



Original research article

Perceptions of nurses' behaviour from the perspective of oncology patients and their families

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Abstract

Introduction: Nurses' moral behaviour, expressions of compassion, and support of hope represent important aspects of nursing care for oncology patients and may influence both patients' experience of their illness and the experiences of their family members.

Aim: The aim of this study was to examine perceptions of nurses' moral and immoral behaviour, compassion, and support of hope from the perspective of oncology patients and their family members, and to analyse the relationship between these perceptions and respondents' age and the duration of treatment.

Methods: A quantitative exploratory study was conducted from July 2024 to January 2025. The research sample consisted of 70 oncology patients and 70 family members. Data were collected using two non-standardised anonymous questionnaires developed by the authors (19 items for patients and 21 items for family members), rated on a 5-point Likert scale. The internal consistency of the questionnaires was confirmed using Cronbach's alpha (0.70–0.95), indicating adequate to high measurement reliability. Data were analysed using descriptive statistics and multivariate analysis of variance (MANOVA) at a significance level of $\alpha = 0.05$.

Results: A statistically significant age-related difference in the perception of nurses' compassionate behaviour was found among patients, with younger patients aged 18–30 years evaluating nurses' behaviour less favourably than older age groups. The effect of treatment duration on the perception of support of hope was not confirmed in either patients or family members. Family members evaluated nurses' behaviour more favourably than the patients themselves.

Conclusion: The results highlight the importance of perceptions of nurses' behaviour in the context of compassion and support of hope. They also suggest there is a need for further research using standardised instruments and more representative samples.

Keywords: Compassion; Family members; Hope; Moral behaviour; Nursing; Oncology patients

Introduction

Care for oncology patients requires a comprehensive approach that includes not only the management of the physical symptoms of the disease, but also respect for the patient's psychological, social, and spiritual needs. Contemporary nursing concepts emphasise a holistic and person-centred approach aimed at supporting the patient's quality of life, both during treatment and in the palliative context (Ripamonti et al., 2016).

The family plays an important role in coping with the illness, providing the patient with both practical and emotional support. The inclusion of family members in nursing care is therefore considered one of the fundamental prerequisites for high-quality and continuous care (Bello et al., 2023; Jeon et al., 2023).

Nurses' moral behaviour, empathetic communication, and the ability to respond to patients' emotional needs are key elements of professional nursing practice. Several studies in-

dicating that patients are sensitive to the behaviour of health-care staff and are able to distinguish between authentic and formal expressions of empathy (Andrášiová and Bednařík, 2015; Bagherian et al., 2020; Sinclair et al., 2016). One important psychological factor in this context is hope, which may influence the patient's adaptation to the illness, psychological well-being, and subjective evaluation of quality of life (Madani et al., 2018; Nural et al., 2019).

Despite growing interest in compassion, empathy, and hope in nursing, relatively few empirical studies have systematically focused on perceptions of nurses' moral and immoral behaviour from the perspective of oncology patients themselves and their families, particularly in relation to different sociodemographic factors. This research gap forms the basis for the present study.

The aim of the study was to examine perceptions of nurses' moral and immoral behaviour, expressions of compassion, and support of hope from the perspective of oncology patients and their family members. The study focused on assessing how

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these perceptions relate to selected sociodemographic and clinical variables, particularly respondents' age and the duration of treatment.

Materials and methods

Study design

The study had a quantitative, exploratory design. Its aim was to obtain a basic overview of how oncology patients and their family members subjectively experienced nurses' moral and immoral behaviour, expressions of compassion, and support of hope during treatment.

Sample

The research sample consisted of two groups of respondents:

- Oncology patients ($n = 70$).
- Family members of oncology patients ($n = 70$).

Inclusion criteria

- Age ≥ 18 years.
- Diagnosed oncological disease (for patients) or a familial relationship with an oncology patient (for family members).
- Ability to understand written questions and complete the questionnaire independently.
- Voluntary informed consent to participate in the research.

Exclusion criteria

- Presence of a severe cognitive disorder or an acute health condition preventing completion of the questionnaire.
- Incompletely completed questionnaire.
- Respondents' cognitive capacity was assessed implicitly on the basis of their ability to understand information about the research and complete the questionnaire independently.

Sample selection and data collection

Respondents were selected using non-probability sampling based on availability and voluntary participation. Data collection took place from July 2024 to January 2025 using a combined approach:

- Online via the Google Forms platform.
- In person at Saint Elizabeth's Hospice in Ľubica and the Hospice of the Sisters of Mercy in Trenčín.

Online questionnaires were distributed via social networks following prior consent from the administrators of the respective pages. Printed questionnaires were distributed in person after consent had been obtained from the management of the respective facilities. The risk of duplicate completion of the questionnaire was minimised by providing clear instructions for respondents to complete the questionnaire only once.

The combination of online data collection and data collection in hospice facilities resulted in a heterogeneous research sample, which is taken into account in the interpretation of the results.

Research instruments

Two non-standardised anonymous questionnaires developed by the authors were used for data collection – one for oncology patients (19 items) and one for family members (21 items). The items were formulated on the basis of theoretical concepts of moral behaviour, empathy, compassion, and hope in nursing care identified in scientific literature.

The questionnaires contained closed items rated on a 5-point Likert scale and supplementary open-ended questions. Formal validation of the instruments was not carried out; the instruments were exploratory in nature. Internal consistency of the scales was verified using Cronbach's alpha, which ranges from 0 to 1; values of 0.70–0.95 are generally considered acceptable and indicate an adequate to high reliability of measurement. In the present research, Cronbach's alpha for both the patient questionnaire and the family member questionnaire confirmed the adequate reliability of the measurement instrument used.

Ethical aspects

The research was conducted in accordance with the Helsinki Declaration. Participation was voluntary and anonymous. Respondents were informed about the aim of the research, the method of data processing, and the possibility of withdrawing from participation at any time without giving a reason. Data collection was carried out after consent had been obtained from the management of the participating hospice facilities. The collected data were processed exclusively in aggregated form.

Statistical analysis of data

Data were analysed using descriptive statistics and multivariate analysis of variance (MANOVA). The choice of MANOVA was justified by the intention to analyse multiple dependent variables related to the perception of nurses' behaviour simultaneously. Statistical testing was conducted at a significance level of $\alpha = 0.05$. Statistical analyses were performed using Microsoft Excel 2010 (XLSTAT add-in) and STATISTICA CZ.

Results

In Table 1, the study examined how oncology patients of different ages perceived nurses' compassionate behaviour during treatment.

Wilks' lambda (0.43) indicates moderate differences between the mean vectors of the individual groups. The F value (2.09) is higher than the critical value (1.55), and the p -value (0.002) is lower than $\alpha = 0.05$.

Comparison of the age groups showed that patients described their experiences differently. The results suggest that patients' age played a role in how they evaluated nurses' compassionate and supportive behaviour. Younger and older patients perceived certain aspects of care differently, indicating the presence of age-related differences in the perception of compassionate behaviour.

In Table 2, we examined whether the duration of treatment was associated with how oncology patients perceived nurses' support of hope.

Wilks' lambda (0.91) indicates that the mean vectors differ only minimally. The F value (0.81) is lower than the critical value (2.01), and the p -value (0.59) exceeds $\alpha = 0.05$.

Table 1. Results of the MANOVA test of the perception of nurses' compassionate behaviour among patients by age group

λ	F	df	$ F $	p -value
0.43	2.09	27	1.55	0.002

Note: Lambda (λ) – value of Wilks' test; F – value of the MANOVA F test; $|F|$ – critical value of the F test statistic; df – degrees of freedom of the test; p -value – resulting p -value

Comparison of the groups according to treatment duration showed no significant differences. Patients evaluated nurses' support of hope similarly, regardless of how long they had been receiving treatment. This result suggests that treatment duration probably does not play a decisive role in how patients perceive nurses' efforts to strengthen hope during care.

Table 2. Results of the MANOVA test comparing the perception of support of hope according to duration of treatment

λ	F	df	$ F $	p -value
0.91	0.81	8	2.01	0.59

Note: Lambda (λ) – value of Wilks' test; F – value of the MANOVA F test; $|F|$ – critical value of the F test statistic; df – degrees of freedom of the test; p -value – resulting p -value

Within the study, Table 3 compared how family members of oncology patients of different ages perceived nurses' compassionate behaviour during treatment.

Wilks' lambda (0.60) indicates only moderate differences between the mean vectors. The F value (1.22) is lower than the critical value (1.55), and the p -value (0.22) is higher than $\alpha = 0.05$.

The analysis did not reveal any statistically significant differences between age groups. Family members evaluated nurses' compassionate behaviour similarly regardless of their age, suggesting that age variability probably does not play a significant role in how patients' relatives perceive expressions of compassion by nursing staff.

Table 3. Results of the MANOVA test comparing the perception of nurses' compassionate behaviour according to the age of family members

λ	F	df	$ F $	p -value
0.60	1.22	27	1.55	0.22

Note: Lambda (λ) – value of Wilks' test; F – value of the MANOVA F test; $|F|$ – critical value of the F test statistic; df – degrees of freedom of the test; p -value – resulting p -value

In Table 4, we examined whether the patient's duration of treatment was associated with how family members perceived nurses' support of hope.

Wilks' lambda (0.90) indicates minimal differences between the mean vectors. The F value (0.82) is lower than the critical value (2.01), and the p -value (0.58) is higher than $\alpha = 0.05$.

The analysis did not reveal any statistically significant differences between groups. Family members evaluated nurses' support of hope similarly, regardless of how long the patient had been undergoing treatment. This result suggests that treatment duration probably does not influence how families perceive nurses' efforts to strengthen the patient's hope.

Table 4. Results of the MANOVA test comparing the perception of support of hope according to the duration of the patient's treatment from the perspective of family members

λ	F	df	$ F $	p -value
0.90	0.82	8	2.01	0.58

Note: Lambda (λ) – value of Wilks' test; F – value of the MANOVA F test; $|F|$ – critical value of the F test statistic; df – degrees of freedom of the test; p -value – resulting p -value

Study limitations

The main limitations of the study include the use of non-standardised research instruments without formal validation, which limits the possibility of generalising the results. The research sample was obtained through non-probability sampling and was heterogeneous as a result of the combination of online data collection and data collection in hospice facilities, which increases the risk of selection bias.

Another limitation is the relatively small size of the research sample, which does not allow representative conclusions to be drawn for the entire population of oncology patients and their families. The data were based on respondents' self-assessment, which may be influenced by their current psychological state, state of health, or social context. The study design does not allow causal relationships between the variables examined to be established.

Despite these limitations, the study provides relevant exploratory findings that may serve as a basis for future research using standardised instruments, more representative research samples, and a combination of quantitative and qualitative approaches.

Discussion

The discussion interprets the results of the study in the context of existing empirical knowledge on nurses' moral behaviour, compassion, and support of hope in nursing care for oncology patients and their families. The interpretation takes into account the exploratory nature of the research and the methodological limitations of the study.

The aim of the study was to examine perceptions of nurses' moral and immoral behaviour, expressions of compassion, and support of hope from the perspective of oncology patients and their family members in relation to selected variables, specifically respondents' age and duration of treatment.

The study also examined how oncology patients and their family members of different ages perceived nurses' compassionate behaviour during treatment. Comparison of the age groups showed that patients described their experiences differently, with younger patients (18–30 years) evaluating nurses' behaviour less favourably than older age groups. This finding suggests that age may play a role in how patients interpret expressions of compassion, communication, or support from nursing staff. Similar differences have been reported in scientific studies, indicating differing expectations among younger patients regarding communication, participation in decision-making, and the provision of information (Bagherian et al., 2020; Lima et al., 2019; Sinclair et al., 2016). However, given the nature of the research sample, it is not possible to determine the causes of these differences.

Analysis of perceptions of nurses' compassionate behaviour according to the age of family members did not reveal any statistically significant differences between age groups. Family members described their experiences of nurses' compassionate behaviour similarly, regardless of their age, suggesting that age variability probably does not play a decisive role in how patients' relatives evaluate interactions with nurses. It is possible that perceptions of compassionate behaviour among families are shaped primarily by situations related to care for the patient rather than by their own demographic characteristics. This conclusion should, however, be interpreted cautiously in view of the heterogeneous nature of the research sample.

The study also examined whether the duration of treatment was associated with how oncology patients and their

family members perceived nurses' support of hope. Comparison of the groups according to treatment duration showed no significant differences. Patients evaluated support of hope similarly, regardless of how long they had been undergoing treatment, suggesting that treatment duration probably does not play a decisive role in how they perceive nurses' efforts to strengthen their hope during care.

Likewise, analysis comparing perceptions of support of hope according to the duration of the patient's treatment from the perspective of family members did not reveal any statistically significant differences between groups. Family members evaluated nurses' support of hope similarly, regardless of how long the patient had been undergoing treatment. This result suggests that treatment duration probably does not constitute a factor that substantially influences how families perceive nurses' efforts to strengthen the patient's hope.

In both cases, perceptions of nurses' support of hope within the sample studied did not differ significantly according to the duration of the patient's treatment. Although respondents with longer treatment duration reported slightly lower evaluations, these differences were not statistically significant. The results suggest that evaluations of support of hope are more likely defined by the quality of interactions with nurses than by the duration of treatment itself.

The findings are consistent with previous studies indicating that hope remains an important component of the experience of oncology patients even during long-term treatment, although its intensity and form may change over time (Madani et al., 2018; Nierop-van Baalen et al., 2016; Nural et al., 2019). In the present study, however, it was not possible to explore in greater detail the qualitative aspects of hope or the mechanisms through which nurses support its maintenance.

It is also noteworthy that differences were observed in the overall evaluation of nurses' behaviour between patients and their family members. Family members evaluated nurses' behaviour more favourably than the patients themselves. This may be related to the differing perspectives of the two groups, the different degree to which they are directly affected by the illness, and their different expectations of nursing care. Similar differences in perception between patients and their families have also been reported in other studies in oncology and palliative care (Habib et al., 2023; Sinclair et al., 2016).

Interpretation of the results requires consideration of the methodological limitations of the study, particularly the use of non-standardised instruments, non-probability sampling, and the heterogeneous nature of the sample. For these reasons, the findings cannot be generalised to the wider population of oncology patients and their families. Despite these limitations, the results provide an important exploratory perspective on the issue examined and point to the need for further research in this area.

Conclusion

The present study examined perceptions of nurses' moral and immoral behaviour, manifestations of compassion, and support of hope from the perspective of oncology patients and their family members. The results indicated a statistically significant difference in the perception of nurses' compassionate behaviour among patients depending on respondents' age, whereas the influence of the duration of treatment on the perception of support of hope was not confirmed in either patients or family members.

The findings further suggested that family members evaluated nurses' behaviour more favourably overall than the patients themselves. This difference highlights the need to distinguish between the patient's perspective and that of the family when evaluating the quality of nursing care.

Given the exploratory character of the study, the use of non-standardised research instruments, and the non-probability sampling of the research sample, the results must be interpreted with methodological caution. The study does not allow causal conclusions to be drawn, nor the generalisation of the findings to the wider population.

Despite these limitations, the study highlights the importance of systematically examining the subjective experiences of patients and their families regarding the behaviour of nursing staff. The results may serve as a starting point for future research focused on the use of standardised research instruments, larger and more homogeneous research samples, and a combination of quantitative and qualitative methodological approaches.

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Conflict of interest

The authors have no conflict of interest to declare.

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