a positive correlation between patients' perception with patients' satisfaction. Positive and appropriate attitudes of the healthcare provider are highly significant for any institution, particularly in a healthcare organization. They take part significantly in client/patient satisfaction. Proper nurses' behavior positively affects patient satisfaction and their care in each organization (Abdullah et al. (2017). Moreover, patients perceived nurse's behavior as caring when nurses endeavored to ease their pain in the most efficacious manner, renders routine care in a proper and brief method, and strive to address the patients' requests at the earliest time possible disregarding the type and severity of the care needed. These behavioral qualities complement the defining character of unselfish motivation to help. On the contrary, patients perceived nurses' behaviors as unaffectionate when nurses talked or disclosed to the patients utilizing unknown words like clinical terms, rendered the care on deferred time or not on the preferred time for the patients, told the patients that s/he couldn't or wouldn't have the option to address their issues since s/he was not allocated to them on that shift. These behavioral qualities paralleled with the characterizing attributes of egoistic motivation to help. Patients felt good and open to requesting help from nurses after the caring interaction. Hence, patients felt negative and awkward requesting further assistance after the uncaring interaction with the nurses. Nurses' caring behaviors that were regarded by

patients matched with characterizing attributes of altruistic motivation to help, which brought about patients' positive responses after the interaction with the nurses. Nurses' uncaring behaviors that were identified by patients corresponded with defining attributes of egoistic motivation to help, which emerged in patients' negative responses (Kochinda, C.,2007).

CHAPTER 5

SUMMARY, CONCLUSION AND RECOMMENDATIONS

SUMMARY

This research study assessed the perception of nurses' caring behaviors among patients as well as the patient's satisfaction from the inpatient wards of Prince Mohammed bin Abdulaziz Hospital in Riyadh. Further, the relationship between the nurses' caring behaviors and patient's satisfaction towards quality nursing care was also determined.

A total of 170 survey questionnaires were distributed to qualified respondents. However, only 162 were returned and completed the survey, thus it accounted for 95% response rate. The tool consists of the demographic data of the respondents, the Caring Nurse-Patient Interaction (CNPI) Scale and the Patient Satisfaction Instrument (PSI).

SUMMARY OF FINDINGS

Derived from the results of the data gathered, these are following findings presented:

1. A total of 162 patients were surveyed in the selected hospital in Saudi Arabia.

2. In terms of the caring behavior as perceived by patients, respondents have the highest overall rating in comforting care (M=4.69) followed by clinical care (M=4.58), humanistic care (M=4.50) which all showed an excellent level of nurses' caring behavior and relational care (M=3.96) where nurses have a good performance in this level of nursing behaviors.

3. In terms of patient satisfaction, technical-professional care had the highest overall rating with a mean of 4.23 where it showed that patient is completely satisfied, followed by trust (M=3.94), whereas patient education had the lowest rating (M=3.80) which show that patients were as well very satisfied.

4. In totality, the perception of patients on nurse's caring behavior has accounted a mean score of 4.39 (SD =0.68) and the patient satisfaction has a mean score of 3.97 (SD= 0.50). The Pearson R score of the variables is 0.527 with a p-value of 0.000 which showed a significant relationship between the nurses' caring behavior and patient satisfaction.

5. There is a significant relationship with a moderately high positive correlation (Pearson R= 0.527) noted between the nurses' caring behavior as perceived by the patient and patient satisfaction. It can be concluded that the higher mean scores the level of perception of nurses' caring behavior among patients has, the higher mean scores the level of patient satisfaction will be. Likewise, the lower mean scores the level of nurse's caring behavior as perceived by the patients, the lower mean scores the level of patient satisfaction will also be.

CONCLUSIONS

In light of the above findings, the following conclusions were drawn:

1. Patients were satisfied with the nursing care received from the nurses in the hospital. They are more satisfied with how nurses value them and show their worth. However, they are not well satisfied with how nurses give respect to their perception of their health. Nurses must give emphasis on their relational care to the patient. Moreover, nurses should be able to go beyond routine nursing care. An ample time

for a conversation with the patient must be provided to be able to establish rapport with them, be able to understand them and their needs, and render psychological support. Before giving medications, explain to the patient what the medication is for and what are the prevention to be done to avoid side effects. Lastly, always consider the patient's basic needs such as their mealtime, hygiene, sleeping, and prayer time.

2. Nurses must recognize the value of caring in relation to patients' satisfaction. They must give more emphasis on how to establish more rapport to build a stronger nurse-patient relationship. Furthermore, nurses must deliver health education to the patient more than they often do and not mainly focus on the nursing procedures and nursing documentation. Nurses must be attentive to every patient to understand their needs and give a more friendly approach when delivering care to the patient. Likewise, nurses should maintain composure to keep themselves systematized at work. As expatriates, nurses must tell patients about their level of Arabic language and they must ask needed information from the Arab doctor as much as possible while the physician is with them. Finally, nurses must inform patients of their recent laboratory results to decrease their anxiety (e.g., if the patient had received a blood transfusion, inform them of the latest Complete Blood Count or hemoglobin level).

Recommendations

The following are the recommendations of the study.

Nursing Practice

- Findings from this study will serve as baseline data that will guide nurses on what to give emphasis and focus on the caring behaviors to be rendered to the patient and for patient satisfaction.

- Recognition of nurses' caring behavior as a problem in the area which may impede patient safety and may warrant policy development in this aspect.
- Improve the nurse-patient ratio for the nurses to render quality and effective care.
- Ensure adequate nurse staffing in every unit to improve quality, safe, and effective nurses' caring behavior
- Acknowledge various uninvestigated aspects in the diversity of caring, for example, the components impacting care, nurses' critical thinking and decisiveness, and the rules utilized by nurses to assign and convey their resources among patients (Papastavrou, et al. 2014).

Nursing Administration

- Survey on patient satisfaction should be institutionalized in the hospital in order to assess the satisfaction of patients in terms of the care rendered by the nurses.
- Compose policies on proper nurses caring behaviors. Moreover, revisit current policies and procedures in which to add and give emphasis for nurses to engage more with the patient.
- Explore new strategies of management that empower exploration of significant needs of the patients with respect to the provision of efficient care (Baldursdottir,2002).

Nursing Education

- Nurses should be required to go through courses regarding care management with the aim to perceive the benefit of quality nursing caring in optimizing the wellbeing of the patients.

- Encourage nurses to do constant patient education with the help of the provided in-service lectures, provided resources (manual and system), and hospital guidelines.

- Arrange Arabic lessons for medical languages to succor the nurses in rendering psychological support, explication in medical terms, and patient education.

Nursing Research

- Further study involving more nurses caring behaviors and patient satisfaction should be conducted for the improvement of the nurse's performance on rendering quality care to the patient.

- Support the institution's research department on their undertakings on research and replicate studies on nurses caring behaviors and patient satisfaction including different scope and population.

- Adjoin a nursing research unit to produce nursing research on quality, safe and satisfactory patient care. Thus, this may provide an innovative solution to nursing dilemmas and predicaments in the facility.

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Appendices

Appendix A

Caring Nurse Patient Interaction Scale (CNPI)

Part I. Demographic Data

Age: **Sex: _____**

Ethnicity: _____ **Length of stay in the hospital: _____**

Part II. Survey Scale-Level of Caring

Instruction: Please put a check (/) mark on the statements which best reflects your level of caring behavior in performance of your nurse.

Legend:
5-Almost always **2-Sometimes**

4- Very often **1- Almost never**

3- Often

How competent or at ease do you feel about the attitudes and behaviors of the nurses enumerated in each of the following statements?

A-Clinical Care		**5**	**4**	**3**	**2**	**1**
1	The nurse on duty knew how to give treatment (e.g., intravenous injections, bandages, etc.).					
2	The nurse on duty knew how to operate correctly specialized equipment (e.g., pumps, monitors, etc.).					
3	The nurse on duty checked if my medications soothed my symptoms (e.g. nausea, pain, constipation, anxiety, etc.).					
4	The nurse on duty gave me indications and means to treat or prevent certain side- effects of my medications or treatments.					
5	The nurse on duty knew what to do in situations where one must act quickly.					
6	The nurse on duty helped me with the care I cannot administer myself.					

7	The nurse on duty showed ability and skill in their way of intervening with me.					
8	The nurse on duty always checks me from time to time.					
9	The nurse on duty provided me with the opportunity to practice self-administered care.					
B-Relational Care						
10	The nurse on duty helped me to look for a certain equilibrium/balance in their life.					
11	The nurse on duty helped me to explore what is important in my life.					
12	The nurse on duty helped me to clarify which things I would like significant persons they would bring in the hospital.					
13	The nurse on duty helped me to explore the meaning that I give to my health condition.					
14	The nurse on duty helped me recognize the means to efficiently resolve problems.					
15	The nurse on duty helped me to see things from a different point of view.					

16	The nurse on duty tried to identify with me the consequences of my behavior.					
C- Humanistic Care						
17	The nurse on duty treated me as a complete individual in more than my health problem.					
18	The nurse on duty encourages me to be hopeful, when it is appropriate.					
19	The nurse on duty emphasizes my effort.					
20	The nurse on duty did not have a scandalizing behavior.					
D- Comforting Care						
21	The nurse on duty respects my privacy (e.g., did not expose					

	them needlessly).					
22	The nurse on duty took my basic needs into account (e.g., sleeping, hygiene, etc.)					
23	The nurse on duty did treatment or medications at the scheduled time.					

*Adapted from: Cossette S. et al., (2006)

Appendix B

Arabic Version of CNPI

المريض

الجزء الأول: البيانات الديموغرافية

العمر: **النوع:**

الجنسية: _____ **مدة الإقامة في المستشفى: _____**

الجزء الثاني: مقياس الاستبيان – مستوى الرعاية

التعليمات: يرجى وضع علامة (/) على العبارات التي تعكس أفضل مستوى سلوك رعايتك في أداء الممرضة المشرفة عليك

قائمة تفسيرية بالمصطلحات:

5 – شبه دائمة **2 – أحيانًا**

4 – كثيرًا من الأحيان **1 – نادرًا**

3 – غالبًا

ما مدى كفاءة أو راحة شعورك تجاه مواقف وسلوكيات الممرضات المذكورة في كل عبارة من العبارات الآتية:

	1 – الرعاية السريرية	5	4	3	2	1
1	عرفواطريقةإعطاءالعلاج (علىسبيلالمثال،الحقنفيالوريدوالضماداتوماإلىذلك)					
2	عرفواطريقةتشغيلالمعداتالمتخصصةبشكلصحيح (مثلاًلمضخاتوالشاشاتوماإلىذلك)					
3	تحققواممااإذاكانتأدويتيقدهدأتالأعراض (مثلاًلغثيانوالألموالإمساكوالقلقوماإلىذلك).					
4	أعطونيالمؤشراتوالوسائللعلاجأومنعبعضالآثارالجانبيةللأدويةأوالعلاجاتالخاصةبي.					
5	عرفوامايجبفعلهفيالمواقفالتييجبعلىالشخصالتصرففيهابسرعة.					
6	ساعدونيبالرعايةعندماالأستطيعالتصرفبنفسي					
7	أظهرواالقدرةوالمهارةفيطريقةتفاعلهممعي					
8	تحققوا الممرضة دائمًا من حالتي منوقتلآخر.					
9	قدموالياالفرصةلممارسةالرعايةالذاتية					
	الرعايةالعلاقية					
10	ساعدونيفيالبحثعناتزان / توازنمعينفيحياتهم.					

11	ساعدونيفياستكشافماهومهمفيحياتي.					
12	ساعدونيفيتوضيحالأشياءالتيأودأنيحضرهاأشخاصمهمونإلىالمستشفى.					
13	ساعدونيفياستكشافالمعنىالذيأعطيهلحالتيالصحية.					
14	ساعدونيفيالتعرفعلىوسائلحلالمشكلاتبكفاءة.					
15	ساعدونيفيرؤيةالأشياءمنوجهةنظرمختلفة.					
16	يحاولونأنيحددونمعيعواقبسلوكي.					
	ج – الرعايةالإنسانية					
17	عاملتنيكفردكاملفيأكثرمنمشكلتيالصحية.					
18	شجعتنيعلىأنأكونمتفائلاً،عندمايكونذلكمناسبًا.					
19	تكثف جهودي.					
20	ليسلديهاسلوكمخرب.					
	د – العنايةالمريحة					
21	تحترمخصوصياتي (علىسبيلالمثال،لاتكشفهابلاداع).					
22	تأخذ احتياجاتي الأساسية في الاعتبار (مثل النوم والنظافة وما إلى ذلك).					
23	تعطني العلاج أو الأدوية في الوقت المحدد.					

* مقتبسمن: كوسيتاسوآخرون (2006)

Appendix C

Patient's Satisfaction Instrument (PSI)

Part I. Demographic Data

Age: _____ **Sex: _____**

Ethnicity: _____ **Length of stay in the hospital: _____**

Part II. Survey Scale- Patient Satisfaction

Instruction: Please put a check (/) mark on the statements which best reflects your Satisfaction in performance of your staff nurse.

Legend:
5-Almost always **2-Sometimes**

4- Very often **1- Almost never**

3- Often

How satisfy do you feel about the attitudes and behaviors enumerated in each of the following statements?

		5	4	3	2	1
1	The nurse on duty should be more attentive than he/she is.					
2	Too often the nurse on duty thinks I can't understand the medical explanation of my illness, so he/she does not bother to explain it to me					
3	The nurse on duty is pleasant to be around					
4	I always feels free to ask the nurse questions					
5	The nurse on duty should be more friendly than he/she is					
6	The nurse on duty is a person who can understand how I feel					
7	The nurse on duty explains things in simple language					
8	The nurse on duty asks a lot of questions, but once he/she					

	finds the answers, he/she doesn't seem to do anything					
9	When I need to talk to someone, I can go to the nurse on duty with my problems					
10	The nurse on duty is too busy at the desk to spend time talking to me					
11	I wish the nurse on duty would tell me about the results of my test more than he/she does					
12	The nurse on duty is often too disorganized to appear calm					
13	The nurse on duty is understanding in listening to a patient's problems					
14	The nurse on duty gives good advice					
15	The nurse on duty really knows what he/she is talking about					
16	It is always easy to understand what the nurse on duty is talking about					
17	The nurse on duty is too slow to do things for me					
18	The nurse on duty is just not patient enough					
19	The nurse on duty is not precise in doing his/her work					
20	The nurse on duty gives directions at just the right speed					
21	I'm tired of the nurse on duty talking down to me					
22	Just talking to the nurse on duty makes me feel better					
23	The nurse on duty always gives enough explanations of why tests are ordered.					
24	The nurse on duty is skillful in assisting the doctor with procedures					

*Adapted from: Hinshaw & Atwood (1982)

Appendix D
Arabic Version of PSI

الملحق د

أدوات إرضاء العميل

الجزء الأول: البيانات الديموغرافية

العمر: **النوع:**

الجنسية: _____ **مدة الإقامة في المستشفى: _____**

الجزء الثاني: مقياس الاستبيان – إرضاء المريض

التعليمات: يرجى وضع علامة (/) على العبارات التي تعكس أفضل مستوى رضاك عن أداء طاقم الممرضات المشرفة عليك

قائمة تفسيرية بالمصطلحات:

5 – شبه دائمة **2 – أحيانًا**

4 – كثيرًا من الأحيان **1 – نادرًا**

3 – غالبًا

ما مدى شعورك بالرضا تجاه المواقف والسلوكيات المذكورة في كل عبارة من العبارات الآتية:

1	2	3	4	5	**1 – الرعاية السريرية**	
					ينبغيأنتكونالممرضةأكثرانتباهاًمماهيعليه:	1
					فيكثيرمنالأحيانتعتقدالممرضةأنهلايمكننيفهمالتفسيرالطبيلمرضي،لذلكلاتكلفنفسهاعناءشرح هلي.	2
					الممرضةتشعربالسرورلتواجدهابالقربمني	3
					أشعردائمًابحريةفيطرحالأسئلةعلىالممرضة	4
					ينبغيأنتكونالممرضةأكثرودية‌مماهيعليه	5
					الممرضةهيشخصيمكنأنيفهمشعوري	6
					الممرضةتشرحالأشياءبلغةبسيطة	7
					تسألالممرضةالكثيرمنالأسئلة،لكنبمجردأنتجدالإجابات،تبدوأنهالاتفعلشيء.	8

9	عندماأحتاجإلىالتحدثمعشخصما،يمكننيالذهابإلىالممرضةلأطرحعليهامشاكل					
10	الممرضةمشغولةللغايةفيالمكتبلدرجةأنهالاتقضيبعضالوقتفيالتحدثمعي					
11	أتمنىأنتخبرنيالممرضةعننتائجاختباريأكثرمماتفعله					
12	غالبًاماتكونالممرضةغيرمنظمةبحيثلاتظهرهادئة					
13	تفهمالممرضةعندالاستماعإلىمشاكلالمريض					
14	الممرضةتعطينصيحةجيدة					
15	تعرفالممرضةحقًّاماتتحدثعنه					
16	منالسهلدائمًافهممالذيتتحدثعنهالممرضة					
17	الممرضةبطيئةجدًّافيفعلالأشياءمنأجلي					
18	الممرضةليستصبورةبمافيهالكفاية					
19	الممرضةليستدقيقةفيأداءعملها					
20	الممرضةتعطيتوجيهاتبالسرعةالمناسبة					
21	لقدسئمتمنتعاليالممرضةأثناءالتحدثإلى					
22	مجردالتحدثمعالممرضةيجعلنيأشعربتحسن					
23	تقدمالممرضةدائمًاتوضيحاتكاملةكافيةحولسببطلبإجراءالاختبارات.					
24	الممرضةبارعةفيمساعدةالطبيبفيالإجراءات					

* مقتبس من: هينشودوأتوود (1982)

Appendix E

COPY OF APPROVAL FOR INSTRUMENT USE

Sent from my iPhone
Begin forwarded message:

From: Cossette Sylvie <sylvie.cossette.inf@umontreal.ca>
Date: 23 April 2018 at 21:40:54 GMT+3
To: Daphne Joanne Muñoz <djamunoz@icloud.com>
Subject: RE: Permission to adapt your CNPI tool

Hello Daphne
Please find enclose the CNPI user guide that provide all information for using the scale
The scale if free of use, byt I would like to receive the paper that will report your study finding
Thanks
Sylvie

Sylvie Cossette, inf. PhD
sylvie.cossette.inf@umontreal.ca

Vice-doyenne à la recherche et au développement international et
Professeuretitulaire : 514-343-6173
Chercheure, Institut de cardiologie de Montréal : 514-376-3330 poste 4012
Co-directrice RRISIQ

-----Message d'origine-----
De : Daphne Joanne Muñoz [mailto:djamunoz@icloud.com]
Envoyé : 21 avril 2018 03:00
À : Cossette Sylvie
Objet : Permission to adapt your CNPI tool

Dear Ma'am Cosette,

I am Daphne Joanne A. Muñoz, a graduate student from the University of the Philippines Open University. I am currently taking my Master of Arts in Nursing and on my Research proposal. My research proposal is entitled " The Relationship between the Caring Behaviors of Staff Nurses and Patient Satisfaction of Arab Patients at Prince Mohammed bin Abdulaziz Hospital in Riyadh ". In relation to this, I would like to ask your kind permission to adapt your Caring Nurse-Patient Interaction Tool for my proposed study as it is very much applicable for my said research study.

I am looking forward for your affirmative response.

Thank you.

Yours Respectfully,

Daphne Joanne Muñoz
Student, Master of Arts in Nursing
University of the Philippines Open University

Sent from my iPhone

Sent from my iPhone
Begin forwarded message:

From: atwoodj@comcast.net
Date: 1 May 2018 at 21:00:14 GMT+3
To: djamunoz@icloud.com
Subject: Re: Permission to adapt your Patient Satisfaction Instrument

Dear Masters Student Munoz,
Unfortunately, I am unaware of Nancy Risser's whereabouts at the moment. However, she is a masters nursing graduate of University of Washington School of Nursing. They may have contact information for her. Alternatively, Nursing Research journal published tge article. They may be able to help. My guess is that Researcher Risser would not mind if the scald was modifurd, as long as the revised/adapted version was tested for validity and reliability to assure the results were scientifically sound.
All the best,
JRA

-----Original Message-----
From: djamunoz@icloud.com
To: atwoodj@comcast.net
Sent: 2018-05-01 2:14:51 AM
Subject: Re: Permission to adapt your Patient Satisfaction Instrument

Dear Ma'am Atwood,

Thank you for your immediate reply and info given. However, I can't find any contact info for Ma'am Risser. Perhaps, if you may have her contact info, I would like to ask for it. It would be a big help.

Thank you so much.

Yours Respectfully,

Daphne Joanne Muñoz

On 1 May 2018, at 06:27, atwoodj@comcast.net wrote:

Dear Masters Student Munoz,

The Patient Satisfaction Instrument was authored by Nancy Risser. She published the tool in Nursing Research journal. You may wish to contact her about adapting the tool .

All the best with your research regarding nurse behavior and patient satisfaction.

Sincerely,

Jan R. Atwood, PhD, RN (ret), FAAN
Professor Emerita, UNebraska Medical Center, College of Nursing and College of Public Health and
Adjunct Professor, College of Nursing, U of Arizona
-----Original Message-----

From: djamunoz@icloud.com

To: atwoodj@comcast.net

Sent: 2018-04-30 7:44:09 PM

Subject: Permission to adapt your Patient Satisfaction Instrument

Dear Ma'am Atwood,

I am Daphne Joanne A. Muñoz, a graduate student from the University of the Philippines Open University. I am currently taking my Master of Arts in Nursing and on my Research proposal. My research proposal is entitled "The Relationship between the Caring Behaviors of Staff Nurses and Patient Satisfaction of Patients at Prince Mohammed bin Abdulaziz Hospital in Riyadh ". In relation to this, I would like toask your kind permission to adapt your Patient Satisfaction Tool for my proposed study as it is very much applicable for my said research study.

I am looking forward for your affirmative response.

Thank you.

Yours Respectfully,

Daphne Joanne Muñoz

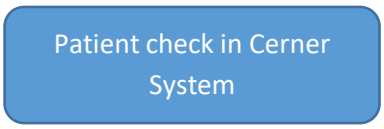
Student, Master of Arts in Nursing

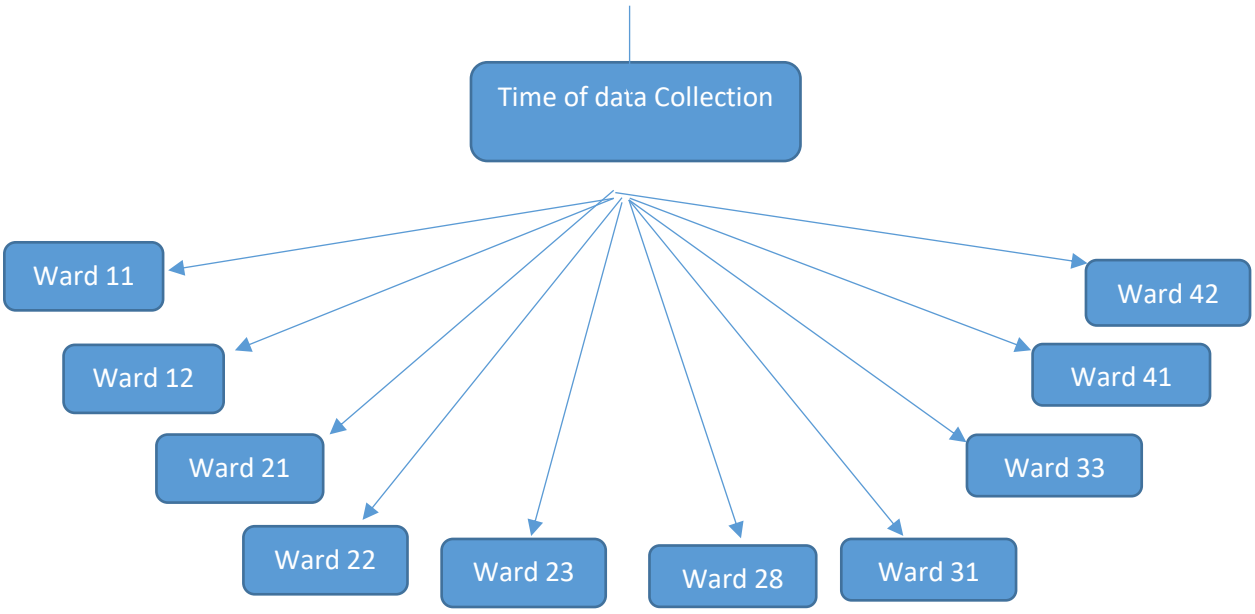
University of the Philippines Open University

Sent from my iPhone

Appendix F

The Data Collection Plan





The Data Collection pathway

The data collection will be done thru a few steps. Firstly, the researcher will be checking in the Cerner System on patients' data (age, number of hospital days and level of consciousness and orientation and nationality). Secondly, the time of data collection will be at 09:00 a.m.- 05:00 p.m. where patients are active for interaction for the survey. Thirdly, the researcher had asked the prospective participants if they were willing to participate in the study and had them signed the informed consent. Afterwards, the researcher had distributed the questionnaires to the patient and had given them 30 minutes to an hour to finish the questionnaires. If the participant needed more time to answer the questionnaire, the researcher had given ample time for them to answer the questionnaire. Hence, these procedures had been followed until the target number of participants had been achieved.

Appendix G

Informed Consent Form

I, Daphne Joanne A. Muñoz, a graduate student of the University of the Philippine Open University, is conducting a research entitled “Perception of Nurses’ Caring Behaviors among Patients and Patients’ Satisfaction in a Tertiary Hospital in the Kingdom of Saudi Arabia: A Descriptive-Correlational Study”. Hence, I would like to ask for your participation on the short survey questionnaire which will be distributed accordingly.

The survey questionnaire contains the participant’s demographic data and questionnaire on a Likert-scale which will measure patient’s perception on caring behaviors and patient satisfaction. Your participation is completely voluntary. Confidentiality will be provided to the fullest extent possible by law. Nonetheless, this survey will only take 5 to 10 minutes of your time and this research survey will not cause any harm or injury. Rest assured that this survey does not cost any sort of payment and may benefit for both nurse and patient. Your participation will be of great help in achieving the objective in determining if there is a relationship on nurses’ caring behavior and patient satisfaction and for the success of this research study.

This research has been approved by the University of the Philippines Open University Faculty Management and Development Studies, Ethics Review Board, Research and Publications Committee, UP Open University and the Research Committee of Prince Mohammed bin Abdulaziz Hospital.

For further questions or inquiries about this research, you may contact me directly at +966558228167 or via my email damunoz1@up.edu.ph.

I have read and understood the above information and had been given the opportunity to consider and ask questions on the information regarding my involvement in this study. I have spoken directly to the research proponent who has answered to my satisfaction all my questions. I have received a copy of this Participant’s Informed Consent Form. I voluntarily agree to participate.

Participant’s Signature:

_____	_____	_____
Name of Participant	Signature of Participant	Date

Researcher's Signature:

I, the undersigned, certify that to the best of my knowledge, the participant signing this consent form has read the above information sheet fully, that this has been carefully explained to him/her, and that he/she clearly understands the nature, risks, and benefits of his/her participation in this study.

_____	_____	_____
Name of Researcher	Signature of Researcher	Date

Appendix H

Arabic Version of Informed Consent Form

الموافقة المستنيرة على المشاركة في دراسة بحثية

أقوم أنا – دافني جوان أ. مونيوز -طالبة متخرجة من الجامعة الفلبينية المفتوحة، بإجراء بحث بعنوان " تصور سلوكيات رعاية الممرضات بين المرضى ورضاهممفي مستشفى جامعي في المملكة العربية السعودية". ومن ثم، أود أن أطلب مشاركتكم في هذا الاستبيان القصير الذي يُوزع وفقًا لذلك.

يحتوي الاستبيان على البيانات الديموغرافية للمشارك واستبيان على مقياس ليكرت الذي يقيس إدراك المريض بشأن سلوكيات الرعاية ورضا المريض. ومشاركتكم طوعية تمامًا. ويُحافظ على السرية إلى أقصى حد ممكن بموجب القانون. ومع ذلك، يستغرق هذا الاستبيان من 5 إلى 10 دقائق فقط من وقتك ولن يتسبب هذا الاستبيان البحثي في أي ضرر أو إصابة. فكن مطمئنًا فهذا الاستبيان مجاني وقد يستفيد

منه الممرض والمريض. وستكون مشاركتك مفيدة للغاية في تحقيق الهدف في تحديد ما إذا كانت هناك علاقة بشأن سلوك رعاية الممرضات ورضا المريض ونجاح هذه الدراسة البحثية.

وافق على إجراء هذه الدراسة البحثية مجلس إدارة كلية الدراسات العليا والتطوير بجامعة الفلبين المفتوحة ومجلس مراجعة الأخلاقيات ولجنة الأبحاث والمنشورات بجامعة الفلبين المفتوحة ولجنة الأبحاث بمستشفى الأمير محمد بن عبد العزيز.

لمزيد من الأسئلة أو الاستفسارات حول هذا البحث، يمكنكم الاتصال بي مباشرة على 966558228167 + أو عبر البريد الإلكتروني: damunoz1@up.edu.ph

اطلعت على المعلومات سالفة الذكر وفهمتها وأتيحت لي الفرصة للنظر فيها وطرح أسئلة تخص المعلومات المتعلقة بمشاركتي في هذه الدراسة. وتحدثت مباشرة إلى صاحب البحث الذي أجاب عن جميع أسئلتي بشكل يرضيني. واستلمت نسخة من نموذج الموافقة المستنيرة لهذا المشارك. أوافق طواعية على المشاركة.

توقيع المشارك:

اسم المشارك	توقيع المشارك	التاريخ

توقيع الباحث:

أشهد أنا، الموقع أدناه، على حد علم بإن المشارك الذي وقّع على نموذج الموافقة هذا قد قرأ ورقة المعلومات المذكورة أعلاه بالكامل وتم

شرحها له بعناية وأنه يفهم بوضوح طبيعة مشاركته في هذه الدراسة ومخاطرها وفوائدها.

_____	_____	_____
اسم الباحث	توقيع الباحث	التاريخ