Factors associated with users' perception of the expression of help from nursing professionals

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.ABSTRACT

Introduction: The expression of help is an essential practice performed by nursing professionals. This type of assistance is considered an important dimension that has been evaluated among the ethical behaviors that nurses must adopt in the practice of care. **Objective:** To evaluate the factors associated with users' perceptions regarding the nurse's expression of help in a public hospital in Norte de Santander, Colombia. **Method:** A descriptive cross-sectional observational correlational study was conducted. **Results:** Of the 385 patients analyzed, 61.56% were women and 38.44% were men. All participants perceived the help-expression practices unfavorably in the evaluated items, which ranged between 82% and 92.50% in the "Never" category. Educational level, marital status, and religious affiliation showed statistical significance with two (2) of the evaluated items. **Conclusions:** Participants perceived negatively the nurse's help-expression practices. Strengthening communication competencies and adherence to the ethical and professional regulatory framework is recommended.

Keywords: Helping behavior; Nursing ethics; Nursing; Health communication; Colombia.

RESUMEN

Introducción: La expresión de ayuda constituye una práctica esencial que desempeña el profesional de enfermería. Tal ayuda es considerada una dimensión importante que ha sido evaluada entre las conductas éticas que debe adoptar el profesional de enfermería en la práctica de cuidado**. Objetivo:** Evaluar los factores asociados a los usuarios frente a la expresión de ayuda del profesional de enfermería de un hospital ppúblico de Norte de Santander, Colombia. **Método:** Se realizó un estudio observacional descriptivo de corte transversal de correlación. **Resultados:** De 385 pacientes analizados, el 61,56 % eran mujeres y el 38,44 % eran hombres. Todos percibieron de forma insatisfactoria las prácticas de expresión de ayuda en los ítems evaluados, que oscilaron entre 82 % y 92,50 %, ubicados en la categoría «Nunca». La escolaridad, el estado civil y la religión presentaron significancia estadística con dos (2) de los ítems evaluados. **Conclusiones:** Los participantes percibieron negativamente las prácticas de expresión de ayuda del profesional de enfermería. Se recomienda fortalecer las competencias comunicativas y el cumplimiento del marco normativo deontológico de la profesión.

Palabras clave: Relación de ayuda; Ética en enfermería; Enfermería; Comunicación en salud; Colombia.

INTRODUCTION

The expression of help can be defined as a spontaneous act by the nurse to consciously and timely recognize and address the needs of patients, offering support to defend their interests within the healthcare system.[1] This requires a therapeutic relationship that integrates the optimization of material, technical, and relational resources.[2]

In this sense, the expression of help should stand out because of a genuine contact that significantly satisfies both parties: nurse and patient.[3] It has been established that when a healthcare professional offers an effective therapeutic relationship, it generates positive health outcomes; clinical symptoms and signs are reduced, hospital stay is shortened, and the impact of

the illness is lessened.[4]

The literature reveals that the simple act of offering trust and help to patients represents an important indicator of the satisfaction perceived by them during care.[5]

However, scientific evidence has shown some factors that influence the impossibility of establishing this helping relationship during care. In fact, one study reported that emotional exhaustion, depersonalization, and decreased personal accomplishment were cited as causes of unsafe practices, poor quality of care, and limited acts of empathy.[6,7] Indeed, occupational health, as a lifestyle, is considered the main factor in fostering communication processes[8] based on mutual respect, participation, and the management of health problems.

Theoretical frameworks in the discipline have highlighted the importance of strengthening communication processes in the various settings where the caregiving role is performed. Nurse Swanson,[9] in the development of her theory, defines among the main concepts “enabling,” understood as the ability to educate, guide, and support the patient to participate in their own self-care; as well as “being with,” which implies emotional presence without losing professionalism; and third, “knowing,” meaning the effort to understand the meaning of the other’s experience. In essence, the nature of care must transcend from an improvised technicist instrumental practice to practices that dignify and promote the integral well-being of the people being cared for.

The purpose of this study was to identify users’ perceptions regarding the nurse’s expression of help, and the associated factors.

METHOD

Study type

This was a descriptive cross-sectional correlational study.

Study area and population

The study was conducted in a public hospital in Norte de Santander, Colombia. Adult men and women who received inpatient hospital care participated.

Participants

The sample consisted of 385 participants selected through non-probabilistic convenience sampling.

Instruments

The scale for evaluating the ethical behavior of nursing staff in patient care was developed by Lagunes and Hernández. It is an instrument of 13 items, evaluated using a Likert scale from 0 to 3, representing: “Never,” “Rarely,” “Frequently,” and “Always,” respectively.[10] Its internal consistency is reliable, with a Cronbach's alpha of 0.85. The instrument evaluates the following factors: assistance attitude, clarity of the expression of help, genuineness, sincerity in treatment, communication, and empathy.

For this study, specifically, the “expression of help” dimension was used, consisting of four (4) items that assess patients’ perceptions regarding the nurse’s practice when explaining procedures, discussing the illness, communication, and respect displayed during care.

Procedure and data collection

The questionnaire was administered by one of the authors of the research team to ensure the accuracy of the information provided by participants. The average application time was 15 minutes.

Statistical analysis

Pearson’s Chi-square contingency test was used to verify the independence of frequencies between the categories of the variables studied, with significance below 0.05 for the bivariate analysis.

Ethical considerations

Informed consent was obtained in accordance with Resolution No. 8430 of 1993 issued by the Ministry of Health of Colombia.[11] Approval was obtained from the Ethics Committee of Universidad de Pamplona through funded project PR400-156.012-047.

RESULTS

Demographic characteristics of the study sample

Sociodemographic characterization showed that the largest proportion were adult women, single, with primary education. Most were affiliated with the subsidized regime of the General Social Security Health System, and identified with the Catholic religion; the mean age was 53 years. See Table 1.

Table 1. Sociodemographic characteristics of users from a public hospital in Norte de Santander.

Variable	Category	Frequency	Percentage
Sex	Male	148	38.44
	Female	237	61.56
Socioeconomic Stratum	One	254	65.97
	Two	91	23.63
	Three	35	9.10
	Four	5	1.30
Marital Status	Married	120	31.17
	Single	128	33.25
	Widowed	62	16.10
	Common-law union	58	15.07
	Separated	17	4.41
Highest Level of Education	Primary	183	47.53
	High school	91	23.63
	Technical degree	15	3.90
	University degree	48	12.47
	None	48	12.47
Religious Beliefs	Catholic Christian	334	86.75
	Non-Catholic Christian	6	1.56
	Other	45	11.69
Type of Health Insurance	Subsidized	325	84.41
	Contributory	46	11.95
	Vinculated	1	0.26
	Special	8	2.08
	Other	5	1.30

The majority of the population fell into the “Never” category in the four practices evaluated regarding the expression of help. See Table 2.

Table 2. Users’ perceptions regarding behavior in the help-expression dimension.

Help-Expression Practice	Never		Rarely		Frequently		Always	
	f	%	f	%	f	%	f	%
1. Does the nurse explain how you should take your medications?	329	85.45	36	9.35	9	2.34	11	2.86
2. Does the nurse try to treat you as a person?	357	92.73	24	6.23	3	0.78	1	0.26
3. Does the nurse allow you to talk about your condition?	329	85.45	36	9.35	9	2.34	11	2.86
4. Does the nurse seem to communicate well with all patients?	319	82.86	56	14.54	5	1.30	5	1.30

When relating sociodemographic variables to help-expression practices, statistically significant differences were found between religious beliefs and the practice of explaining how patients should take their medications ($p = 0.00$). Additionally, the item “It seems that the nurse communicates well with all patients” was associated with educational level, religious beliefs, and marital status ($p = 0.01$), respectively.

DISCUSSION

Most users perceived that nurses do not perform help-expression practices; they were placed in the “Never” category for each of the evaluated criteria. These data contrast with a study conducted in the state of Veracruz, in which the majority of participants perceived the study variable positively, in the “Always” category.[12] Likewise, another study conducted in Colombia also reported significant findings in all evaluated items, ranging between 80% and 98%.[13]

Regarding the item where the nurse explains to patients how they should take their medications, responses were predominantly negative in the “Never” category. This result differs from a study in Ecuador, which revealed that 50.7% of patients perceived that they always received instructions on how to take their medications. That study attributed the missing percentage to high workload demands on nurses or the clinical condition of the patients.[14] Indeed, the literature has

emphasized the significant contribution of nursing professionals through the helping relationship in promoting treatment adherence among patients.[15]

Similarly, the item “Does the nurse try to treat you as a person?” was also perceived unfavorably; patients rated it negatively, although it was the item with the lowest negative score at 92.7%. These findings are similar to those reported by Gishu *et al.*,[16] who also found negative perceptions of nurses' behaviors during care delivery.

Opposite findings emerged in a study aimed at evaluating nurses' ethical behaviors from the patients’ perspective. The results showed satisfactory perceptions among these patients, representing 98%, placing them in the “Always” category. Another qualitative study described that patients perceived nurses' practices positively, emphasizing that they were treated genuinely, seen as persons and not as a disease or a bed number.[17]

The item “Does the nurse allow you to talk about your condition?” was rated negatively by participants, with 85.5% in the “Never” category. These data contrast with a cross-sectional study in which participants rated nurses' communication behaviors positively, highlighting the inclusion of educational spaces and clarification of doubts about the illness process.[18]

The practice evaluated regarding whether the nurse communicates well with all patients was judged unfavorably in this study. These results are similar to an international study in which 57% of nurses were rated as having ineffective communication with patients. These findings differ from a recent intervention study that reported positive results in patient well-being as a result of care practices centered on communication and companionship processes. Additionally, a relevant finding was that negative perceptions of nurse communication were associated with lower levels of literacy; these findings were consistent with those of the present study ($p = 0.01$).[19] Likewise, another study titled Determinants of Barriers to Nurse-Patient Communication Perceived by Patients: The Case of Chitwan Medical College Teaching Hospital[20] found statistically significant associations between patient perception levels and common nurse-patient communication barriers in relation to marital status ($p = 0.025$) and education ($p = 0.049$).

Based on this premise, it may be inferred that it is important to strengthen nurses’ communication skills and address environmental, administrative, occupational, and educational barriers that affect nurse-patient interaction.[21]

CONCLUSIONS

he helping-relationship practices of nursing professionals were perceived negatively by participants. The literature shows that this same trend has been identified at both national and international levels, highlighting the clear need to reclaim the essence of the nursing profession, where care is the foundation and core purpose.

ACKNOWLEDGMENTS

We express our sincere gratitude to all the patients who were willing to be part of this study.

DECLARATION OF CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest.

AUTHOR CONTRIBUTIONS

MABL conducted the instrument application, data analysis, and manuscript preparation.
KDEV participated in the statistical analysis and in the development of the methodology.
JAGC contributed to the final preparation of the manuscript.

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