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# Integration Of Caring-Healing Process to Well-Being of Patients Among Hospital Nurses: Towards Building A Helping-Trusting Relationship

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***ABSTRACT***

*The study investigated differences in the integration of the caring-healing process and its impact on the well-being of hospital nurses in selected government and private hospitals in Quezon City. The study used Kristen Swanson's theory of caring to explain the variables. The descriptive–comparative method was used with a total of one hundred sixty respondents (160): eighty (80) nurses and (80) patients in purposively selected government and private hospitals. A t-test was used to test the hypothesis. Hospital nurses consistently performed the knowing, being with patients, doing, enabling, and maintaining components of Swanson's caring process. Significant differences were noted in the perceptions of the two groups of respondents regarding the integration of the caring-healing process and its impact on hospital nurses' well-being. Respondents from government and private hospitals showed significant differences in how they integrated caring-healing into patient well-being across Swanson's 5 caring processes. An action program was formulated towards a helping-trusting relationship.*

***Keywords:*** *Integration of Healing-Caring, Hospital Nurses, Well-Being, Helping-Trusting Relationship*

## INTRODUCTION

Kieft et al. (2014) noted that nurses identified essential elements they believe would improve patients' experiences of nursing care quality: clinically competent nurses, collaborative working relationships, autonomous nursing practice, adequate staffing and control over nursing practice, managerial support, and a patient-centered culture. They also mentioned several inhibiting factors, such as cost-effectiveness policy and transparency goals for external accountability. A theoretically based model that allows performance evaluation of both the overall nursing system and its subsystems. This approach broadens the view of nursing performance to a multidimensional perspective that encompasses the diverse aspects of nursing care (Dubois et al., 2013).

Most people are curious about how human beings express their needs, what motivates them, and how they respond to their surroundings. Integrating the caring-healing process involves actions characteristic of concern for a person's well-being, such as sensitivity, comfort, attentive listening, honesty, and non-judgmental acceptance. Nurses perform their tasks according to the standards of nursing practice within the parameters of ethical and moral principles. By being human and humane, the nurse works with people as independent individuals and ensures each person receives adequate attention and care so all needs are met and problems are resolved.

In response, the Philippines, especially under new leadership, is trying to improve the functioning of health care delivery systems to ensure that the population it serves receives timely, quality care.

Health care is labor-intensive, making human resources one of the most important inputs in health care delivery (Roos, 2013). As in other developing countries, health care in the Philippines faces challenges such as a shortage of health workers, increased caseloads due to the migration of skilled health personnel, and the double burden of diseases affecting both the general population and health personnel.

**Statement of the Problem**

The study assessed the integration of the caring-healing process with patients' well-being among hospital nurses in selected government and private hospitals in Quezon City. The findings serve as a basis for formulating a program to build a helping-trusting relationship.

Specifically, the study sought to answer the following questions:

1. What is the level of hospital nurses' integration of caring-healing to the well-being of their patients as perceived by themselves and the patients in terms of five (5) caring processes?
    - Knowing;
    - Being with;
    - Doing;
    - Enabling; and
    - Maintaining Belief

2. Is there a significant difference in the integration of the caring-healing process to the well-being of patients among hospital nurses as perceived by the patients?
3. Is there a significant difference in the perception of hospital nurses in government and private hospitals?
4. What enhancement program can be proposed towards building a helping- trusting relationship?

**Scope and Delimitations**

The researcher faced challenges in retrieving the questionnaires because the respondents were hospital nurses on duty and busy with their patients. Answering the questionnaires was their lowest priority. Patients had to take time to respond to the questions, and their time was limited by the treatments and medications they received. Hence, the researchers gave two (2) weeks to accomplish the questionnaire and allowed them to bring it home. The retrieval rate was adequate at 90% after two weeks.

Another problem that the researcher encountered was their honesty in answering the questionnaires. Some may have given biased responses that favored them and did not reflect what actually affected their lives. This can be beyond the researcher's control. Observations and interviews were done to validate their responses. The researcher also extended her time observing the respondents' integration of the caring-healing process into well-being while caring for their patients.

## Review of Related Literature

The review aimed to identify, clarify, and establish factors and related issues that may positively or negatively affect the performance of nursing staff in organizations.

## Conceptual Literature

Employers must ensure that employee performance meets a high standard; if it does not, measures should be put in place to detect and rectify the situation. Improving the performance of first-line health workers, or those who are continuously in contact with clients, the community, and patients at all levels of health care, is important.

Professional issues and a lack of organizational support were also identified as causes of stress among nurses. In a Yorkshire, UK study, district nurses also reported job image and reward systems as major sources of stress. In Taipei, Taiwan, a study reported that a lack of recognition or professional rewards in the workplace contributed significantly to occupational stress among public health nurses (Lee & Wang, 2002, as cited by Nabirye, Brown, Pryor & Maples, 2011).

Another factor that can influence nurses' job satisfaction is salary and other incentives. Admittedly, the impact of pay on nurse job satisfaction, while recognized in several studies, will vary from country to country and with the degree of unionization in a region. Unionization of nurses influences pay in many countries, and depending on when the pay contract is up for negotiation, study results can be affected (Best & Thurston, 2004 as cited by Hayes et al, 2010).

## The Ideal: Key Components of High-Quality Health Intervention

According to the IOM (2011), a health care system that provides high-quality care to individuals has six important components.

First, the system is safe (i.e., free from accidental injury) for all patients, in all processes, all the time. This standard implies, for example, that there should not be lower safety standards on weekends or at night; that patients need to tell their health care providers information only once; and that information is not misplaced or overlooked.

Second, a high-quality health care system provides care that is effective (i.e., care that, wherever possible, is based on the use of systematically obtained evidence to make determinations regarding whether a preventive service, diagnostic test, therapy, or no intervention would produce the best outcomes).

Third, a high-quality health care system is patient-centered. This concept encompasses the following: respect for patients' values, preferences, and expressed needs; coordination and integration of care; information, communication, and education; physical comfort; emotional support (i.e., relieving fear and anxiety); and involvement of family and friends.

Fourth, high-quality health care implies care that is delivered in a timely manner (i.e., without Long waits that are wasteful and often anxiety-provoking).

Fifth, a high-quality health care system is efficient (i.e., uses resources to obtain the best value for the money spent).

Sixth and lastly, a high-quality health care system is equitable (i.e., care should be based on an individual's needs, not on personal characteristics - such as gender, race, or insurance status - that are unrelated to the patient's condition or to the reason for seeking care).

## Measuring Health Intervention Quality

Until fairly recently, professional judgment was relied upon almost exclusively to ensure that patients received high-quality care, and the monitoring of and the improvement in quality were viewed as the responsibility of individual clinicians (Brook et al, 2016). However, as evidence has emerged regarding wide and inexplicable variations in practice patterns as well in quality, interest has grown in collecting and assessing objective measures. Additionally, dramatically increasing health care costs in the early 1990s pushed both public and private health care purchasers to demand measurement and accountability (Blumenthal, 2016).

## Synthesis

The composite ideas from the literature reviewed by the researcher provide adequate bases to justify the need to care for patients confined in the hospital. Caring is a universal human desire, as mentioned by Watson (1985) and Aligood (2014). The dynamic caring phenomenon involves a logical interaction between nurses and patients, along with their ideas and values, that has evolved into carative processes. The literature review has also indicated that caring is a universal need and that all human beings can only proceed with becoming, growing, and self-reflecting if they seek to connect with others.

Research studies also revealed that nurses performed caring behaviors toward their patients to a great extent, particularly through the systematic use of problem-solving and the human altruistic value system. However, most studies found that patients perceived nurses' caring behavior only to a moderate extent. Clinical instructors and nursing students perceived teaching and learning as their top caring behavior, followed by a helping-trusting relationship. More studies are needed to establish an evidence-based theory that provides more information for nurses and students to qualify their caring behavior in all areas of nursing practice.

## Theoretical Framework

The theory of Human Caring by Jean Watson (1975-1979) consists of the major conceptual elements of the original and emergent theory, which are carative factors: evolving toward "clinical caritas processes", transpersonal caring relationship, and caring moment or caring occasion. Other dynamic aspects of the theory which are emerging as more explicit components include: expanded views of self and person, unity of being, embodied spirit; caring-healing consciousness and intentionally to care and promote healing; caring consciousness as energy within the human environment field of a caring moment; phenomenal field or unitary consciousness; unbroken wholeness and connectedness of all; advanced caring healing modalities nursing arts as a future model for advanced practice of or nursing.

**Conceptual Framework**

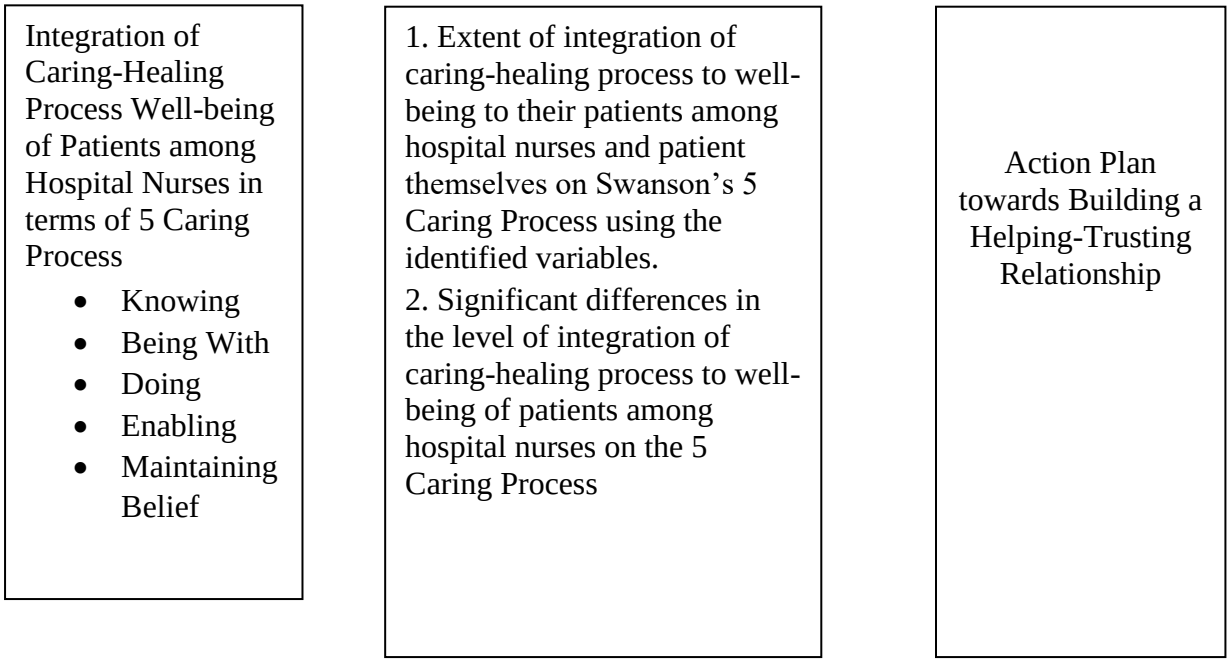


**Figure 1. Integration of Caring-Healing Process to Well-Being of Patients among Hospital Nurses towards Building a Helping-Trusting Relationship**

This study paradigm in Figure 1 shows the relationship between the integration of the caring-healing process and patients' well-being among hospital nurses, and the proposed action program toward building a caring-healing relationship in both private and government hospitals. The first box, as input, shows Swanson's 5 Caring Processes. This was used to assess how hospital nurses integrate caring into patient care. The findings were used to compare the integration of the caring-healing process with well-being among hospital nurses in private and government hospitals. The findings were interpreted and analyzed, leading to a proposed action plan to enhance the helping-trusting relationship by integrating the caring-healing relationship with well-being among hospital nurses.

## METHODOLOGY

### Research Design

The descriptive-comparative method was used to gather the needed information regarding the caring behavior of ward nurses and to determine differences in the quality of care rendered in two different settings: government and private hospitals. A descriptive design was used to portray, as accurately as possible, a phenomenon of interest (Gersch et al., 2011).

### Research Steps

The study utilized a self-made questionnaire as its data gathering instrument. It is based on Kirsten Swanson's Theory of Caring, five caring processes. It was written in English for the respondents (nurses) and Tagalog for the patients. Questions were stated and structured so respondents could easily understand them, ensuring good and reliable results. The instrument was divided into two parts.

**Data Collection and Sample Selection**

The researcher conducted a thorough review of the topic, looking for possible resources such as books, journals, and related theses. After the research proposals were approved and the instruments were validated and deemed reliable, they were then presented to the adviser for approval and reproduction. First, the researcher wrote a letter addressed to the chief nurses of each selected hospital, requesting permission to conduct the study and to distribute questionnaires to their nurses and patients.

**Data Analysis Methods**

After gathering all the completed questionnaires from the respondents, total responses for each item were obtained and tabulated. The demographic profile of the respondents was computed based on frequency and percentage distribution. Percentage is a numerical analysis used to describe or compare the magnitudes of the given data. It is defined as per hundred part of the total sapling population.

$$P = \frac{WM}{UW} \times 100$$

Where:

P= Percentage
WM= Weighted Mean
UW = Unit Weight

Weighted Mean is the total sum of the values in the data group divided by the number of values.

$$WM = \frac{\Sigma 4\,(F2)+3(F3)+2(F2)+1(F1)}{N=F1+F2+F3+F4}$$

Where: WM = Weighted Mean
F1 to F4 = Frequency of Response Per Unit Weight
n= Total Number of Respondents
Σ = Summative Sign

To interpret the perceptions of respondents, the researcher used a Likert Four-Point Scale, with 4 as the highest and 1 as the lowest. Verbal descriptions were used to quantify the data gathered. These were presented below.

| Scale | Range | Verbal Interpretation |
|---|---|---|
| 4 | 3.51 – 4.00 | Always |
| 3 | 2.51 – 3.50 | Often |
| 2 | 1.51 – 2.50 | Sometimes |
| 1 | 1.00 – 1.50 | Never |

**T-test** was used to determine the significance of the difference between the perception of nurses and patients in Government and Private Hospital in Caring Behavior in Terms of Swanson's 5 Caring Processes.

## Research Hypotheses and Validation

### Research Hypotheses

Ho1. There is no significant difference in the assessment of the integration of the caring-healing process to well-being among hospital nurses along Swanson's 5 Caring Processes as perceived by themselves and their patients.

Ho2. There is no significant difference in the integration of the caring-healing process to well-being among hospital nurses along Swanson's Five (5) Caring Processes in government and private hospitals.

### Validation

The questions were validated by an expert to ensure the entries were easily understood and aligned with the purpose of the study. It was pre-tested with ten ward nurses and 10 of their patients who had the same inclusion criteria but were no longer part of the actual study respondents. A pilot test of the self-made questionnaires was also conducted to determine the reliability of the survey questions. The pilot testing of questionnaires was conducted on patients and nurses who were excluded from the actual study participants. The pilot testing yielded a Cronbach's alpha of 0.85. The questionnaire was revised, modified, and approved. The researcher asked a statistician to manually compute and analyze the reliability of the research instrument.

## Study Limitations and Ethical Considerations

The study conducted in government and private hospitals in Quezon City. East Avenue Medical Center as the government hospital and the Commonwealth and Fairview General Hospital as the private hospital. The locale of the study was chosen in terms of the easier facilitation and approval of the study site of these hospitals and since the hospital mainly serves clients from different areas of Quezon City.

## RESULTS AND DISCUSSION

***SOP 1. What is the level of hospital nurses' integration of caring-healing to the well-being of their patients as perceived by themselves and the patients in terms of five (5) caring processes?***

- ***Knowing;***

Hospital nurses said they believe that they always performed the knowing component of the five (5) caring processes. This inference is supported by the composite mean of 3.73 for government nurses and 3.62 for private nurses. The nurses said they go out of their way to make every effort to know and assess what their patients need and how they feel to better understand their situation.

***Being with;***

The private nurses, on the other hand, also believe that they always perform five (5) caring processes with respect to "being with patients," as shown by the composite mean of

3.51, The nurses said they ensure that they "know" the condition of their patients and assure that they provide physical, psychological and emotional support for them. Alligood (2013) cited being with as being emotionally present to the other. It includes being there in person, conveying availability, and sharing feelings without burdening the one cared for.

***Doing;***

For the government nurses, taking vital signs accurately obtained the highest mean score of 3.92. The government nurses said they know how important taking vital signs is as this provides a baseline reference for the entire chain of health care. Vital signs provide critical information (which is why they are called vital) about the patient's state of health.

- ***Enabling; and***

The respondent's assessment on the nurses' performance of the "enabling" component of Swanson's 5 caring processes is presented in Table 8. The composite mean of 3.74 for government nurses and 3,52 for private nurses suggests that the nurses always practiced the "teaching component of Swanson's caring process. This implies that the nurses effectively facilitated and educated their patients regarding uncertainties and unfamiliar stages of their medical condition.

***Maintaining Belief***

The government nurses claimed that they always performed the maintaining belief component of the caring process with the composite mean of 3.67. Private nurses perceived that nurses often performed the maintaining belief component of the caring process, as shown by a composite mean of 3.49.

***SOP 2. Is there a significant difference in the integration of the caring-healing process to the well-being of patients among hospital nurses as perceived by the patients?***

Ho1. There is no significant difference in the perception of the caring-healing process and patients' well-being among hospital nurses, as perceived by themselves and their patients. The second research problem tested whether significant differences exist between nurses' and patients' perceptions of the integration of the caring-healing process and patients' well-being among hospital nurses across five (5) caring processes.

The perceptions of nurse and patient respondents in government hospitals showed significant differences regarding the knowing, being with, and doing for factors. The computed t-values for these items were higher than the tabular t-value of 1.994 at the 0.05 level of significance, resulting in the rejection of the null hypothesis. This implies that nurses and patients differ in their appraisal of these items.

***SOP 3. Is there a significant difference in the perception of hospital nurses in government and private hospitals?***

Ho2. There is no significant difference in the integration of the caring-healing process to the well-being of patients among hospital nurses along the five (5) caring processes in government and private hospitals.

The third research problem tested whether significant differences exist between respondents' perceptions of the integration of the caring-healing process to patients' well-being among hospital nurses across the five (5) caring processes in government and private hospitals. The results show that government and private nurses differed significantly in their assessment of their performance in the "being with," "enabling," and "maintaining belief" components of

the five (5) caring processes, and the computed t-values were higher than the tabular t-value of 1.994 at the 0.05 significance level. Thus, the null hypothesis is rejected.

***SOP 4. What enhancement program can be proposed to build a helping-trusting relationship?***

**Enhancement Program to Build a Helping-Trusting Relationship**

To improve the quality of nursing care based on the integration of the caring-healing process to the well-being of patients. The five caring processes were explored, and based on the findings of the study, the researcher developed a proposed program.

## SUMMARY

The study aimed to describe the Integration of the caring-healing process in patients' well-being among hospital-based nurses in selected government and private hospitals in Quezon City and to compare the perceived caring-healing process of hospital nurses and their patients, as well as the differences in their perceptions. This caring-healing process of hospital nurses was based on Swanson's Theory of Caring.

## CONCLUSIONS

Nurse-respondents were 21-30 years old, female, and had been in the nursing profession for 1-5 years, while the patient-respondents were predominantly 21-30 years old, female, and had been hospitalized for three days. Findings revealed that ward nurses always performed the knowing, being with patients, and doing, enabling, and maintaining components of Swanson's caring process. Significant differences were noted in the perceptions of the two groups of respondents regarding hospital nurses' performance of the caring-healing process.

## RECOMMENDATIONS

### Nurse Practitioners

Actively participate in continuing education programs and in-service training to increase knowledge of nursing care that will ultimately inspire confidence in implementing nursing interventions as well as strengthen integration of the caring-healing process.

### Nurse Administrators

Make use of the proposed program as part of the orientation and skill training of nurses.

Perform periodic job evaluation and appraisal to check competence of nurses as regards to caring attitude of values and helping-trusting relationship.

### Nurse Educators and Teachers

Apply the findings of this study in the teaching of nursing process and management process to nursing students.

### Future Researchers

More studies are needed to evaluate the caring-healing process used by nurses and its relative effect on patients' health and wellness and to build a helping-trusting relationship.

## ACKNOWLEDGMENTS

My deepest gratitude goes to God, who has provided all that was needed to complete this research for which it was undertaken, throughout this entire study. He took care of

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## AI DECLARATION STATEMENT

AI-supported tools helped with grammar and structure in creating this article. No AI tools were used to collect, analyze, or interpret data; all authors are credited for their academic contributions.

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