

CARING BEHAVIORS OF NURSING STUDENTS OF MARINDUQUE STATE COLLEGE

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Abstract— This study was conducted to determine the caring behavior of the nursing students of Marinduque State College. It also looked into the relationship between the extent of caring behavior of the nursing students in terms of physical, spiritual and psychosocial and their socio-demographic profile.

The dependent variable of the study is the caring behaviors of student nurses which includes physical, spiritual and psychosocial while the independent variables are the socio-demographic profile such as age, sex, civil status, year level and area of assignment. Other independent variables under patients profile are age, sex, civil status and educational attainment.

The descriptive correlational research design was used in this study. A questionnaire-checklist. One hundred percent of the total population of the 2nd to 4th year and 78 patients who were confined for at least 2-3 days at Dr. Damian Reyes Provincial Hospital handled by the students were chosen as respondents of the study. The statistical tools used to treat and interpret the data gathered were frequency and percentage, mean and simple linear correlation.

From the findings, the following conclusions were drawn: The majority of the student nurse -respondents are single, females and belongs to the age of 19 years old. A great percentage of the respondents are 3rd year level and assigned in medical ward.

A great percentage of patient respondents are married, male, attained high school level and belongs to age bracket of 20 -29 years old. Most of the patient respondents were admitted at

medical ward for more than two days. Generally, the overall level of caring behavior of student nurse-respondents is "High".

As a whole, there is a significant relationship between the level of caring behaviors of the nursing students and nurse -respondents profile such as age, year level and area of assignment. On the other hand the variables sex and civil status are not significantly related with the level of caring behaviors of nursing students. When taken singly, there is significant relationship between the level of caring behaviors of nursing students along physical, spiritual and psychosocial and socio demographic profile.

The age of the student nurse -respondents attained significant relationship between the level of caring behaviors of nursing student. The sex of the student nurse -respondents has no significant relationship between the level of caring behaviors of nursing student. On civil status, there is no significant relationship between the level of caring behaviors of nursing student. There is a significant relationship between the level of caring behaviors of nursing student and year level of the respondents. There is a significant relationship between the level of caring behaviors of nursing student and the area of assignment of the respondents. This imply that the elder the nursing student; those who are on higher year level; and those who are assigned in the medical ward tend to have a higher level of caring behaviors than the others. Whether the nursing students is male or female, single or married, the level of caring behaviors are more likely or less than the same.

Based on the conclusions drawn, the following recommendations are forwarded: 1) Clinical Instructors of Marinduque State College – School of Community and Health Care may periodically evaluate the implementation of the Nursing curriculum in order to determine if they are able to inculcate the value of spiritual caring among their students and maintain to instill the value of physical and psychological caring among their students. 2) Marinduque State College – School of Community and Health Care may conduct a more intensive research study which would make an inclusive description of the caring behavior of student nurses. Employing a qualitative method could assistance in explaining other factors that affect the caring behavior of the students. 3) Marinduque State College administrator should plan; conduct seminars for the students and faculty members in order to gain more knowledge, skills and attitude to be able to uplift their caring behaviors effectively and competently.

Keywords— *caring behavior, nursing students, physical, spiritual and psychosocial*

I. INTRODUCTION

Commission on Higher Education (CHED) Memorandum Order no. 14 s. 2009 or the Policies and Standards for Bachelor of Science in Nursing Program stated in Section I that a person is a unique bio-psycho-socio-cultural and spiritual being who is always in constant interaction with the environment. These interactions affect individuals, families, population groups and societal health status. The nurse assumes the caring role in the promotion and restoration of health, prevention of diseases, and alleviation of suffering and, when recovery is not possible, in assisting patients towards a peaceful death. The nurse also collaborates with other members of the health team and other sectors to achieve quality healthcare. Moreover, the nurse works with individuals, families, population groups, communities and society, as a whole, in ensuring active participation in the delivery of holistic healthcare.

It is necessary and vital activity to improve the quality of patient care in hospitals. Caring is

considered to be a highly abstract concept. Nurturing a caring attitude in nursing education is important as this is the first place for students to learn about the most significant values and essence of their profession (Begum & Slavin, 2012).

In today's world, technological competence and efficiency, the knowledge and skills embedded in caring practice are often overlooked. Phillips and Benner (1994) identified "a crisis in caring" across our society, especially involving members of the helping professionals, such as nursing. Caring is central to all helping professions, and enables persons to create meaning in their lives. Caring means that people, relationship, and things matter. Watson's theory of human care views caring as the essence and the moral ideal of nursing.

Human care is the basis for nursing's role in society; indeed, nursing's contribution to society lies in its moral commitment to human care. Watson (1999) described nursing as human care goes beyond the realm of ethics.

The nursing profession calls for committed nurses and would-be nurses. It is a profession which is described as caring, client-centered, holistic, adaptive and concerned with health promotion and health maintenance (Kozier, 2004).

Acknowledging the importance of nurse caring behaviors and the impact on patient satisfaction has been relatively recent. (Dingman, Williams, Fosbinder, & Warnick, 1999). Caring behavior is the simple actions that health care providers and nursing students can take to show patients kindness and respect, give them privacy and make them feel comfortable.

Teaching caring in nursing is critical to nursing practice. The reduction in number of enrollees has resulted to decrease in the number of nursing schools.

The Commission on Higher Education (CHED) ordered nursing schools to enhance the quality of nursing education. As Estella (2005) pointed out, there are some nursing schools which are focusing more on reaping profits from the people dreaming of high earning jobs overseas than on preparing students for an exacting profession that provides care for ailing patients and technical support for doctors. In case of

students, she added that they are now primarily motivated by the need to make money. Rita Tamse of the Technical Committee on Nursing Education of the Commission on Higher Education (as cited by Estella, 2005). It observed that some student nurses do not even have the heart for the profession; they took the course because they know it is a good passport in going abroad. Nursing is about caring and being compassionate. It is difficult to be compassionate if your only purpose is to earn.

It is been reported that patients in Dr. Damian Reyes Provincial Hospital that they received less individual attention than ever before. They complained that nurses are too busy tending to the technical aspects of care to provide the much-needed attention to patient's personal needs. A patient satisfaction has become an important indicator of quality care and financial success of healthcare institutions.

Nursing care must be practice with sincere concern for the welfare of the patients. Soon-to-be nurses need to be trained not only on the proper concepts and skills on taking vital signs, monitoring pregnant woman in labor room and delivery, doing procedures, bed rounds and giving medications but also on how to be caring while accomplishing such tasks.

The above facts and issues had inspired the researcher to conduct a study regarding the caring behaviors of nursing students of Marinduque State College.

The study aimed to help student nurses to improve nursing care to the patients' and awareness of the important factors that affect their care. To the Faculty of members of the Marinduque State College. The results of this study can be acclimated to design an educational program for student nurses in order to enhance patient satisfaction. Furthermore, identification of the patients' perception of student nurse caring behaviors will aide faculty who are teaching nursing students how to operationalize the concepts and theories associated with nurse caring behaviors to benefit patients. To the Bachelor of Science ion Nursing Students of Marinduque State College. This may give them an idea on how to improve nursing care to the patient.

This study was conducted to determine the caring behavior of the nursing students of Marinduque State College.

Specifically, it sought to answer the following questions:

1. What is the socio-demographic profile of the nursing students in terms of:
 - a. Age,
 - b. Sex ,
 - c. Civil status,
 - d. Year level, and
 - e. Area of Assignment ?
2. What is the socio-demographic profile of the patients in terms of:
 - a. Age,
 - b. Sex ,
 - c. Civil status, and
 - d. Educational attainment ?
3. What is the extent of caring behavior of the nursing students in terms of:
 - a. Physical,
 - b. Spiritual, and
 - c. Psychosocial?
4. Is there significant relationship between the caring behavior of the respondents and the socio-demographic profile?

II. REVIEW OF RELATED LITERATURE AND STUDIES

Mandates and Legal Basis

In accordance with pertinent provisions of Republic Act (RA) No. 7722, otherwise known as the Higher Education Act of 1994 and pursuant to Commission en Banc Resolution No. 170 dated April 19, 2009, and for the purpose of rationalizing Nursing Education in the country to provide relevant and quality health services locally and internationally, the following policies and standards for Bachelor of Science in Nursing (BSN) program are hereby adopted and promulgated by the Commission.

Section 1 of Article 1 of the Commission on Higher Education (CHED) Memorandum Order no. 14 s. 2009 or the Policies and Standards for

Bachelor of Science in Nursing Program stated that a person is a unique bio-psycho-socio-cultural and spiritual being who is always in constant interaction with the environment. These interactions affect individuals, families, population groups and societal health status. The nurse assumes the caring role in the promotion and restoration of health, prevention of diseases, and alleviation of suffering and, when recovery is not possible, in assisting patients towards a peaceful death. The nurse also collaborates with other members of the health team and other sectors to achieve quality healthcare. Moreover, the nurse works with individuals, families, population groups, communities and society, as a whole, in ensuring active participation in the delivery of holistic healthcare. Within the context of Philippine society, nursing education, with caring as its foundation, subscribes to the following core values which are vital components in the development of a professional nurse and are therefore emphasized in the BSN program: Love of God; 1.2 Caring as the core of nursing ;a. Compassion. Competence. Confidence. Conscience ; e. Commitment (commitment to a culture of excellence, discipline, integrity and professionalism); 1.3 Love of People; a. Respect for the dignity of each person regardless of creed, color, gender and political affiliation.; 1.4 Love of Country; a. Patriotism (Civic duty, social responsibility and good governance); b. Preservation and enrichment of the environment and culture; heritage. A strong liberal arts and sciences education with a transdisciplinary approach, enhances this core values. The BSN program therefore, aims to prepare a nurse, who, upon completion of the program, demonstrates beginning professional competencies and shall continue to assume responsibility for professional development and utilizes research findings in the practice of the profession.

Caring Behavior

As for (Como, 2007) the words nurse or nursing as related to the profession of nursing today tend to be associated with the words care and caring. Fahrenwald and others (2005) defines nursing is a caring profession. Caring encompasses empathy for and connection with people. Teaching and

role-modeling caring is a nursing curriculum challenge. According to Fahrenwald and others (2005) Caring is best demonstrated by a nurse's ability to embody the five core values of professional nursing. Core nursing values essential to baccalaureate education include human dignity, integrity, autonomy, altruism, and social justice. The caring professional nurse integrates these values in clinical practice. Strategies for integrating and teaching core values are outlined and outcomes of value-based nursing education are described. Carefully integrated values education ensures that the legacy of caring behavior embodied by nurses is strengthened for the future nursing workforce. (Fahrenwald, Bassett, Tschetter, Carson, White, & Winterboer, 2005)

Pai, et al (2013) expresses the views that caring is the core of nursing practice, and the disposition toward critical thinking is needed for competent nursing care. Someday nursing students will become professional nurses, their caring behaviors and critical thinking skills and to understand how to improve their critical thinking skills is necessary based on their caring behavior.

(Khademian & Vizesfar, 2008) presents the idea that caring has been considered as the essence of nursing. It is believed that caring enhances patients' health and well-being and facilitates health promotion. Nursing education has an important role in educating the nurses with adequate caring abilities.

As pointed out by Morse et.al (1990) if caring is to be retained as the "essence" of nursing, and if research in this area is to advance, then the various perspectives of caring must be clarified, the strengths and the limitations of these conceptualizations examined, and the applicability of caring as a concept and theory to the practice of nursing identified. Examination of the concept of caring resulted in the identification of five epistemological perspectives: caring as a human state, caring as a moral imperative or ideal, caring as an effect, caring as an interpersonal relationship, and caring as a nursing intervention. Two outcomes of caring was identified: caring as the subjective experience and as the physiologic responses in patients. The authors concluded that

knowledge development related to caring in nursing is limited by the lack of refinement of caring theory, the lack of definitions of caring attributes, the neglect to examine caring from the dialectic perspective, and the focus of theorists and researchers on the nurse to the exclusion of the patient (Morse, Solberg, Neander, Bottorff, & Johnson, 1990).

Two nursing leaders, Madeleine Leininger and Jean Watson, have devoted their careers to studying and evolving the meaning of caring. The theme of caring as presented by each theorist was explored along with their views of the nature of nursing, use of theory development strategies, and their individual contributions to the development of nursing knowledge. Both identify nursing as a humanistic science, with the concept of caring being the central unifying domain of nursing. Consistent with their belief that the humanistic sciences require a different research methodology to study that which is uniquely human, both have utilized qualitative research methodologies in their study of care. The evolution of each theorist perspective of care reflects their own background and experiences. Each theorist, therefore, has painted a different portrait of caring, demonstrating a differing emphasis on philosophical, cultural and empirical concerns. For Leininger, caring must be placed in a cultural context since caring patterns can differ transculturally. Watson has focused on the philosophic (existential--phenomenological) and spiritual basis of caring and sees caring as the ethical and moral ideal of nursing. Both Leininger and Watson have demonstrated their artistry in their individual portraits of caring and in their contributions to the development of nursing knowledge. (Cohen, 1991)

Baldursdottir & Jonsdottir (2002) says Watson's theory of caring was used as a theoretic framework for this quantitative and descriptive study. Results showed that subjects scored the items "Know what they are doing", "Know when it is necessary to call the doctor", "Know how to give shots, IVs, etc.", and "Know how to handle equipment" as the most important nurse caring behaviors. The subscale "human needs assistance" was ranked highest. In line with several previous

studies, subjects considered clinical competence to be the most important nurse caring behavior, which further emphasizes the notion of caring as a moral stance integral to all interactions with patients.

According to Kaur, Sambasivan, & Kumar (2013) caring behavior of nurses contributes to the patients' satisfaction, well-being and subsequently to the performance of the healthcare organizations. This behavior is influenced by physiological, psychological, socio-cultural, developmental and spiritual factors. Identifying the factors that affect caring behavior of nurses is critical to improving the quality of patient care. .

Physical Care

When the patient trusted the nurse's competence with regard to their technical skills, they wanted that nurse to care for them. In a recent theoretical account on caring, researcher supported the notion that helping patients with big or little things regarding their physical care is an important element of the caring process

The need to provide humanistic care in the contemporary healthcare system is more imperative now and the importance of cultivating caring in nursing education is urgent. Caring as the primary work of nursing has been discussed extensively, such as the meaning of caring, and teaching and learning strategies to improve nursing students' caring ability. Yet attempts to understand students' perspectives on learning about caring and to know their learning needs are seldom presented. (Ma, Li, Liang, Bai, & Song, 2014).

According to (Khademian & Vizeshfir, 2008) caring has been considered as the essence of nursing. It is believed that caring enhances patients' health and well-being and facilitates health promotion. Nursing education has an important role in educating the nurses with adequate caring abilities. The caring behaviors were categorized in seven subscales: 'accessible', 'monitors and follows through', 'explains and facilitates', 'comforts', 'anticipates', 'trusting relationship' and 'spiritual care'. The students perceived 'monitors and follows through' as the most and 'trusting relationship' as the least

important subscales. 'To give patient's treatments and medications on time' and 'to do voluntarily little things...' were the most and least important caring behaviors, respectively. 'Explains and facilitates' statistically and significantly correlated with age and programme year. Gender had no statistically significant influence on students' perceptions of caring behaviors. Further research is needed, using longitudinal designs, to explore nursing students' perceptions of caring behaviors in different cultures, as well as evaluation studies of innovations in curriculum and teaching methods to improve learning in relation to cultural competence and caring concepts.

Spiritual

The World Health Organization (WHO) defines health as "a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity". According to the definition of health, by WHO, its main components had been the bio-psycho-social dimensions. Furthermore, quality of life is defined by WHO as "individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. This implies that culture with its beliefs and values may play an important role in the quality of life of the respective population. Research shows that a balance between mind, body, and spirit is needed for maintenance of health and good quality of life. Thus, the spiritual dimension appears to be essential for coping with life problems, which may enable finding meaning and purpose in life. The definition of spirituality is still under investigation, and it appears that the characteristics of spirituality may be interpreted according to the individual life situations and culture. Spirituality is said to be more inclusive and universal than religiosity as it encompasses meaning in life and faith, as well as peace and harmony, regardless of any religious belief or affiliation (Info, 2014).

Researchers' interest in the connections between mind and body coincides with increasing interest in the holistic view of health care, in which emotional and spiritual needs are considered inextricable from physical and psychological needs.

Their research revealed a strong relationship between the "degree to which staff addressed emotional/spiritual needs" and overall patient satisfaction. Three measures most highly correlated with this measure of emotional/spiritual care were staff response to concerns/complaints, staff effort to include patients in decisions about treatment, and staff sensitivity to the inconvenience that health problems and hospitalization can cause. (Clark & Drain, 2003).

Psychosocial

Legg (2010) investigates psychosocial mind; the potential obstructions, how attendants give it, use evaluation devices and the effect, issues and advantages of giving powerful psychosocial mind. Nurses are in a remarkable position to screen patients and their psychosocial mind. However there remains an obstruction to investigating some of these aspects of care. Nurses should be more comprehensive of patient's sexuality, most profound sense of being, confidence and trust while evaluating psychosocial care and personal satisfaction as these subjects can be the slightest investigated by staff with their patients. The researcher concludes that psychosocial mind patients is fundamental yet can be an over looked some portion of nursing consideration. In college we are instructed how to be medical attendants yet how to speak with patients and other social insurance experts is a piece of at work preparing. Psychosocial care is a piece of a comprehensive patient point of view and permits patients to look for both enlightening and passionate support from guardians to help them deal with their disease.

The theories of Florence Nightingale and Jean Watson provide a framework for the caring work of nurses. Ironically, this caring profession struggles with bullying. Bullying has both physiological and psychological ramifications for the person being bullied and a negative impact on the organization and patient care. Strategies to address bullying include education, developing codes of acceptable conduct for the workplace, and a zero-tolerance policy. Mental health nurses have a vital role in helping nurses return to roles of caring. (Broome & Williams-Evans, 2011)

Demographic Profile

Soliman, Kassam, & Ibrahim(2015) expresses that with regards to demographic characteristics, the findings of this study revealed that female patients were more satisfied with nursing care than males. This finding is consistent with Uzun (2001) and Alasad, & Ahmad,. (2003) Whose finds that, In relations to comparing gender with level of satisfaction with nursing care, studies revealed that female patients were more satisfied with the nursing care provided than male patients . And contradicted with Rafii et al (2009) whose found that Male patients were more satisfied with nursing care than females. It has been suggested that men have fewer expectations than women and that male patients spontaneously receive more information from nursing staff than female patients (Johansson et al 2002). This in turn could contribute to their higher satisfaction with nursing care, although Wolf et al (2003) found no differences in nurse caring and patient satisfaction for male versus female cardiac patients.

Age

Erikson (1993) as cited by Prompahakul C and Nilmanat K, (2011) their study showed that age is associated with development and maturity level; therefore older nurses had a more stable pattern in their way of life than younger nurses Increasing age will increase the maturity level and responsibility of a working person. Numerous studies showed that age is associated with a caring behavior of a nurse. Some studies have shown that senior nurses have a higher level of caring behavior for dying patients than younger nurses (Amonprompukdee, 2004; Lange, Thom, & Kline, 2008). However, there are several studies which found that there is no significant correlation between the age and a nurse's caring behavior for dying patients (Jaidee, 1997; Pokpalagon, 2005; Servaty, Krejci, & Hayslip, 1996; Wattanachote, 1997).

Sex

According to the author's gender appeared to have the greatest influence on what caring behaviors were valued. Male nurses were less likely than female nurses to be accessible, forming trusting relationships or performing comforting

behaviors.(Greenhalgh, Vanhanen, & Kyngas, 1998)

Year level

The author implies that years of education was not correlated with students level of caring. Noteworthy correlations were found between students' initial own reported levels of caring and perceptions of their peer's caring levels .This was interpreted to mean that students who felt more caring in general also thought that other students were more caring. Data indicated that the years of education were not correlated with perception of their peer's caring. Over the semester, composite scores of perceived peer caring increased, but no significant change was seen in the composite scores of individual students' levels of caring. (Nadelson, 2010)

Patient Educational Attainment

In regards to level of education,Tang, Soong, & Lim (2013)cited that previous studies showed patients with higher level of education experienced less satisfaction with nursing service. In general, no association was found between marital status and patient satisfaction with nursing care. Similarly, past studies also revealed no association between past healthcare experience and patient satisfaction. Interestingly, a recent study found that patients who were hospitalized for a longer period are more satisfied that patients who had shorter stay in hospital.(Tang et al., 2013)

III. METHODOLOGY

This section presents the research design, the population, data gathering instrument,data gathering procedure and statistical treatment used in the study.

Research Design.This is a descriptive – correlational method of research that describes the profile and caring behavior in terms of physical care, psychosocial care and spiritual care of the MSC Nursing students assigned in Dr. Damian Reyes Provincial Hospital (DDRPH).It also determined if there is a significant relationship between the caring behavior and the socio –

demographic profile of the nursing students-respondents.

Population and Sample .In this study, 78 patients confined for 2-3 days in Dr. Damian Reyes Provincial Hospital ward and handled by the 32 level 11,111,and IV nursing students were the respondents of this study.

Data Gathering Instruments. A questionnaire - checklist was the main data gathering instrument. It was adopted to Wu, Larrabee, & Putnam, the caring behavior inventory and categorized into physical, spiritual and psychosocial. It consists of two parts;Part I gathered information on the respondents' demographic profile.Part II elicited information that measured nurse caring behaviors in terms of psychosocial care, physical care and spiritual care. It was content-validated by a pool of experts.

Data Gathering Procedure.In the conduct of this study, the researcher sought permission from the Dean of Marinduque State College-School of Allied Medicine and Head of the Dr.Damian Reyes Provincial Hospital through formal communication letter to conduct the study.

Statistical Treatment of Data.The data gathered were treated and interpreted using the following statistical tools.

1. Frequency and percentage to describe the profile of the respondents.
2. Mean to describe the extent of caring behaviors of the nursing student-respondents
3. Simple linear correlation analysis to ascertain the significant relationship between the extent of caring behaviors of the nursing student-respondents and their socio-demographic profile.

IV. PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

This chapter presents the findings, analysis and interpretation of the gathered data based on the problems presented.

Nursing Students - Respondents Profile Table 1.

Distribution of Student-Respondents in terms of Socio-Demographic Factor

Socio-Demographic Factor	f	%
Age		
16-18	11	34.4
19- 21	17	53.1
25-27	1	3.1
37-39	1	3.1
Total	32	100.0
Sex		
Male	7	21.9
Female	25	78.1
Total	32	100.0
Civil Status		
Single	31	96.9

Table 1 continuation.....

Married	1	3.1
Total	32	100.0
Year Level		
2	7	21.9
3	14	43.8
4	11	34.4
Total	32	100.0
Area of Assignment		
Medical Ward	21	65.6
OB/Surgical Ward	11	34.4
Total	32	100.0

On Age.Majority of the nursing student-respondents (17 or 53.1%) belong to the age bracket of 19-21 years old.The least (1 or 3.1%) each belong to the age bracket of 25-27 and 37-39 years old.

On Sex.Majority of the nursing student-respondents are female(25 or78.1%) while there were only seven(21.9%) who were male.

On Civil Status.Almost all of the respondents(31 or96.9%) while only one(3.1%) is married.

On Year Level. As to year level of the respondents, great number (14 or 43.8%) of them are in the 3rdyear level the least (11or34.4%) are in year level 4 and seven (21.95) are in year level 2.

Area of Assignment. Majority of the respondents (21or65.6%) were assigned in Medical ward.

There were 11 (34.4%) who were assigned in Ob-Surgical ward.

Table 2.

Distribution of Patient-Respondents in terms of Socio-Demographic Factor

Socio-Demographic Factors	f	%
Age		
60 and above	14	17.9
50-59	15	19.2
40-49	10	12.8
30-39	7	9.0
20-29	25	32.1
Below 20	7	9.0
Total	78	100.0
Sex		
Male	54	69.2
Female	24	30.8
Total	78	100.0
Civil Status		
Single	16	20.5
Married	54	69.2
Widow/Widower	7	9.0
Separated	1	1.3
Total	78	100.0
Educational Attainment		
Post Graduate	3	3.8
College Graduate	6	7.7
College Level	19	24.4
High School Graduate	10	12.8
High School Level	20	25.6
Elementary Graduate	4	5.1
Elementary Level	16	20.5
Total	78	100.0

Patients – Respondents Profile

On Age. A mark percentage of respondents (25 or 32.1%) belong to the age bracket of 20-29 years old. The least (7 or 9.0%) are 20 years old and below

On Sex. The table 2 shows that majority of the respondents were male, accounting for 54 (69.2%) of the 78 respondents while there were only 24 (30.8%) who were female.

On Civil Status. Majority of the patient-respondents (32 or 69%) are married.(20.5%) of them are single. The least (1 or 1.3%) is separated.

On Educational Attainment. A great percentage of the respondents (20 or 25.6%) reached high school level while 19(24.4%) are college level while there were three (3.8%) who attained post graduate.

Tang, Soong, & Lim (2013) cited that previous studies showed patients with higher level of education experienced less satisfaction with nursing service. In general, no association was found between marital status and patient satisfaction with nursing care.

Extent of Caring Behavior of Nursing Student-Respondents

On Physical Care

Table 3 shows the extent of caring behavior of the nursing student – respondents in terms of physical care.

Table 3.

Mean Ratings Showing the Extent of Caring Behaviors of the Respondents in terms of Physical Care

Items	Students		Patients		As whole	
	Mean	D R	Mean	D R	Mean	D R
Physical						
1. Teach the caregiver how to assist in giving supportive care.	3.25	A	3.31	SA	3.28	SA
2. Provide patient with the necessary	3.25	A	3.24	A	3.25	A

emergence measures if the need arises e.g. oxygen administration							medication on time.								
3. Monitor patient's vital signs regularly.	3.72	SA	3.47	SA	3.60	SA	6. Keep the patient physically comfortable	3.50	SA	3.41	SA	3.46	SA		
4. Know how to administer IV injections and how to manage the equipment like IV machine, suction machine, ECG machine, Respirator, etc	3.31	SA	3.28	SA	3.30	SA	7. Turn and position the patient as needed.	3.50	SA	3.15	A	3.33	SA		
5. Giving the patient's treatment and	3.63	SA	3.42	SA	3.53	SA	8. Change the bed sheets regularly and when needed.	3.22	A	2.97	A	3.10	A		
							9. Teach the caregiver how to keep patient physically comfortable.	3.34	SA	3.38	SA	3.36	SA		
							10. Teach the caregiver to comply with treatment.	3.03	A	3.31	SA	3.17	A		
							11. Describe how to keep	3.22	A	3.32	SA	3.27	SA		

the patient well groomed						
12. Assist the caregiver to provide a clean, neat, environment for the patient	3.19	A	3.28	SA	3.24	A
Overall	3.35	VH	3.30	VH	3.33	VH

Legend:

Statistical Range	Item Descriptive Rating	Overall Descriptive Rating
3.261-4.00	Strongly Agree (SA)	Very High (VH)
2.51-3.25	Agree (A)	High (H)
1.76-2.50	Disagree (D)	Low (L)
1.00-1.75	Strongly Disagree (SD)	Very Low (VL)

The table 3 revealed that the extent of first caring behavior in terms of physical care with as a whole is “Very High” with mean rating of 3.33 and described as “Very High” by the respondents. It can be observed from the table that the student nurses perceived that the level of care being rendered to their patients ($x=3.35$) is “Very High” while the patient –respondents claimed “Very High” ($x= 3.30$).

Item “Monitor patients vital signs regularly” and “Giving the patients treatment and medication on time” got the highest mean ratings of 3.60 and 3.53, interpreted as “Very High” while “Change the bed sheets regularly and when needed ”with mean rating score got the lowest score of ($x=3.10$), the respondents rated it “High”. This signifies that the respondents perceived the caring

behavior of a nurse as very high in terms of physical care.

This finding is similar to the findings of Baldursdottir&Jonsdottir,(2002) that subjects scored the items "Know what they are doing", "Know when it is necessary to call the doctor", "Know how to give shots, IVs, etc.", and "Know how to handle equipment" as the most important nurse caring behaviors. The subscale "human needs assistance" or physical care was ranked highest. In line with several previous studies, subjects considered clinical competence to be the most important nurse caring behavior, which further emphasizes the notion of caring as a moral stance integral to all interactions with patients.

On Spiritual Care

The extent of caring behaviors of the nursing students in terms of spiritual care is exhibited in table 4.

Table 4.

Mean Ratings of Caring Behaviors of the Respondents in terms of Spiritual

Items	Students		Patients		As a whole	
	Mean	Descriptive Rating	Mean	Descriptive Rating	Mean	Descriptive Rating
Spiritual						
1. Respect the patients beliefs	3.53	SA	3.37	SA	3.45	SA
2. Praying with the patient.	2.84	A	2.53	A	2.69	A
3. Reading favorite portions of Bible	2.75	A	2.32	A	2.54	A

g.						
4. Making a referral to a chaplain.	2.91	A	2.56	A	2.74	A
5. Aware and sensitive to the patients spiritual needs.	3.06	A	2.81	A	2.94	A
6. Assisting to meet religious or spiritual needs.	2.91	A	2.81	A	2.86	A
7. Allow patient to bring personal artefacts (photographs, religious/meditation books and symbols)	3.00	A	3.06	A	3.03	A
8. Respect the patients' cultural	3.41	SA	3.15	A	3.28	SA

belief s.						
9. Allowing patient some quiet time to meditate or think and reflect and then calm their emotions and thoughts.	3.28	SA	3.22	A	3.25	A
Overall	3.08	H	2.87	H	2.98	H

Legend:

Statistical Range	Item Descriptive Rating	Overall Descriptive Rating
3.261-4.00	Strongly Agree (SA)	Very High (VH)
2.51-3.25	Agree (A)	High (H)
1.76-2.50	Disagree (D)	Low (L)
1.00-1.75	Strongly Disagree (SD)	Very Low (VL)

Spiritual Care .The overall mean rating of 2.98 manifests that level of caring behavior in terms of spiritual care as evaluated by the respondents is “High”. Both the student nurse and patient – respondents evaluated the spiritual caring behavior as “High” as indicated by the mean ratings of 3.08 and 2.87, respectively. The item “Respect the patient’s beliefs.” With overall mean rating of 3.45 and rated as a “Very High.” This means that the nursing students who are assigned to the patients of Dr. Damian Reyes Provincial Hospital are respectful to the patient’s spiritual

beliefs. On the other hand the item “Reading favorite portions of religious reading.” with a lowest means score of 2.54 and with a descriptive rating as a “High”.The results manifest that student nurse fails to developed spiritual caring behavior or to emphasize the importance of prayer for the fast recovery of their patients. The students’ nurses most of the time focus on the other aspects of nursing care and forget the spiritual needs of the patients.

On Psychosocial Care

Table 5 presents the extent of caring behavior of the nursing student – respondents in terms of psychosocial care.

Table 5 .

Mean Ratings of Caring Behaviors of the Respondents in terms of Psychosocial

Items	Students		Patients		As whole	
	Mean	DR	Mean	DR	Mean	DR
Psychosocial						
1. Listen attentively to what the patient say	3.59	SA	3.38	SA	3.49	SA
2. Answer the patient's questions accurately	3.28	SA	3.32	SA	3.30	SA
3. Talk to the patient in a relaxed manner to reduce his/her	3.56	SA	3.50	SA	3.53	SA

fears						
4. Stay with patient during difficult times to express emotional support.	3.13	A	3.27	SA	3.20	A
5. Assure the patient that nursing services are available 24 hours a day, 7 days a week	2.94	A	3.29	SA	3.12	A
6. Encourage patient to express emotions in a constructive way.	2.97	A	3.38	SA	3.18	A
7. Recognize the cues when the patient needs	2.84	A	3.12	A	2.98	A

to talk about death and dying						
8. Recognizing and responding appropriately to patient's needs	3.22	A	3.28	SA	3.25	A
9. Assist the patient to cope with the situation.	3.19	A	3.42	SA	3.31	SA
Overall	3.19	H	3.33	VH	3.26	VH
As whole^a	3.20	H	3.17	H	3.19	H

Norm:

Statistical Range	Item Descriptive Rating	Overall Descriptive Rating
3.261-4.00	Strongly Agree (SA)	Very High (VH)
2.51-3.25	Agree (A)	High (H)
1.76-2.50	Disagree (D)	Low (L)
1.00-1.75	Strongly Disagree (SD)	Very Low (VL)

Table 3 presents the mean rating showing the level caring behaviors of the respondents. As seen on the table, the grand mean rating of 3.26 manifests "Very High" level of caring behavior along psychosocial as evaluated by both the nursing and patient-respondents. It can be observed from the table that the student nurses perceived that the extent of caring behavior being rendered to their patients is "High" (x= 3.19) while

the patient – respondents claimed "Very High" (x=3.33).

In terms of psychosocial care, statistics showed in the item "Talk to the patient in a relaxed manner to reduce his/her fears" (x=3.53) respondent rated it "Very High". On the other hand, item "Assure the patient that nursing services are available 24 hours a day, 7 days a week." with the mean score of 3.12 which is High tend to be the lowest among the items.

This implies that the patient's psychological needs were addressed when the nursing students handled them during their related learning experience at hospital wards.

Summary of the Level of Caring Behavior of Nursing Student

Table 6 shows the summary of the extent of caring behaviors of nursing student-respondents in handling patients.

Table 6.

Summary of Level of Caring Behavior of Nursing Students

	\bar{x}	DR
1. Psychosocial care	3.26	VH
2. Physical care	3.33	VH
3. Spiritual care	2.98	H
Grand mean	3.19	High

Generally, it can be traced on the table that as a whole mean rating of level of caring behavior rendered by the student nurse is 3.19 and described as "High" by the respondents. The student nurse –respondents rated the level of care rendered as "High" (x= 3.20), however, it can be noted that the patient – respondents evaluated the care rendered to them "High" (x= 3.1).

The table revealed that the overall level of caring behavior of student nurse patient respondents is "High" as back - up by the overall mean rating of 3.19.

When taken singly, the psychosocial care and physical care were rated as "Very High" as manifested by the overall means rating of 3.26

and 3.33 respectively. However, "High" on the spiritual care with mean rating of 2.98.

This implies that a student nurse assumes the caring role in the promotion and restoration of health and alleviation of suffering in terms of physical and psychological caring behavior. The student nurses need to improve their spiritual caring behavior because it is necessary to improve the quality of patient care in hospitals.

This finding also validates the findings of Kaur et al. (2013), according to them spiritual intelligence, emotional intelligence, psychological ownership and burnout of nurses play a significant role in effecting caring behavior of nurses. Healthcare providers must consider the relationships between these factors in their continuing care and incorporation of these in the nursing curricula and training.

Problem 4. Is there a significant relationship between the socio-demographic profile of the nursing students and the caring behavior of the respondents?

Relationship between Extent of Caring Behaviors of the Nursing Students and Some Variables.

The relationship between the extent of caring behaviors rendered by the nursing students and their socio – demographic profile is presented in table 7.

Table 7.

Correlation Coefficients between Caring Behaviors of the Nursing Student-Respondents and Socio-Demographic Factors

Socio-Demographic Factors	Psychosocial	Physical	Spiritual	As a whole
Age	.329	.404*	.362*	.426*
Sex	.001	.049	-.004	.019
Civil Status	-.105	.221	.116	.103
Year	.347	.600*	.392*	.525**

Level		*		
Area of Assignment	-.446*	-.662*	-.488**	-.623**

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

As shown in Table 7, as a whole, a significant relationship was found out between the caring behaviors of the nursing students and some factors such as age ($r = .426$), year level ($r = .525$) while inverse relationship to the area of assignment ($r = -.623$).

These imply that the elder the nursing students, those who are on higher year level; and those who are assigned in the medical ward tend to have a higher level of caring behaviors than the others.

When taken singly, the significant relationship was found out between age and physical care ($r = .404$), spiritual ($r = .362$), year level and physical care ($r = .600$) and spiritual ($r = .392$). Further scrutiny of the table shows on inverse significant relation between area of assignment and psychosocial care ($r = -.446$), physical ($r = -.662$), and spiritual care ($r = -.488$).

On the other hand, sex and civil status did not attain significance at .05 probability level. This implies that whether the nursing students is male or female, single or married, the level of caring behaviors are more or less the same.

Literature says that students from four countries possess positive caring behaviors, specifically on physically based caring interventions, while there is a need to emphasize expressive caring behaviors during nursing education and training. Labrague (2015) claimed that there were no statistically significant correlations between the Caring Behavior and gender, educational level, and family structure of students, except for age and the country of origin. These findings are similar to the findings of Khademian & Vizehfar (2008). Caring behaviors 'explains and facilitates' statistically and significantly correlated with age and programme year. Gender had no statistically significant influence on students' perceptions of caring behaviors.

Uzun (2001) and Alasad, & Ahmad,. (2003) as cited by Soliman, Kassam, & Ibrahim(2015) points out that, in relations to comparing gender with level of satisfaction with nursing care, studies revealed that female patients were more satisfied with the nursing care provided than male patients . And contradicted with Rafii et al (2009) whose found that Male patients were more satisfied with nursing care than females. It has been suggested that men have fewer expectations than women and that male patients spontaneously receive more information from nursing staff than female patients (Johansson et al 2002).

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REFERENCES

- [1] Baldursdottir, G., & Jonsdottir, H. (2002). The importance of nurse caring behaviors as perceived by patients receiving care at an emergency department. *Heart and Lung: Journal of Acute and Critical Care*, 31(1), 67–75. <https://doi.org/10.1067/mhl.2002.119835>
- [2] Begum, S., & Slavin, H. (2012). Perceptions of “caring” in nursing education by Pakistani nursing students: an exploratory study. *Nurse Education Today*, 32(3), 332–6. <https://doi.org/10.1016/j.nedt.2011.10.011>
- [3] Broome, B., & Williams-Evans, S. (2011). Bullying in a caring profession: Reasons, results, and recommendations. *Journal of Psychosocial Nursing & Mental Health Services*, 49(10), 30–35. <https://doi.org/10.3928/02793695-20110831-02>
- [4] Clark, P. A., & Drain, M. (2003). Addressing Patients ' Emotional and Spiritual Needs, 29(12), 659–670.
- [5] Cohen, J. a. (1991). Two portraits of caring: a comparison of the artists, Leininger and Watson. *Journal of Advanced Nursing*, 16(8), 899–909. <https://doi.org/10.1111/j.1365-2648.1991.tb01794.x>
- [6] Como, J. M. (2007). Care and caring: a look at history, ethics, and theory. *International Journal for Human Caring*, 11(4), 37–45. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2009754502&site=ehost-live>
- [7] Dingman, S. K., Williams, M., Fosbinder, D., & Warnick, M. (1999). Implementing a caring model to improve patient satisfaction. *Journal of Nursing Administration*, 29, 30–37.
- [8] Greenhalgh, J., Vanhanen, L., & Kyngas, H. (1998). Nurse caring behaviours. *Journal of Advanced Nursing*, 27, 927–932. <https://doi.org/10.1046/j.1365-2648.1998.00577.x>
- [9] Info, A. (2014). *Nursing Practice Today*. Nursing Practice, 1(1), 2014.
- [10] Kaur, D., Sambasivan, M., & Kumar, N. (2013). Effect of spiritual intelligence, emotional intelligence, psychological ownership and burnout on caring behaviour of nurses: A cross-sectional study. *Journal of Clinical Nursing*, 22(21–22), 3192–3202. <https://doi.org/10.1111/jocn.12386>
- [11] Khademan, Z., & Vizeshfir, F. (2008). Nursing students' perceptions of the importance of caring behaviors. *Journal of Advanced Nursing*, 61(September), 456–462. <https://doi.org/10.1111/j.1365-2648.2007.04509.x>
- [12] Labrague, L. J., Mcenroe-Petitte, D. M., Papathanasiou, I. V., Edet, O. B., Arulappan, J., & Tsaras, K. (2015). Nursing Students' Perceptions of Their Own Caring Behaviors: A Multicountry Study. *International Journal of Nursing Knowledge*. <https://doi.org/10.1111/2047-3095.12108>
- [13] Legg, M. J. (2010). What is psychosocial care and how can nurses better provide it to adult oncology patients. *Australian Journal of Advanced Nursing*, 28(3), 61–67.
- [14] Ma, F., Li, J., Liang, H., Bai, Y., & Song, J. (2014). Baccalaureate nursing Students' perspectives on learning about caring in China: a qualitative descriptive study. *BMC Medical Education*, 14(1), 42. <https://doi.org/10.1186/1472-6920-14-42>
- [15] Morse, J. M., Solberg, S. M., Neander, W. L., Bottorff, J. L., & Johnson, J. L. (1990). Concepts of caring and caring as a concept. *ANS. Advances in Nursing Science*, 13(1), 1–14. <https://doi.org/10.1097/00006205-199107000-00007>
- [16] Nadelson, S. (2010). *Nursing Student Perceptions of Caring Behavior*. Western Institute of Nursing. https://doi.org/https://works.bepress.com/sandra_nadelson/4/
- [17] Pai, H.-C., Eng, C.-J., & Ko, H.-L. (2013). Effect of caring behavior on disposition toward critical thinking of nursing students. *Journal of Professional Nursing : Official Journal of the American Association of Colleges of Nursing*, 29(6), 423–9. <https://doi.org/10.1016/j.profnurs.2012.05.006>
- [18] Prompahakul C, Nilmanat K, K. W. (2011). Review : Factors Relating to Nurses ' Caring Behaviors for Dying Patients.

- Nurse Media Journal of Nursing, 1(1), 15–27. Retrieved from <http://ejournal.undip.ac.id/index.php/medianers/article/viewFile/744/pdf>.
- [19] Soliman, H. M. M., Kassam, A. H., & Ibrahim, A. A. (2015). Correlation between Patients' Satisfaction and Nurses' Caring Behaviors. *Journal of Biology, Agriculture and Healthcare*, 5(2), 30–42. <https://doi.org/10.5812/nms.7901>
- [20] Tang, W. M., Soong, C., & Lim, W. C. (2013). Patient Satisfaction with Nursing Care: A Descriptive Study Using Interaction Model of Client Health Behavior. *International Journal of Nursing Science*, 3(2), 51–56. <https://doi.org/10.5923/j.nursing.20130302.04>
- [21] Watson, J. (2012). *Nursing: The Philosophy and Science and Caring. Caring in Nursing Classics: An Essential Resource.*, 143–152. Retrieved from http://watsoncaringscience.org/files/Cohort_6/watsons-theory-of-human-caring-core-concepts-and-evolution-to-caritas-processes-handout.pdf
- [22] CMO No.14 series 2009.Policies and Standards for Bachelor of Science in Nursing Program
- [23] Kozier, Barbara, et al., 8th edition, *Fundamentals of Nursing: Concepts, Process and Practice*, Pearson Education, South Asia PTE.LTD