

Caring Behaviors Perceived by Nurses in a Japanese Hospital

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【Abstract】 The purpose of this study is to identify the perception of Japanese nurses regarding the most and least important caring behaviors and to examine the relationship between nurses' perceptions, their work experience and their educational background. The instrument used in this study was a self-administered Japanese questionnaire version of the CARE-Q instrument which was developed by Larson. The questionnaire was disseminated to nurses employed by the government and working at a hospital in Japan. The CARE-Q-Japanese was distributed via the nurse supervisors of this hospital to 602 Japanese staff nurses and nurse administrators. There were 511 respondents, a response rate of 84.9%. The completed questionnaires (477) were used for the data analysis. Nurses ranked the three most important behaviors as "listens to the patient", "helps the patient not to feel dumb by giving him/her adequate information", and "gets to know the patient as an individual person". There were significant differences in the ranking of human caring behavior when measured according to educational background. Nurses who graduated from nursing schools or nursing junior colleges ranked the most important behavior as "listens to the patient". Nurses who graduated from nursing colleges (bachelor's degree) or graduate programs in nursing ranked "gets to know the patient as an individual person" as the most important. Nurses ranked the least important behavior as "asks the patient what name he/she prefers to be called".

【Keywords】 caring, nurse, perception, behavior, Japan

1. Introduction

Caring is an important concept in nursing¹⁾. Caring has become the essence and central focus of nursing²⁾. Caring is a complex, elusive concept not only to define but also to measure³⁾. Caring is provided for clients through concrete behavior. To identify nurses' perceptions of which nursing behaviors are important as caring behavior means to understand how caring is offered. It might be meaningful to show the concept of caring in terms of concrete behaviors.

Leininger⁴⁾ described that caring might vary according to the nurses' cultural background or tradition. If there are differences of perception of caring behavior between countries, this means culture and values affect the understanding of the concept of caring and helps us offer more appropriate cross-cultural nursing.

In the U. S. A, 57 cancer nurses in a study by Larson⁵⁾

using Caring Assessment Instrument (CARE-Q) ranked the most important caring behavior as "listens to the patients". They ranked the least important as "is professional in appearance". Mayer⁶⁾ conducted a replication study of Larson's work, using 28 oncology nurses. Mayer found that nurses ranked the most important as "listens to the patients" and the least important as "is professional in appearance". Keane McDermott et al.⁷⁾ found that 26 rehabilitation nurses ranked the most important as "knows when to call doctor" and the least important as "suggests questions for patient to ask doctor" and "frequently approaches patient first".

In Sweden, von Essen & Sjöden⁹⁾, Widmark-Petersson et al.¹⁰⁾, and Larsson et al.¹¹⁾, using a Swedish version of the CARE-Q instrument, did research on 73 nursing staff in medical and surgical care⁸⁾, 105 nursing staff in cancer, general surgical and orthopedic surgical care⁹⁾, 63 nursing staff in cancer care¹⁰⁾, and 53 nursing staff in cancer care¹¹⁾, respectively. Each researcher found nursing staff ranked the most important caring behavior as

“listens to the patients”.

In Finland, 69 nurses in a psychiatric hospital in a study by Greenhalgh et al.¹²⁾ using CARE-Q ranked the most important caring behavior as “talks to the patients”.

In Japan, only one piece of research has been carried out to find the nurses' perceptions as to which nurse human caring behaviors are important. Misao et al.¹³⁾ modified the Caring Behaviors Assessment tool which was developed by Cronin and Harrison¹⁴⁾. They made a questionnaire of 35 concrete behaviors and did research on 323 nurses in 3 Japanese hospitals. They found that the nurses perceived “making patients comfortable” as the most important caring behavior.

Puangrat et. al.¹⁵⁾ researched in Thailand the extent to which nurses could perform caring behavior by means of a self-administered questionnaire. They found differences according to educational background. Ozawa et. al.¹⁶⁾ repeated the research in Japan, and found the more working experience nurses have, the greater their caring behaviors are. Therefore, working experience and educational background might affect the perception of nurses regarding the most and least important caring behaviors, which has not been studied to date, and is the focus of this research.

The purpose of this study is to identify the perception of Japanese nurses regarding the most and least important caring behaviors, to compare these results with previous ones in other countries, and then to examine the relationship between Japanese nurses' perceptions, work experience and educational background.

II. Instrument

In this study, the CARE-Q was used, as it is the most frequently used instrument for assessing caring in the world^{1,17)}, and therefore the most appropriate instrument for international comparison. The CARE-Q was developed by Larson¹⁸⁾ for use with Q-methodology to identify nurse caring behaviors that are perceived as important. The CARE-Q consists of 50 nurse behavioral items ordered in six subscales named: “accessible” (6 items); “explains and facilitates” (6 items); “comforts” (9 items); “trusting relationship” (16 items); “anticipates” (5 items) and “monitors and follows through” (8 items). The force-choice distribution of the CARE-Q requires selection of the most important item

and the least important item; four fairly important and four fairly unimportant items; 10 somewhat important and 10 somewhat unimportant items; and 20 items that are neither important or unimportant.

The psychometric properties of the CARE-Q related to validity and reliability were assessed. The CARE-Q original version was reviewed for content validity by an expert nursing panel of graduate nursing students, and a panel of patients and nurses from an oncology unit¹⁸⁾. Larson¹⁹⁾ assessed the test-retest reliability of the CARE-Q with a sample of 82 nurses. For the most important caring items the test-retest reliability was 79% and for the five least important caring items it was 63%.

Von Essen & Sjöden⁸⁾ tested the internal consistency of Swedish version of the CARE-Q by analyzing the data from a questionnaire version utilizing a 1-7 point Likert scale without response restrictions with 86 medical-surgical patients and 73 nursing staff. The overall Cronbach alpha was 0.95, and subscale values were: “accessible” 0.76; “explains and facilitates” 0.59; “comforts” 0.86; “trusting relationship” 0.86; “anticipates” 0.72, and “monitors and follows through” 0.79. Widmark-Petersson et al.¹⁰⁾ tested the same Swedish version in 72 cancer patients and 63 nurses. The overall Cronbach alpha was 0.95, and subscale values were: “accessible” 0.59; “explains and facilitates” 0.60; “comforts” 0.78; “trusting relationship” 0.86; “anticipates” 0.60, and “monitors and follows through” 0.59.

To carry out this research in Japan, permission to use and translate the CARE-Q instrument was given by Larson. The original English version of the CARE-Q was translated into Japanese by two expert Japanese nurses who are also researchers. Reverse-translation was performed by another person whose first language is English and who understands Japanese well and is not a nurse. The final English version was then compared against the original questionnaire and the modified Japanese version. Then the pretest was carried out with an expert nurse, the Japanese version was modified. The forced choice format of the CARE-Q was changed to a 7-point Likert-type fixed rating measure. Scores assigned to each item were between 1 and 7 points, grading from the least important to the most important. The reason for this is that it was very difficult for a nurse to rank the items according to directions and it took a long time to complete the CARE-Q when the pretest was

Table 1 The characteristics of the sample (n=477)

Characteristics	n	%	Max.	Min.	Mean	S. D.
Sex						
Female	464	97.3	—	—	—	—
Male	13	2.7	—	—	—	—
Position						
Staff nurse	395	82.8	—	—	—	—
Vice head nurse	53	11.1	—	—	—	—
Head nurse	26	5.5	—	—	—	—
Other	3	0.6	—	—	—	—
Education						
Nursing school	397	83.2	—	—	—	—
Nursing junior college	29	6.1	—	—	—	—
Nursing college(Bachelor's degree)	46	9.6	—	—	—	—
Graduate program in nursing	4	0.8	—	—	—	—
Other	1	0.2	—	—	—	—
Age	—	—	59	21	29.7	7.32
Working experience	—	—	37	1	7.87	7.19

carried out with an expert nurse. In addition to the Likert-type questionnaire, the participants were asked to select the 5 most important items among the same 50 items.

III. Subjects and Method

Setting and sample. The target population for this study was staff nurses and head nurses employed by the government and working in Japan. Confidentiality was maintained by the questionnaires being completed anonymously and by not using any form of coding. All the respondents were informed that if the results of the study were published, only group data would be revealed.

Data collection. The CARE-Q-Japanese was distributed to 602 Japanese nurses through the nurse supervisors of the hospital. After filling in the questionnaire, the nurses put it into each envelope personally. Then each of nurses brought her/his envelope to nurse supervisors voluntarily. There were 511 respondents, a response rate of 84.9%. The completed questionnaires(477) were used for the data analysis.

IV. Results

Table 1 shows the background data of subjects. The sample consisted predominantly of females(97.3%) with

the majority of the respondents being staff nurses (82.8%). The majority of respondents were from nursing schools(83.2%), 6.1% were from nursing junior colleges, 9.6% were from nursing colleges, and 0.8% had attended a graduate program in nursing. The average age and amount of working experience were 29.7 years and 7.87 years respectively.

The Cronbach alpha reliability was 0.93, and subscale values were : “accessible” 0.66 ; “explains and facilitates” 0.67 ; “comforts” 0.77 ; “trusting relationship” 0.85 ; “anticipates” 0.75, and “monitors and follows through” 0.85.

Questionnaire

The means for the 50 CARE-Q-Japanese items ranged from a high of 6.88 to a low of 3.71. There were 23 items whose means were more than 6 which shows “most important” or “fairly important”. The 5 items ranked as most important by the respondents are listed in Table 2. The highest ranking item was “helps the patient not to feel dumb by giving him/her adequate information”(mean 6.68, SD 0.58). The second highest ranked item was “listens to the patient”(mean 6.57, SD 0.63). The joint third highest ranking items were “gets to know the patient as an individual person”(mean 6.47, SD 0.78)and “talks to the patients”(mean 6.47, SD 0.73). The fifth ranked item was “knows how to give shots, I. V. s, etc. and how to manage the equipment like

Table 2 Nurses' perceptions of the most important caring behaviors : 5 highest mean score items on the CARE-Q (questionnaire)

Item	Score	SD
1. Helps the patient not to feel dumb by giving him/her adequate information	6.68	0.58
2. Listens to the patient	6.57	0.63
3. Gets to know the patient as an individual person	6.47	0.78
3. Talks to the patients	6.47	0.73
5. Knows how to give shots, I. V. s, etc. and how to manage the equipment like I. V. s, suction machines, etc.	6.39	0.84

I. V. s, suction machines, etc.”(mean 6.39, SD 0.84).

In regard to working experience, the means for the 50 items were analyzed. The 1-10 year-working experience group ranked the 5 highest mean scores, as “helps the patient not to feel dumb by giving him/her adequate information”, “listens to the patient”, “talks to the patients”, “gets to know the patient as an individual person”, and “encourages the patient to ask her/him any questions he/she might have”. Those who had between 11 and 37 years of experience had two changes in the most important nursing behaviors. They had “knows how to give shots, I. V. s, etc. and how to manage the equipment like I. V. s, suction machines, etc.” and “gives a quick response to the patient’s call” instead of “talks to the patients” and “encourages the patient to ask her/him any questions he/she might have”. The 5 items ranked with the lowest mean scores by the respondents were “asks the patient what name he/she prefers to be called”(mean 3.71 SD 1.31), “is honest with the patient about his medical condition”(mean 4.38 SD 0.91), “volunteers to do little things for the patient, e. g., bring a cup of coffee, paper, etc.”(mean 4.43, SD 1.29), “is cheerful”(mean 4.60 SD 1.03), and “when with a patient, concentrates only on that one patient”(mean 4.92 SD 1.15). In regard to working experience, the 1-10 year-working experience group and the 11-37 year-working experience group ranked the same 5 items with the lowest scores. When nurses’ five highest mean scores were compared according to educational background, the following three items were ranked among the top five by both nursing school, nursing junior college, nursing college, and graduate program in nursing : “helps the patient not to feel dumb by giving him/her adequate information”, “listens to the patient”, “gets to

Table 3 Nurses' perceptions of the most important caring behaviors : 5 highest ranked items on the CARE-Q (n=477)

Item	%
1. Listens to the patient	52.6
2. Helps the patient not to feel dumb by giving him/her adequate information	45.7
3. Gets to know the patient as an individual person	40.9
4. Check her/his perceptions of the patient with the patient before initiating any action	21.4
5. Talks to the patients	20.3
5. Puts the patient first, no matter what else happens	20.3

know the patient as an individual person”.

Selecting the 5 most important items

The respondents were asked to the select five most important items among the 50 items of the CARE-Q-Japanese. These results are shown in Table 3. The most commonly selected items were “listens to the patient” (52.6%), “helps the patient not to feel dumb by giving him/her adequate information”(45.7%), “gets to know the patient as an individual person”(40.9%), “check her/his perceptions of the patient with the patient before initiating any action”(21.4%), and joint fifth “talks to the patients” and “puts the patient first, no matter what else happens”(20.3%). When the nurses’ five highest rates were compared according to working experience, the following four items were selected among the top five by both 1-10 year-work experience group and 11-37 year-work experience group ; “listens to the patient”, “helps the patient not to feel dumb by giving him/her

adequate information”, “gets to know the patient as an individual person”, and “check her/his perceptions of the patient with the patient before initiating any action”. With regard to educational background, the following three items were most commonly selected (Table 4) ; “listens to the patient”, “helps the patient not to feel dumb by giving him/her adequate information”, and “gets to know the patient as an individual person”. When considered by rank order, “gets to know the patient as an individual person” was ranked third (37.8%) in the nursing school group. However, the item was ranked second (44.8%) in the nursing junior college group, was ranked first (63.0%) by those who had completed a nursing college, and was ranked first (75.0%) by those who completed a graduate program in nursing. More than half of respondents (55.4%) who were from nursing schools had more than six year-working experience, but only 19.0% of respondents who were from junior nursing colleges, nursing colleges, and graduate programs in nursing had. Therefore, this difference could be due to the length of work experience. So, an analysis was made of nurses who had different educational qualifications but similar work experience. Nurses with between 1 and 5 years experience from these different groups were compared. This showed that “gets to know the patient as an individual person” was ranked as more important by nurses with higher educational qualifications.

V. Discussion

Most important items of the CARE-Q-Japanese

There were 23 items which had a mean higher than 4 which shows those items regarded as “most important” or “fairly important”. In addition there were 45 items (90%) that had a mean higher than 5 score which shows those items deemed to be “somewhat important”. Japanese nurses perceived almost all the caring behaviors identified by CARE-Q-Japanese as important. “Listens to the patient”, “helps the patient not to feel dumb by giving him/her adequate information”, and “gets to know the patient as an individual person” were the top three items by both mean score and frequency. This result means that these three items are caring behaviors which Japanese nurses perceive as the most important. The first two items, “listens to the patient” and “helps the patient not to feel dumb by giving him/her adequate

information” also confirm previous research conducted by Misao et al.¹³⁾ in which Japanese nurses identified nursing behaviors that represent “listening well, when patients talk to nurse” and “explaining to patients what the nurses will do for them before the nurses do it” as the second and third most important behaviors.

The findings of the previous studies show that “listening” is ranked the most important^{5,6,8-11)}. Therefore, nurses tend to give the highest priority to items belonging to psychological care. “Helps the patient not to feel dumb by giving him/her adequate information” was not ranked as highly in the studies by Larson⁵⁾ and von Essen and Sjöden^{8,9)}. Only Japanese nurses might perceive this item as being the most important.

However, the results of this study in Japan do not agree with patients’ perceptions of caring. In a previous study by Misao et al.¹³⁾ Japanese patients identified “knows how to give shots” and “knows how to use equipment” as the most important. These results mean that Japanese patients probably perceive the giving of care to them safely, as the most important aspect. Japanese nurses might perceive giving psychological care as most important, and take it for granted that giving care safely is done.

Educational background and most important items of the CARE-Q-Japanese

With regard to educational background, the following items are ranked as the top three by all groups ; “listens to the patient”, “helps the patient not to feel dumb by giving him/her adequate information”, and “gets to know the patient as an individual person”. “Gets to know the patient as an individual person” become increasingly important for those with the highest qualifications. The rating increased from 37.8% (nursing school) to 75.0% (a graduate program in nursing). When the 1-5 year-working experience group is considered to reduce the effect of work experience, the rank of the item rose according to educational background. These results mean that the Japanese nurses’ perception of important caring behavior was affected greatly by educational background. Nurses who hold a bachelor’s, master’s, or doctor degree perceived knowing the individual as more important than those who graduated only from nursing schools.

Table 4 With regard to educational background, nurses' perceptions of the

Nursing school (n=397)		Nursing junior college (n=29)	
Item	%	Item	%
1. Listens to the patient	51.9	1. Listens to the patient	51.7
2. Helps the patient not to feel dumb by giving him/her adequate information	46.6	2. Gets to know the patient as an individual person	44.8
3. Gets to know the patient as an individual person	37.8	3. Helps the patient not to feel dumb by giving him/her adequate information	41.4
4. Check her/his perceptions of the patient with the patient before initiating any action	21.4	4. Knows when to call the doctor	27.6
		5. Encourages the patient to call if he/she has problems	20.7
		5. Tell the patient, in understandable language, what is important to know about his/her disease and treatment	20.7
5. Talks to the patients	20.7	5. Talks to the patients	20.7

Limitation of the study

This research was conducted only in one hospital, but the number of subjects is not less than those of previous studies using the same instrument, the CARE-Q, (Q-sort : 28-105 subjects, Questionnaire : 36 subjects)⁵⁻¹²⁾. So, these results can be compared with the previous international ones.

Furthermore because 45 of the 50 items were perceived as being important by nurses, it may be that the concept of caring is an integrated concept which is hard to divide into subsets.

VI. Conclusion

Nurses ranked the three most important behaviors as "listens to the patient", "helps the patient not to feel dumb by giving him/her adequate information", and "gets to know the patient as an individual person". There was a difference in the ranking of caring behavior when measured according to educational background. Nurses ranked the least important behavior as "asks the patient what name he/she prefers to be called".

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most important caring behaviors : 5 highest ranked items on the CARE-Q

Nursing college (n=46)		Graduated program in nursing (n=4)	
Item	%	Item	%
1. Gets to know the patient as an individual person	63.0	1. Gets to know the patient as an individual person	75.0
2. Listens to the patient	58.7	2. Encourages the patient to call if he/she has problems	50.0
3. Helps the patient not to feel dumb by giving him/her adequate information	41.3	2. Listens to the patient	50.0
4. Puts the patient first, no matter what else happens	30.4	4. 13 items	25.0
5. Encourages the patient to call if he/she has problems	21.7		
5. Check her/his perceptions of the patient with the patient before initiating any action	21.7		

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日本の看護師が認識したケアリング行動

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【要旨】 日本の看護師が重要であると認識するケアリング行動を明らかにし、ナースの臨床経験や受けた教育背景によって、重要と認識するケアリング行動に違いがあるかどうか調べることを目的として、調査を行なった。質問紙には、Larsonが開発したCARE-Q(50項目)を日本語に訳したCARE-Q-Japaneseを使用した。本調査は1病院で行ない、回収数は511部、回収率は84.9%であった。そのうち、50項目の質問に完全回答していた477部を対象に分析を行なった。看護師がかなり重要と認識していたケアリング行動は、「患者の話に耳を傾ける」「わかりやすく適切な表現で情報を伝え、患者に話がよく理解できるようにする」「患者も個性を持つ人間であることを良く理解している」であった。教育背景と、重要と認識するケアリング行動の間に違いがみられ、看護専門学校や看護短大を卒業した看護師は、「患者の話に耳を傾ける」を最も重要と認識していたことに対し、看護系大学を卒業または看護系大学院を修了した看護師は、「患者も個性を持つ人間であることを良く理解している」を最も重要と認識していた。看護師が最も重要でないとして認識していた項目は、教育背景に関わらず、「患者がどんな名前と呼んで欲しいか聞く」であった。