Oncology Nurses' Versus Oncology Patients' Perceptions of Caring Behaviors Given to Patients in Oncology Units

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Abstract
Cancer is a group of diseases characterized by the abnormal growth and spread of cells. Caring is the essence of nursing. Caring to be meaningful needs to be based on mutual agreement between nurses and patients as to what constitutes nurse caring behaviors. As a result, healthcare professional can enhance patients' satisfaction of care by providing appropriate caring behavior.

The Present Study Aimed: To identify the caring behaviors which oncology patients and oncology nurses perceive to be most important in making patients feel cared for. A comparative descriptive research design was conducted on 40 oncology nurses and 40 oncology patients and data were collected from South Egypt Cancer Institute at Assuit. Data were collected using Interview questionnaire Sheet, and Caring Assessment Questionnaire.

The Results: Have shown that there were differences and similarities among nurses and patients in the ranking of the 10 most important Care-Q items. Patients and nurses agreed on 6 out of the 10 most important items. Interestingly again, the first one items is the same for both groups. These results demonstrated that a basic harmony between the two groups with respect to the priorities of care. The result shown that there were significant differences between patients and nurses within the top 10 caring behaviors.

Conclusions: The oncology patients and nurses perceived highly physical aspects of caring and found that very highly concordance between oncology patients' and oncology nurses' perception of the most important nurse caring behavior items and more agreement on caring priorities in making patients feel cared for.

Recommendations: Increase level of awareness among nurses regarding caring behavior using available mass media as (posters, cards) and implement different nursing educational programs to improve and enhance caring behavior for the care of cancer patients and establish of outreach program for students nursing about caring behavior given to patients in oncology units.

Key Words: Cancer — Care — Caring behaviors.

Introduction
CANCER is a disease of the cell in which the normal mechanisms of the control of growth and proliferation have been altered. It is invasive, spreading directly to surrounding tissue as well as to new sites in the body [ii. In addition, Cancer is group of more than 200 diseases characterized by uncontrolled and regulated growth of cells. It is a major health problem that occurs in people of all ethnicities. Although cancer is often considered a disease of aging, with the majority of cases (76%) diagnosed in those over the age of 65 years, it occurs in people of all ages [2].

Cancer can affect people at all ages with the risk for most types increasing with age. In 2008 approximately 12 7 million cancers were diagnosed and in 2007, cancer caused about 13% of all human deaths worldwide (7.9 million). Cancers are primarily an environmental disease with 90-95% of cases due to lifestyle and environmental factors and 5-10% due to genetics. Common environmental factors leading to cancer death include: Tobacco, diet and obesity, infections, radiation, stress, lack of physical activity, and environmental pollutants. These environmental factors cause abnormalities in the genetic material of cells [3,4].

Three basic methods are used to treat cancer: Surgery, radiation therapy, and chemotherapy. Other methods, such as bone marrow transplantation and stem cell transplants, are used for selected cancer. Immunotherapy, gene therapy, and other alternative therapies also may be used [8].

Oncology nurses are trained to perform all levels of nursing care for cancer patients. They design and/or implement care plans that comprise administering treatments like chemotherapy, deter-
mining the necessity of intravenous (IV) lines and recording patient progress. Oncology nurses also provide health care advice to cancer patients and their families regarding diet, nutrition, exercise and home care needs [6,7].

Patients with different levels of suffering may need different caring behaviors. Nurses, as caring providers, have the opportunity to convey caring and the feeling of being cared for through their behaviors. Client-centered nursing care should offer patients caring that are consistent with patient preference and needs. However, to provide appropriate caring behaviors, it is essential to understand both patient and nurse' perceptions and perspectives of what it means to "be cared for" [8].

Empirical studies on caring related to nursing have focused on nurse's perceptions of what constitutes caring for the patient, patient's perceptions of what is important in making them feel cared for, and comparisons of patient's and nurse's perceptions of what constitutes important nurse caring behaviors. Many of these studies have generally demonstrated significant differences in patient's and nurse's perceptions of nurse caring behaviors [9].

Caring means connecting with patients by listening to their thoughts and fears and communicating concern. Caring is more than being just physically present for patients. Caring involves a commitment to substance and scholarship as well as love and tenderness. Caring means giving time and being available to patients and kin. Caring is the essence of nursing. Caring to be meaningful needs to be based on mutual agreement between nurses and patients as to what constitutes nurse caring behaviors. As a result, healthcare professional can enhance patients' satisfaction of care by providing appropriate caring behaviors [10,11].

According to Chang, Lin, Chang & Lin [8], caring consists of a series of intentional helping activities, including physical and emotional care by which a sense of security in patients is promoted. Caring behavior is an important element of nursing practice. There are two aspects of caring, expressive behaviors and instrumental activities. Expressive aspects of care involve providing emotional support to the patient through offers of fidelity, confidence, hope, and emotional warmth. Instrument aspects of care refer to substantial activities such as giving baths and providing medical information, which promote physical comfort and cognitive coping.

The aim of the study:
The study aims to identify the caring behaviors which oncology patients and oncology nurses perceive to be most important in making patients feel cared for.

Significance of the study:
Oncology patients and oncology nurses were selected as the target population. Because the nature of nurse interactions with oncology patients allow for frequent observation for the effect of their enacted behavior. Also, these patients, because of their diagnosis and treatment modalities, are often in frequent contact with oncology nurses and may therefore be better able to formulate their perceptions of what nurse behaviors constitute caring to them. The perceptions of the most important caring behaviors by oncology patients and oncology nurses need further investigation to ensure a truer understanding of what is needed to develop even more agreement on caring priorities [12].

Subjects and Methods

Research design: A comparative descriptive research design was utilized in this study.

Setting: The study was conducted in the South Egypt Cancer Institute at Assuit University.

Sample: The sample of this study including (40) oncology nurses working in the above mentioned units and (40) oncology patients.

Tools:

Tool I: Nurses/Patient sociodemographic data sheet: It consists of two parts:

Part (1): Sociodemographic data for nurses: It includes age, gender, marital status, level of education, and years of experience.

Part (2): Socio-demographic data for patients: Such as the patient's names, age, sex, marital status, level of education and diagnosis of cancer and number of prior hospitalization in this unit.

Tool II: The Caring Assessment Questionnaire (Care-Q): This tool used to measure the perceived importance of nurse caring behaviors of oncology patients and oncology nurses. This Care-Q is the most frequently used instrument for assessing caring in the world and therefore the most appropriate instrument for international comparison. The original questionnaire consisted of 50 caring behaviors that were categorized into the following 6 subscales. "Accessible" (6 items), "Explains and facilitates" (6 items), "Comfort" (9 items), "Anticipate" (5 items), "Trusting relationship" (16 items) and "Monitors and follows through" (8 items) Adopted from [Larson,1981,1984] [13,14]. This tool developed by Larson, translated into Arabic and
tested for its content validity and reliability by researcher.

Scoring system:

The scoring system of (Care-Q) was a Likert-type rating scale. Scores assigned to each item were between 1 and 5 points, grading from the least important (1) to the most important (5). The reason for this is that in our pilot study was determined that besides the lengthy time required completing the (Care-Q), another problem is that some participants did not sort the cards according to the directions of that.

Ethical approval:

An official permission to conduct the study was obtained by the researcher from the head of the South Egypt Cancer Institute. Oral consent for voluntary participation was obtained from each nurse and the nature and purpose of the study was described. The researcher emphasized that the participation is voluntary, confidentiality and anonymity of the subjects was assured through coding of all data.

The study was executed on two phases:

Phase (1): Preparatory phase:

In this phase, the tools for data collection after reviewing the related literature were developed. Validity of tools was done by 7 experts. By the end of this phase, a pilot study was carried out on 10% of sample to test the feasibility of the study and applicability of the tools. After pilot study, the tool was used.

Phase (2): Implementation phase:

Data collection for this study carried out in the period from December 2011 to May 2012, during morning shifts. The researcher attended the inpatient unit from 8:00am to 2:00pm, 3 days per week. Data related to identify the caring behaviors, which oncology patients and oncology nurses perceive to be most important in making patients feel cared for First; the researcher introduced herself to the patients and nurses, and explained the study purpose to obtain their consent for participation. Second, the researcher explained (Care-Q) as the following:

- Each subject was asked to sort the cards by placing each card into one of the 5 labeled pockets as following one most important, 14 some what important, 20 neither important or unimportant, 14 some what unimportant, and one not important.
- Patients were individually instructed in how to sort (Care-Q) instrument.
- Nurses were introduced in how to sort (Care-Q) instrument and completed them on their own.

Data analysis:

The statistical analysis was carried out using SPSS 16.0. Data were presented using comparative descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations for quantitative variables. Independent samples t-test was used to compare of quantitative data between nurses and patients. Pearson correlation was used to measure correlation between Care-Q subscales.

Results

Frequency distribution of socio demographic characteristics of nurses showed that, (60%) of the studied nurses, their age was 25 years with mean age (25.90±4.64), the majority of them were female, married and their level of education was diploma (87.5,70.0,72.5%) respectively. As regards to years of experience, (32.5%) of them had more than 9 years of experience.

Frequency distribution of socio demographic characteristics of nurses showed that, (62.5%) of the studied patients, their age was 50 years with mean age (49.32±9.63), regarding their sex, more than half (55.0%) of them was female and (77.5%) of them were married. Regarding their level of education, about half (52.5%) of studied patients were illiterate and the majority of them (80.0%) were not work.

According the ranking of the six subscales in order of importance from patients' and nurses' groups are presented in Table (1). The results showed patients and nurses perceived "Trusting relationship", "Comfort" as the most important subscales and "Explains and facilities", "Anticipate" as the least important subscale. Indeed, there are the same ranking for patients and nurses. The same table reveals that there were highly significant differences only among one of the 6 subscales "Explains and facilities".

According the 10 most important Care-Q behaviors rated by patients and nurses are presented in the Tables (2,3), respectively. A comparison of these top 10 Care-Q items between patients' and nurses' perceptions reveal similarities as well as differences. Patients and nurses agreed on 6 out of the 10 most important items. The following six items (common items) were ranked among the top 10 by both patients and nurses include: "Gives the patients' treatments and medications on time", "Knows how to give shots, I.V.s", etc; (these common items are showed in Tables (2,3) with bold words). In-
Interestingly again, the first one items is the same for both groups. These results demonstrated a basic harmony between the two groups with respect to the priorities of care (in the two groups' highest ranked items, the additional items are showed in Tables (2,3) without being bold). Also the Tables (2,3) reveals that there were highly significant differences between patients and nurses within the top 10 caring behaviors. These results indicated that nurses more than patients value to the subscale "Monitors and follows through". In spite of that, patients more than nurses' value the subscales "Being accessible". These differences may demonstrate that oncology patients believe that nurses should be accessible for them, because of their situations.

Table (1): Mean values of patients and nurses on caring subscales in rank order and their comparison.

<table>
<thead>
<tr>
<th>Care-Q subscales</th>
<th>Patients</th>
<th>Ranking</th>
<th>Nurses</th>
<th>Ranking</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean±SD</td>
<td></td>
<td>Mean±SD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trusting relationship</td>
<td>44.95±3.05</td>
<td>1</td>
<td>44.15±1.75</td>
<td>1</td>
<td>0.155</td>
</tr>
<tr>
<td>Comfort</td>
<td>27.88±2.36</td>
<td>2</td>
<td>27.30±1.87</td>
<td>2</td>
<td>0.230</td>
</tr>
<tr>
<td>Monitors and follows through</td>
<td>26.30±2.05</td>
<td>3</td>
<td>26.53±1.34</td>
<td>3</td>
<td>0.563</td>
</tr>
<tr>
<td>Accessible</td>
<td>19.58±2.00</td>
<td>4</td>
<td>19.65±0.95</td>
<td>4</td>
<td>0.831</td>
</tr>
<tr>
<td>Explains and facilities</td>
<td>17.10±2.02</td>
<td>5</td>
<td>18.55±1.06</td>
<td>5</td>
<td>0.0001*</td>
</tr>
<tr>
<td>Anticipate</td>
<td>14.20±1.74</td>
<td>6</td>
<td>13.83±1.43</td>
<td>6</td>
<td>0.296</td>
</tr>
</tbody>
</table>

Table (2): Nurses' ranking of the 10 most important caring behaviors and their comparison of patient.

<table>
<thead>
<tr>
<th>Care-Q items</th>
<th>Subscale</th>
<th>Nurses</th>
<th>Patients</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- Gives the patient's treatments and medications on time</td>
<td>Ac</td>
<td>4.20±0.65</td>
<td>4.48±0.51</td>
<td>0.038*</td>
</tr>
<tr>
<td>2- Gets to know the patient as an individual person</td>
<td>TR</td>
<td>3.95±0.64</td>
<td>3.95±0.22</td>
<td>1.000</td>
</tr>
<tr>
<td>3- Knows how to give shots, I.V.s, etc., and how to manage the equipment like I.V.s, suction machines, etc</td>
<td>M &amp; F</td>
<td>3.82±0.64</td>
<td>4.13±0.34</td>
<td>0.010*</td>
</tr>
<tr>
<td>4- Checks on the patient frequently</td>
<td>Ac</td>
<td>3.70±0.65</td>
<td>4.15±0.36</td>
<td>0.0001*</td>
</tr>
<tr>
<td>5- Gives a quick response to the patient's call</td>
<td>Ac</td>
<td>3.65±0.70</td>
<td>4.12±0.34</td>
<td>0.0001*</td>
</tr>
<tr>
<td>6- Is cheerful</td>
<td>C</td>
<td>3.63±0.67</td>
<td>3.15±0.74</td>
<td>0.003*</td>
</tr>
<tr>
<td>7- Is patient even with &quot;difficult' patient's</td>
<td>C</td>
<td>3.52±0.72</td>
<td>3.88±0.34</td>
<td>0.006*</td>
</tr>
<tr>
<td>8- Is well organized</td>
<td>M &amp; F</td>
<td>3.48±0.68</td>
<td>3.15±0.43</td>
<td>0.012*</td>
</tr>
<tr>
<td>9- Knows when to call the doctor</td>
<td>M &amp; F</td>
<td>3.45±0.71</td>
<td>3.50±0.56</td>
<td>0.728</td>
</tr>
<tr>
<td>10- Is calm</td>
<td>M &amp; F</td>
<td>3.42±0.75</td>
<td>3.33±0.53</td>
<td>0.491</td>
</tr>
</tbody>
</table>

Table (3): Patients' ranking of the 10 most important caring behaviors and their comparison of nurses.

<table>
<thead>
<tr>
<th>Care-Q items</th>
<th>Subscale</th>
<th>Patients</th>
<th>Nurses</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- Gives the patient's treatments and medications on time</td>
<td>Ac</td>
<td>4.48±0.51</td>
<td>4.20±0.65</td>
<td>0.038*</td>
</tr>
<tr>
<td>2- Checks on the patient frequently</td>
<td>Ac</td>
<td>4.15±0.36</td>
<td>3.70±0.65</td>
<td>0.0001*</td>
</tr>
<tr>
<td>3- Knows how to give shots, I.V.s, etc., and how to manage the equipment like I.V.s, suction machines, etc</td>
<td>M &amp; F</td>
<td>4.13±0.34</td>
<td>3.82±0.64</td>
<td>0.010*</td>
</tr>
<tr>
<td>4- Gives a quick response to the patient's call</td>
<td>Ac</td>
<td>4.12±0.34</td>
<td>3.65±0.70</td>
<td>0.0001*</td>
</tr>
<tr>
<td>5- Gives good physical care to the patient</td>
<td>M &amp; F</td>
<td>4.10±0.38</td>
<td>3.25±0.71</td>
<td>0.0001*</td>
</tr>
<tr>
<td>6- Gets to know the patient as an individual person</td>
<td>TR</td>
<td>3.95±0.22</td>
<td>3.95±0.64</td>
<td>1.000</td>
</tr>
<tr>
<td>7- Listens to the patient</td>
<td>C</td>
<td>3.95±0.22</td>
<td>3.38±0.67</td>
<td>0.0001*</td>
</tr>
<tr>
<td>8- Is patient even with &quot;difficult' patient's</td>
<td>C</td>
<td>3.88±0.34</td>
<td>3.52±0.72</td>
<td>0.006*</td>
</tr>
<tr>
<td>9- Tells the patient in understandable language, what is important to know about his/ her disease and treatment</td>
<td>E &amp; F</td>
<td>3.88±0.34</td>
<td>2.90±0.78</td>
<td>0.0001*</td>
</tr>
<tr>
<td>10- Allows the patient to express his feelings about his/her disease and treatment fully, and treats the information confidentially</td>
<td>TR</td>
<td>3.88±0.34</td>
<td>2.80±0.82</td>
<td>0.0001*</td>
</tr>
</tbody>
</table>

AC = "Accessible".  
M&F = "Monitors and follows through".  
C = "Comfort".  
E&F = "Explains and facilitates".  
TR = "Trusting relationship".  

p>0.05 no statistical significant differences.  
p<0.05 statistical significant differences.  
p<0.001 highly statistical significant differences.
Discussion

Cancer is a generic term for a large group of diseases that affect any part of the body, one common feature of cancer is a rapid creation of abnormal cells that grow beyond their usual boundaries, which can invade parts of the body [15].

Nurses are recognized for caring behavior. The consequences of caring and non-caring behaviors can send dramatic messages to patients and nurses in the healthcare environment. In the entire realm of human relationships. Health and healing can be potentially linked back to caring as the basis of the relationship [16].

Caring is the essence of nursing. Caring to be meaningful needs to be based on mutual agreement between nurses and patients as to what constitutes nurse caring behaviors. As a result, healthcare professionals can enhance patients' satisfaction of care by providing appropriate caring behavior [in

Nurse caring behaviors: Refer to those physical, emotional and spiritual interactions of the nurse as perceived by the patient that result in the satisfaction of certain human needs as measured by the Caring Behaviors Assessment (CBA) questionnaire or the Caring Assessment Questionnaire (Care-Q) [10,17,18].

The present study sample was a comparative descriptive research, which aimed to identify the caring behaviors which oncology patients and oncology nurses perceive to be most important in making patients feel cared for. The study is implemented in the South Egypt Cancer Institute at Assuit on a total of 40 patients complaining with cancer and 40 oncology nurses working in the South Egypt Cancer Institute.

Regarding sociodemographic characteristics, the result of the present study revealed that, nurse participants' age 25 years with mean age (25.90±4.64), the mean length of clinical experience was more than 9 years, and this result indicated that the vast majority of nurse participants were very experienced in caring for oncology patients. Also, the studied patient participants, their age 50 years with mean age (49.32±9.63). This result was supported with Christopher & Hegedus [19], who concluded that cancer is the most with age of around 50 years at presentation.

This study demonstrated marked concordance between oncology patients' and nurses' views in prioritizing how important different nurse caring behaviors are considered to be "important in making you/the patient feel cared for".

Both the nurses and patients perceived behaviors determining nurses' competency in professional knowledge and care surveillance or practical behaviors to be more important than psycho-social skills.

The present study revealed that clinical skills are still valued and respected by a proportion of nurses and patient. This finding in line with Zamanzadeh, Azizzadeh, Azad Rahmani & Valizadeh [9], reported that perceptions of caring by nurses and patients in rehabilitation and medical-surgical settings, respectively. Making use of the Care-Q instrument, they found that both groups viewed competent clinical expertise as the most important component of a nurse-patient caring interaction. Also, Dowling [20], who found that nurses' technical skills were alluded to by both nurses and patients interviewed as a contributing factor to the closeness of their relationship. When the patient trusted the nurse's competence with regard to their technical skills, they wanted that nurse to care for them.

As regard the present study, the concordance of perceptions may be due to the fact, patients with the same disease and nurses working in the same unit/setting were surveyed. This result was in line with Chang, Lin, Chang & Lin [8], in his study of cancer patient and staff ratings of caring behaviors—relationship to level of pain intensity who emphasized that, the oncology patients and nurses may have been had a long-term interactions with each other, so that they may have established more consistent perceptions regarding the importance of caring behaviors.

This study found that patients and nurses agreed on 6 of the 10 most important items. Patients scored "Gives the patient's treatments and medications on time", "Checks on the patient frequently", and "Knows how to give shots, I.V.s, etc.," and "How to manage the equipment like I.Vs, suction machine" as 10 top caring behaviors. Also nurses ranked "Gives the patient's treatments and medications on time", "Checks on the patient frequently", "Knows how to give shots .....", and "Checks on the patient frequently....." as the most important caring behaviors. These items included the "Monitors and Follows through" and "Being Accessible" subscales. This agreement between patients and nurses on the six items which are considered the most important technical skills in care of patient and make the patient feel comfortable.
This result was congruent with Zamanzadeh, Azizzadeh, Azad Rahmani & Valizadeh [9], who indicated that patients and nurses agreed on 5 of the 10 most important items. Patients scored "Gives the patients' treatments and medications on times", "Knows how to give shots..." and "Checks on the patients frequently..." as the 10 top caring behaviors. Also nurses ranked "Gives the patients' treatments and medications on times", "Knows how to give shots..." and "Knows when to call the doctor..." as the most significant ones. The first two items of ranking were in the same order for both groups. These items included the "Monitors and Follows through" and "Being Accessible" subscales and is related to physical aspects of nursing care or nurse competence. Indeed, these results presenting caring as the performance of basic nursing care activities are in accordance with Maslow's hierarchy of needs and the life-saving purpose of professional actions. Moreover, Zamanzadeh, Azizzadeh, Azad Rahmani & Valizadeh [9], emphasized that nurses should demonstrate their technical skills and scientific knowledge to meet basic needs of the patients before they proceed to address the emotional and affective aspects of caring.

This result was supported by Baldursdottir and Jonsdottir [21], revealed that clinical competence as the most important caring behavior in the emergency room.

This result was in line with El-Gamil, Gaber, Mekawy & Hegazi [22], who founded that caring behavior as perceived by graduates of one diploma school of nursing, yielded a mean score for each behavior. Scores was ranked for the most important to the least important behavior were: Gives the patient treatment on time, knows when to call the doctors, listen to the patient, know how to give injections and intravenous infusion, put the patient first, respond quickly to the patient's call, check on the patient frequently, talk to the patient, gives good physical care, and tell patient in understand- able about their treatment.

This result was also supported by Chang, Lin, Chang & Lin [8], found that there are some agreements and disagreements between the findings of our study. Our findings are in agreement with those studies in which patients assigned "Gives the patients' treatments and medications on times", "Knows how to give shots..." and "Checks on the patients frequently" as among the 10 most important caring behaviors. However, nurses assigned "Gives the patients' treatments and medications on times" and "Knows how to give shots...".

The finding of this study demonstrated that differences and similarities among nurses and patients in the ranking of the most and least important nursing caring behaviors. Nurses and patients perceived "Give patient treatments and medications on time" as the first item of ranking for both. This item included "Accessible" as the most important. This result may be due to clinical nurses who are interested and responsible to give medications on time.

This result was agreed with El-Gamil, Gaber, Mekawy & Hegazi [22], found marked differences and similarities among nurses and patients in the ranking of the most and least important nursing caring behaviors. Nurses and patients in Egypt and Jordan perceived "Accessible" as being most important in making patients feel cared for especially with give medications on time. This can be justified clinically as the nurse perceived their role is administration of medication.

This result was agreed with Christopher & Hegedus [19], who found that there was concordance between oncology patients' and nurses' views of most of the nurse caring behavior items, there were some differences between the two groups. It is important for oncology nurses to recognize that differences exist and not to assume that nursing efforts are always perceived as caring and oncology patients and nurses were in strong agreement on priority behaviours and this information should be incorporated into plans of nursing care.

This finding was contradict with Papastavrou, Efstathiou & Charalambous [23], concordance between oncology patients' and oncology nurses' perception of the most important nurse caring behavior.

This result showed that there was a significant difference between patients and nurses perception of "Accessible" subscale as regard "give quick response to patient call" as perceived by the patient. This result may be due to patient consider nurse as primary caregiver and the nearest one for patient and this item considered as being most important in making patient feel cared for.

This result was contradict with El-gamil, Gaber, Mekawy & Hegazi [22], Who stated that subscale "Accessible" showed significant difference between patients and nurses perception in Egypt as regard "give quick response to patient call" as perceived by the nurse.

This result showed that there was a significant difference between patients and nurses perception
of "Accessible" subscale as regard "check the patient frequently" as perceived by the patient. This may be due to nurse demonstrating technical competency and following through to make sure that the patient’s care is complete, adequate and performed in a professional manner and detect any troubles early.

This result was in line with El-Gamil, Gaber, Mekawy & Hegazi [22], who found that the Jordan concerning subscale items such as "check the patient frequently" as perceived by the patient. This can be justified by the impact of staff shortage that might motivate the nurse for quick response and continuous patient observation.

The present study show that patients perceived "Knows how to give shots, I.V.s, etc., and how to manage the equipment like I.V.s, suction machine" As most important caring behaviors, This may be due to patients wanted to guarantee that, they received care in a profession manner by clinically experienced nurse with less harm to make patient feel cared for. This finding was similar to the finding of Christopher & Hegedus [19], who recorded that patients perceived clinical expertise, for example knowing how to administer an injection, how to manage the equipment and when to call the doctor as the most important nurse caring behaviours.

This result was supported by Prompahakul, Nilmanat & Kongsuwan [24], who found that work experience is very important for every profession, especially in nursing. Work experience is a factor that is related to an expert level in nursing practice and Lange, Thom & Kline [25], found that years of work experience have a positive relationship with a nurse’s caring behavior.

This result was in the line with Baldursdotir and Jonsdottir [21], found that patients scored the items "Know what they are doing", "Know when it is necessary to call the doctor", "Know how to give shots, IVs, etc.", and "Know how to handle equipment" as the most important nurse caring behaviors.

This result was similar to the finding of Papastavrou, Efthathiou & Charalambous [23], who found that patients appear to value the instrumental, technical caring skills more than nurses do, and perceive behaviours that demonstrate competency on how to perform nursing activities (’know how’) as more important. Moreover, Connell & Landers [26], found that patients chose more instrumental behaviours like ‘knows how to give shots, IVs, and manage equipment’. This result was in the line with Tucket, Hughes, Schluter & Turner [27], who showed that oncology patient perceived the 10 most important behaviours concerned with the instrumental or task-oriented aspects of care and included knowing how to give injections, manage equipment and giving medications on time.

This result showed that nurses’ perceived technical skills as most important, this may be due to technical skills is the fundamental role of nursing to make patient feel cared for. This finding was contradicted with Mizuno, Ozawa, Evans, Okada & Takeo [10], indicated that nurses select caring behaviours from the affective category (emotional) as the most important. Nurses reported satisfying psychosocial needs rather than physical care as the priority.

This finding was contradicted with Papastavrou, Efstathiou & Charalambous [23], who found that nurses perceive their psychological skills and expressive or affective caring behavior as more important than patients do, leading to the conclusion that nurses may misperceive the necessity of the emotional aspect of caring in comparison with patient judgments and the researcher indicated that nursing staff may not accurately assess patient perceptions of caring and that patient care is not congruent to the patients’ preferences, expectations, or individual needs.

This result illustrated that patient scored highly significant and gave highest score than nurse in the following, "Gives the patients' treatments and medications on times", "Knows how to give shots...". These items are included in the being "Accessible" and "Monitors and Follows through" subscales. This may be due to clinical skills required for achieving wellbeing for patient. This finding was similar to Chang, Lin, Chang & Lin [8], reported that patients with cancer pain scored giving treatments and medications on times”, having expert’s technique, and knowing when to call the doctor significantly higher than nurse. These items are included in the being "Accessible" and "Monitors and Follows through" subscales and are all related to technical and treatment aspects of staff competence.

As regard to interestingly both groups in our study ranked the six subscales in the same order, This finding was similar to Widmark-Petersson, Von Essen & Sjöden [28] and Zamanzadeh, Azizzadeh, Azad Rahmani & Valizadeh [9], demonstrated that the sample of oncology patients and nurses were in strong agreement in priority behaviors.
Also this result was supported by Christopher & Hegedus [19], who found that oncology patients and nurses were in strong agreement on priority behaviours and this information should be incorporated into plans of nursing care.

For patients and nurses the higher ranking of "Trusting relationship", "Comfort" and the low ranking "Explain and facilities", "Anticipates" this may be due to the nurse creating a feeling of mutual trust and confidence with the patients can reassure them and decrease their fear so they wanted that the nurse to care for them and make them to feel comfort with nurse also mutual trust facilitate the work of nurse when she feel comfortable by this trust. This result was contradict with Zamanzadeh, Azizzadeh, Azad Rahmani & Valizadeh [9], who found that for patients, the high ranking of "Monitors and Follows through" and "Being Accessible" and the low ranking of "Comforts" and "Trusting Relationships". However, the findings on nurses are in contrast to earlier studies in which "Monitors and Follows through" or "Being Accessible" were as the least important subscales. These differences is that nurses in the present wards monitored highly advanced treatments for cancer diagnosis and therefore may have considered this Care-Q subscale more important than nurses in earlier studies did.

This result was suggested that nurses gave a significantly higher mean value than did patient to "Explain and facilitates" subscale, this may be due to the nurse should be explain the patients information about the disease and methods of treatments which encourage patient's cooperation and reduce fear and anxiety that facilitate nurses' work and nurses should obtained a lot of information from the individual patients concerning problems and needs and nurses want to use their time to benefit the patient in the best possible way. This result was contradicted with Zamanzadeh, Azizzadeh, Azad Rahmani & Valizadeh [9], documented that patients gave a significantly higher mean value than did nurses to "Being Accessible" subscale.

Also this result was disagreed with Valizadeh, Zamanzadeh, Azizzadeh, & Rahmani [29], who found that nurses gave higher values than did patients to this subscale. As suggested earlier for "Monitors and Follows through", this finding may also depend on the advanced treatments of these patients.

This study showed that significantly higher ranking of the importance "Explain and facilitates" by nurses than by patients, this may be due to clear communication will identify desired behaviors, facilitate appropriate plans of care and increase the likelihood that "patients feel cared for" and the nurse prefer to explain the patients information about the disease and its methods of treatments which encourage patient's cooperation that facilitate nurses' work. This result was supported by von-Eszen & Sjoden [30], found that the most important factor for a high degree of patient satisfaction was sufficient and understandable information and caregivers should have advanced knowledge of how to give detailed explanations to patients and to plan the required professional activities.

This finding was contradicted with Tucket, Hughes, Schluter & Turner [27], illustrated that the "Explains and Facilitates" category is ranked high by patients and low by nurses, meaning that patients rate the information aspect as more important than nurses do and nurses stress the emotional aspect more than the patients. These authors have challenged the nurse communicative behaviours that may result in superficial assessment skills and planning care on own assumptions.

Cancer patients are the most frequently studied patient group in the area of caring and the results to whether the cancer trajectory influences the perceptions of both patients and nurses. It is assumed that the cancer patients and nurses may establish a long-term care relationship so they may develop more consistent perceptions regarding the importance of caring behaviours. It is also possible that because of the symptoms like pain and suffering, patients might need more frequent contact, monitoring, and follow-up from nurses than patients with other diseases. This assumption would generate expectations that patients with cancer and oncology nurses do not differ in their perceptions of caring behaviours. However, this assertion was partially supported, especially in studies that, opposed to others, paired staff with patients on the same unit [8,23].

Finally, the present study showed that there was concordance between oncology patients' and oncology nurses' perception of the most important nurse caring behavior items and more agreement on caring priorities in making patients feel cared for. Also, both the oncology patients and nurses perceived highly physical aspects of caring.

**Conclusion:**

After conduction of the current study, it was found that comprising oncology patients and nurses determined that perceptions of caring were very highly concordant in this sample. Increasingly high
extent agreement between patients and nurses as to the importance of caring behaviors could have great potential for improving the quality of nursing care. Also, both the oncology patients and nurses perceived highly physical aspects of caring. However, for delivering holistic care, oncology nurses must value affective/emotional aspect of caring, too.

Recommendations:

Based upon findings of the current study, the following recommendations can be suggested:

Increase level of awareness among nurses regarding caring behavior using available mass media as (posters, cards) for improvement implications for the care of patients.

Development and implement different nursing educational programs to improve and enhance caring behavior for the care of cancer patients.

Further study should be carried out to ascertain what caring behaviors are perceived as important in an oncology setting.

Establish of outreach program for students nursing about caring behavior given to patients in oncology units.

For delivering holistic care, oncology nurses must value affective/emotional aspect of caring, too.

References


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