

ORIGINAL RESEARCH

Effects of a care workshop on caring behavior and job involvement of nurses

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ABSTRACT

Objective: The aim of the study was to determine the effectiveness of a care workshop in improving caring behaviors and job involvement among nurses.

Methods: A quasi-experimental designed study was used in which 338 nurses, on a hospital in Taiwan were surveyed before and after a care workshop. The intervention consisted: (1) formal educational sessions twice a week for six weeks, (2) a loving care mentorship activity, and (3) posts of exemplary caring behavior and stories. The socio-demographics, the Modified Caring Assessment Report Evaluation Q-sort, and the Modified Job Involvement Instrument were used. Descriptive statistics were analyzed to evaluate participant demographic characteristics. Paired *t* tests were used to determine the effects of a care workshop on caring behaviors and job involvement of nurses.

Results: The participants' ages ranged from 20 to 45 years, with a mean of 30.67 years (SD = 5.86). Nurse caring behavior and job involvement were negatively correlated on the pretest ($p < .01$) and positively correlated on 6-week posttest ($p < .01$). Nurses exhibited more caring behaviors after the intervention than did nurses before the intervention ($p < .001$). Increased job involvement scores were observed after the intervention compared with the scores before the intervention ($p < .001$).

Conclusions: The findings of this study, suggest that a care workshop intervention focused at nurses can be effective in improving nurses caring knowledge and attitudes regarding patient-center care and in increasing job involvement among nurses. Further research is required to explore the long-term efficacy of the intervention in the organization.

Key Words: Caring behavior, Job involvement, Nursing education, Educational intervention

1. INTRODUCTION

Caring behavior is described as human acts and can be effectively demonstrated and practiced interpersonally that result in the satisfaction of human needs.^[1] Over the past decades, caring behavior has been an emerging topic of interest in healthcare professions, particularly in nursing, because caring behavior is considered an essential nursing characteristic and the focus of a holistic nursing process.^[1,2] Caring behavior involved the holistic care of the patient and relatives in meeting individual needs^[3] and its related to job satisfaction

and intent to stay in a position and profession.^[4] Nurses reported that providing caring behaviors enabled them to understand patients' conditions and appreciate their uniqueness as people, allowing them to provide care centered on the patient,^[5] reinforcing their desire to enhance their ability to provide patient care and commitment to the nursing profession and organization.^[6]

Caring behavior is essential for many reasons, and is considered crucial for nursing care quality.^[7] The Taiwanese Nursing Association, which published a formal Code of Ethics for

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Nurses as a guide for Taiwanese nurses in their professional practice, identified caring behavior as one of the most crucial professional values.^[8] The international nurse shortage crisis is intensified in clinical settings. Staff shortages and increased workload as well as other factors all threaten to jeopardize the quality of nursing care.^[9] Job involvement is always an important issue in nursing because it has been linked to predictions of occupational commitment and intent to stay.^[10] The Chenoweth and colleagues systematic review of 226 peer-review papers concluded caring behavior is the best available evidence of factors that support recruitment and retention of nurses, but few intervention studies have examined improving the caring behaviors of nurses and the effect of nurse job involvement.^[11] Thus, the purpose of this study was to determine the effectiveness of a care workshop on nurse caring behavior and job involvement in Taiwan.

Job involvement as a specific regarding one's relationship with one's present job^[12] which refers to a general attitude toward work values.^[13] Lodahl and Kejner were the first to propose concept of job involvement and believed that job involvement refers to an individual's psychological identification on his work or self image on the importance of work.^[14] Job involvement is always an important issue in nursing because it has been linked to predictions of nurse turnover. The Davey and colleagues systematic review of 16 studies concluded that there is ample evidence of a positively association between work attitudes, such as job satisfaction, organization commitment, job involvement, and retention of nurses.^[15] In Taiwan, nurses' reported job involvement level was lower as compared with other countries and more than half of the nurses contemplated leaving the profession at some point in time.^[16,17] In Ma and colleagues survey 1,016 Taiwanese nurses and found that nurses who intended to stay reported higher job satisfaction than who intended to leave their current jobs. They further pointed out that if nurses are satisfied with their jobs and work performances, they may exhibit high caring behaviors, commitment and job involvement.^[18]

Caring behavior has been attributed to high-quality nursing care and care quality improvement nurses positively association with intent to stay the profession.^[19] In a study of nurse caring behavior and job satisfaction, Lundgren and colleagues found that nurses who exhibited high scores in caring behaviors were most enjoyment from relationship with patients and coworkers and were satisfied with their jobs.^[20] In addition, several qualitative and quantitative studies have indicated that nurse caring behavior is significantly related to quality of care and a key motivational factor influencing retention and work involvement.^[3,4,9] Hasson and Arnetz evaluated the impact of an educational intervention on nurs-

ing staff ratings of quality of older people care and found an educational intervention had positive effects on nursing staff quality of care and job satisfaction.^[21] However, interventions to improve staff caring behavior have not always been evaluated for their impact on job involvement of Taiwanese nurses.

The aim of the study was to determine the effectiveness of a care workshop in improving caring behavior and job involvement of Taiwanese nurses. The null hypotheses stated that (1) there was no significant difference in nurse caring behavior between surveyed before and surveyed after nurses participate in a care workshop, and (2) there was no significant difference in nurse job involvement between surveyed before and surveyed after nurses participate in a care workshop.

2. METHODS

2.1 Study design

A quasi-experimental, pretest–posttest design without a control group was used. The intervention consisted of three facets: (1) formal educational sessions, (2) a loving care mentorship activity, and (3) posts of exemplary caring behaviors and stories at the hospital to inspire the hospital staff. The formal educational sessions were held twice a week for six month for 338 registered nurses and licensed practical nurses who work in medical-surgical units, obstetric units, intensive care units, and emergency rooms. The content of educational sessions included a description of the project and a series of workshops about caring. In the loving care mentorship activity, each nurse secretly selected a colleague to exhibit her/his caring behavior. The nurse performed one anonymous caring act for the selected colleague daily to express caring behavior. For instance, the nurse might leave a cheerful message on a slip of paper or prepare a cup of coffee for the busy colleague. Exemplary caring behaviors and stories of expressing and receiving care were shared by the nurses, and high-quality examples of caring behaviors and stories were voted on by the registered nurses and licensed practical nurses and posted in the waiting rooms.

2.2 Ethical consideration

This study was approved by the Institutional Review Board of the Hospital (IRB approval number: SCM1001004). Interested and eligible participants were informed about the study and written consent was obtained before participants completed the questionnaires. Participants were informed that they could withdraw from the study at any time without reason or penalty.

2.3 Setting and participants

This study used a convenience sample of 338 nurses who worked at medical-surgical units, obstetric units, intensive care units, and emergency rooms of a hospital in Southern Taiwan. Of the 365 nurses admitted during the pre-intervention and post-intervention period, 338 were enrolled; 27 were not enrolled (13 refused and 14 were unable to complete the questionnaire).

2.4 Instruments

2.4.1 Socio-demographics

A researcher-developed tool was used to gather information of the participants' background; this data included age, gender, educational achievement, marital status, working years, and working unites.

2.4.2 Modified caring assessment report evaluation Q-sort

The 50-item modified CARE-Q scale used in this study was primarily based on that Caring Assessment Report Evaluation Q-Sort (CARE-Q) developed by Larson^[22] and the results of reviewing relevant literature. The items in the Modified Caring Assessment Report Evaluation Q-sort were divided into the following six dimensions: accessible (5 items), explains and facilitates (6 items), comfort (8 items), anticipates (5 items), trusting relationship (11 items), and monitors and follows through (8 items). Each question was rated on a 5-point scale, ranging from 1 (never) to 5 (always). Therefore, scores could range from 43 to 215. The content validity index (CVI) was 0.91. The Cronbach's α was 0.97 for the overall scale, and 0.80, 0.78, 0.85, 0.87, 0.91, and 0.93 for the six subscales.

2.4.3 Modified job involvement instrument

The development of the Modified Job Involvement Instrument was primarily based on a job and work involvement scale established by Kanungo^[13] and after reviewing relevant literature. The Modified Job Involvement Instrument was divided into the following two dimensions: work performance (5 items) and attitude (5 items). A 5-point Likert scale, where 1 indicated "strongly disagree" and 5 indicated "strongly agree" was designed for data collection. Higher scores indicated more positive job involvement. Therefore, scores could range from 10 to 50. The Cronbach's α was 0.85 for the entire job involvement instrument and 0.83 and 0.746 for the two subscales.

2.5 Data collection

Data were collected from February to August 2012. Data were collected in two phases. First, pretest data were collected before the intervention by using the demographic questionnaire, the Modified Caring Assessment Report Evaluation Q-sort, and the Modified Job Involvement Instrument, all

completed individually by participants. In the second phase, 6 weeks post intervention, posttest data were collected using the same instruments.

2.6 Data analysis

The SPSS 17.0 software package (SPSS Inc., Chicago, IL, USA) was used for statistical analysis. Descriptive statistics (frequency distributions and percentages) were used to describe the participant demographic characteristics. Pearson's correlation coefficients were used to analyze the relationship between nursing caring behaviors and job involvement. Independent t tests were used to determine the effects of the care workshop according to the results from the Modified Caring Assessment Report Evaluation Q-sort and the Modified Job Involvement Instrument. A significance level of 0.05 was used.

3. RESULTS

Overall, 338 clinical nurses completed the questionnaires. The participants' ages ranged from 20 to 45 years, with a mean of 30.67 years (SD = 5.86). Participants' work years ranged from six months to 20 years, averaging 5.80 years (SD = 3.46) and 79.9% worked at medical-surgical unites. In addition, the majority of the participants (56.8%) were single; 280 (82.8%) had acquired a university education; 334 (98.8%) were female nurses (see Table 1).

Table 1. Participants characteristics (N = 338)

Characteristic	N	%
Gender		
Male	4	1.2
Female	334	98.8
Working units		
Medical-surgical unit	270	79.9
Obstetric units	24	7.1
Intensive care units	26	7.7
Emergency rooms	18	5.3
Age (years) (Mean, SD)		
20 - 30	168	49.7
31 - 40	118	34.9
> 40	52	15.4
Educational achievement		
College	58	17.2
University	280	82.8
Work years (years) (Mean, SD)		
< 1	23	6.8
1 - 5	102	30.2
5.1 - 10	109	32.3
10.1 - 15	63	18.6
> 15	41	12.1
Marital status		
Single	192	56.8
Married	146	43.2

Nurse caring behavior and job involvement were negatively correlated on the pretest ($r = -.34, p < .01$) and positively correlated on 6-week posttest ($r = .49, p < .01$) (see Table 2). Nurses who rated caring behaviors higher reported lower job involvement on pre-intervention; thus, there was negative correlation between nurse caring behavior and job involvement. Nurses who rated caring behaviors higher reported greater job involvement on post-intervention; thus, there was positive correlation between nurse caring behavior and job involvement. Nurse caring behavior scores were 185.12 ± 24.32 pretest and 194.14 ± 24.32 posttest. Nurse job involvement scores were 42.63 ± 2.34 pretest and 45.33 ± 2.34 posttest. Posttest scores between nurse caring behavior and job involvement differed significantly. Nurse caring behavior and job involvement increased after the intervention

compared with before the intervention. Nurses exhibited more caring behaviors after the intervention than did nurses before the intervention ($P < .001$). Increased job involvement scores were observed after the intervention compared with the scores before the intervention ($P < .001$) (see Table 3). These significant differences indicated that the care workshop improved nurse caring behavior and job involvement.

Table 2. Correlation coefficient among nurse caring behavior and job involvement before and after a care workshop intervention (N = 338)

Measure	Nurse caring behavior			
	Pre-test		6-week post-test	
	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>
Job involvement	-.34**	.003	.49**	.002

** $P < .01$

Table 3. Nurse caring behavior and job involvement before and after a care workshop intervention (N = 338)

Dependent variables	Groups	Mean \pm SD	<i>t</i>
Nurse caring behavior	Pre-intervention	185.12 \pm 24.32	129.55***
	Post-intervention	194.14 \pm 24.32	141.12***
Job involvement	Pre-intervention	42.63 \pm 2.34	33.33***
	Post-intervention	45.33 \pm 2.34	35.62***

*** $P < .001$

4. DISCUSSION

This study investigated the effects of an educational intervention regarding caring behaviors among nurses of a hospital in Taiwan. First, consistent with previous evidence which suggests that age, gender, educational achievement, marital status, working years, and working unites of participants did not show any significant statistical difference in relation to their representation caring behaviors and job involvement. The results of this study revealed that caring behaviors and job involvement of nurses was not significantly determined by their demographic characteristics,^[23] but contrast with Katrinli and colleagues found that job involvement positive correlated with age and working experiences.^[24]

Second, the findings of this study had shown that nurse who gained high scores in knowledge and practice of caring behavior had low scores in job involvement before nurses participating in the care workshop, so there was a negative correlation between caring behavior and job involvement. Caring behavior is a central focus of nursing. As healthcare facilities are workplaces with high workload and stress. Nurses cannot optimize their caring qualities in this working environment, and therefore, they were unsatisfied with their work performance and had low job involvement. The findings of this study were consistent with Persky and colleagues surveyed

85 nurses at a medical center in U.S.A. and noted nurses who received high scores in caring were most frustrated with the work environment and dissatisfied with their jobs.^[25]

Third, there was a positive correlation between caring behavior and job involvement, nurse who gained high scores in knowledge and practice of caring behavior had high scores in job involvement after nurses participating in the care workshop. These findings indicate that the care workshop intervention effectively improved nurses' caring knowledge and practice and also enhanced job involvement. The results of this study were consistent with Goldman and Tabak investigated 95 nurses working in the state of Israel and found nurses perceived actual caring climates positive influenced work performance and organization commitment.^[26] There were increased nurse caring behavior and job involvement after the intervention compared with pretest scores. According to the Shrestha and colleagues, the provisions of education can positively influence behaviors with focus on an individual's decision-making and in this respect we believe there were positive on the nurses' caring behavior and job involvement.^[27]

This study investigated the effects of a care workshop on nurse caring behavior and job involvement of a hospital in Taiwan. Educational interventions for nurses are commonly

viewed as the key strategy to promote their caring knowledge and practice, and this is emphasized in this study among 338 participants, 247(73%) had not received any previous caring educational program in the hospital. The significance of this study is that a care workshop resulted in a successful increase in nurse caring behavior, job involvement and retention. Thus, there is a vital need to improve knowledge, attitudes and behavior intentions of caring through continence education and relevant training programs^[28] and its positively affect job involvement among Taiwanese nurses.

This study may be the first in Taiwan to indicate that nurse caring behavior and job involvement can be influenced favorably by a care workshop intervention. Improving both caring knowledge and practice through mentorship programs is essential to foster nurses' caring abilities and behaviors.^[29] This study adopted the loving care mentorship activity as an intervention for nurses in Taiwan, who are less familiar with verbally expressing caring and concern, to encourage them to learn from each other and bravely express concern for others. In addition, exemplary caring behaviors and stories were highly evaluated by hospital colleagues and inspired hospital administrators and medical personnel in other departments to value caring behaviors, which were the other favorable results of this study.

Study limitations were apparent in the sampling and methodology. Regarding sampling, only participants who were recruited at one hospital in Southern Taiwan were involved in the study. Another possible limitation was that the level of nurse caring behavior and job involvement was measured

subjectively, which might create a reporting bias. Moreover, long-term follow-up after the intervention was not arranged because of limited personnel resources and finances; thus, the long-term efficacy of the intervention could not be interpreted.

5. CONCLUSIONS

This study revealed that job involvement can be improved by cultivating staffs to develop caring skills that can be implemented in clinical practice. According to the results of the study, we recommend that healthcare professionals are fostered in patient-centered caring skills and that the educational program is extended to the entire organization. The result of the study can be used in practice in nursing management and when designing and implementing interventions to improve the quality of caring behavior and to promote job involvement and intent to stay among nurses. Further research is required to explore the long-term efficacy of the intervention in the organization.

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CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest statement.

REFERENCES

- [1] Watson J. Nursing: The philosophy and science of caring. Boston, MA: Brown & Company; 1979.
- [2] Rhodes MK, Morris AH, Lazenby RB. Nursing at its best: competent and caring. *Online Journal of Issues in Nursing*. 2011; 16(2): 1.
- [3] Wilkin K, Slevin E. Issues in clinical the meaning of caring to nurses: an investigation into the nature of caring work in an intensive care unit. *Journal of Clinical Nursing*. 2004; 13(1): 50-59. PMID:14687293 <http://dx.doi.org/10.1111/j.1365-2702.2004.00814.x>
- [4] Longo J. The relationships between manager and peer caring to registered nurses' job satisfaction and intent to stay. *International Journal for Human Caring*. 2009; 13(2): 27-34.
- [5] Rudolfsson G, Post I, Eriksson K. The development of caring in the perioperative culture: nurse leaders' perspective on the struggle to retain sight of the patient. *Nursing Administration Quality*. 2007; 31(4): 312-324. PMID:17909431 <http://dx.doi.org/10.1097/01.NAQ.0000290429.26443.a0>
- [6] Tanking J. Nurse caring behavior. *The Kansas Nurse*. 2010; 85(4): 3-5.
- [7] Lundqvist MJ, Axelsson A. Nurses' perceptions of quality assurance. *Journal of Nursing Management*. 2007; 15: 51-58. PMID:17207007 <http://dx.doi.org/10.1111/j.1365-2934.2006.00630.x>
- [8] Taiwan Nurses Association: A Guideline of the Clinical Ladder System. 2009. Available from: http://www.twna.org.tw/frontend/un10_open/welcome.asp
- [9] Burtson PL, Stichler JF. Nursing work environment and nurse caring: relationship among motivational factors. *Journal of Advanced Nursing*. 2010; 66: 1819-1831. PMID:20557389 <http://dx.doi.org/10.1111/j.1365-2648.2010.05336.x>
- [10] Wang L, Tao H, Ellenbecker CH, *et al.* Job satisfaction, occupational commitment and intent to stay among Chinese nurse: a cross-sectional questionnaire survey. *Journal of Advanced Nursing*. 2012; 68(3): 539-549. PMID:21722170 <http://dx.doi.org/10.1111/j.1365-2648.2011.05755.x>
- [11] Chenoweth L, Jeon YH, Merlyn T, *et al.* A systematic review of what factors attract and retain nurses in aged and dementia care. *Journal of Clinical Nursing*. 2010; 19: 156-167. PMID:20500254 <http://dx.doi.org/10.1111/j.1365-2702.2009.02955.x>

- [12] Porter L, Steers R, Mowday R, *et al.* Organizational commitment, job satisfaction, and turnover among psychiatric technicians. *Journal of Applied Psychology*. 1974; 59: 603-609. <http://dx.doi.org/10.1037/h0037335>
- [13] Kanungo RN. Measurement of job and work involvement. *Journal of Applied Psychology*. 1982; 67: 341-349. <http://dx.doi.org/10.1037/0021-9010.67.3.341>
- [14] Lodahl TM, Kejner M. The definition and measurement of job involvement. *Journal of Applied Psychology*. 1965; 44: 24-33. <http://dx.doi.org/10.1037/h0021692>
- [15] Davey MM, Cummings G, Newburn-Cook CV, *et al.* Predictors of nurse absenteeism in hospital: a systematic review. *Journal of Nursing Management*. 2009; 17(3): 312-330. PMID:19426368 <http://dx.doi.org/10.1111/j.1365-2834.2008.00958.x>
- [16] International Council Nurses. Nurse in the workplace: expectation and needs-a global survey of nurses. 2009. Available from: <http://www.hrhrsourcecenter.org/node/2704>
- [17] Yin JC. Analysis of turnover for nurses hired for less than one year (2001-2003). Symposium conducted at a meeting of Taiwan Nurses Association, Taipei City, Taiwan; 2004.
- [18] Ma JC, Lee PH, Yang YC, *et al.* Predicting factors related to nurses' intention to leave, job satisfaction and perception of quality of care in acute care hospitals. *Nursing Economics*. 2009; 27(3): 178-184. PMID:19558078
- [19] Kim E, Hwang J. Characteristics associated with intent to stay among quality improvement nurses. *International Nursing Review*. 2011; 58(1): 89-95. PMID:21281299 <http://dx.doi.org/10.1111/j.1466-7657.2010.00841.x>
- [20] Lundgren SM, Nordholm L, Segesten K. Job satisfaction in relation to change to all-RN staffing. *Journal of Nursing Management*. 2005; 13(4): 322-328. PMID:15946171 <http://dx.doi.org/10.1111/j.1365-2934.2005.00565.x>
- [21] Hasson H, Arnetz JE. The impact of an educational intervention on nursing staff ratings of quality of older people care: a prospective, controlled intervention study. *International Journal of Nursing Studies*. 2009; 46(4): 470-478. PMID:18533155 <http://dx.doi.org/10.1016/j.ijnurstu.2008.04.007>
- [22] Larson PJ. Important nurse caring behaviors perceived by patients with cancer. *Oncology Nursing Forum*. 1984; 11(6): 46-50. PMID:6568712
- [23] Bai X, Kwok TY, Chan NT, *et al.* Determinants of job satisfaction in foreign domestic helper caring for people with dementia in Hon Kong. *Health and Social Care in the Community*. 2013; 21(5): 472-479. PMID:23496204 <http://dx.doi.org/10.1111/hsc.12029>
- [24] Katrinli A, Atabay G, Gunay G, *et al.* Exploring the antecedents of organization identification: the role of job dimensions, individual characteristics and job involvement. *Journal of Nursing Management*. 2009; 17(1): 66-73. PMID:19166524 <http://dx.doi.org/10.1111/j.1365-2834.2008.00941.x>
- [25] Persky GJ, Nelson JW, Watson J, *et al.* Creating a profile of a nurse effective in caring. *Nursing Administration Quarterly*. 2008; 32(1): 15-20. PMID:18160859 <http://dx.doi.org/10.1097/01.NAQ.0000305943.46440.77>
- [26] Goldman A, Tabak N. Perception of ethical climate and its relationship to nurses' demographic characteristics and job satisfaction. *Nursing Ethic*. 2010; 17(2): 233-246. PMID:20185447 <http://dx.doi.org/10.1177/0969733009352048>
- [27] Shrestha S, Petrini M, Turale S. Newborn care in Nepal: the effects of an educational intervention on nurses' knowledge and practice. *International Nursing Review*. 2013; 60(2): 205-212. PMID:23692004 <http://dx.doi.org/10.1111/inr.12017>
- [28] Hou S, Lee R. Nurses' knowledge, attitudes and behavior intentions in the care of terminal stage cancer patients with dyspnea. *The Journal of Nursing*. 2009; 56(3): 46-56.
- [29] Faiman B. Overview and experience of a nursing e-mentorship program. *Clinical Journal of Oncology Nursing*. 2011; 15: 418-423. PMID:21810575 <http://dx.doi.org/10.1188/11.CJON.418-423>