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Caring behavior and its associated factors among nurses working at public hospitals at Saudi Arabia

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Abstract:
Introduction:
The core of nursing practice is compassion, and nurses' actions affect the standard of patient care and are indicative of patient satisfaction. Nevertheless, many nurses actually do not act compassionately when giving nursing care to patients. The purpose of this study was to evaluate the degree and predictors of nursing caregiving behaviors among nurses working in public hospital inpatient departments.
Aim of the study:
This study set out to evaluate the caring behaviors of nurses and the characteristics that are linked to them among nurses employed by public hospitals.
Method: Three hundred nurses who provide inpatient care in public hospitals participated in a cross-sectional study. The degree of caring behavior was assessed using the English version of the CNPI-Nurse scale. The 95% confidence interval and the crude and adjusted odds ratios were used to report the connection. When the p-value was less than 0.05, the link was deemed statistically significant.
Finding :
59.% of nurses in this survey exhibited caring behavior overall. Instead of practicing the psychological parts of caring, the majority of respondents focused on the technical aspects of caring behavior. Furthermore , this study found that their were strongly significant correlation between caring behaviors and each of job satisfaction, nurse physician collaboration, and working environment (0.345, 0.457, 0.675) respectively
Conclusion:
Conclusion: Workload, job satisfaction, and working environment features all have an impact on nurses' caring behavior. Therefore, in order to raise the degree of nurses' compassionate behavior, it is essential to create a favorable work atmosphere and allocate enough time and resources.
Keywords:
Nursing practice, Caring behavior, Nurses, Inpatient services, Hospitals

Introduction:

Caring is the essence of nursing and the profession's underlying disciplinary core, and it is best expressed and practiced interpersonally. 1 The core of nursing practice is compassionate behavior, which influences the standard of patient care and predicts patient satisfaction [1–3]. Professional nurses' actions, demeanors, and mannerisms that demonstrate concern, safety, and attention to the patient are referred to as nursing care behavior. In order to connect nurse encounters to the client's experiences, caring behavior is essential [4, 5]. Nursing quality is enhanced by ongoing assessments of nurses' compassionate behavior and patient satisfaction [6]. Caring behaviours are behaviors that care about a patient's health, include being sensitive, reassuring, listening intently, being honest, and accepting without passing judgment.2. Taking care of patients is a method to show them that you genuinely care about them because they are people. It is important for professionals to always be approachable and accommodating to their patients.3.Holistic treatment of all individuals, with an emphasis on attending to the patient's basic needs as well as their values and experiences, characterizes the compassionate profession of nursing. Any behavior that disregards patients' worth, experience, or individuality should be viewed as callous and unethical [3, 7].

Numerous factors, including as workload, lack of time, staffing concerns, shift work, and neglect of self-care, may have an impact on caring behaviors. Despite reports that nurses may become too concerned and involved with their patients, even going so far as to visit them on their days off or purchase gifts for them, In practice, a large number of nurses do not show compassion when tending to patients [8–10].

In general, nursing care is divided into two main categories: expressive (affective) behaviors and instrumental (technical) abilities. Technical care includes activities that support patients' comfort and physical well-being, such as administering medication, exhibiting technical proficiency, and instructing and resolving issues. While active listening, respecting patients, demonstrating sensitivity to their feelings, and fostering trust, faith, and honesty are all crucial components of expressive behaviors, expressive caring also entails interactions that foster hope, trust, and emotional support. Healthcare today has placed great emphasis on the provision of patient centere care where nurses are expected to perform both technical and expressive aspects of care. Thus, the teaching of caring behaviours and attitudes is a basic component of nursing curriculum.

Approximately 100 million individuals worldwide visit hospitals each year to receive medical care.6. Professional nurses must act with compassion when giving nursing care. Nurses will hurt patients, other nurses, and hospital parties if they don't act with compassion. There will be fewer patients coming to the hospital, which means less money coming in. The hospital party would surely suffer since patients' faith will be damaged.7.

For the global nursing community, elucidating the variables that might affect nurses' perceptions of caring actions is still crucial [11]. Although instrumental caring activities like "knowing how to give shots, IV," and "knowing how to handle equipment" did not make the list of the most important caring behaviors, nurses in a previous study identified psychological aspects of care as major caring behaviors [12]. The majority of healthcare professionals prioritize treating illnesses above treating the patient as a whole, notwithstanding institutional variations; yet, the holistic approach is the most crucial aspect of nursing practice [13]. Caring behaviors are crucial while performing diagnostic and therapeutic interventions, but they are not properly implemented during hospitalization, despite the fact that nurses have extensive interactions with patients and their families. This ultimately results in unhappy patients and subpar 4 5

Due to a lack of nursing staff and a high patient load, nurses mostly devote their time and effort to preparing reports, following doctor's orders, and performing secretarial tasks. They would be worn out, nervous, and unable to give the necessary standard of patient care in such a circumstance. Patient discontent and subpar nursing treatment may emerge from this, which could have a negative impact on the patient's prognosis.6.

Two significant aspects of patient outcomes that are impacted by subpar nursing care are patient discontent and clinical outcomes. Reduced patient satisfaction was associated with missed visits. According to the WHO, patient satisfaction is currently becoming more and more important in healthcare delivery and quality of care changes. 46% of all patients that visit different healthcare facilities expressed dissatisfaction with the care they received, per this poll. Patients who are unhappy experience increased anxiety and irritability, which lengthens their recovery time and fills more hospital beds.8. Reports indicate that clinical outcomes impacted by inadequate nursing care included pressure ulcers, medication errors, nosocomial infections, patient falls, critical episodes, 30-day hospital readmission, and death.9**.**

Statement of the problem:

According to research, bad nursing care has an impact on clinical results and causes occupational stress. Nursing is perceived as a hard profession with high, complex demands and too much responsibility but not enough authority.9. Nurse caring behaviors have been connected to a variety of factors, including sociodemographic characteristics, educational background, workload, job satisfaction, favorable relationships with doctors, contentment with the profession, working location, and work experience.15. The results of a cross-sectional study of hospital nurses (Alharbi et al., 2019) showed a moderate overall quality of nursing work life with a significant correlation. Higher scores ($p < .05$) were associated with non-Saudi nationality, age, work experience, marital status, full-time employment, rotating shift, and specialty units. There is a recognized lack of systematic data regarding the burden of BO among the region's healthcare providers (Chemali et al., 2019).

We are attempting to evaluate the degree and determinants of nurse caring behaviors among nurses working in inpatient departments in public hospitals because it is essential to identify the factors that influence nurses' caring behavior in order to improve the quality of patient care [15].

Methods:

Research design: descriptive correlational- cross sectional research design was utilized to conduct this research

Settings& Sampling

Three tertiary government university hospitals in Riyadh, Saudi Arabia, served as the study's sites. G*Power was used to determine the sample size. At 0.15 effect size, 0.05 margin of error, and 95% statistical power, the sample size is estimated to be 250 for the 18 predictor variables for the multiple linear regressions on the caring behaviors of the nurses. Three hundred clinical nurses were given the questionnaire by the researchers, who employed purposive selection. The targeted individuals must meet the following inclusion criteria: The clinical nurses must have worked for the company for more than a year and willingly agreed to take part in the research.

Instrument:

Three tools were utilized to conduct this study:

toolII: Caring Behavior Inventory (CBI-24) : it is a validated 24-item short-form Caring Behavior Inventory (CBI-24) developed by Wu et al. (2006). **The questionnaire was adopted from previous similar studies and modified to the context of this study.** To assess clinical nurses' nursing care behavior The following are the four subscales of the questionnaire: (i) positive

connectedness; (ii) professional knowledge and expertise; (iii) assurance of human presence; and (iv) respectful consideration to others. Response categories on the CBI-24 are on a 6-point Likert scale, with 1 denoting never and 6 denoting always. The mean value within each distinct scale is used to compute the caring behavior for each subscale. Clinical nurses that exhibit more particular caring behaviors had higher mean scores. It has two components (technical professional 10 questions) and (psychosocial has 14 questions). The assurance and respectfulness subscale of CBI was taken as a psychosocial component and the knowledge and connectedness subscales were taken as technical professional components. For each subscale and component, the sum, mean and SD were calculated. This tool which has been used by this study to measure caring behavior of nurses is psychometric. Cronbach's alpha score for CBI-24 ranged from 0.95, indicating great internal consistency and acceptable test-retest reliability (r =.82 for nurses) (Wu et al., 2006). The CBI-24 was used in previously published studies to evaluate nurses' abilities.

Data collection procedure and measurements/instruments

Data were collected from 24 June to 24 July 2024 using a self-administered structured questionnaire. The data collection was conducted by researchers nurses who had previous exposure to quantitative data collection. The questionnaire was administered using anonymously to ensure the confidentiality of the participant.

Pilot study was conducted on 5% of nurses working at pre mentioned setting before the actual period of data collection. Corrections were made based on the result of the pretest data. The collected data were checked for completeness and consistency by trained supervisors.

In this study, caring behavior was classified as poor caring behavior when the nurses' score on the CBI-24 scale was less than the overall mean and good caring behavior when their score is greater than the overall mean. decision making (12 questions), sharing of patient information (nine questions) and cooperation between nurse and physician (six questions)). A total sum score was calculated for each subscale and then the overall mean and SD were calculated for each subscale.

Job satisfaction tools:

Warr et al.17 designed a 5-point Likert scale with questions that ranged from 1 (extremely dissatisfied) to 5 (very satisfied) to measure job satisfaction. Five questions about personal satisfaction, five about motivation and prospects, and five about professional satisfaction were among the fifteen standardized questionnaires that were employed. After calculating each subscale's total sum score, the mean and SD were determined for each subscale.

Tool III: standardized The nurse and physician interaction scale

it was developed by Ushiro.18 it consist of 27 questionnaires Each question was answered on a 2-point yes no response question, a score of 1 means no and 2 means yes. This scale has three subscales (joint participation in cure care and The working environment was measured by 10 standardized questions developed by Moos.19 Each question was answered on a 2-point yes or no question, a score of 1 indicates no and 2 means yes. This scale has two subscales (staffing and support (six questions) and nursing management (four questions)). For each subscale overall sum score was calculated and then the mean and SD were calculated.

Statistical analysis

The information was coded, imported into Epidata V.4.6, and then exported into SPSS V.26 for examination.

Every covariate that had a p-value of less than 0.25 in the bivariable analysis was included in a multivariable analysis in order to eliminate confounding variables and find reliable indicators of

caring behavior. Factors substantially linked to nurses' compassionate behavior were those that displayed a p value of less than 0.05 with 95% CI and adjusted OR (AOR).

The three hospitals' um-brella committee, the Institutional Review Board of Health Sciences College Research on Human Subjects, was consulted for ethics approval (IRB Project No. E-20-4898). The nursing administration granted permission to gather data in the clinical area, and a signed recommendation letter was produced to entice the clinical nurses to take part. In order to demonstrate deliberate involvement in the study, informed consent was requested and acquired. Confidentiality was maintained during the whole research process.

Results:

The respondents' average age was 36.16 years (standard deviation [SD] = 8.17 years). The majority of respondents (84.8%) were women, 74.7% had a bachelor's degree in nursing, 54.9% were married, 80.5% were Christians, 67.2% were Filipino, and 68.8% worked in non-specialty hospital departments including the general ward and outpatient units. In Saudi Arabia, the average number of years spent as a nurse was 9.46 (SD = 6.34), while the average number of years spent in the nursing profession was 12.60 (SD = 7.98). Staff nurses 3 or entry-level positions accounted for the largest percentage of responders (SN3, 41.3%), followed by staff nurses 1 or senior nurses (SN1, 30.1%) and staff nurses 2 (SN2, 18.1%). Approximately 10.4% of those surveyed held leadership or management roles in the table 1

Table 1: Frequency Distribution of Sociodemographic Data:

Items	Mean	SD
Age in years	36.16	8.17
Total years of nursing experience	12.60	7.98
Years of experience in KSA only	9.46	6.34
	n	**%**
Gender		
Male	82	15.2
Female	218	84.8
Education		
Diploma in nursing	71	18.9
Bachelor's in nursing	280	74.7
Post graduated program	24	6.4
Marital status		
Single	169	45.1
Married	206	54.9
Nationality		
Saudi	50	12.0
Filipino	200	67.2
Indian	31	16.3
Others	29	4.5
Position		
Staff nurse 1 (SN1, senior nurses) 113 30.1		
Staff nurse 2 (SN2)	68	18.1
Staff nurse 3 (SN3, entry level)	155	41.3

With managerial positions	39	10.4

Abreviation: KSA, Kingdom of Saudi Arabia; SD, standard deviation

Nurses' job satisfaction

In the assurance and respectfulness subscales, the mean and standard deviation of nurses' caring behavior were 4.23±0.43 and 4.39±0.56, respectively. The subscales for positive connectivity and knowledge and skill were 4.45±0.55 and 4.48±0.63, respectively. The mean score for nurses' caring behavior was 4.39±0.39 on the total scale. The total mean of caring behavior was 104.84±9.06, with the mean and average mean scores for each component of caring behavior being technical-professional 44.69±4.67 (49.4%) and psychosocial 60.15±5.4 (46.9%). More than half (53.3%) of the study participants exhibited positive, compassionate behavior (figure 1).

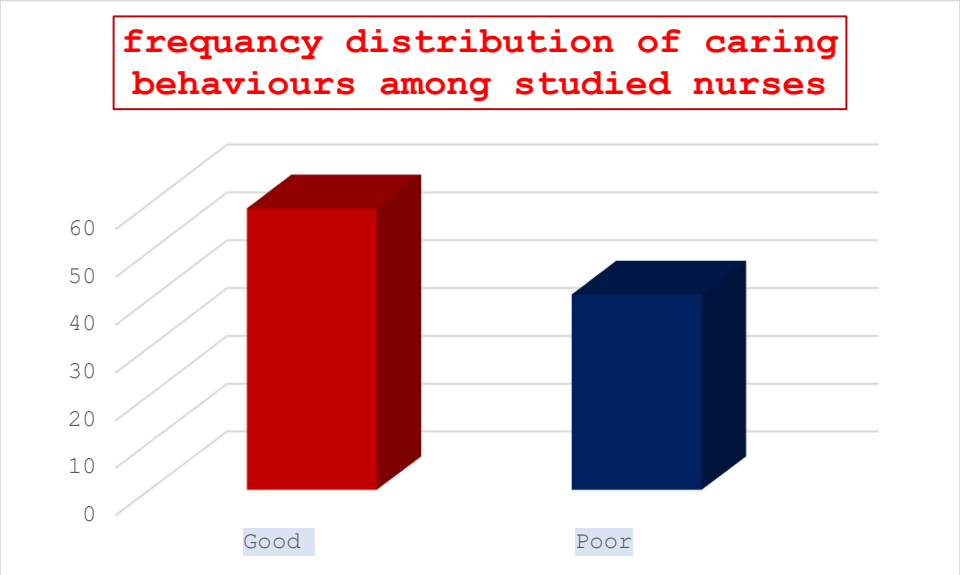

Figure 1: level of caring behaviors

Table 2 shows that nurses' total job satisfaction was 57.8%. in addition, the total mean and SD were 53.95±5.51, while the mean and SD for each subscale were as follows: professional satisfaction 18.4±2.44, motivation and prospect 17.62±2.90, and personal happiness 17.91±2.42. About 53.3% of nurses in this study expressed satisfaction with their profession, 64.4% expressed personal satisfaction, and 56.1% expressed satisfaction with motivation and opportunities.

Table 2: Level of job satisfaction:

No. Variables	Per cent %	Overall mean ±SD
1 **Personal satisfaction**		17.92±2.4
Unsatisfied	35.6	
Satisfied	64.4	
2 Motivation and prospect		17.63□}2.9
Unsatisfied	43.9	
Satisfied	56.1	
3 **Professional satisfaction**		18.44±2.44
Unsatisfied	46.7	

Satisfied	53.3	
Overall job satisfaction Unsatisfied	42.2	53.95+5.5
Satisfied	57.8	

Cooperativeness in patient care was 4.16±1.02, sharing of patient information was 6.08±1.24, and collaborative engagement in cure care and the decision-making process was 7.69±1.43. The interaction scale's overall mean and standard deviation were 17.93±2.38. According to this study, 35.6% of nurses were happy with the collaboration between nurses and doctors, 51.1% were happy with joint participation, and 38.9% were happy with patient information exchange. Table 3shows that 55% of respondents were generally satisfied with nurse-physician collaboration.

Table3: Level of nurse-physician relationship

No. Variables	Per cent	Overall mean ±SD
Joint participation		7.7±1.43
Unsatisfied 176	48.9	
Satisfied	51.1	
Sharing patient information		6.08±1.24
Unsatisfied	61.1	
Satisfied	38.9	
Cooperativeness Unsatisfied	64.4	.16±1.02
Satisfied	35.6	
Overall nurse–physician interaction Unsatisfied	45	17.93±2.38
Satisfied	55	

Staffing and support had a mean and SD of 3.967±1.03, while nurse management had a mean and SD of 2.37±0.93. The majority of nurses in this study (69.2%) expressed satisfaction with staffing and assistance, while just 48.6% expressed satisfaction with nurse management. The overall satisfaction rate with the nursing staff's compassionate atmosphere was 44.7%. see table 4

Table 4 Level of work environment

No. Variables	Per cent	Overall mean ±SD
Nurse management		2.37±0.93
Unsatisfied	51.4	
Satisfied	48.6	
Staffing and support		3.97±1.03
Unsatisfied	30.8	
Satisfied	69.2	
Overall work environment Unsatisfied	55.3	6.3□}1.36
Satisfied	44.7	

Table 5 illustrated that their were strongly significant correlation between caring behaviours and each of job satisfaction, nurse physician collaboration, and working environment (0.345, 0.457, 0.675) respectively

	Caring behavior	**job satisfaction**	**nurse–physician interaction**	**work environment**
Caring behavior	1			
job satisfaction	0.345**	1		
nurse–physician interaction	0.457**	0.678**	1	
work environment	0.675**	0.654**	0.342**	1

discussion:

Prior research from different nations revealed differences in nurses' opinions on their quality of work life (Hunsaker et al., 2015; Kaur et al., 2018; Kelbiso et al., 2017) and views of caring (Burtson & Stichler, 2010; Warshawski et al., 2018). This work contributes to the body of research supporting the idea that the variables under investigation are influenced by environmental, sociocultural, and intrapersonal factors (Etemadifar et al., 2015; Upton, 2018).

This survey showed that 59.9% of nurses exhibited good This discrepancy might arise because of the comparatively smaller sample size they employed. Additionally, the study was only carried out at University Hospital, where a higher patient flow is anticipated, which may have an impact on the nurses' compassionate conduct. Furthermore, the discrepancy can be the result of different research instruments used to gauge the caring behavior component. levels of caring behavior. This result contrasts with the Jimma study, which reported a lower percentage of nurses exhibiting high caring behavior [5]. Variations in the analysis approach and assessment instrument could potentially be the cause. Additionally, a poor caring environment, a poor nurse-physician connection, or nurses' discontent with their jobs could be the cause. This may have an impact on their patients' overall care. It was discovered that this study's high perception of caring behavior proportion was lower than that of other studies [20].

The discrepancy can arise because the data from the prior study was gathered following the adoption of a Relationship Centered Care Professional Practice Model. The majority of nurses in this study had high levels of humanistic care, which is the foundation and beginning point of nursing and also a significant indicator of high-quality care [21]. Relational care, clinical care, and consoling care came next, in that order. These results show that nurses in our study area value humanity more than the technical-professional component of caring behavior and are more concerned with empathy, respect for human dignity, altruism, and other humanistic care components. However, our results differ from those of a study conducted in Croatia, where the "need" subscale was the greatest. This discrepancy can result from Croatian nursing education's strong reliance on Henderson's idea of fundamental human needs [25]. The study [26] states that the nurses' most common caring conduct was consoling care behavior.

In this study, nurses showed more technical (49.4%) than psychosocial (46.9%) components of caring. This result is consistent with research from Jordan, Jimma, Gondar, and Turkey that demonstrated nurses performed more technical than psychosocial components of caregiving.12 13 21 22 This demonstrated that nurses' performance of expressive loving behaviors was not overlooked, even if they gave physical care first priority in this study.

Nurses may be more interested in the tangible, physical components of caring behavior than in the emotional ones.

According to the study's findings, nurses' marital status and their compassionate demeanor are statistically correlated. Married nurses were 0.027 times less likely than single nurses to exhibit good nursing behavior. No other study had shown a comparable correlation. One possible explanation, however, is that married nurses have many responsibilities outside of work, such as caring for their families and engaging in other social activities. On the other hand, unmarried people are more vivacious and dedicated, and they have less social and familial responsibilities than married people.

In this study, nurses' caring behaviors were substantially correlated with their job satisfaction. Compared to nurses who are content with motivation and prospect, those who are not are 0.473 times less likely to behave in a compassionate manner. This result confirms earlier research done at referral hospitals in Jimma, Gondar, and Indonesia.13 15 24

The findings are generally in line with those of other studies conducted in the US and India (Hunsaker et al., 2015; Kaur et al., 2018; Kawar et al., 2019). However, they showed a better quality of work life than Ethiopian nurses, who expressed dissatisfaction (Kelbiso et al., 2017), and Greek nurses who had lower expression of CS and were at high risk of STS and CF (Mangoulia et al., 2015). This suggests that Saudi Arabian clinical nurses were able to balance their level of satisfaction despite feeling somewhat worn out from their jobs.

Interestingly, compared to diploma nurses, clinical nurses with higher educational attainment showed a higher degree of BO and a lower level of CS. This is in line with Moradi et al. (2014), who explain that nurses with more education have higher standards for their profession and can get emotionally spent when their workplace does not live up to those standards. Regardless of their level of education, clinical nurses in Saudi Arabia carry out comparable nursing tasks. findings from two studies: one found no significant correlation between educational attainment and work life (Suleiman et al., 2019), while the other found that nurses with greater credentials scored higher on CS (Shahar et al., 2019). To completely comprehend how education affects clinical nurses' ProQoL, more research is required.

It has been found that nurses who are happy with their jobs are 1.716 times more likely to behave well as nurses than those who are not. This result is consistent with research conducted at the referral hospitals in Jimma and Gondar.12 13 which demonstrated that nurses who were happy in their positions exhibited more compassionate behavior than nurses who weren't. One possible explanation is that nurses require incentives, pay raises, and other advantages from their organization. They are more inclined to act in a caring manner if they are driven and content with their work.

Conclusion:

In this study, the nurses' level of caring behavior was almost good. As part of their nursing practice, a comparatively greater proportion of nurses engaged in the technical than the psychosocial aspects of caring. This study discovered that the perception of caring behavior was significantly correlated with sociodemographic factors such as marital status and work experience. Additionally, this study discovered a strong correlation between nurses' professional happiness with their caring behavior and their contentment with motivation and prospects. The study's findings demonstrated the need of paying attention to nurses' compassionate conduct. Courses on caring behavior must be included in the nursing curriculum for both undergraduate and graduate students. in order for nurses to interact with their patients in a compassionate manner.

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