

# Perception of Caring among Nurses Working in a Tertiary Hospital in Riyadh, Saudi Arabia

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## ABSTRACT

**Background:** Caring is the essence of nursing. The ability to provide safe and quality health care service to patients and their families is an essential characteristic of a professional nurse. The health care system of Saudi Arabia is currently undergoing a transformation. This transformation is presenting challenges to the nursing workforce in meeting the health care needs of the Saudi population. This study is directed toward assessing the perception of caring of the nurses working in a tertiary hospital so nursing leaders can do the requisite interventions to support other nurses in caring for their patients.

**Method:** A total of 231 nurses working in one tertiary government hospital from the Ministry of Health, Saudi Arabia, were conveniently selected to participate in a survey. The survey included demographics and Caring Dimensions Inventory (CDI-25) tool. Both bivariate and multivariate analytical procedures were employed to determine the associated factors of the CDI-25 score among nurses.

**Results:** The three dimensions that were most related to caring were D6 (Providing privacy for a patient) ( $M = 4.76$ ,  $SD = 0.44$ ), D9 (Measuring the vital signs of a patient) ( $M = 4.67$ ,  $SD = 0.58$ ) and D25 (Being cheerful with a patient) ( $M = 4.67$ ,  $SD = 0.58$ ). The reported working experience in years as nurses was significantly associated with the total CDI score.

**Conclusion:** The perceived caring phenomenon among nurses was influenced by the length of their working experience. Therefore, the interventions to improve the perception of caring should be based on the nurse's years of practice.

**Keywords:** Cross-sectional, caring, health care, professionalism, Saudi Arabia

## INTRODUCTION

With the current emphasis on quality nursing care, discovering nurses' perceptions of caring is significant to ensuring that they provide quality care and patient safety. While caring is reflected in the literature as the focus of nursing<sup>1,2</sup>. It is also commonly used by nurses and patients to describe the nursing profession<sup>2,3</sup>. In the nursing field, this might indicate that nurses need to treat their patients with kindness, empathy, and respect. Nonetheless, the concept of caring has different experiences and meanings in different practice settings throughout the world<sup>4</sup>. This might change the perception of nursing care because of the different ways of practice among variability of nursing staff. For example, one of the studies conducted in the US reported that caring means patient-centered care<sup>3</sup>. In contrast, the same study reported that the time spent in caring for the patients is a bit influencer in nurses' perception of caring. This indicates that higher work demands may result in the inability to provide caring behavior toward the patient<sup>5</sup>. Furthermore, a study in South Africa reported that uncaring behaviors could lead to negative patient's satisfaction, which is damaging to the quality of care<sup>6</sup>.

Meanwhile, due to the rapidly increasing Saudi population, Saudi Arabia is undergoing a transformational phase in delivering improved health care services within nursing field. The country is further aiming to promote health with livelier, service-oriented health care institutions<sup>7</sup>. However, because of the increasing population in the country, there is a shortage of nurses to render patient care, thus it depends on expatriate nurses from various countries (e.g., India, Sudan, Philippines,

South Africa, Egypt, and Jordan)<sup>8</sup>. Therefore, a majority of the nursing workforce in Saudi Arabia are expatriates<sup>9</sup>. To deliver culturally sensitive care, these nurses are expected to have sound knowledge about the culture and traditions<sup>4</sup>. Nonetheless, because of the different cultural backgrounds of these expatriate nurses, language barriers might additionally influence the effective standardization of quality care provided to patients<sup>10</sup>. In contrast to the expatriate nurses, a majority of the patients in the country only communicate in Arabic; moreover, they are not proficient in English, which might cause misunderstandings and lack of proficient communication when delivering care<sup>11</sup>.

The Saudi Ministry of Health has addressed these issues by establishing educational training about culture<sup>12</sup>. However, the proposed training seems to be not efficient to meet nursing staff needs. Specifically, cultural aspect educational training which needs to be more longer in time and more extensive in background and cultural information to provide quality care improvements<sup>13,14</sup>. Moreover, even though caring has been the core of the nursing literature, a limited number of studies were conducted focusing on the definition of caring among the nurses working in Saudi Arabia.

Given the emphasis on nursing care and the dearth of data on the perception of caring, an investigation on assessing this perception is imperative. In addition, considering the different perceptions of caring throughout the world, factors regarding the perception of caring among nurses working in the country should also be explored. This investigation could create a better understanding of caring behaviors. The results could contribute to the overall quality of patient care and better nursing practice as well as to promote positive patient wellbeing.

This study aimed to assess the perception of caring of nurses working in a tertiary hospital in Riyadh, Saudi Arabia.

## METHODS

This study used a cross-sectional research design to examine the perception of caring for nurses who are currently working in a tertiary hospital in Saudi Arabia.

**Sampling:** A total of 231 nurses working in one tertiary government hospital from the Ministry of Health, Saudi Arabia, were conveniently selected for the study. The hospital has a total of 1500 bed capacity, and it provides tertiary care with complete health care services. The inclusion criteria were as follows: a) being a registered nurse, b) working as a nurse in the current hospital for the past six months, and c) consenting to participate in the study.

**Data Collection:** This study was conducted after receiving approval from the institutional review board of the targeted hospital; the approval number is 18–577E. The researcher received an official permission from the chief of the hospital to conduct the study. A formal communication was provided to the respondents regarding the purpose of the survey; it included the assurance that all of the information gathered would be treated with strict confidentiality and used solely for the purpose of the study. The researcher used the approved request by the chief of the hospital as a reference in seeking a similar request from the respondents. After that, the data was collected, tabulated, analyzed, and stored. The study was conducted from September through December 2019.

**Questionnaire:** The survey was divided into two sections. The first was the demographic profile, which included the sociodemographic variables of age, gender, and years of service. The second section contained the perception of caring among nurses using the Caring Dimensions Inventory (CDI-25). This tool was previously used to demonstrate the perception of caring in nursing in several other countries: Turkey ( $\alpha = 0.89$ ),<sup>[15]</sup> Iran ( $\alpha = 0.86$ )<sup>16</sup>, US ( $\alpha = 0.97$ )<sup>17</sup>, Spain ( $\alpha = 0.91$ )<sup>18</sup>, Slovenia ( $\alpha = 0.93$ ), China ( $\alpha = 0.90$ ), Croatia ( $\alpha = .90$ ), and Russia ( $\alpha = .84$ )<sup>19</sup>. The Cronbach's alpha was 0.85 in this study. The survey tool had a 5-point Likert scale (1=totally disagree and 5=totally agree). A higher mean score meant a higher perception of caring<sup>20</sup>.

**Data Analysis:** SPSS version 26.0 was employed to perform the statistical analysis in this study. The mean, standard deviation (SD), frequency, and percentage were used to present the participants' characteristics and the distribution of the descriptive pattern in the dimensions of care. Both bivariate and multivariate analytical procedures were employed to determine the associated factors of the CDI-25 score among nurses. The Mann-Whitney test and the Kruskal-Wallis test were both used for the bivariate procedure. For the multivariate procedure, a multiple linear regression was performed with the CDI total score as the dependent variable; the reported years of experience as

nurses was the independent variable, while age and gender were covariates.

## RESULTS

**Participants' Characteristics:** A major portion (77.9%) of the participants in the study were female nurses. The majority of the nurses (65.4%) in this study recorded their age to be 34 years old or below. A little more than one-third of the participating nurses had 10 or more years of experience (Table 1).

**Patterns in the Dimensions of Care:** The distribution of the descriptive pattern in the dimensions of care, ordered from the highest to the lowest score in the participating nurses. In brief, there were three dimensions that the participating nurses most related with caring: D6 (Providing privacy for a patient) ( $M = 4.76$ ,  $SD = 0.44$ ), D9 (Measuring the vital signs of a patient) ( $M = 4.67$ ,  $SD = 0.58$ ), and D25 (Being cheerful with a patient) ( $M = 4.67$ ,  $SD = 0.58$ ). The mean score of the CDI total score indicated that the least related dimension of care in the study participants was D3 (Sharing your personal problems with a patient) ( $M = 1.82$ ,  $SD = 1.22$ ), followed by D12 (Keeping relatives informed about a patient) ( $M = 3.00$ ,  $SD = 1.41$ ) (Table 2).

**Associated Factors of the Caring Dimension Inventory (CDI-25) Score:** Both the bivariate and the multivariate analysis showed that the reported working experience as nurses in years was associated with the CDI total score. In the bivariate analysis, the Kruskal-Wallis test showed that those with more than 15 years of experience recorded the highest total CDI-25 score ( $107.75 \pm 9.60$ ), followed by those with experience of 10 to 15 years ( $107.18 \pm 9.10$ ),  $X^2(3) = 21.48$ ,  $p = <0.01$  (Table 3).

In the multivariate analysis, a multiple linear regression model adjusted for the effect of age and gender showed that the model was significant,  $F(3,227) = 5.45$ ,  $p = .001$ . The reported working experience as nurses in years contributed significantly to the model ( $B = .302$ ,  $p < 0.01$ ) (Table 4).

Table 1: Characteristics of the participating nurses.

Characteristics	n	%age
Gender		
Male	51	22.11
Female	180	77.9
Age In years		
18-24	48	20.8
25-34	103	44.6
35-44	67	29.0
45-54	9	3.9
55-64	4	1.7
Experience in years		
Less than 5 years	80	34.6
More than 5 years and less than 10 years	69	29.9
Over 10 and less than 15 years	54	23.4
Over 15 years	28	12.1

Table 2: Distribution of the descriptive pattern in the dimensions of care: ordered from highest to lowest score among nurses.

Item	Dimension	Mean	Std. Deviation
D6	Providing privacy for a patient	4.76	0.44
D9	Measuring the vital signs of a patient	4.67	0.58
D25	Being cheerful with a patient	4.67	0.58
D8	Observing the effects of a medication on a patient	4.66	0.53
D23	Being neatly dressed when working with a patient	4.65	0.61
D20	Consulting with the doctor about a patient	4.63	0.59
D24	Being honest with a patient	4.59	0.63
D11	Listening to a patient	4.57	0.59
D15	Giving reassurance about a clinical procedure	4.54	0.60
D19	Explaining a clinical procedure	4.51	0.70
D22	Being technically competent with a clinical procedure	4.48	0.65
D7	Organizing the work of others for a patient	4.43	0.69
D14	Instructing a patient about an aspect of self-care	4.38	0.75
D21	Being with a patient during a clinical procedure	4.36	0.66
D13	Involving a patient with his or her care	4.33	0.71
D10	Making a nursing record about a patient	4.22	0.77
D4	Reporting a patient's condition to a senior nurse	4.20	0.87
D5	Putting the needs of a patient before your own	3.92	1.09
D2	Sitting with a patient	3.83	0.93
D18	Exploring a patient's lifestyle	3.78	0.99
D17	Feeling sorry for a patient	3.63	1.10
D1	Assisting a patient with an activity of living	3.52	1.20
D16	Getting to know the patient as a person	3.32	1.19
D12	Keeping relatives informed about a patient	3.00	1.41
D3	Sharing your personal problems with a patient	1.82	1.22

Table 3: Associated factors of the Caring dimension inventory (CDI-25) score (based on bivariate analysis) among nurses.

Characteristics	Mean $\pm$ SD Total score of the CDI-25	$\chi^2/U$ statistics	P- value
Gender			
Male	104.98 $\pm$ 9.90	4153.50 <sup>a</sup>	0.30
Female	103.02 $\pm$ 9.82		
Age (In years)			
18-24	101.98 $\pm$ 10.15	$\chi^2(4) = 5.06^b$	0.28
25-34	102.77 $\pm$ 9.90		
35-44	105.27 $\pm$ 9.50		
45-54	104.44 $\pm$ 10.92		
55-64	106.25 $\pm$ 7.41		
Experience in years			
Less than 5 years	101.78 $\pm$ 9.63	$\chi^2(3) = 21.48^b$	<0.01
More than 5 years and less than 10 years	100.74 $\pm$ 9.49		
Over 10 and less than 15 years	107.18 $\pm$ 9.10		
Over 15 years	107.75 $\pm$ 9.60		

<sup>a</sup> Mann-Whitney test, <sup>b</sup> Kruskal Wallis test

Table 4: Multiple Regression: association of the Caring dimension inventory (CDI-25) score with work experience nurses.

Caring dimension inventory (CDI-25) score	Significant individual predictor variables ( $\beta$ coefficients; P values)	Model unadjusted R <sup>2</sup> ; adjusted R <sup>2</sup> ; P value
CDI-25 total score	Work experience in years (.302, .001)	0.067, 0.055, <0.001

Adjusted for Age, and gender

## DISCUSSION

In general, nurses included in the present study was found to provide proper caring, and they were characterized by promise and devotion in enduring the functional needs of their clientele<sup>21</sup>. Within this framework, nursing staff deliver care to optimize, maintain and restore health in different health care settings. This involves a holistic approach that encompasses the concepts of advocating for the patient, the provision of care, delivery of health instruction, and providing support. Craven and Hirnle<sup>22</sup> identified the soft skills that are imperative in the application of basic scientific nursing care rationales, which include creativity and

sensitivity. Consequently, how nurses perceive the concept of caring is an important topic because it shapes how they perform care. Identifying how nurses perceive nursing care will ultimately advance the quality of their practice.

The five most valued dimensions were (D6) Providing privacy for a patient, (D9) Measuring the vital signs of a patient, (D25) Being cheerful with a patient, (D8) Observing the effects of a medication on a patient, and (D23) Being neatly dressed when working with a patient. Although there was a minimal difference in the actual ranks, the results of this study were similar to those found by Trinidad, Pascual, and García<sup>18</sup>. Albar and Fernández<sup>23</sup> and Cook et al<sup>24</sup>.

There was no significant difference among genders in terms of the perception of caring. This result is parallel to the findings of Trinidad, Pascual, and García,<sup>[18]</sup> in which the factors of caring were found to have no significant difference according to gender. Regardless of gender, nurses are prepared from the same theoretical underpinnings with regards to the concept of nursing care. This theoretical preparation enables the curbing of potential variations that gender might influence in the perception and provision of care. Furthermore, the result interrupts the typecast that males are more focused on the procedural and scientific techniques vis-à-vis the concept of caring<sup>25</sup>. The content as well as quality of care provided by the nurses is an essential element during care delivering process and need to be emphasized in the nursing curriculum<sup>21</sup>. This illuminates the importance of psychological care, the reputation of therapeutic communication, and the provision of effective nursing education and feedback.

Although no significant difference was observed between the age groups, a descriptive visual increase in the perception of caring was noticeable. Since age is bracketed with a 10-year range, there is no significant difference in the *p*-value. However, if the age were grouped according to developmental age, a more significant result may have been observed. This cannot be retreated, considering the limitations of the instrument where age is already grouped categorically. Nonetheless, a noticeable increase is observed, with a minimal fluctuation at age 45–54.

Furthermore, a significant difference is observed between the years of working experience. This is parallel to the findings claimed by Trinidad, Pascual, and García<sup>18</sup> that the identification of caring is greater among those with more health care work experience. The researcher attributes this to how nurses learn more about the art and science of nursing care with experience. According to Skår<sup>26</sup> the experience of nurses in their work is itself a learning milieu. This is where they learn more from their mistakes and seek guidance from peers and seniors. Experience as the best teacher allows the nurses to confirm, construct, and develop their practical and professional knowledge. As the nurse becomes more senior, they have more ability to train the novices and advance the beginners with the learnings that they themselves have learned from experience.

Personal and work experiences both contribute to the learning experience regarding nursing care.<sup>[27, 28]</sup> Feedback and support within the working environment is imperative in the learning process and thus in improving the concept of care. Experience itself will help in both the retention process and in the development of commitment<sup>29</sup>. A supportive working milieu with observed respect and trust is crucial<sup>30</sup>. Confidence is improved from the learning experience, to include looking for support during thought-provoking circumstances at work<sup>31</sup>. Skår<sup>26</sup> maintained that, by directing the focus toward how nurses learn from work experience, this current undertaking may interpose an understanding of how experience across the nurses' working life contributes to the professional practice. This is a signal to consider the mediating effect of work experience

in the process of knowledge creation, especially in the concept of nursing care.

## CONCLUSION

Nurses develop the dynamics of the perceived caring phenomenon as they progress in their learning process related to work experience. Working years have a significant influence on the perception of caring among nurses. Differences in gender do not have a bearing on how they perceive caring. The standard of instruction on the conceptual forms of caring curb the potential gender-related differences. Age could have a significant result if it is grouped according to the developmental age and the statistical range is not used. Furthermore, a longitudinal study may be employed to confirm the results in this study and to explore culture-based components. Naturalistic inquiry may be employed to focus the lens on the nurses understanding regarding the concept of caring, how it is constructed and improved across their working years, and how it improves the provision of nursing care in practice.

**Limitations:** The sample size is an important limitation; therefore, future research on larger samples may give more scientific evidence. Furthermore, variations in the number of samples per cluster within the variable may provide a pooling effect, especially the variability in age. Regrouping in terms of developmental age may provide more significant results. A limitation due to the instrumentation cannot treat this process since the data was already ranged categorically. Final limitation is having results collecting from only one city in Saudi Arabia. Therefore, present study's finding cannot be generalized to represent the whole country nor to provide comparative results that are culturally sensitive.

**Acknowledgments:** The author is grateful to the participants of the study.

**Conflict of Interest:** The author declares that there is no conflict of interest.

**Financial Support:** Self-funded

**Ethics Approval and Consent to Participate:** The study was approved by the Human Institutional Ethics Committee informed consent was obtained from all participants.

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