

ORIGINAL RESEARCH

Caring competencies of baccalaureate nursing students of samar state university

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Abstract

Background: Caring is a core nursing value and a desirable attribute in nursing students. This study was conducted to investigate and determine student nurses' caring competencies as perceived by patients. Furthermore, it proposed a caring intervention guide which could be used to build and enhance student's caring behaviors that can be adapted to clinical situations.

Methods: This investigation primarily employed a descriptive research design to determine the caring competencies of Level IV students of Samar State University as perceived by the patients. A non-probability purposive sampling was utilized in this study. A total of 174 patients who were admitted in the different units of the hospital were taken as respondents. To examine the caring competencies of nursing students, the investigator utilized the modified Cronin and Harrison's Caring Behavior Assessment Tool. This tool is a 63-item questionnaire that uses a 5-point Likert scale and is based on Watson's ten Carative Factors and is designed to capture patients' perceptions of nurses' caring behaviors.

Results: Results showed that "Know how to give shots, IVs, etc", "Kind and considerate", "Help me feel good about myself", and "Give me treatments and medications on time", were the highest ranked caring behaviors of student nurses. The subscale "human needs assistance" was rated as highest by patient respondents. The results generated the caring intervention guide that would assist nurse educators to improve students' caring practices.

Conclusion: Findings give high regards to Jean Watson's assumptions that caring is demonstrated by using actions based on theoretical knowledge that help patient to achieve health while maintaining respect, self-worth and autonomy.

Key words

Caring, Caring intervention, Caring competency, Caring behavior assessment

1 Introduction

Caring is a core nursing value ^[1] and has been considered as a major component, an important indicator, and a foundation of quality nursing education. It is an expectation of patients and their families and is the predominant adjective used by nursing students and nurses to characterize nursing practice ^[2].

Researchers have demonstrated that patients who feel they have been cared for report a higher level of satisfaction ^[3,4] and possess effective coping skills ^[5]. Schultz et al. suggest that patients equate their perception of caring to the level of

competency of the care giver^[6]. On the contrary, the perception of an uncaring environment can lead to increased anxiety and diminished coping abilities^[7].

Nursing education has a vital role in educating nurses with adequate caring abilities. Woodward postulated that human caring, while instinctive, can also be taught, learned, and measured through nursing education system. He believes that nursing students can be professionally trained to develop the competency of caring through the concepts of modeling and role modeling^[8]. Meanwhile, Carlson, Kotze, and Rooyen have noted that “the clinical learning environment creates many opportunities for student learning and the development of critical competencies in the nursing profession. Such competencies include the core competency of caring^[19]. Therefore, it is paramount that nursing students’ performance on this indicator at the time of graduation be validated for it provides evidence on the success of the nursing education program.

Although the body of evidence regarding nursing caring attitude towards its patient is growing over the world, there is little in the literature assessing students and nursing graduates’ caring competencies. It is in the context that the investigator was motivated to conduct this investigation. The knowledge that could be gained in this investigation would provide direction for educational and curricular development for nursing educators.

Research problem

This study was conducted to investigate and determine student nurses’ caring competencies as perceived by patients. Furthermore, it proposed a caring intervention guide which could be used to build and enhance caring behaviors that can be adapted to clinical situations.

2 Methodology

2.1 Design

The investigator utilized the descriptive method of research to determine the caring competencies of Level IV nursing students of Samar State University. The study was conducted in the different clinical units of Samar Provincial Hospital, Catbalogan City, Philippines.

2.2 Participants

A non-probability purposive sampling was utilized in this study, wherein 174 patients participated in the investigation. The patient-respondents were taken without regard to their diagnosis. However, inclusion criteria were set for the purpose of delimitation. Respondents were taken from patients in the different wards of Samar Provincial Hospital. Furthermore, inclusion criterions were set for study participation among patient as follows: (1) parents of children and patients with age eighteen years and older, (2) patients who can read, (3) patients who agree and signed consent to participate in the study, (4) patients with assigned student nurse, and (5) are presently admitted in the different units of the hospital. The questionnaires were given to the patient or parent during their admission and stay in the units and were completed and recollected before discharge from the units. The investigator utilized a questionnaire in gathering the necessary data to answer the research questions.

2.3 Ethical consideration

The investigator sought the approval of the Ethics Committee of Samar Provincial Hospital prior to the conduct of the investigation. Precautionary measures were taken into consideration to safeguard the study respondents’ legal rights. Prior to the interview, consent forms were given to the respondents and have them read and signed it. Confidentiality and anonymity of the respondents were maintained by only a code number on the questionnaire.

2.4 Instrument

To examine the caring competencies of nursing students, the investigator utilized the modified Cronin and Harrison's Caring Behavior Assessment (CBA) Tool after seeking the permission of its authors [17]. This tool is a 63-item questionnaire that uses a 5-point Likert scale and is based on Watson's ten Carative Factors. This tool is designed to capture patients' perceptions of nurses' caring behaviors. The tool used 63 nursing behaviors that patients rated on a fixed five-point Likert scale in terms of level of importance, but in this study the investigator revised the Likert scale in terms of degree of caring. Scores assigned to each item are between 1 and 5 points as follows; (Always, Often, Sometimes, Rarely, and Never).

2.5 Data analysis

Descriptive approach was utilized to analyze the data. Descriptive statistics included frequency, percentage, mean, standard deviation to describe the demographic characteristics and CBA items. Data were analyzed using SPSS version 11.0.

3 Results

The patient-respondents age ranges from 19 to 92 years with a mean of 39.62 years and standard deviation of 16.35 years. Majority of them were female (n=125) and married (n=124). Most of the respondents were college undergraduate (n=57). Their demographic characteristics are given in Table 1.

Table 1. Demographic Characteristics of the Patient- Respondents

Characteristics		n	%
Age		174	100
Sex	Female	125	71.84
	Male	49	28.16
Marital Status	Single	12	6.90
	Married	124	71.26
	Live-in	22	12.64
	Widowed	16	9.20
Education	College Graduate	39	22.41
	College Undergraduate	57	32.76
	High School Graduate	34	19.54
	High School Undergraduate	20	11.49
	Elem. Graduate	19	10.92
	Elem Undergraduate	5	2.87

Table 2 discusses the information obtained from respondents regarding the caring competencies of student nurses on the seven subscales. Mean scores were computed for each of the Caring Behavior Assessment (CBA) items consisting of 7 subscales which ranged from 3.17 to 4.84 (See table 2).

Of 63 caring behaviors, "Know how to give shots, IVs, etc", "Kind and considerate", "Help me feel good about myself", "Give me treatments and medications on time", "Seem to know how I feel", and "Know what they're doing" were the highest ranked caring behaviors of student nurses. Meanwhile, "Talk to me about my life outside the hospital", "Ask me what I like to be called", "Tell me what to expect during the day", "Introduce themselves to me", and "Don't become upset when I'm angry" were the lowest ranked caring behaviors in the CBA.

Majority of the items rated as "Very Satisfactory Caring Behavior" by student nurses were part of the Humanism/Faith/Hope/Sensitivity subscale that was ranked second overall in the lists of behaviors manifested by student

nurses. While all items rated as “Moderately Satisfactory Caring Behavior” were part of Helping/Trust subscale that was ranked sixth in overall degree of caring.

In general, student nurses possess “Satisfactory Caring Behavior” with a grand mean of 4.38.

Table 2. Ratings of the Caring Behavior Assessment Items

Caring Behavior Assessment		
	Mean Scores	Interpretation
Humanism/Faith-Hope/Sensitivity		
Treat me as individual.	4.71	VSCB
Try to see things from my point of view.	4.66	VSCB
Know what they’re doing.	4.73	VSCB
Reassure me.	4.44	SCB
Make me feel someone is there if I need them.	4.43	SCB
Encourage me to believe in myself.	4.34	SCB
Point out positive things about me and my condition.	4.45	SCB
Praise my efforts.	4.46	SCB
Understand me.	4.70	VSCB
Ask me how I like things done.	4.34	SCB
Accept me the way I am.	4.68	VSCB
Sensitive to my feelings and moods.	4.27	SCB
Kind and considerate.	4.80	VSCB
Know when I’ve “had enough” and act accordingly (for example, limiting visitors).	4.29	SCB
Maintain a calm manner.	4.65	VSCB
Treat me with respect.	4.71	VSCB
Helping/Trust		
Really listen to me when I talk.	4.56	VSCB
Accept my feelings without judging them.	4.54	VSCB
Come into my room just to check on me.	4.56	VSCB
Talk to me about my life outside the hospital.	3.18	MSCB
Ask me what I like to be called.	3.19	MSCB
Introduce themselves to me.	3.60	SCB
Answer quickly when I call for them.	4.63	VSCB
Give me their full attention when with me.	4.37	SCB
Visit me when I move to another hospital unit.	3.87	SCB
Touch me when I need it for comfort.	4.29	SCB
Do what they say they will do.	4.56	VSCB
Expression of positive/negative feelings		
Encourage me to talk about how I feel.	4.37	SCB
Don’t become upset when I’m angry.	3.75	SCB
Help me understand my feelings.	4.34	SCB
Don’t give up on me when I’m difficult to get along with.	3.76	SCB
Teaching/Learning		
Encourage me to ask questions about my illness and treatment.	4.44	SCB

(Table 2 continued on page 109.)

Table 2. (Continued.)

Answer my questions clearly.	4.62	VSCB
Teach me about my illness.	4.43	SCB
Ask me questions to be sure I understand.	4.61	VSCB
Ask me what I want to know about my illness/health.	4.45	SCB
Help me set realistic goals for my health.	4.31	SCB
Help me plan ways to meet those goals.	4.29	SCB
Help me plan for my discharge from the hospital.	4.11	SCB
Supportive/Protective/Corrective Environment	Mean Scores	Interpretation
Tell me what to expect during the day.	3.55	SCB
Understand when I need to be alone.	4.27	SCB
Offer things (position changes, blankets, back rub, lighting, etc.) to make more comfortable.	4.55	VSCB
Leave my room neat after working with me.	4.22	SCB
Explain safety precautions to me and my family.	4.36	SCB
Give me pain medication when I need it.	4.34	SCB
Encourage me to do what I can for myself.	4.30	SCB
Respect my modesty (for example, keeping me covered).	4.31	SCB
Check with me before leaving the room to be sure I have everything I need within reach.	4.21	SCB
Consider my spiritual needs.	4.38	SCB
Are gentle with me.	4.61	VSCB
Are cheerful.	4.56	VSCB
Human needs assistance	Mean Scores	Interpretation
Help me with my care until I'm able to do it for myself.	4.54	VSCB
Know how to give shots, IVs, etc	4.84	VSCB
Know how to handle equipment (for example, monitors).	4.59	VSCB
Give me treatments and medications on time.	4.78	VSCB
Keep my family informed of my progress.	4.37	SCB
Let my family visit as much as possible.	4.55	VSCB
Check my condition very closely.	4.71	VSCB
Help me feel like I have some control.	4.53	VSCB
Know when it's necessary to call the doctor.	4.66	VSCB
Existential/Phenomenological Spiritual forces	Mean Scores	Interpretation
Seem to know how I feel.	4.75	VSCB
Help me see that my past experiences are important.	3.92	SCB
Help me feel good about myself.	4.80	VSCB
GRAND MEAN	4.38	SCB

Legend:

4.51-5.00	Very Satisfactory Caring Behavior	(VSCB)
3.51-4.50	Satisfactory Caring Behavior	(SCB)
2.51-3.50	Moderately Satisfactory Caring Behavior	(MSCB)
1.51-2.50	Fair Caring Behavior	(FCB)
1.00-1.50	Poor Caring Behavior	(PCB)

Table 3 shows the Caring Behaviors Assessment (CBA) subscales for student nurses identified by patients. When items were grouped into the 7 subscales, a mean for all items in each subscale was calculated for each patient. The overall subscale means were then calculated on the basis of the respondents mean scores for each CBA items. Mean Scores of Caring Behaviors Assessment (CBA) Subscales among student nurses indicated that the highest ranked subscale was the Human Needs and Assistance (m=4.62). On the other hand, Expression of positive/negative feelings (m=4.05) was the lowest ranked subscale.

Table 3. Rating of Caring Behaviors Assessment (CBA) Subscales

Subscales	Mean	Rank
Humanism/Faith-Hope/Sensitivity	4.54	2
Helping/Trust	4.12	6
Expression of Positive/Negative Feelings	4.05	7
Teaching/Learning	4.41	4
Supportive/Protective/Corrective Environment	4.30	5
Human Needs Assistance	4.62	1
Existential/Phenomenological/Spiritual Forces	4.49	3
GRAND MEAN	4.38	SCB

4 Discussions

This investigation determined student nurses' caring competencies as perceived by patients. Furthermore, it proposed a caring intervention guide which could be used to build and enhance caring behaviors that can be adapted to clinical situations. It contributes to the growing body of knowledge regarding nursing caring attitude towards their patient.

The findings indicated that the ranked caring behavior was "Know how to give shots, IVs, etc." which was part of the Human Needs Assistance which was also rated as the overall ranked subscale. This subscale is based on the ninth carative factors on Watson's Theory of Caring. These result are congruent to the findings of the study conducted by Misao et al. and Rosenthal, where a similar item was rated high^[9, 10]. This suggests that student nurses possess professional nursing skills necessary to provide safe nursing procedures, vis-à-vis-the best nursing care to their patients. This may be attributed to rigid training they have had during their early years in the program. This result is worth noting since demonstration performances of professional competence as displayed during performances of nursing skills were viewed by respondents as the most important feature of caring based on the previous studies conducted.

On the other hand, "Talk to me about my life outside the hospital" was the lowest ranked item for nurse caring behaviors in the subscale. This subscale is based on the fourth carative factor on Watson' Theory of Caring. This finding is consistent with that of Marini (1995) where in the same item was rated as unimportant^[11]. This result can be explained into two perspectives. First, it could be an indication of students' unpreparedness in dealing with personal issues and concerns of their patients. Secondly, it could be an indication of students' reluctances in initiating conversation with patients with regards to their personal lives for it may mean invasion to privacy and usually not tolerated in Filipino culture.

Findings of the study also revealed that student nurses possess caring behaviors that give importance to their patients' sense of self by making them feel accepted while maintaining self-worth and while directly addressing patients. These results corroborates with the findings of previous studies^[6, 7, 11-15] conducted where the same subscale pertaining to fulfillment 'of human needs consisting of items that reflect the technical skills of the nurse was also rated as the highest ranked subscale.

Analysis of the study also suggest that students must work more on encouraging their patients to express their feelings, both positive and negative without being consumed by it. Although patients least likely to acknowledge the importance of those caring behaviors relative to expression of positive and negative feelings as reflected in the study conducted by Baldursdottir and Jonsdottir, it should never be taken for granted since provision of holistic nursing care encompasses not only physiological but emotional aspect of care as well ^[15].

5 Caring intervention guide

This guide was formulated based on the findings of the study and is anchored on the assumptions of Gramling and Mugent which suggest that when caring is introduced early, together with the concept of health, modeled and reinforced throughout the curriculum, students' performance shifted toward mastery making them caring practitioners in the future ^[16].

This guide focuses on the concept of caring interventions. Caring interventions are those activities that can help students build or enhance their caring behaviors that can be adapted to clinical situations. This would be useful tool for nurse educators who are aiming to improve caring competencies of their students. These interventions are based on a knowledge and understanding of the natural sciences, behavioral sciences, nursing theory, nursing research and past nursing experiences.

Table 4. Caring Intervention Guide

OBJECTIVES	SPECIFIC ACTIVITIES
Formulate activities that would allow nursing students identify and clarify their own caring behaviors.	Self-Awareness Workshop/Activity
	Caring Behavior Assessment
	Group/Classroom Discussion
Develop strategies to increase the level of knowledge and understanding of caring practices.	Lecture/Seminar on Components of Caring
Develop caring-focused teaching strategies.	Infuse caring enrichment activities in every subjects
Conceptualize a strategic plan to help nursing students improve/enhance their caring capabilities.	Seminar-Workshop on Role Modeling
	Role playing
	Group Discussion
Strengthen students commitment to the value of caring.	Submission of a written journal, Nursing Care Plans (NCP's) and anecdotal record of demonstration of carative factors.
	Summative self-assessment on integration of carative factors during clinical exposure
Provide an environment that models and promotes caring.	Faculty positive role modeling of caring
	Workshops for clinical instructors on Caring Competency

6 Conclusion

Findings of this investigation further support Jean Watson's assumptions that caring is best demonstrated by using nursing actions based on theoretical knowledge that help the patient to become healthier while maintaining respect, dignity,

self-worth and autonomy^[1]. Results of this investigation suggest congruency with that of local and 'international studies that highlight instrumental nursing care as the most important behavior^[6, 9, 11, 13-15]. Therefore, this study strengthens the assumptions of previous study indicating satisfying human basic needs are as important in patients recovery. However, it is clear that student nurses should improve their communication and interpersonal skills necessary to establish a trusting relationship with their patient. The results generated from this investigation will help students and nurses better understand their patients' world and improve their approach towards holistic nursing care.

Because caring has been equated to patient outcomes, students' caring competence upon graduation from nursing programs must be guaranteed. The suggested caring intervention guide may be useful for nurse educators in increasing knowledge and understanding of caring practices of student nurses, thus make them more caring practitioners in the future.

Since this study focuses on a small number of respondents, further study utilizing a bigger population maybe done. Furthermore, studies with focus on the spiritual aspect of care maybe conducted since spirituality can be an essential part of a patient's journey to health recovery and well-being.

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Conflict of interest

I have no other financial, intellectual passion, political, religious, and institutional affiliations that might lead to a conflict of interest in making this paper.

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