

ORIGINAL PAPER**Paediatric Patients and Primary Care Givers' Perception of Nurse-Caring Behaviour in South Western Nigeria**

Stella Chinma Adereti, RN, RM, RPHN, M.Sc (Nursing)

Clinical instructor, Department of Nursing Science, Obafemi Awolowo University, Ile-Ife, Osun State Nigeria

Ayobola Adenike Olaogun, RN, RM, RPHN, PhD

Senior Lecturer, Department of Nursing Science, Obafemi Awolowo University, Ile-Ife, Osun State Nigeria

Elizabeth Oluwayemisi Olagunju, RN, RM, RPHN, M.Sc (Nursing)

Tutor 1, Center for Distance Learning, Obafemi Awolowo University, Ile-Ife, Osun State Nigeria

Kikelomo Esther Afolabi, RN, RM, RPHN

Nursing officer 2, Medical and health Services, Obafemi Awolowo University, Ile-Ife, Osun State Nigeria

Correspondence: Stella Chinma Adereti, Clinical instructor, Department of Nursing science, Obafemi Awolowo University, Ile-Ife, Osun State Nigeria E-mail : stella_sda@yahoo.com

Abstract

Background: Nursing actions are expected to meet patients' needs in order to conclude that the patient has received quality care. Studies in Nigeria have not examined what constitutes nurse caring for children or what the primary care givers perceived of nurse caring.

Aims : This study examined the nurse caring behaviours that are most important to paediatric patients (PPs) and their primary care givers (PCGs) in providing a sense of caring.

Methodology: Utilizing a descriptive design, Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife and Ladoke Akintola University Teaching Hospital, Osogbo in Osun state, South-west Nigeria were the study settings. A total of 114 PPs and 114 PCGs selected by convenient sampling method participated in the study. A modified Caring Behaviour Assessment (CBA) tool was used for data collection. Data was analyzed using descriptive statistics, t- test and linear regression.

Results: The nurse-caring behaviours mostly perceived as caring by the PPs was "be cheerful and gentle with me" (94.7%; 4.55±0.80) while the behaviour mostly perceived by the PCGs was "call child by real name and not a nick name" (96.5%; 4.66±0.68). Age ($p = 0.07$), education ($p = 0.06$), number of siblings ($p = 0.66$), and position in the family ($p = 0.66$) did not have influence on the PPs' perception of nurse caring behaviours. Occupation ($p = 0.71$), level of education ($p = 0.68$), and income ($p = 0.49$) did not significantly influence the PCGs' perception of nurse caring behaviours. There was no statistical significant difference in the PPs and PCGs perception of nurse caring behaviours ($p = 0.11$).

Conclusions: PPs and PCGs perceived humane care as the most important nurse caring behaviours. Therefore educational reinforcement on caring to nurses and more studies is needed in developing nations Like Nigeria.

Key Words: Perception, Nurse- caring behaviours, Paediatric patients', Primary care giver.

Introduction

Nursing is a helping profession with caring as its core. According to Watson (2005), caring is grounded on a set of universal humanistic altruistic values. These values include kindness, empathy, concern, and love for self and others. The values are derived from childhood experiences and are enhanced by beliefs, cultures and art. Altruistic values arise from commitments to and satisfaction from receiving through giving Watson (2005). They bring meaning to one's life through one's belief and relationships with other people. Humanistic-altruistic feelings constitute the first and most basic factor for science and ethic of caring. Duffy (1992) explains that patients comply better with their medical regimens, meet their health goal sooner and are discharged faster from the hospital when they perceive more caring by nurses. He also emphasized that nurses who know and care for their patients are able to detect potential complications earlier, thus reducing the amount of money spent on health care. Also, the nurse who cares do not impose direction of the other person's growth to help determine how to respond.

Though studies in the developed countries now focuses on the effect of some demographic variable such as type and chronicity of illness on patient's perception of nursing care given, in Nigerian, there are no empirical studies to determine what constitute caring for the paediatric population.

Research Questions and Hypothesis

The following were the questions the study was set to answer:

1. What nurse caring behaviours are most and least important to paediatric patients (PPs) and their primary care givers (PCGs) in providing a sense of caring.

2. How does some demographic characteristics of these subjects such as age, level of education and number of siblings, position in the family (of the children), and age, income, and level of education(of the primary care givers), inform their perception of nurse-caring behaviour.

Three hypotheses were generated for the study. They are;

1. There is no significant relationship between some socio demographic variable (age, level of education, number of siblings and position in the family) of the paediatric patients and their perception of nurse- caring behaviours.

2. There is no significant difference between the perception of the paediatric patients and their primary care givers on nurse-caring behaviours.

3. There is no significant relationship between some socio-economic variables (occupation, education, and income) of the primary care givers and their perception of nurse-caring behaviour.

Background

Illness and hospitalization threatens children's sense of well-being, security, independence, and self-control (Hockenberry & Wilson, 2011). Children's positive and negative perceptions of their hospitalization experience are also influenced by their illness, invasive treatments, medications, and length of stay (Hockenberry & Wilson, 2011). According to Bricher (2000), children have a limited understanding of the hospital environment and treatment as well as limited control over what is happening to them. This makes them vulnerable when admitted to the hospital. Thus nursing care for children should be tailored towards helping the children make necessary adjustment needed for hospitalized care. This will help the children to be able to

cooperate better with nursing as well as medical activities enhancing quick recovery. A good understanding of what nurse caring behaviours are important to the hospitalized child will equip the nurse on how to meet these needs. Thus helping the sick child make necessary adjustment relative to his / her care as he/she goes through the hospital experience. It is only at this point when the caring needs of the patients are met that we can say that the patient has received quality care. Duffy (1992) and Larson & Franketich (1999) in their studies compared the relationship between nurse caring and patient's outcome. The two studies linked nurse caring with patients' satisfaction and other positive patients' outcomes. The implication of this is that health outcomes are enhanced as a result of human caring interaction with nurses. This also stresses the importance of meeting the caring needs of the patients by nurses.

Anecdotal findings from most Nigerian hospitals reveal that nurses most times are 'so busy' with procedural activities that they tend to forget that the patients and not the procedures should be the focus of nursing care. This reduces the place of interpersonal relationship and care to patients. For the paediatric patients whose decision of care are usually made by the primary care givers during illness, their expectation and satisfaction of nursing care are usually determined by the information given by the primary care givers. However, the study of Varni, Limbers, & Burwinkle (2007), have reported that children as young as 5 to 6 years can provide reliable and valid reports on their own health-related perceptions. Thus it has become very important to let the children begin to make their own decision with regards to their health and not totally depend on doing what parents wants for the child as it is obtained in most African society. There is a lack of empirical data from Nigeria to support

or base satisfaction of nursing care by children or what nursing behaviours will make children have a feeling of being cared for. This lack of empirical data may also have contributed greatly to the dependence on the information from parents only in the care of the sick child.

Several studies on caring related to nursing have focused on (i) nurses' perception of what constitutes caring for the patient (Kimble,2003), (ii) patients perception of what is important in making them feel cared for (Zamanzadeh et al ,2010), and (iii) comparisons of patients' and nurses' perception of what constitutes important nurse caring (Greenhalgh, Vanhalen, & Kyngas, 1998). Some of these studies have demonstrated differences in patients and nurses perception of nurse caring behaviour (Chang et al,2005; Christopher, & Hegedus, 2000) Studies on paediatric patients' perception of nurse caring behaviour have been conducted in some Western nations (Pelander & Leino-Kilpi,2004; Pelander, Leino-Kilpi,& Katajisto, 2007) . In Nigeria, studies have assessed the perceived need and the actual needs of patients in relation to the nurse caring behaviours (Salami2010), and satisfaction of some categories of patients to nursing care (Adeyoju, 2002; Amire, 2006) . All of these Nigerian studies have focussed on the adult patients and none has addressed the perception of the paediatric population. Therefore our study was aimed at identifying those nursing actions that are important in constituting a feeling of being cared for by the paediatric patients (PPs) and their primary care giver (PCGs).

Methodology

A comparative descriptive design was used for this study. The study was conducted in two teaching hospitals in South west, Nigeria. The hospitals are Obafemi Awolowo University Teaching Hospital Complex (O.A.U.T.H.C),

Ile-Ife and Ladoke Akintola University Teaching Hospital (LAUTECH) Osogbo all in Osun state Nigeria.

Using a simple proportional technique, the sample size was 114 PPs and 114 PCGs from a total population of 1,920 children admitted per month of which 180 fell into the age category being used for the study. Subjects were selected proportionally from the hospitals on a ratio of 3 to 1. Subjects were children between ages seven (7) and fourteen (14) and the primary care givers of these children. They were selected using convenient sampling based on the following inclusion criteria: the child must be between ages 7-14 years, admitted for not less than 72 hours, in the paediatric ward, conscious, oriented to time, place and person, not in acute pain and willing to participate in the study. The primary care givers were adult family member of the sick children who is consistent with the care of the child.

Instrument for data collection

Instrument used for data collection was a modified Caring Behaviour Assessment tool developed by Cronin and Harrison (1988). The instrument consisted of 44 items adapted from the original instrument and modified to meet the cultural peculiarities of the subjects, study setting and the objective of the study. The modification was done by consultant paediatrician, senior nurse lecturers and paediatric nurse clinician and statistician. This 44 items are grouped under 7 subscales (i.e Humanistic / faith-hope / sensitivity, Helping trust, Expression of positive/ negative feeling, Teaching-learning, Supportive / protective / corrective environment, Human needs assistance and Existential phenomenological forces). Each item was rated on a 5-point likert scale of least important, fairly important, undecided, important and very important. For the purpose of this study, the instrument was

back translated into Yoruba language which is the major language spoken in the study setting. Face and content validity was determined by a paediatric nurse and a paediatric physician. A pilot test with 22 PPs and 22 PCGs was conducted in a hospital different from the study setting to ensure internal consistency and reliability of the English instrument and the translated versions. The result was Cronbach's alpha value of 0.82 for the Yoruba instrument and 0.88 for the English instrument.

Procedure for data collection

Data was collected between September and December 2012. Ethical approval was taken from the Ethical and Research Committees of Obafemi Awolowo University Teaching Hospital Complex, Ile-Ife and Ladoke Akintola University Teaching Hospital Osogbo. Written and oral informed consent to participate in the study was obtained from each PCG who agreed to participate in the study. This consent was also for their child's participation in the study. Assent was taken from the children. The informed consent emphasized that participation was voluntary and subjects were assured of confidentiality.

The participant were asked to rate their perceived importance of the nurses behaviour using a five point likert scale of 1= least important, to 5= very important. The principal investigator and two research assistants helped to read and tick the responses for subjects who could neither read nor write in English or Yoruba languages. The questionnaire was collected the same day after it had been completed.

Data Analysis

The data were analyzed using SPSS software version 17.0. Each questionnaire item was first coded for statistical analysis from 1 for the least important to 5 for the most important and their mean scores and standard deviations were

calculated to find the most important and the least important nurse caring behaviors. The items with the highest mean were identified as most important nurse caring behaviours while the items with the lowest mean scores were identified as the least important nurse caring behaviours. The mean and standard deviation was also calculated for each of the subscales to determine the subscale with the highest mean. The t -test analysis of variables was used to compare PP's and PCG's scores on each item to determine any difference in their perception of nurse caring behaviours. Regression analysis was used to determine the effect of socio demographic variables of the PPs and PCGs on their perception of nurse caring behavior.

Results

Socio-Demographic Characteristics of Subjects

The ages of PPs ranged from 7 to 14 years with mean age 10.68 ± 2.37 . Fifty percent were between ages 7-10 while others were between 11-14 years. There were 47.4% males. Only 0.9% was not attending schools, 45.6% were in primary school while 53.5% were in secondary school. The ages of the PCGs ranged from 20-60 years with a mean age of 37.81 ± 8.53 . Only 1.8% had no formal education. Very few (14.9%) had primary education, 30.7% secondary education, and 52.6% had tertiary education. Their monthly income was between; #10,000- #20,000 (28.6%) (US \$ 63.29-126.58), #21,000-#30,000 (24.1%) (US\$ 132.91-189.87), #31,000- #40,000 (32.2%) (US\$ 192.20-253.16) and #41,000 and above (32.2%) U.S \$ 259.49) and above.

Identified Nurse Caring Behaviours

As reflected on Table 2, the nurse- caring behaviours perceived as very important that

ranked very high among the PPs were: “*be cheerful and gentle with me*”(mean $4.55 \pm .80$) “*Treat me as individual*” (mean $4.51 \pm .812$) and “*be kind to me*” (mean $4.49 \pm .74$). The last on the list of most important caring behaviour was “*Accept me the way I am*” (mean $4.40 \pm .80$). The most important nurse caring behaviour to the PCGs that ranked very high includes, “*call my child by real name and not a nick name*” (mean $4.66 \pm .68$), “*being kind to him*” (mean $4.65 \pm .67$), and the last on the list was “*giving child full attention when they are with him*” (mean $4.47 \pm .77$). Analyzing the list of the most important items, the PPs and PCGs agreed on 7 out of the 10 most important items. The seven items were; “*Treat me/ child as an individual*”, “*Be kind to me/him*” “*Be considerate*” “*Listen when I/he talk*” “*Be cheerful and gentle with me/him*” “*Give me/him their full attention when with me/him*” and “*Accept me/him the way I am/he is*”. Also, using T-test, there was no significant difference between the PPs and PCGs perception of nurse caring behaviour ($t = -1.62$, $p = 0.11$,) (table 4). The two least important nurse caring behaviour to the PPs were being identified by illness (21%, 2.04 ± 1.41) and being called by bed number (18.3%, 2.11 ± 1.34) while the least important nurse caring behaviour for the PCGs were “*identify my child by the illness he is having*”(66.7%, 3.53 ± 1.71), and “*allow friends to visit him in the hospital*”(54.9%, 3.73 ± 1.26).

Using linear regression analysis (Table 3), there was no significant influence of the PP's age, level of education, number of siblings, and position in the family on their perception at $F=1.117$, $p=0.352$. The Occupation, level of education and monthly income of the PCGs also did not have any significant influence on their perception of nurse caring behaviour ($F = 0.37$, $P= 0.77$).

Table 1: Distribution of the subjects according to their socio- demographic characteristics.

Item	Peadiatric Patients Frequency (percentage)	Primary Care Givers Frequency (percentage)
Age		
7-10	57 (50)	
11-14	57 (50)	
15-19		
20-40		79 (69.3)
41-60		35 (30.7)
Sex		
Male	54 (47.4)	20 (17.5)
Female	60 (52.6)	94(82.5)
Position in the family		
1-4	107 (93.8)	
5-8	7 (6.2)	
No of siblings		
1-4	98 (86)	
5-8	16(14)	
Level of education		
Primary	52 (45.6)	17 (14.9)
Secondary	61 (53.5)	35 (30.7)
Tertiary	-	60 (52.6)
No formal education	1 (0.9)	2 (1.8)
Type of family		
Monogamy	90 (78.9)	82 (71.9)
Polygamy	22 (19.3)	30 (26.3)
Separated	2 (1.8)	2 (1.8)
Average monthly income		
10,000-20,000		34 (28.6)
21,000-30,000		27(24.1)
31,000-40,000		27(24.1)
41,000 and above		26(23.2)

Table 2: Paediatric Patients' and Primary Care Givers' Rankings of the 10 most Important Caring Behaviours

Items	Paediatric Patients	Items	Primary Care Givers
	(Mean/ SD)		(Mean/SD)
	N=114		N=114
Be cheerful and gentle with me	(4.55±.80)	Call my child by his/her real name and not a nick name	(4.66±.68)
Treat me as an individual	(4.51±.81)	Be kind to him	(4.65±.67)
Be kind to me	(4.49±.77)	Treat my child as an individual	(4.64±.60)
Be considerate	(4.49±.74)	Be cheerful and gentle with him	(4.61±.78)
Help me feel good about myself	(4.48±.73)	Be considerate	(4.56±.69)
Listen when I talk	(4.46±.73)	Listen when he talks	(4.54±.67)
Help me with my care until am able to do it myself	(4.45±.78)	Accept him the way he is	(4.52±.74)
Give me their full attention when with me	(4.44±.79)	Keep the information given to them confidential	(4.51±.71)
Answer quickly when I call them	(4.42±.81)	Should know how my child feels	(4.50±.76)
Accept me the way I am	(4.40±.80)	Give him their full attention when with them	(4.47±.77)

Table 3: Socio- demographic variables and paediatric patients and Primary Care Givers Perception of Nurse Caring Behaviours.

	Model	T	P	Beta	F	P
Paediatric Patients	Age	-1.840	0.069	-0.229		
	Level of education	1.882	0.063	0.232		
	Number of siblings	0.437	0.663	0.051		
	Position in the family	-0.439	0.662	-0.051		
	Regression				1.117	0.352
Primary Care Givers	Occupation	0.370	0.712	0.039		
	Level of education	0.421	0.675	0.047		
	Average monthly income	0.692	0.491	0.078		
	Regression				0.366	0.777

Table 4: Paired sample T-test of PPs and PCGs perception of nurse caring behaviours.

Variables	Mean	SD±	t	df	P value (2 tailed)
Perception of paediatric patient	184.6404	21.43239	-1.622	226	0.11
Perception of primary care Givers	189.3509	22.40851			

Discussion

The ranking of the most important nurse caring behaviours by the PPs and PCGs revealed that be “*cheerful and gentle with me*” “*treat me as individual*”, “*be kind to me*” “*be considerate*” were considered very important. These items are on Jean Watson’s subscale of humanistic/ faith-hope/ sensitivity. Watson(2007), stated that this subscale which include kindness, empathy, concern, and love for self and others provides the basis of human caring thereby promote the best professional care. Therefore it constitutes the first and most basic factor for science and ethic of caring. Other items identified in this study includes; “*help me feel good about myself*”, “*listen when I talk*”, “*give me their full attention when with me*”, and “*answer quickly when I call for them*”), ‘*help me with my care until am able to do it myself*” and “*should not expose my body*”. These finding supports that of Schmidt , Bernaix , Koski , Weese , Chiappetta, and Sandrik (2007), who conducted a qualitative study to assess the perception of nurse caring behaviours among paediatric patients. They reported that children appreciated nurses who smiled and used kind words, provided age-appropriate diversion and light-hearted conversation, promoted positive well-being and a sense of security, interacted with them as an individual and provided comfort and support. Darlington, Strauss & Abreu (2011) in their study also discovered that PCGs ranked very high, attentively listening to the patient, treating patient information confidentially, treating patient as an individual, knowing how to give shots, IV’s, and giving the patient’s treatments and medications on time.

The second hypothesis generated for this study which stated that there is no significant difference between the perception of the paediatric patients and their primary care givers on nurse-caring behaviours was

accepted at $t = -1.62$ and $p = 0.11$ (table 4). Frequency analysis (table 2) also demonstrated marked concordance between PPs and PCGs in prioritizing how important different nurse caring behaviors are considered. Seven nurse caring behaviors were ranked among the ten most important behaviours. This finding is similar to that of Kimble, Stanley, Welch, and Hurtely (2003) who indicated that regardless of the patients age or the severity of their illness, parents and patients alike share the same perception regarding which nursing behaviours are the most indicative of their sense of caring. Both the PPs and PCGs agreed on “*Talk to me/my child about my school work while in the hospital*” as one of the least important nurse caring behaviour. The reason that could be adduced for this finding is that the health care settings used for this study do not provide for education/ learning facilities that meet the need of children in this age group. Therefore the children and their primary care givers may not realise the need for their educational needs to be met while they are in the hospital. Bernard, Lau & Wilson (1993) emphasised that the sick child needs to receive his well-deserved share of education even when hospitalized. It is possible that the result may have been different were such educational facilities such as computer games and books made available on the wards instead of toys. Salami (2010), in a Nigerian study also reported that adult patients perceived “*Nurses not talking to them about their life outside the hospital*” as least important nurse behaviour. It is also important to note that while the PPs and the PCGs ranked being identified by illness as least important behaviours, the ranking of this item by the PCGs is much higher than that of the paediatric patients.

Findings from this study also revealed that there are no statistical differences in the perception of nurse caring behaviour by age,

level of education, position in the family and the number of siblings among the paediatric patients. This result differs from that of Ahmad and Alasad, (2004) who reported that characteristics, such as gender, age and educational level affects patient's experience of the care they received. It also differs from the report of Putnam (1987) where age differences were implicated on caring and coping strategies of patients. Schmidt et al, (2007) also reported differences in responses within age group. The reason that can be deduced for the no significant effects of these variables on perception of nurse caring behaviours found in our study could be attributed to the fact that ours is a paediatric population and every child irrespective of age or educational background expects nurses and those caring for them to be humane in interacting with them.

This study has revealed that the CBA subscale on humanistic /faith-hope/sensitivity (*treat me as an individual, being kind and considerate*) was ranked the highest among other subscales. Both the PPs and the PCGs concur in 7 of the 10 most important caring behaviours. The results provide concrete information on what nursing behaviors the paediatric patients and their care givers would like to experience. Programs should be developed in order to help nurses meet the caring expectations of this group of patients. This has further strengthens the use of carative factors and the caritas process in the nursing intervention provided to the paediatric patients and their primary care givers. There is need for more studies in this area of nursing speciality in Africa.

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