



Original Article

Review of caring nurse-patient interaction for nurses caring for psychiatric patients

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Abstract

Objectives: This study reviews the caring nurse-patient interaction level of nurses caring for psychiatry patients. In addition, the effect of nurses' spiritual support, which is a subscale of nurse-patient interaction, is examined.

Methods: The study is cross-sectional and complementary research. The research environment consisted of nurses caring for psychiatry patients in all the public hospitals with psychiatry wards in İzmir and Manisa (n=291). The study sample was not determined. The participants were 112 nurses who were at work on the dates of the research and agreed to participate. Data were collected through the Nurse Introductory Information Form, Caring Nurse-Patient Interaction Scale, and Spiritual Perception of Support Scale. Descriptive statistics (mean, number and percentage distribution), and the Kruskal Wallis test, Mann-Whitney U test, and Pearson Correlation analysis were used to evaluate the collected data.

Results: The mean scores average points nurses giving care for psychiatry patients obtained on the Caring Nurse-Patient Interaction Scale was 313.08±30.45 for the importance aspect, 283.79±37.43 for the competence aspect, and 268.01±47.65 for the feasibility aspect. Statistically significant differences were found for some distinctive features, such as level of education, hiring institution, awareness of the integrated care definition, and importance-competence-feasibility aspects of caring nurse-patient interactions. There was a positive correlation between spiritual perception of support and the importance, competence, and feasibility aspects of caring nurse-patient interactions (r=0.41, 0.35, 0.35, respectively, p<0.05).

Conclusion: Nurses providing care for psychiatry patients recognized the importance of caring nurse-patient interaction; however, their self-perception was that the importance they attached to this interaction was still inadequate.

Keywords: Nurse patient interaction; nursing care; psychiatry nursing.

What is known about this issue?

- Caring nurse-patient interactions have positive effects on patient care, disease progression, and treatment compliance.

What does this article add to the known facts?

- Nurses attach importance to caring nurse-patient interactions, but they do not perceive themselves as competent to the same extent or find such care feasible.

What is its contribution to the practice?

- This study determined some factors that positively affect caring nurse-patient interactions for nurses who care for psychiatric patients.

The integrated approach is a comprehensive health care approach in which individuals are treated in physical, social, cultural, and spiritual aspects. Individuals should be evaluated according to all aspects by nurses whose profession is based on one to one interaction to ensure patients are healthy.^[1-5]

Nursing care is based on nurse-patient interaction and this interaction is ensured through communication.^[6-9] Each interaction with a patient is an opportunity for a curative intervention.^[10] Nurse-patient interaction focuses on meeting the needs of individuals receiving care.^[11] Care-oriented communication has positive effects on patient care, disease progression and

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compliance with treatment.^[11-13] When nurses consider individuals from an integrated aspect and the relationship is established in this context, it is therapeutic.^[14]

Psychiatric nursing, a special area of expertise in nursing, requires skills and experiences for establishing interpersonal relationships.^[15] In psychiatry, nurse-patient interactions have a significant effect on a patient's recovery.^[16] Psychiatric care is based on the therapeutic relationship between patients and nurses, and it has been developed according to a patient-centered and recovery-based model.^[17] As in every field, the use of theories and models provides important guidance in psychiatric nursing. Interventions implemented accordingly bring a scientific basis to nursing care.^[18] Jean Watson attaches importance to considering individuals from an integrated perspective in his Human Caring Model, which is one of the nursing models.^[19] Watson's model, which takes nursing away from automatism and makes interpersonal care applicable, has similar principles to those of psychiatric nursing.^[19,20] The Human Caring Model places emphasis on sensitivity to self and others, developing helpful and assuring relationships, conveyance of interpersonal teaching and learning, and providing a supportive, protective, and corrective mental, physical, sociocultural, and spiritual environment.^[19] Watson reported ten carative factors in his Human Caring Model including a humanistic and altruistic system of values, hope-faith, sensitivity, helping-trusting relationship, expression of feelings, problem solving, teaching-learning, recovery environment, assisting with needs, and being open to spiritual mysteries and existential dimensions of death and life.^[19-22] As Cara^[23] cited, Watson believed that the spiritual core is one of the most significant elements of the nursing profession. Care for spiritual needs is a part of integrated care.^[24] An emphasis is placed on that the human caring model allows individuals to express their spiritual needs, and therefore be provided with spiritual care.^[25]

There are previous studies based on Watson's Human Caring Model.^[26-38] However, no studies conducted with nurses who give care to psychiatric patients have been found. Evaluation of attitudes and behaviors of nurses regarding caring nurse-patient interaction is considered important to improve the quality of care nurses give to psychiatric patients. This study was conducted using the Caring Nurse-Patient Interaction Scale (CNPIS), which is based on Watson's Human Caring Model. The study examined the levels of importance nurses providing care to psychiatric patients attached to integrated care, feeling self-competent to provide care, and considering care feasible. The scale included subscales based on the carative factors Watson reported in his model. In addition, the importance of spirituality, a subscale of CNPIS, in integrated care was considered. Thus, the effect of spiritual support perceptions of nurses caring for psychiatric patients on the provided care was examined.

The study sought answers for the following questions.

- What are the levels of importance, competence, and feasibility for caring nurse-patient interaction of nurses who provide care to psychiatric patients?
- Is there a difference between the levels of importance, competence, and feasibility for caring nurse-patient interactions of nurses who provide care to psychiatric patients based on their descriptive characteristics?
- Is there a relationship between the levels of importance, competence, and feasibility for caring nurse-patient interactions of nurses who provide care to psychiatric patients based on their spiritual support perception levels?

Materials and Method

Aim of the Study

This study determined the levels of caring nurse-patient interaction of nurses who provide care to psychiatric patients and examined the relationship between nurses' spiritual support perception levels and caring nurse-patient interaction levels.

Population and Sample of the Study

This cross-sectional study was conducted at all the public hospitals with psychiatric inpatient treatment services in the Izmir and Manisa provinces. The population of the study included 291 nurses who worked in these services. Of the nurses, 41 were excluded from the study during data collection because they were not present in the clinic due to reasons such as sickness, education, and maternity leave. Thus, the data collection was conducted with 148 nurses who agreed to participate in the study. Data from 36 nurses who did not completely fill out the scales were excluded from the study; thus, the study was conducted with 112 nurses whose written consent was obtained.

Data Collection Tools

Nurse Introductory Information Form: The form was created by the researchers and it included 18 questions to determine nurses' sociodemographic characteristics, professional characteristics, and caregiving characteristics.

Caring Nurse-Patient Interaction Scale (CNPIS): The scale was developed by Cossette et al.^[39] in 2005 to evaluate nurses' attitudes and behaviors toward care. It was based on Watson's Theory of Human Caring and adapted to Turkish by Atar and Aşti^[40] in 2012. The scale includes three aspects: importance, competence, and feasibility. Its Cronbach Alpha reliability coefficients are 0.99, 0.98, and 0.99, respectively. The scale includes 10 subscales. These subscales consist of 10 carative factors, which underlay the nursing practices defined by Watson including humanism, hope, sensitivity, helping relationship, expression of feelings, problem solving, teaching, environment, needs, and spirituality. The scale includes 70 items. These items define attitudes and behaviors that can be observed in clinical practice and are evaluated using the three aspects and five-point Likert-type scales. The total scale score for each aspect is obtained by adding the scores on all items (70 items). The lowest score that could be obtained from the scale for

each aspect was 70 and the highest was 350. As the individuals obtained higher scores from the scale, their attitudes and behaviors toward caring nurse-patient interaction positively increased.^[39,40] In this study, the scale's Cronbach Alpha reliability coefficients for importance, competence, and feasibility levels were 0.76, 0.88, and 0.87, respectively.

Spiritual Support Perception Scale (SSPS): The scale was developed by Kavas E. and Kavas N.^[41] in 2014 to determine the spiritual care perceptions of doctors, midwives, and nurses who worked at hospitals. The scale includes 15 items and is evaluated using a five-point Likert-type frequency rating. The scale's Cronbach Alpha reliability coefficient is 0.94. There was no breakpoint in the scoring of the scale. Higher scores indicate higher spiritual support perceptions. In this study, the scale's Cronbach Alpha reliability coefficient was 0.89.

Data Evaluation

Number and percentage distributions were used to evaluate the data. The difference between the variables was examined using the Kruskal-Wallis and Mann-Whitney U tests and the relationship between the scales was examined using Pearson's correlation analysis. The significance of the data was tested as $p < 0.05$.

Ethical Considerations

Written permissions were obtained from the faculty ethics committee (Number: 2015-74) and the hospitals where the study was conducted. Each institution was visited and the nurses were instructed to complete the survey forms. Attention was paid to voluntary participation and written consent was obtained from the nurses who agreed to participate in the study.

Results

The mean age of nurses who participated in the study was 37.17 ± 6.56 . Of the nurses, 77.7% were female and 70.5% were married. Of them, 69.6% reported their incomes were equal to their expenses. Table 1 indicates the distribution of nurses by their other descriptive characteristics.

The total mean scores the nurses obtained from the importance, competence, and feasibility aspects of the CNPIS were 313.08 ± 30.45 , 283.79 ± 37.43 , and 268.01 ± 47.65 , respectively. Table 2 indicates the nurses' mean scores on the subscales of the CNPIS by the importance, competence, and feasibility aspects.

The nurses' mean scores on the CNPIS importance aspect and its subscales by their descriptive features were examined, and no significant difference was found between their descriptive characteristics such as gender, marital status, income level, years of working in the profession, having problems with patient interaction, state of giving spiritual support, and state of receiving education on spiritual care and the scale

Table 1. Distribution of the nurses by their descriptive characteristics (n=112)

Characteristics	n	%
Education level		
Vocational school of health	6	5.4
Associate degree	36	32.1
Bachelor's degree	57	50.9
Graduate education	13	11.6
Years working in the profession		
10 years or less	32	28.6
11-20 years	34	39.3
21 years or more	36	32.1
Hiring institution		
University hospital	24	21.4
State hospital	7	6.3
Mental health hospital	81	72.3
Years working at the institution		
10 years or less	81	72.3
11-20 years	20	17.8
2 years or more	11	9.8
Having problems interacting with patients		
Yes	25	22.3
No	87	77.7
Definition of integrated care		
I do not know	46	41.1
Biopsychosocial care	59	52.7
Biopsychosocial spiritual care	7	6.3
State of giving integrated care		
Yes	62	55.4
No	50	44.6
State of giving spiritual support		
Yes	107	95.5
No	5	4.5
State of receiving education on spiritual care		
Yes	27	24.1
No	85	75.9

mean scores ($p > 0.05$). Table 3 indicates the distribution of the nurses' mean scores on the importance aspect of the CNPIS by their other descriptive characteristics.

The nurses' mean scores on the CNPIS competence aspect and its subscales by their descriptive features were examined, and no significant difference was found between the scale mean scores on gender, marital status, income level, years of working in the profession and the institution, working plan, having problems with patient interaction, state of giving spiritual support, and state of receiving education on spiritual care ($p > 0.05$). Table 4 indicates the distribution of the nurses' mean scores on the competence aspect of the CNPIS by their other descriptive characteristics.

The nurses' mean scores on the CNPIS feasibility aspect and its subscales by their descriptive features were examined, and

Table 2. Nurses' Mean Scores on the Caring Nurse-Patient Interaction Scale (CNPIS)

Scale and its subscales	Score interval	Importance		Competence		Feasibility	
		Mean±SD	Min-Max	Mean±SD	Min-Max	Mean±SD	Min-Max
Humanism	6–30	26.83±3.14	17–30	23.99±3.92	12–30	22.67±4.29	14–30
Hope	7–35	31.98±3.33	17–35	28.18±4.81	17–35	26.84±5.91	14–35
Sensibility	6–30	25.79±3.81	13–30	22.90±4.08	12–30	21.99±4.83	11–30
Helping relationship	7–35	32.35±3.15	24–35	30.44±3.85	18–35	28.73±4.85	14–35
Expression of emotions	6–30	26.67±3.14	15–30	24.16±3.85	15–30	22.42±4.81	11–30
Problem solving	6–30	26.67±4.56	12–30	23.56±4.32	7–30	21.87±4.99	8–30
Teaching	9–45	39.99±5.23	25–45	36.54±6.11	22–45	34.69±7.83	12–45
Environment	7–35	31.05±3.59	20–35	28.46±4.70	17–35	26.81±6.59	7–35
Needs	10–50	46.08±4.63	28–50	42.96±5.64	27–50	41.10±6.95	23–50
Spirituality	6–30	25.61±4.01	16–30	22.61±4.70	12–30	20.63±6.40	6–30
Scale in total	70–350	313.08±30.45	208–350	283.79±37.43	197–350	268.01±47.65	155–350

SS: Standard deviation; Min: Minimum; Max: Maximum.

no significant difference was found between the scale mean scores on marital status, years of working in the profession, state of giving spiritual support, and state of receiving education on spiritual care ($p>0.05$). Table 5 indicates the distribution of the nurses' mean scores on the feasibility aspect of the CNPIS by their other descriptive characteristics.

The mean score the nurses who participated in the study obtained from the SSPS was 63.98 ± 8.32 . A positive relationship was found between the mean scores on the SSPS and the total mean scores on the importance, competence, and feasibility aspects of the CNPIS ($p<0.05$) (Table 6).

Discussion

The mean scores of the participating nurses were 313.08 ± 30.45 for the importance, 283.79 ± 37.43 for the competence, and 268.01 ± 46.65 for the feasibility aspects of the CNPIS. The nurses obtained high total scores from the three aspects of the scale. The study implies that the nurses attached importance to caring nurse-patient interactions, but they did not feel themselves competent and were not able to put this care into practice. Similar to the results of the present study, Bayraktar and Eşer^[42] (2017) examined the attitudes and behaviors of nurses toward caring nurse-patient interactions, and reported the nurses' mean scores on importance, competence and feasibility aspects of the CNPIS were 296.75 ± 39.95 , 265.07 ± 46.12 , and 241.39 ± 48.95 , respectively. Gerer et al.^[43] (2015) examined the attitudes and behaviors of nursing students toward caring nurse-patient interactions, and reported the nurses' mean scores on importance, competence and feasibility aspects of the CNPIS to be 302.72 ± 33.35 , 283.14 ± 35.90 , and 274.11 ± 47.23 . Zaybak et al.^[44] (2014) found these scores to be 308.64 ± 43.32 , 272.60 ± 43.86 , and 262.93 ± 52.46 . Duru et al.^[45] (2014) examined the relationship between nursing students' attitudes toward nurse-patient interaction and their attitudes

toward home care services, and found the students' mean score on the importance aspect of the scale was 287.78 ± 44.78 . Although nurses considered caring nurse-patient interactions to be important, they did not find it feasible to the same extent, which might be caused by a lack of motivation. They might have considered themselves incompetent in this interaction and found no motivation for implementation because of reasons such as a high number of patients under their care, low number of nurses to give care, and lack of knowledge on giving care to psychiatric patients.

There was a positive, significant relationship between the mean scores nurses obtained from the scale aspects. A positive, strong relationship was found between the nurses' total scores on importance and competence ($r=0.777$, $p=0.00$). A positive, moderately strong relationship was found between their total scores on importance and feasibility ($r=0.555$, $p=0.00$). In addition, a positive, strong relationship was found between their total scores on competence and feasibility ($r=0.810$, $p=0.00$). Similarly, Gerer et al.^[43] (2015) found a positive, significant relationship between the student nurses' total scores on competence and feasibility aspects ($r=0.693$, $p=0.00$). The study concluded that as the importance the nurses attached to caring nurse-patient interaction became higher, they perceived themselves as more competent and would put the care into practice to a similar extent. Thus, in-service training programs should be planned to increase the importance attached to the caring nurse-patient interaction. In addition, nurses' motivation for attaching higher importance to care and putting the care into practice should be increased.

The female nurses considered the helping relationship and expression of emotions subscales to be more feasible than the male nurses did. Similarly, Mutlu et al.^[46] (2015) examined nurses' attitudes and behaviors toward caring nurse-patient interaction and reported that males had lower scores on the expression of emotions subscale. This may be associated with

Table 3. Nurses' Mean Scores on the Caring Nurse-Patient Interaction Scale (CNPIS)-Importance Aspect according to Descriptive Characteristics

Sociodemographic characteristics	Humanism		Hope		Sensibility		Helping relationship		Expression of emotions		Problem solving		Teaching		Environment		Needs		Spirituality		Importance in total		
	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	
Education level																							
Vocational school of health	26.17±3.12	32.00±2.97	24.50±4.59	29.50±2.74	26.50±3.62	24.67±6.80	39.17±5.08	29.00±4.10	46.33±5.57	27.17±3.49	304.00±33.38												
Associate degree	25.72±3.68	30.58±3.84	24.08±4.20	31.22±3.44	25.92±4.06	25.22±3.36	40.42±5.26	29.61±3.69	44.72±5.43	24.06±4.52	298.47±34.66												
Bachelor's degree	27.25±2.81	32.46±2.95	26.49±3.44	32.84±2.90	26.82±2.48	27.51±2.78	39.82±5.08	31.79±3.31	46.63±4.03	25.84±3.66	319.14±26.37												
Graduate education	28.38±1.85	33.77±2.13	27.23±2.20	34.61±0.51	28.15±2.19	27.92±3.30	39.92±6.29	32.77±2.65	47.31±2.88	28.15±2.44	331.15±18.92												
Test value (KW)	7.51	10.59	10.38	16.65	4.54	11.77	0.55	13.65	5.81	10.49	13.63												
p value	0.06	0.01	0.02	0.00	0.21	0.01	0.91	0.00	0.12	0.02	0.00												
Hiring institution																							
University hospital	28.08±2.59	33.29±3.24	27.21±2.84	33.46±2.84	28.54±2.47	28.75±2.49	40.13±6.35	32.21±3.58	47.04±4.88	26.79±2.73	327.54±25.57												
State hospital	27.86±3.08	32.86±3.67	27.21±2.84	32.86±3.34	27.00±3.00	27.00±3.87	40.29±5.85	33.14±3.18	46.29±4.82	27.43±3.21	322.00±27.95												
Mental health hospital	26.37±3.20	31.52±3.24	24.43±4.12	31.98±3.17	26.09±3.14	26.02±3.50	39.93±4.87	30.53±3.51	45.78±4.57	25.10±4.29	308.42±31.22												
Test value (KW)	6.86	10.03	4.99	5.71	14.35	14.14	0.53	7.54	3.74	3.43	8.48												
p value	0.03	0.01	0.08	0.06	0.00	0.00	0.77	0.02	0.15	0.18	0.01												
Years working at the institution																							
10 years or less	26.36±3.25	31.75±3.48	25.49±3.91	32.16±3.28	26.37±3.32	26.12±3.59	40.04±8.07	30.83±3.45	45.75±4.92	25.60±3.94	310.09±31.93												
11-20 years	27.85±2.68	32.05±3.10	25.75±3.55	32.45±3.10	27.35±2.48	27.60±2.89	41.05±4.88	31.75±3.54	46.05±4.02	25.65±4.56	317.55±28.31												
21 years or more	28.45±2.11	33.55±2.022.87	27.09±3.53	33.55±2.02	27.64±2.62	29.00±2.49	42.18±4.26	31.45±4.70	48.55±2.54	25.55±3.91	327.00±23.16												
Test value (KW)	6.85	87	1.69	1.61	2.01	9.82	2.85	1.35	4.50	0.15	2.86												
p value	0.03	0.24	0.43	0.45	0.37	0.01	0.24	0.51	0.11	0.93	0.24												
Work plan																							
Job centered	27.00±3.68	32.00±4.70	25.68±4.22	32.82±2.89	27.77±3.12	27.05±4.76	40.73±5.41	30.86±4.45	46.50±5.49	25.95±3.39	316.36±35.96												
Patient centered	26.79±3.01	31.98±2.93	25.70±3.73	32.23±3.21	26.40±3.10	26.58±3.13	40.36±7.71	31.10±3.37	45.98±4.43	25.52±4.16	312.28±29.59												
Test value (U)	902.50	840.50	966.50	860.50	694.00	792.00	856.00	975.00	839.00	970.50	874.50												
p value	0.51	0.26	0.86	0.32	0.03	0.13	0.32	0.91	0.26	0.88	0.40												
Definition of integrated care																							
I do not know	25.54±3.17	31.50±3.10	25.04±3.56	31.28±2.99	25.87±2.76	25.46±3.39	39.30±9.52	29.80±3.32	45.28±4.92	24.78±4.51	303.87±29.65												
Biopsychosocial	27.66±2.92	32.08±3.57	26.00±4.04	32.92±3.19	27.03±3.35	27.46±3.32	40.97±5.29	31.80±3.63	46.51±4.43	26.12±3.59	318.54±30.94												
Biopsychosocial spiritual	27.42±2.82	34.29±1.11	27.43±2.82	34.57±0.53	28.86±2.19	28.00±3.61	43.29±3.30	33.00±2.45	47.71±4.07	26.71±3.40	332.14±15.78												
Test value (KW)	13.50	5.70	4.53	10.89	10.80	13.53	2.25	11.19	3.43	2.25	11.12												
p value	0.00	0.06	0.10	0.00	0.01	0.00	0.33	0.00	0.18	0.33	0.00												
Giving integrated care																							
Yes	27.71±2.85	32.29±3.49	26.24±4.04	33.10±3.07	27.15±3.33	27.56±3.33	41.15±5.24	31.94±3.37	46.56±4.47	26.24±3.57	319.94±30.39												
No	25.74±3.16	31.60±3.10	25.02±3.43	31.42±3.02	26.08±2.81	25.56±3.40	39.54±9.21	29.96±3.31	45.48±4.80	24.82±4.41	304.58±29.46												
Test value (U)	977.50	1306.50	1164.50	1063.50	1135.50	954.00	1029.50	1016.50	1328.00	1280.50	1020.00												
p value	0.00	0.14	0.02	0.00	0.01	0.00	0.00	0.00	0.18	0.11	0.00												

(KW=Kruskal-Wallis, U=Mann-Whitney U test) SD: Standard deviation.

Table 4. Nurses' Mean Scores on the Caring Nurse-Patient Interaction Scale (CNPIS)-Competence Aspect according to Descriptive Characteristics

Sociodemographic characteristics	Humanism		Hope		Sensibility		Helping Relationship		Expression of emotions		Problem solving		Teaching		Environment		Needs		Spirituality		Competence in total		
	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	
Education level																							
Vocational school of health	19.67±4.41	26.17±6.18	22.83±5.60	27.83±4.31	23.33±5.43	22.33±8.55	35.67±6.25	27.17±4.99	42.67±5.54	24.00±3.46	271.67±41.72												
Associate degree	23.11±4.03	25.89±4.33	21.44±4.20	28.97±4.11	23.11±4.05	22.08±4.25	33.93±6.31	26.58±4.99	41.39±6.35	21.47±4.85	267.89±39.58												
Bachelor's degree	24.42±3.63	29.00±4.61	23.46±3.90	30.96±3.48	24.40±3.64	24.00±3.68	37.07±5.57	28.91±4.31	43.28±5.30	22.44±4.70	287.95±33.49												
Graduate education	26.54±2.30	31.85±2.97	24.54±2.76	33.38±1.80	26.38±2.33	26.31±3.09	42.15±3.24	32.23±2.59	46.00±3.83	25.85±3.41	315.23±21.12												
Test value (KW)	14.02	18.03	8.05	16.78	8.28	10.41	8.08	15.28	5.62	8.08	17.43												
p value	0.00	0.00	0.05	0.00	0.04	0.02	0.04	0.00	0.13	0.04	0.00												
Hiring institution																							
University hospital	24.88±3.64	30.25±4.51	23.92±3.22	31.58±3.01	25.21±3.68	24.50±3.61	39.79±4.95	30.29±3.90	44.29±5.48	23.79±3.69	298.50±31.66												
State hospital	25.43±3.15	39.57±5.13	22.43±4.96	32.14±3.98	26.86±3.67	26.00±5.00	41.86±4.41	32.00±5.10	45.29±5.31	26.14±4.85	308.71±40.33												
Mental health hospital	23.60±4.02	27.36±4.67	22.64±4.23	29.95±3.99	23.62±3.78	23.07±4.38	35.12±5.97	27.60±4.64	42.36±5.66	21.95±4.80	277.28±37.04												
Test value (KW)	3.26	8.00	1.11	4.42	6.33	4.03	16.08	11.92	3.55	6.01	10.36												
p value	0.20	0.02	0.58	0.11	0.04	0.13	0.00	0.00	0.17	0.05	0.01												
Definition of integrated care																							
Do not know	22.41±4.12	26.61±4.59	22.17±4.14	29.22±3.76	23.09±3.73	22.46±4.25	34.41±5.44	26.76±3.95	41.24±6.26	21.28±4.99	269.65±34.95												
Biopsychosocial care	25.07±3.51	29.20±4.78	23.47±4.16	31.17±3.82	24.81±3.83	24.37±4.28	37.69±6.26	29.44±5.02	44.08±5.04	23.44±4.42	292.76±37.26												
Biopsychosocial spiritual care	25.29±2.29	29.86±4.02	22.86±2.12	32.29±2.69	25.71±3.25	24.00±4.00	40.86±4.53	31.29±2.63	44.71±3.15	24.29±3.15	301.14±25.79												
Test value (KW)	13.55	7.39	4.40	8.72	8.41	6.36	13.23	14.26	5.17	6.19	14.04												
p value	0.00	0.03	0.11	0.12	0.02	0.04	0.00	0.01	0.08	0.05	0.00												
State of giving integrated care																							
Yes	25.15±3.39	29.40±4.62	23.50±4.02	31.29±3.73	25.02±3.67	24.42±4.19	37.97±6.04	29.56±4.84	44.00±4.92	23.65±4.23	293.95±35.64												
No	22.56±4.09	26.66±4.65	22.16±4.07	29.38±3.77	23.10±3.82	22.50±4.28	34.78±5.79	27.08±4.17	41.66±6.23	21.32±4.98	271.20±36.06												
Test value (U)	926.00	1073.00	1177.00	1088.00	1043.50	1111.00	1024.00	1013.00	1240.00	1103.00	930.00												
p value	0.00	0.06	0.03	0.08	0.00	0.01	0.00	0.00	0.07	0.01	0.00												

(KW=Kruskal-Wallis, U=Mann-Whitney U test) SD: Standard deviation.

Table 5. Nurses' Mean Scores on the Feasibility Aspect of the Caring Nurse-Patient Interaction Scale according to Descriptive Characteristics

Sociodemographic characteristics	Humanism		Hope		Sensibility		Helping relationship		Expression of emotions		Problem solving		Teaching		Environ-ment		Needs		Spirituality		Feasibility in Total		
	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	
Gender																							
Female	23.08±4.36	27.36±5.75	22.36±4.66	29.22±4.74	22.95±4.65	22.37±4.83	35.78±8.59	27.25±6.52	41.40±6.87	20.55±6.34	272.32±46.76												
Male	21.24±3.77	25.04±6.21	20.72±5.27	27.04±4.95	20.56±4.99	20.16±5.27	32.44±8.21	25.28±6.75	40.04±7.28	20.88±6.73	253.40±48.74												
Test value (U)	814.50	865.00	897.50	787.50	758.00	804.00	1046.00	887.50	958.50	1046.00	814.50												
p value	0.06	0.12	0.18	0.04	0.02	0.05	0.77	0.16	0.37	0.77	0.08												
Education level																							
Vocational school of health	21.33±4.46	25.50±6.77	23.33±4.76	28.00±4.47	24.67±5.16	21.50±7.23	33.17±9.82	30.17±5.15	43.17±7.76	25.67±4.08	281.00±39.67												
Associate degree	20.92±3.91	24.42±4.58	19.36±4.07	27.03±4.86	21.17±4.94	20.06±4.36	36.72±6.76	24.28±6.40	38.64±7.46	19.08±6.42	246.02±46.12												
Bachelor's degree	23.14±4.26	27.49±6.42	23.19±4.80	29.18±4.97	22.54±4.96	22.47±5.20	33.77±8.36	27.16±6.89	41.51±6.61	20.39±6.61	273.14±48.19												
Graduate education	26.08±3.01	31.31±2.78	23.38±4.41	31.85±2.12	24.31±2.39	24.46±2.85	33.77±7.01	30.77±2.74	45.15±4.12	23.62±4.21	301.15±21.31												
Test value (KW)	15.28	14.61	16.24	10.77	5.73	8.80	3.14	12.21	8.88	9.23	15.31												
p value	0.00	0.00	0.00	0.01	0.13	0.03	0.37	0.01	0.03	0.03	0.00												
Hiring institution																							
University hospital	24.25±3.43	39.38±5.43	22.75±4.04	29.79±4.32	23.71±4.79	22.92±5.24	32.13±8.50	28.63±5.49	43.92±5.71	21.92±4.90	284.38±40.92												
State hospital	24.86±4.34	30.86±5.96	22.86±5.77	31.57±3.64	23.86±4.63	23.71±4.64	35.86±5.96	31.29±3.95	43.71±6.24	24.86±5.40	303.00±33.64												
Mental health hospital	22.01±4.37	25.74±4.99	21.74±4.99	28.17±4.99	21.91±4.79	21.41±4.92	35.35±7.69	25.89±6.84	40.04±7.12	19.88±6.71	260.26±48.33												
Test value (KW)	7.92	10.73	0.47	4.71	3.79	3.65	2.52	6.61	6.71	5.51	8.86												
p value	0.02	0.01	0.79	0.10	0.15	0.16	0.28	0.04	0.04	0.06	0.01												
Having problems interacting with patients																							
Yes	21.12±4.60	24.44±6.53	21.80±5.79	27.36±5.52	21.28±4.90	20.12±6.13	34.28±7.07	23.60±7.07	39.12±8.26	20.52±7.01	253.64±52.44												
No	23.11±4.12	27.53±5.57	22.05±4.55	29.13±4.60	22.75±4.76	22.38±4.52	35.25±9.00	27.74±6.19	41.67±6.47	20.66±6.25	272.25±45.66												
Test value (U)	800.00	792.00	1087.50	883.00	889.50	838.00	984.00	703.00	904.50	1074.00	863.50												
p value	0.04	0.04	1.00	0.15	0.17	0.08	0.47	0.01	0.20	0.93	0.12												
Definition of integrated care																							
Do not know	21.24±3.97	25.43±5.54	21.59±4.33	27.91±4.13	21.72±4.09	20.93±5.05	34.30±8.82	25.93±5.89	39.07±7.61	20.02±7.24	258.15±44.03												
Biopsychosocial care	23.53±4.34	27.56±6.08	22.24±5.30	29.15±5.43	22.86±5.46	22.47±5.09	35.15±8.67	27.14±7.35	42.36±6.38	20.98±5.97	273.44±51.05												
Biopsychosocial spiritual care	24.86±3.44	30.00±5.10	22.57±4.12	30.57±3.36	23.29±2.81	23.00±2.71	38.86±5.67	29.86±2.12	43.86±3.44	21.57±3.78	288.43±27.34												
Test value (KW)	9.75	4.68	0.79	4.70	3.05	2.49	3.25	3.57	5.53	0.58	4.85												
p value	0.01	0.10	0.68	0.10	0.22	0.29	0.20	0.17	0.06	0.75	0.90												
State of giving integrated care																							
Yes	23.66±4.37	27.77±6.07	22.53±5.25	29.19±5.35	22.92±5.26	22.47±4.92	35.45±8.46	27.16±7.16	42.44±6.11	21.10±5.76	274.69±49.39												
No	21.44±3.89	25.68±5.54	21.32±4.20	28.16±4.12	21.80±4.15	21.14±5.03	34.52±8.80	26.38±5.86	39.44±7.62	20.04±7.12	259.92±44.53												
Test value (U)	1085.00	1255.50	1275.50	1254.00	1250.50	1332.00	1332.50	1351.00	1207.50	1408.00	1224.50												
p value	0.01	0.08	0.11	0.08	0.08	0.20	0.20	0.24	0.04	0.40	0.06												

(KW=Kruskal-Wallis, U=Mann-Whitney U test) SD: Standard deviation.

Table 6. The Relationship Between Nurses' Mean Scores on Spiritual Support Perception Scale (SSPS) and Importance, Competence, and Feasibility Aspects of the Caring Nurse-Patient Interaction Scale (CNPIS)

	Humanism	Hope	Sensibility	Helping relationship	Expression of emotions	Problem solving	Teaching	Environment	Needs	Spirituality	Total	SSS Total
Importance												
r value	0.33	0.40	0.40	0.29	0.33	0.33	0.19	0.34	0.28	0.61	0.41	1
p value	0.00	0.00	0.00	0.00	0.00	0.00	0.05	0.00	0.02	0.00	0.00	
N	112	112	112	112	112	112	112	112	112	112	112	112
Competence												
r value	0.23	0.37	0.26	0.18	0.25	0.21	0.58	0.27	0.16	0.58	0.35	1
p value	0.01	0.00	0.00	0.05	0.01	0.03	0.00	0.01	0.09	0.00	0.00	
N	112	112	112	112	112	112	112	112	112	112	112	112
Feasibility												
r value	0.77	0.84	0.81	0.81	0.90	0.87	0.34	0.88	0.73	0.49	0.35	1
p value	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
N	112	112	112	112	112	112	112	112	112	112	112	112

males' adoption of gender roles and their perception that expression of emotions is a feminine approach.^[47] As nurses' levels of education increased, the importance attached to nursing care regarding subscales that were relatively difficult to measure, such as hope, sensibility, and spirituality, also increased. Because psychiatric nursing is a field of specialization of the nursing profession, the results support the importance of graduate education for nurses who give care to psychiatric patients. Nurses who gave care to psychiatric patients at a university hospital were found to attach more importance to humanism, hope, expression of emotions, problem solving, and environment subscales and caring nurse-patient interaction. This may be related to university hospitals having better opportunities and a lower number of patients per nurse. The importance the nurses attached to humanism and problem-solving subscales increased as years of working in the institution increased. This may be because experience with psychiatric patient care increased the importance attached to a humanistic approach and problem solving. Bayraktar and Eşer^[42] (2017) reported that nurses with many years in the profession considered caring nurse-patient interactions to be important. Nurses who had knowledge of integrated care attached more importance to humanism, helping relationships, expression of emotions, problem solving, and environment subscales and caring nurse-patient interaction; considered themselves competent in the humanism subscale; and found humanistic care feasible. This may be explained by having knowledge of integrated care. The nurses who included spiritual care in the definition of integrated care attached more importance to caring nurse-patient interactions and perceived themselves as competent. Lack of knowledge about the topic is thought to be the reason why nurses did not perceive themselves as competent in this field.

Nurses' mean score on the SSPS was 63.98±8.32. The highest score obtained from the spiritual support perception level was 75. Spiritual support perception of the nurses who participated in the study was very high. Kavas and Kavas^[48] (2015) conducted a study to determine the spiritual support perception of health care professionals using the same scale, and found that the spiritual support perception levels of the nurses who participated in the study were high (43.98±10.50). Çelik et al.^[49] (2014), Kavak et al.^[50] (2014), and Yılmaz and Okyay^[51] (2009) conducted studies with nurses using the Spirituality and Spiritual Care Rating Scale, and reported that nurses obtained high scores from the scale and considered themselves competent in spiritual care. This case supports the present study results. When high spiritual support perception is associated with the importance attached to integrated care, high levels of caring nurse-patient interactions are an expected result. There was a positive relationship between the spiritual support perception and total scores on importance, competence, and feasibility aspects of the caring nurse-patient interaction scale ($r=0.41$, $r=0.35$, $r=0.35$, respectively). As the nurses' spiritual support perceptions increased, the importance they attached to caring nurse-patient interactions increased, they perceived

themselves as more competent during care giving, and found caring nurse-patient interactions more feasible.

Study Limitations

Of the population, 70% were not reached because of the number of nurses on leave on the dates the study was conducted and the exclusion of the data of the nurses who did not completely fill in the scales, which were among the limitations of this study. Because there are a limited number of previous studies on caring nurse-patient interactions conducted with nurses, the discussion mainly included the results of studies conducted with student nurses.

Conclusion

Nurses who provided care to psychiatric patients were observed to have positive attitudes and behaviors toward caring nurse-patient interactions. They attached importance to caring nurse-patient interactions, but they did not perceive themselves as competent to the same extent or find caring feasible. As their spiritual support perception levels increased, their caring nurse-patient interaction levels also increased. Caring nurse-patient interaction level increased depending on the states of having graduate education in psychiatric nursing, working at a university hospital, being experienced, knowing the definition of integrated care, including spirituality in this definition, and giving integrated care.

To increase the competence of nurses who provide care to psychiatric patients in caring nurse-patient interaction, and therefore to increase the feasibility of the care, graduate education in psychiatric nursing should be encouraged; the spiritual aspect of the care should be included in more detail in nursing education; in-service training on integrated care, particularly on the spiritual aspect of the care, should be organized for nurses who provide care to psychiatric patients; Watson's Human Caring Model should be more widely used in the care given to psychiatric patients, and future studies should be conducted with a larger sample group to generalize the results because this study was carried out only in the psychiatric services in Manisa and Izmir.

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