

Caring Among Staff Nursing: Investigating the Meaning of Caring from the Perspective of Patients in Egypt

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Abstract

The aims of study were concerned on context the concept of caring from the Egyptian cultural and to rank the caring behavior from the most important to the least one for enhancing the hospital police by important aspect of caring behaviors for patient satisfaction. A convenience sample of (58) patients with no attempt at randomization were recruited in the study. Descriptive research design was used in this study. This research was carried out at surgical units in Private and Government Hospital. Two types of questionnaires were used in this study. (i) the Personnel characteristics data questionnaire, which was developed by the researcher to collect data associated with the major demographic variables of patient participants. (ii) Caring Behavior Assessment (CBA) scale which was used to measure patient perceptions of caring behaviors. The finding of the present study revealed that the CBA Subscales is significant difference between these two health care service providers. Therefore, the service of Government hospitals in relation to availability of CBA to patients was highest than that of the private. The current study conclude that the caring concept was context among Egyptian perception as Humanism as the first aspect for all patient in surgical units followed by helping and trust. So theses main elements should be base stone of hospital protocol to raise patient satisfaction.

Keywords: Caring, Staff nurses, Perspective of patient, Behavior assessment

I. Introduction

The most of employees choose nursing profession because of their interest to care for other people. A humanitarian, human caring processes and human science orientation are science which included into Caring. Adeyemo, (2016) defined caring as the act giving somebody consideration of providing management. The patients do deserve suitable and safe care were given the nurse's a serious responsibility. Care does the core concept of nursing. Patient care may define in many ways, such as to declaration a person to die without life support and the organization of his beloved persons. The good may instant the nurse to create the patient to undergo extensive, painful treatment procedures (George & Sivabalan,2015)

Caring is a extremely subjective concept; Caring is the fundamental structure of many nursing theories. Human Caring is the origin and root of nursing. It defined as take part human dignity in health care organizations as a suitable principle and measure of intervention and treatment. On another hand others researcher defined caring as components reach Specific needs of the patient focus of nursing cares (Hajinezhad & Azodi,2014). Caring is the central converge of nursing. It has been considered as the 'art' of nursing which is relocate as the exercise of a human skill, the skill of caring (Clifford,1995)

Caring presents itself as a sloppy concept in nursing, one that has excite over the years intense and constant efforts to apprehend its meaning and particularly its meaning as it is manifested in the nursing profession (Leininger,1988). Although a plethora of theoretical approaches in the nursing literature attempt to define and analyze caring, this concept remains a largely unknown and covert component of professional nursing practice (Adamson,2014). Experimental evidence has reported incongruence between patients' and nurses' perceptions on the value of nursing behaviours that relocate caring; however, in the changing world of health care, it is essential that staff nurses are able to define the parameters of their responsibility role and to assure that such definitions are one with the views of the grantees of care (Berkowitz,2016).

Patient satisfaction considering as exponents, also come prolong healthcare organizations evidence of the impact of nursing care on the health of patients. Some research's revealed that powerful evidence exists that nurse caring behaviors are correlated positively with patient satisfaction (Alligood, & Tomey, 2015).Measurement and considerate of the patient, caregiver, and family experience of healthcare delivers the opportunity for thinking and improvement of nursing care as well patient outcomes (Alligood, & Tomey, 2015)

Theoretical framework:

According to Jean Watson's Caring Theory which progressing in 1970's, believes the human person should be treated as a valued one by dignity, understand and respecting as well as concern of humanity when nurse patient care have given. Weston almost agrees with many concepts established by Florence Nightingale and still valid up to modern era. All concepts including spiritual element have affected nurses and patients management. It explain nursing as a human science that including moral, spiritual and metaphysical elements. A person consist

of body, mind and spirit who affected by person experience. Harmony is happened between the three aspects of person to characterize the health (Favero & Marineli,2011). Eventually, she base on caring of patient must be prepared by inspire a good environment. The nurse helps the entire patient to cure and make sure all agents for caring are available using such as support and safety (Streubert & Carpenter,1999).

From the in sight of health professionals, in order to provide care requires experience , ethics, knowledge and art. Also the prognosis based on controlled events, identifying and meeting the needs of others, combinational thinking, sensitivity and skills application of plans to the interest of others is important (McCance & Slater,2009). Providing care to patients should be accompanied with the best clinical data, with the certainty that prevails against assumptions about the disease George & Sivabalan,2015). The care that is based on scientific facts and evidence is illustrated through an epistemological diversity. It embraces many concepts and expressions based on four fundamental parts of knowledge: empirical, ethical, aesthetic and personal. The practice of providing care is complex and holistic, consequently knowledge based on more than one source, while as the source experience alone is inadequate in providing care (McCance & Slater,2009). Nurses perceptions about patients' care and nursing expectations are different, (McCance & Slater,2009). has elucidate that perceptions of patients and nurse regarding nursing care were conforming on statements related to technical and intimacy of nursing aspects.

Significance of the study

As noticed nowadays many patients complaining from nursing care which sometimes getting confused to the professional and top management for their reasons exactly. Moreover accreditation of health care focus on the quality of patient care and customer satisfaction and put it as a first element of evaluation for health care institution so all of them are looking for patients satisfaction as a main function for all health care professional especially the nursing because they form the majority of health care services and dealing with the patients in a daily basis directly in every units of the organization. Based on all of the above observation, the research study will highlight how the nursing behavior affects the patient care from the patient point view. According to sets of behavior analyses, evidence get clear for the most important and less important action for nursing.

II- Subject and methods

Research questions of this study:

1. Which nursing caring behaviors that perceived as the most important caring behaviors by the Surgical admitted patients?
2. Which nursing caring behaviors that perceived as the least important caring behaviors by the Surgical admitted patients?
3. Are there any correlations between patient's characteristics and their perceptions toward caring behaviors?
4. What's most important items considered as basic stone at nursing care protocol?

Aim of the study: The aims of study were concerned on context the concept of caring from the Egyptian cultural and to rank the caring behavior from the most important to the least one for enhancing the hospital police by important aspect of caring behaviors for patient satisfaction.

Research design: This research utilized a descriptive design to identify which nursing behaviors are perceived by patients who have undergone operation as the most and least important indicators of caring. Data were collected through administration of the Caring Behaviors Assessment questionnaire (CBA) (Cronin & Harrison, 1988). The design was based upon a partial replication of the Cronin and Harrison study (1988). The Cronin and Harrison research (1988) focused upon nursing behaviors as perceived by patients.

Sample and Setting The sampling method for this study was a convenience sample of 58 patients with no attempt at randomization. The average surgical patients at the participating hospital were three to four cases per day. Sixty five questionnaires were distributed and Fifty eight were returned. All questionnaires were completed and returned within two weeks of distribution. Demographic data were obtained that included gender, age, marital status; educational level, income level, and number of prior hospital admissions in the preceding year.

Tools of data collection:

Two types of questionnaires were used in this study. The first one was the Personnel characteristics data questionnaire, which was developed by the researcher to collect data associated with the major demographic variables of patient participants. Another questionnaire was Caring Behavior Assessment (CBA) scale which was used to measure patient perceptions of caring behaviors.

Caring Behavior Assessment scale (CBA) consisted of 63 items based on Watson's ten curative factors. Items of this scale are clustered into seven subscales as the following:

- Humanism/Faith-hope/Sensitivity: items from 1 to 16.
- Helping/trust: items from 17 to 27.
- Expression of positive/negative feelings: items from 28 to 31.
- Teaching/learning: items from 32 to 39.

- Supportive/protective/corrective environment: items from 40 to 51.
- Human needs assistance: items from 52 to 60.
- Existential/ phenomenological/ spiritual forces: items from 61 to 63

Patients were asked to fill the CBA questionnaire by choosing the best number that describe the importance of caring behaviors from 1 - 5 (where 1 = the least important caring behavior, and 5 = the most important caring behavior).

Internal consistency was determined in the original application of the instrument by using the study sample responses to calculate Cronbach's alpha for each of the seven subscales. The subscales with the number of CBA items in each subscale, the previously established reliabilities (Cronin & Harrison, 1988), and the coefficients of internal consistency reliabilities in this study are summarized in Table 1.

Reliability analysis on all 63 items was not identified in the Cronin and Harrison (1988) study. For this study, the overall alpha was .971. Reliability coefficients for the subscales ranged from 0.66 to 0.90 in the Cronin and Harrison (1988) study. The reliability coefficients in this study ranged from 0.954 to 0.991

Table 1: Reliability coefficients of CBA as determined by Cronin & Harrison (1988) and the present study

Subscale	Number of items	Cronbach's alpha (Cronin and Harrison study, 1988)	The Present study
Humanism/Faith hope/ Sensitivity	16	0.84	0.954
Helping/trust	11	0.76	0.979
Expression of positive/negative feelings	4	0.67	0.983
Teaching/learning	8	0.90	0.971
Supportive/protective/corrective environment	12	0.79	0.991
Human Needs Assistance	9	0.89	0.987
Existential/Phenomenological/Spiritual Forces:	3	0.66	0.985
All	63		0.971

Data collection Procedure and Ethical Considerations:

- Approval of the selected hospitals was obtained. After that, once the patient who met study inclusion criteria were identified, the researcher approached them to explain the study purpose and invited them to participate in the study, and then for participants who agreed to participate, the subjects was asked to sign the designed consent form. Then the researcher gave the questionnaire (CBA) to the head nurse of the surgical department in the previously determined settings to distribute them to all patients at that unit, after that the researcher collected the questionnaires from the head nurses. Consent form was put as a first page of each questionnaire, and included the name of the researcher, the purpose of this study, and a number of ethically based instructions.

- The consent form ensured that the participation in this study was voluntary, and that each participant has the right to withdraw from this study at any time without being punished or compromised from their usual care.

- Additionally, the consent form ensured the anonymity procedure in data collection for this study. The researcher told the participants that all information that will be gathered will be used only for the purpose of research, and results of the study will be published in aggregates. Finally, the filled instruments for each participant were coded and interred into the computer for data analysis.

- The CBA scale was translated to Arabic language by an expert in English language, then another expert who is proficient in both Arabic and English languages back-translated it to English language. Moreover, a panel of experts who are interested in the research topic and hold a doctorate degree in nursing also examined the Arabic version of the instrument for the clarity and readability of its content. Their input was taken into consideration for more refining of the items.

Pilot Study

- A pilot study was conducted with a sample of 10 patients from government and private Hospital in Egypt to test the readability, effectiveness and adequacy of the instrument (CBA), and to identify any probable problems that may arise during conducting the major study. After questionnaires have been filled by subjects, they were coded and entered into IBM SPSS version (25) program for statistical analysis. The data analysis of the pilot study revealed high level of reliability. Also, the pilot study showed that CBA scale was clearly understandable.

- Data analysis of the whole study revealed that reliability coefficients were 0.91 respectively.

III- Statistical Analysis

The analysis was conducted using the Statistical Package for the Social Sciences IBM SPSS version (25) program for statistical analysis. Descriptive statistics were used for the quantitative data in the CBA questionnaire and the demographic data. Descriptive statistics included: Mean, standard deviation, frequencies, t-test and percentages. The level of significance for this study was set at ($p = 0.05$) to detect any indication of differences found in the data available.

V: Results

Table(2) Total patients were 58 who in surgical units in Private and Government Hospital participated in this study. Out of the 58 patients, 42(%72.4) patients were females and 16(%27.6) patients were males. Most of patients participants 53(58.9%) hold diploma degree while 35(38.9%) hold bachelor degree and 2(2.2%) hold Postgraduates degree. More than one half percent of patients 59(65.6%) had 1 to 5 times admission experience in hospital. With the exception of age, the demographic characteristics are summarized in Table2; Age of the participants ranged from 20 to more than 50 years ($M=37.71$; $SD=10.8$). Educational levels ranged from less than high school education ($n=23$) to a masters or Ph.D. ($n=1$). Nineteen percent ($n=11$) were high school graduates. The participants consisted of 27.6% ($n=16$) male and 72.4% ($n=42$) female. %58.6 ($n=34$) of the subjects were married. Forty one percent ($n=24$) had income levels of LE 2,000 to 3,000. Twelve percent ($n=7$) of the subjects had no hospital admissions in the preceding year and 41.4% ($n=24$) had 1 to 5 admissions.

Table(3) Perceptions of patients toward Nurse Caring Behaviors: Analysis of the most and least important nurse caring behaviors as perceived by participant patients were identified using descriptive statistics. As shown in table (3) mean scores for completed list of CBA items as rated by patients were ranged from 2.8 to 4.5.

Table (4): The Most Important Caring Behaviors as Perceived by patient Participants:

The top CBA items as ranked by patient participants were considered as the most important caring behaviors demonstrated in table (4). Three items from Humanism/Faith-hope/ Sensitivity subscale had the lion's share of the most important caring behaviors as perceived by patients. These items were "Help me with my care until I'm able to do it for myself.", "Let my family visit as much as possible.", "and "Help me feel like I have some control.", with a mean scores of 4.36, 4.29, and 4.22 respectively.

Table (5): The Least Important Caring Behaviors as Perceived by Nurse Participants:

The top CBA items as ranked by nurse participants were considered as the least important caring behaviors demonstrated in table (5). Four items from Humanism/Faith-Hope/ Sensitivity had the least important caring behaviors as perceived by nurses. These items were "Try to see things from my point of view.", "Praise my efforts", " Ask me how I like things done. " and" Maintain a calm manner. " with a mean scores of 3.72, 3.7, 3.55 and 3.5 respectively .

Table (6): CBA items with their mean score were placed into the appropriate subscale. Overall item means for each of the seven subscales were calculated. The seven subscales were ranked from most to least important according to mean scores. Table 6 illustrates the rankings of the subscales in this study. An independent t-test was used to determine if there were significant differences in the rating of caring behaviors between the two groups. Patients in a Government Hospital or Patients in Specialist Hospital in rated caring behaviors

Table (7) The results showed that the CBA Subscales is significant difference between these two health care service providers. This is demonstrated by the t value of 6.016 and the mean difference of 66.5. Therefore, the service of Government hospitals in relation to availability of CBA to patients was highest than that of the private

IV- Discussion

The aims of study concerned on context the concept of caring among the Egyptian cultural and to rank the caring behavior from the most important to the least one for enhancing the hospital police by important aspect of nursing care behaviors for patient satisfaction. Caring Behavior Assessment (CBC) that consisted of 63 items illustrated seven subscales items as Humanism/Faith-hope/Sensitivity ; Helping/trust ; Expression of positive/negative feelings ; Teaching/learning ;supportive/protective/corrective environment ; Human needs assistance and Existential/ phenomological/ spiritual forces.

(Table2) have shown the personal characteristics of patient's participants in government and private hospital. The obvious different aspects between both hospitals were education and the Annual income level among the patients. It is clearly higher among patient in the private than in government because most of private hospitals were paid and very expensive in Egypt so the poor patient can't admit to it easily. Perceptions of patients toward caring behaviors demonstrated in (table 3). Find out fluctuating scores among the different subscales which mean that caring meaning or concept differ from one to another due to many reasons. It may be due to his expectation, needs, and his educational level or may be due to his awareness of health care level or services.

The patient ranked the most important of caring from the view of their point as help me with my care until I'm able to do it for myself; Let my family visit as much as possible; Respect my modesty (for example, keeping me covered; Help me feel like I have some control; Give my pain medication when I need it; Encourage me to

do what I can for myself; Consider my spiritual needs .Ask me questions to be sure I understand; Check my condition very closely and are gentle with me as revealed in (table 4). Although the finding of (Adeyemo,2016) that expose satisfactory as relation to human needs/assistance. On another hand (Kotrotsiou,2014) reported that the coronary Patients ranked the physical and technical behavior as most essential.

While (table 5) discovered the least important items for patients as try to see things from patients point of view; Come into my room just to check on me.; Don't become upset when I'm angry.; Praise my efforts; Answer quickly when I call for them.; Understand when I need to be alone; Seem to know how I feel; Ask me how I like things done; Maintain a calm manner; and touch me when I need it for comfort. Actually this caring behavior doesn't involve Egyptian Culture or sometimes against religious rules like the touch therapy little bit considered as bad moral or harassment. Also to inter patient room should be for serious reasons or according to patient call. Moreover some studies detect that 30 % of caring behavior associated with age, education and monthly income of care giver as described by (George & Sivabalan,(2015).

Ultimately, the study ranked the caring behavior from the most to least important aspect as Humanism/Faith hope/ Sensitivity, Helping/trust, Expression of positive/negative feelings, Teaching/learning; Supportive/protective/corrective environment; Human Needs Assistance; and Existential/Phenomenological/Spiritual Forces as publicized in (table 6). These only for patients with conscious oriented cases but didn't include ethical dilemmas from care of people like patients with dementia as claimed by (Moonga, & Likupe, 2016); the same authors conclude that, it was challenging behavior.

The study highlight that there is no statistical significance between demographic characteristics and total caring behavior. But there is a significant different between caring in government and private hospital as demonstrated in table 8; because the awareness ; education level and Patient expectation are higher in private hospital than government which agreed with (Turner, Eccles, Elvish, Simpson, & Keady, 2015) in which they found that the experience and training of staff has strong impact of caring

VI-Conclusion

The caring concept was context among Egyptian perception as Humanism as the first aspect for all patient in surgical units followed by helping and trust. So theses main elements should be base stone of hospital protocol to raise patient satisfaction. Additionally this protocol must be considered the level of patient education and his expectation from the nursing staff. While the study revealed that the patients in government were more satisfied than whom in private sectors that were unexpected finding so it needs further search to find out the reasons.

Limitation of Study

Although, CBA scale - which was used to measure perceptions of nurses toward caring nurse behaviors in Surgical Units – was comprehensive and included all dimensions of caring, it was lengthy and needed prolonged time to be filled by patients, and this was the reason of why many patients refused to complete the instrument. So that it is recommended to develop a more comprehensive and short quantitative tool to measure caring for future research.

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Table 2: Characteristic of patients participants (n = 58)

<i>personal Characteristics variable</i>			<i>Hospital name</i>		<i>Total</i>
			<i>Government Hospital</i>	<i>Private Hospital</i>	
<i>Age</i>	<i>20-30</i>	<i>Count</i>	11	12	23
		<i>% of Total</i>	19.0%	20.7%	39.7%
	<i>31-40</i>	<i>Count</i>	5	9	14
		<i>% of Total</i>	8.6%	15.5%	24.1%
	<i>41-50</i>	<i>Count</i>	10	6	16
		<i>% of Total</i>	17.2%	10.3%	27.6%
	<i>more than 50 years</i>	<i>Count</i>	4	1	5
		<i>% of Total</i>	6.9%	1.7%	8.6%
<i>Total</i>	<i>Count</i>	30	28	58	
	<i>% of Total</i>	51.7%	48.3%	100.0%	
<i>What is your highest level of education?</i>	<i>Less than high school graduate</i>	<i>Count</i>	21	0	21
		<i>% of Total</i>	36.2%	0.0%	36.2%
	<i>High school graduate</i>	<i>Count</i>	5	4	9
		<i>% of Total</i>	8.6%	6.9%	15.5%
	<i>Technical/college classes</i>	<i>Count</i>	2	11	13
		<i>% of Total</i>	3.4%	19.0%	22.4%
	<i>Graduate from college</i>	<i>Count</i>	1	10	11
		<i>% of Total</i>	1.7%	17.2%	19.0%
<i>Some master's classes</i>	<i>Count</i>	1	2	3	
	<i>% of Total</i>	1.7%	3.4%	5.2%	
<i>Master's, Ph.D graduate</i>	<i>Count</i>	0	1	1	
	<i>% of Total</i>	0.0%	1.7%	1.7%	
<i>Gender</i>	<i>Male</i>	<i>Count</i>	10	6	16
		<i>% of Total</i>	17.2%	10.3%	27.6%
	<i>Female</i>	<i>Count</i>	20	22	42
		<i>% of Total</i>	34.5%	37.9%	72.4%
<i>Current Marital Status</i>	<i>Never been married</i>	<i>Count</i>	7	10	17
		<i>% of Total</i>	12.1%	17.2%	29.3%
	<i>Divorced</i>	<i>Count</i>	2	0	2
		<i>% of Total</i>	3.4%	0.0%	3.4%
	<i>Widowed</i>	<i>Count</i>	2	0	2
		<i>% of Total</i>	3.4%	0.0%	3.4%
	<i>Currently Married</i>	<i>Count</i>	19	18	37
		<i>% of Total</i>	32.8%	31.0%	63.8%
<i>Annual</i>	<i>0-2000</i>	<i>Count</i>	16	0	16

Income Level	2001-3000	% of Total	27.6%	0.0%	27.6%	
		Count	11	2	13	
	3001-4000	% of Total	19.0%	3.4%	22.4%	
		Count	3	16	19	
	4001-5000	% of Total	5.2%	27.6%	32.8%	
		Count	0	7	7	
more than 5000	% of Total	0.0%	12.1%	12.1%		
	Count	0	3	3		
How many times have you been hospitalized in the past year	0	% of Total	0.0%	5.2%	5.2%	
		Count	4	11	15	
	1-5	% of Total	6.9%	19.0%	25.9%	
		Count	11	17	28	
	6-10	% of Total	19.0%	29.3%	48.3%	
		Count	11	0	11	
	Greater than 10	% of Total	19.0%	0.0%	19.0%	
		Count	4	0	4	
			% of Total	6.9%	0.0%	6.9%

Table 3: Complete Lists of CBA Items As Ranked By Patient Participant According To Scores

Variables		Mean ± SD	%of Respondents Perceiving the Item as Most Important
A. Humanism/Faith-Hope/ Sensitivity:			
1.	Treat me as an individual	4.03 ± 1.2	81%
2.	Try to see things from my point of view	3.72 ± 1.07	74%
3.	Know what they're doing.	3.76 ± 1.2	75%
4.	Reassure me.	3.91 ± 1.13	78%
5.	Make me feel someone is there if I need them.	3.97 ± 1.15	79%
6.	Encourage me to believe in myself.	3.98 ± 1.15	80%
7.	Point out positive things about me and my condition	3.97 ± 1.15	79%
8.	Praise my efforts	3.71 ± 1.26	74%
9.	Understand me	4 ± 1.12	80%
10.	Ask me how I like things done.	3.55 ± 1.22	71%
11.	Accept me the way I am.	3.74 ± 1.12	75%
12.	Be sensitive to my feeling and moods.	4.03 ± 1.17	81%
13.	Be kind and considerate.	3.91 ± 1.17	78%
14.	Know when I ' ve "had enough" and act accordingly {for example, limiting visitors)	3.84 ± 1.09	77%
15.	Maintain a calm manner.	3.52 ± 1.31	70%
16.	Treat me with respect	3.86 ± 1.41	77%
B. Helping/Trust:			
17.	Really listen to me when I talk	4.05 ± 1.19	81%
18.	Accept my feelings without judging them.	3.81 ± 1.16	76%
19.	Come into my room just to check on me.	3.72 ± 1.1	74%
20.	Talk to me about my life outside the hospital.	4.05 ± 1.28	81%
21.	Ask me what I like to be called.	3.88 ± 1.11	78%
22.	Introduce themselves to me.	3.97 ± 1.23	79%
23.	Answer quickly when I call for them.	3.71 ± 1.03	74%

Variables		Mean ± SD	%of Respondents Perceiving the Item as Most Important
24.	Give me their full attention when with me.	4.09 ± 1.23	82%
25.	Visit me if I move to another hospital unit.	3.76 ± 1.17	75%
26.	Touch me when I need it for comfort.	3.47 ± 1.16	69%
27.	Do what they say they will do.	3.88 ± 1.27	78%
C. Expression of Positive/ Negative Feelings:			
28.	Encourage me to talk about how I feel.	3.95 ± 1.23	79%
29.	Don't become upset when I'm angry.	3.72 ± 1.33	74%
30.	Help me understand my feelings.	3.9 ± 1.29	78%
31.	Don't give up on me when I ' m difficult to get along with.	3.95 ± 1.33	79%
D. Teaching/Learning			
32.	Encourage me to ask questions about iry illness and treatment.	3.95 ± 1.05	79%
33.	Answer my questions clearly.	4.14 ± 1.03	83%
34.	Teach me about my illness.	4.14 ± 1.08	83%
35.	Ask me questions to be sure I understand	4.17 ± 1.05	83%
36.	Ask me what I want to know about my health/illness.	3.98 ± 0.96	80%
37.	Help me set realistic goals for my health	3.91 ± 0.98	78%
38.	Help me plan ways to meet those goals.	4.14 ± 1.03	83%
39.	Help me plan for my discharge from the hospital.	4.1 ± 1.17	82%
E. Supportive/Protective/ Corrective Environment			
40.	Tell me what to expect during the day.	3.98 ± 1.29	80%
41.	Understand when I need to be alone.	3.71 ± 1.24	74%
42.	Offer things (position changes, blankets, back rub, lighting, etc.) to make me more Comfortable	3.93 ± 1.23	79%
43.	Leave my room neat after working with me	3.98 ± 1.29	80%
44.	Explain safety precautions to me and my family.	3.98 ± 1.21	80%
45.	Give my pain medication when I need it	4.21 ± 1.28	84%
46.	Encourage me to do what I can for myself.	4.21 ± 1.28	84%
47.	Respect my modesty (for example, keeping me covered).	4.26 ± 1.29	85%
48.	Check with me before leaving the room to be sure I have everything I need within reach.	4.07 ± 1.28	81%
49.	Consider my spiritual needs.	4.19 ± 1.28	84%
50.	Are gentle with me.	4.16 ± 1.31	83%
51.	Are cheerful.	3.98 ± 1.25	80%
F. Human Needs Assistance:			
52.	Help me with my care until I'm able to do it for myself.	4.36 ± 1.04	87%
53.	Know how to give shots, TVs, etc.	4.05 ± 1	81%
54.	Know how to handle equipment (for example, monitors	4 ± 1.04	80%
55.	Give my treatments and medications on time.	3.97 ± 0.94	79%
56.	Keep my family informed of my progress.	4.14 ± 0.89	83%

Variables		Mean ± SD	% of Respondents Perceiving the Item as Most Important
57.	Let my family visit as much as possible.	4.29 ± 0.94	86%
58.	Check my condition very closely.	4.17 ± 0.96	83%
59.	Help me feel like I have some control.	4.22 ± 0.92	84%
60.	Know when it's necessary to call the doctor	3.93 ± 0.83	79%
G. Existential/Phenomenological/ Spiritual Forces:			
61.	Seem to know how I feel.	3.71 ± 1.41	74%
62.	Help me see that my past experiences are important.	3.74 ± 1.41	75%
63.	Help me feel good about myself	3.93 ± 1.47	79%

Table 4: The Most Important Nursing Care Behaviors as Perceived by patients Participants (n=58)

Rank	Variables	Mean± SD	% of Respondents Perceiving the Item as Most Important
1.	Help me with my care until I'm able to do it for myself.	4.36 ± 1.04	87%
2.	Let my family visit as much as possible.	4.29 ± 0.94	86%
3.	Respect my modesty (for example, keeping me covered).	4.26 ± 1.29	85%
4.	Help me feel like I have some control.	4.22 ± 0.92	84%
5.	Give my pain medication when I need it	4.21 ± 1.28	84%
6.	Encourage me to do what I can for myself.	4.21 ± 1.28	84%
7.	Consider my spiritual needs.	4.19 ± 1.28	84%
8.	Ask me questions to be sure I understand	4.17 ± 1.05	83%
9.	Check my condition very closely.	4.17 ± 0.96	83%
10.	Are gentle with me.	4.16 ± 1.31	83%

Table 5: The Least Important Nursing Care Behaviors as Perceived By patients Participants (n=58)

Rank	Variables	Mean± SD	% of Respondents Perceiving the Item as Most Important
1.	Try to see things from my point of view	3.72 ± 1.07	74%
2.	Come into my room just to check on me.	3.72 ± 1.1	74%
3.	Don't become upset when I'm angry.	3.72 ± 1.33	74%
4.	Praise my efforts	3.71 ± 1.26	74%
5.	Answer quickly when I call for them.	3.71 ± 1.03	74%
6.	Understand when I need to be alone.	3.71 ± 1.24	74%
7.	Seem to know how I feel.	3.71 ± 1.41	74%
8.	Ask me how I like things done.	3.55 ± 1.22	71%
9.	Maintain a calm manner.	3.52 ± 1.31	70%
10.	Touch me when I need it for comfort.	3.47 ± 1.16	69%

Table 6: CBC subscales as ranked by patient participants (n =58)

Rank	Variables	Min	Max	Mean	± SD	Mean± SD
6	Humanism/Faith hope/ Sensitivity	22	79	61.52	16.86	3.84 ± 1.18
5	Helping/trust	11	55	42.38	11.75	3.85 ± 1.18
4	Expression of positive/negative feelings	4	20	15.52	4.85	3.88 ± 1.3
2	Teaching/learning	8	39	32.53	7.46	4.07 ± 1.04
3	Supportive/protective/corrective environment	12	60	48.66	14.24	4.05 ± 1.27
1	Human Needs Assistance	9	45	37.14	7.69	4.13 ± 0.95
7	Existential/Phenomenological/ Spiritual Forces:	3	15	11.38	4.18	3.79 ± 1.43

Table 7 : Independent samples *t*-test for Relationship between hospitals &Their Perception Two Ward CBA Subscales (n=58)

	Hospital name	N	Mean	SD	Mean Diff	T test	P
CBA	Government Hospital	30	281.2	29.6	66.5	6.016	0.000
	Private Hospital	28	214.7	52.2			