

T.R.N.C
NEAR EAST UNIVERSITY
GRADUATE INSTITUTE OF HEALTH SCIENCES

CARING BEHAVIOR PERCEIVED BY NURSING STUDENTS
AND RELATED FACTORS IN NORTHERN CYPRUS

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In Partial Fulfillment of the Requirements for the
Degree of
Master of Nursing

NICOSIA 2019

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Supervisor:
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THESIS APPROVAL CERTIFICATE

The thesis study of Nursing Department graduate student Emmanuel Wekesa Wanyonyi with student number 20168825 titled **CARING BEHAVIOR PERCEIVED BY NURSING STUDENTS AND RELATED FACTORS IN NORTHERN CYPRUS** has been approved with unanimity / majority of votes by the jury and has been accepted as a Master of Master of Nursing Thesis.

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Supervisor(s): Prof. Dr. Candan ÖZTÜRK

Year: 2018

I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.

Date: 9/ 01 / 2019

Signature: _____

DEDICATION

I dedicate my dissertation work to my beloved parents, Apostle Patrick Wanyonyi Olwika and Margaret Nafula, with a special feeling of gratitude. Special thanks to my brother and sisters, Moses Simiyu , Amos Wafula,, Ruth Night, Jemima Nasimiyu and my Niece Gloria for their endless love and support . And my Fiancée Racheal Mei Yee Lee for her constant support and care through this journey.

ACKNOWLEDGEMENT

I would like to express my very great appreciation to Prof. Dr. Candan ÖZTÜRK and Prof. Dr. Firdevs Erdemir my research supervisors for their patient guidance, enthusiastic encouragement and useful critiques of this research work.

Furthermore, I would like to express my deep gratitude to my Primary supervisor Prof. Dr. Candan ÖZTÜRK for her valuable and constructive suggestions during the planning and development of this research work. Her willingness to give her time and effort so generously has been very much appreciated

I would to thank Near East University and the Dean of Nursing Faculty for allowing me to distribute the questionnaires, and warm thank to the students who participate in this research, without their cooperation, I could not complete the research.

Finally, I wish to thank my parents, friends and my fiancée for their support and encouragement throughout my study.

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ABSTRACT

Aim. To explore the perception of caring behaviour of nursing students and their total mean points and sub topic mean points In addition, to examine student's perception is affected by some variables (Class, Country, Gender, Age, Status, having children, having siblings, Family type, Hospitalization status, work experience, having care experience, having confidence in understanding patient feelings, Choosing Nursing as a career, re-election of nursing as a career).

Methodology. The research design is of quantitative, descriptive comparative and cross sectional study. was used to analyse a total sample of nursing students (n = 495), consisting of Turkish students (n = 334) and International students (n = 161) from class/year one to four in the Faculty of Nursing in Near East University of Northern Cyprus. The data was collected using a questionnaire at October 2018 using Student Assessment Form in both English and Turkish format and used Caring Behavior Inventory-24 original and Turkish version of CBI-24. Nurses' and patients' caring behavior perceived by nursing students other related factors were compared using both inferential and descriptive statistics. Mann-Whitney U test was used for the comparisons of the two groups, and Kruskal Wallis analysis was used for the comparison of three and more groups.

Results. Participants from Turkey to 46.5%, from Cyprus 21.0%, from Nigeria 16.4%, 69.9% female, 97.4%, 30.1 % male, 60.8% had previously given care to someone, and 49.5% of the students felt themselves enough to understand patients' feelings. 83.4% preferred nursing, and 69.3% of the students stated that they would re-choose nursing if they had opportunities.

The comparison of students' average points by country, Cyprus students perceived Engagement as highest form of caring behavior followed by Turkey, Nigeria, Zimbabwe, others country and Kenya ($p < 0.05$). In addition, Engagement subscale scores of the nursing students with care experience was statistically significant ($p < 0.05$). Those students who chose nursing as a course and re-elected nursing despite other career choice and had Self-Confidence in Understanding of Patient's Emotions perceived security, respect, knowledge and skills, and engagement this was statistically significant ($p < 0.05$).

Conclusion. The perception of caring behavior of nursing students was highly affected by how their care experience and how they understood patient's feelings and culture, country they came from affected how the students respect and engaged with patients. Therefore, having mentorship programs and workshops to educate student nurses on caring behavior as a subject in school curriculums and continually educate students on the importance of understanding patient's feelings in as part offering nursing care and patient needs satisfactory is highly recommended.

Keywords: Caring behavior, Nursing students, Caring, Nursing care, Caring Behaviors Inventory

1 INTRODUCTION

1.1 Problem Definition

According to Care and Love are Universal (Blasdell, 2017), the needs of care and love are neglected, and that the human's care role is threatened by the emergence of medical technology and administrative works (Aupia *et al*, 2017). Nursing is a job that is all about providing care, hence the implementation and the practice of care is important as it will have impacts on the evaluation of civilization. It also signifies nurses' role in the society (Blasdell, 2017).

Also, there is a critical need to support and foster caring disposition in nursing students worldwide (Philipps *et al*, 2015), so it is important to incorporate professional and personal principles and moral on caring in nursing education programs, so that this caring behavior will be able to shaped at the early stage.

Current Studies from south Turkey state that nursing student's aged 18 to 20 years old perceived knowledge and skills as the highest attribute of caring behavior, before other items such as acknowledgement for their contribution, sense of belongings and being appreciated. Thus, nursing students from south Turkey scored high in perfuming treatment and medication on time on time while perceived listening to patient attentively was perceived as the least attribute or form of caring behavior. And had the lowest score (kilic, 2018). Other research about nursing student's perception states that nursing students perceived nursing care as caring as an action that has low value and that can be conveyed unproblematically to other professionals (Arreciado & Isla 2017).

On the other hand, nursing students from Indonesia perceived respectful difference to others in relation to age and positive connectedness as the highest domain of caring behavior (Aupia, et al, 2017). However, study from Greece, US, Oman, Nigeria and Kenya, nursing student's perception caring behavior could be affected by how the nursing students related with their faculty or clinical instructors and how the faculty members model caring behavior towards the students. Furthermore,

nursing students from this country perceived acknowledgement for their contribution as the highest form of caring behavior, followed by knowledge and skills, being appreciated and the least was sense of belongings (Labraguel et al, 2016).

Nevertheless, Murphy et al. (2009) observes that nursing students have shown lesser caring behavior over the years and he has since suggested more observations on Year 2 nursing students to find out the time when such attitude begins to happen. Based on the findings of both Watson et al. (1999) and Murphy et al. (2009), it is essential to conduct more studies on the perceptions, values and beliefs of nursing students on caring.

Both Watson et al. (1999) and Murphy et al. (2009) is looking for solutions to improve the value of caring among nursing students. Brown (2011) sees lack of knowledge in nursing courses that would help nursing students in adopting caring behaviors. Also, Guo et al. (2013) recognises that across the globe, there is a need for nursing courses to be more humanistic and value-based.

Nurses role models and clinical instructors influence perception of caring behavior of student nurses and generally what they are supposed to be like the ideal nurses. However, the Nursing curriculum in Near East University for both Turkish and English nursing students are the same but the major differences are student nurses who are exposed to their own culture from their home countries.

Therefore, we could not find any study of caring behavior of local and international nursing students in Northern Cyprus. Therefore, this study was able to compare and contrast the perception of caring behavior between the local and international nursing students in Northern Cyprus. The results of this study would or could be used to modify, develop or change the Nursing Curriculum that is why this study is being conducted.

1.2 The significance of the study could be summarized

1: The First study carried out in Northern Cyprus regarding Caring behavior of both international and national students.

2: The results of this study would or could be used to modify, develop or change the Nursing Curriculum. In Near East University, Faculty of Nursing, there are two nursing programs; for international students and Turkish students. Therefore, the results of this study could be used to modify the Nursing curriculum to ensure greater exposure to role models that can activate a wider variety of caring behavior.

1.3 Aim of the study:

1: To explore how nursing students perceive caring behavior and their total mean points and sub topic mean points

2: To examine student's perception is affected by some variables The following variables include: (Class, country, Gender, Age, Number of children, Number of siblings, Family status, Hospitalization Status, Number of working experience, Person cared for, Status of Choosing Nursing as career).

2 LITERATURE REVIEW

2.1 Definition of Caring

Watson (1988), as cited in Blasdell (2017), explains that caring is a virtue of nursing, where it seeks to “protect, enhance and preserve human dignity”. It transcends actions and routine, as caring is about the identity and soul of a patient (Lee-Hsieh *et al*, 2004). Therefore, caring should be the main focus and fundamental in the subject of nursing. However, the healthcare system has seen lesser focus on caring, whether at the personal or the group level (Kilic, 2018)

Beck (1999) conceptually defined caring as a shared vulnerability between a nurse and a patient during an interactive process. In addition, in every cultural context care has its own meaning (Leininger, 2002). Furthermore, Liu, Mok, & Wong (2006) stated in their research in defining caring in nursing in China, defined caring as a behavior and an attitude and a professional responsibility for nurses to offer emotional support, professional skills, offer knowledge and practical support to patients. However, nurse’s skills, Knowledge and attitude were considered as the basis of caring behavior (LIU, Mok, & Wong, 2006).

Moreover, Caring is defined as being sensitive and responsive to the needs of the patient and their feelings of vulnerability and facilitate healing. Hence, a trusting nurse to patient trusting relationship is established as a result of caring behavior displayed by the nurses.

According to Larson (1987) defined Caring as an intentional action that expresses emotional concern and physical care and promotes a sense of security in another. Therefore, patient perceived caring behavior based on nurses emotional, practical and professional support (LIU, Mok, & Wong, 2006).

Liu, Mok and Wong (2006) suggests that “the most important task of nursing is caring and nurses continuously use the word, caring; however, caring, its components and processes of caring are still poorly defined”.

The centre of nursing cares is to meet individual needs of the patients (Williams, 1998), and hence it is the nurses' aim to provide quality caring to the patients (Mander, 1988). All patients deserve quality caring, and it is the obligation of all nurses (Redfern and Norman, 1990).

Green and Davis (2005) notes that how patients perceive caring behavior will have impacts on their patient satisfactions. At the same time, Wolf, Miller and Hajynezhad and colleagues also reveal an important connection between patients' report of nurse caring and their patient satisfactions .

To achieve patient satisfaction, it is important to have communications on the patients' expectations and the caring they will be receiving. A complete caring includes all aspects of need of the patients – whether it is physical, mental or social needs (Williams, 1998).

There are three key items used to measure the quality of nursing care behavior – knowledge, attitude and skills. However, the mismatches between the patients' expectations and nurses' perceptions in nursing caring behavior have created disappointments and frustrations among the patients.

According to Teng et al ,(2007)Also, there are several other factors that will influence patients in how they perceive caring, quality of caring and how to connect with them. These factors include the adaptations and behaviour of patient atmosphere of the ward and interpersonal relationships.

It is worth noting that the nurse-patient relationship allows nurses to show care through nursing functions (Liu et al., 2006), and this affiliation is important in accomplishing quality of care in nursing (Chris, 2002). Nurse-patient relationship is the psychological-social aspects of caring, rather than the technical aspects (Wolf, 1986). It involves proper communications with patients, and hence it will bring more patient satisfaction.

Shortage of nurses in hospitals may have effects on caring behavior. More time will be spent with patients when nurses have more spare time, where patients may feel that they are being cared for. The ratio between nurses and patients is important when it comes to building nurse-patient

relationship, and there is a necessity for hospitals to hire more nurses (Griffiths, 2009; Kalisch, 2006).

When it comes to atmosphere of the ward and interpersonal relationships, it is about nurses' willingness to help patients (Henderson et al., 2007). As care can be shown through nursing functions, it is good that nurses can focus on building nurse-patient relationship, which can help to transform the personal relationship and atmosphere of the ward (Liu et al., 2006).

On the other hand, nursing students learn about caring behavior from their clinical instructor and senior nurses through interaction and hands-on practical. Senior nurses are their role models, which is defined as a "positive source of influence to aspirants through enhanced motivation or skill attainment" (Morgenroth et al, 2015), and such relationship is already happening in nursing schools, and Billings & Halstead (2012) says it is the most common relationship in nursing education.

As clinical instruction on acute care units do not allow instructors to be always available, naturally staff nurses become role models for nursing students.

Staff nurses' perceptions on role-modeling for pre-licensure nursing students have a significant impact on student learning (Brammer, 2006) – the impact can be two extreme ends. As role-modeling is an extra job for staff nurses, it can lead to burnout among staff nurses as they may feel the strain of dealing with both the patients and the students at the same time (Veltri, 2014).

Nursing students who are assigned to patients can also jeopardise the process of staff nurses providing patient care, as the latter need to balance their time and efforts between caring and student learning.

Role-modeling should be made optional for staff nurses of whether they would like to be assigned to students in their unit. Perry suggests that "outstanding role models are also exemplary nurses" (Perry, 2009), and he identifies the four behaviors these nurses practice. These four behavior are

1) meticulous; 2) building connections; 3) showing effective behavior on purpose and 4) acknowledging other values.

Matsumura, Callister, Plamer, Cox, & Larsen, (2004) have listed out various factors that influence role-modeling by staff nurses via qualitative data and narrative comments. Under qualitative data, the role of the instructors and growth opportunities for staff nurses have played a part in how staff nurses perceive mentoring of student nurses in the clinical environment.

The tension between role-modeling and leadership qualities have also caused doubts among many staff nurses, as there may be situations like “staff nurses feels insecure when they are being challenged by nursing students” while they are being given “opportunities for mentoring”.

While staff nurses recognise nursing that students help “lightening the load”, but they also feel that having nursing students around also “take up too much time” (Matsumura et al., 2004). Under such tension, the situation will take a turn for the worse if staff nurses are not being rewarded for role-modeling and it will have bad impacts to clinical learning environment. Hence, nurse managers have “a direct positive effect” on the ability of staff nurses in role-modeling (Patrick, Spence Laschinger, Wong, & Finegan, 2011).

The impacts can be felt by nursing students who are in the clinical learning environment, and it may have two extreme effects – positive or negative – on student learning. Keeling & Templeman (2013) notes that the impact can influence the nursing students in their personal view of nursing.

Their study states that role-modeling leadership in the clinical environment can direct or indirectly affect student learning – in whether a positive or negative way. While they are doing role-modeling, staff nurses are also expected to show leadership qualities. Nevertheless, these qualities have not been clearly acknowledged.

According to Luanaigh (2015) also finds out that “staff nurses are aware that they need to include the nursing students, but pressures related to workload and lack of clarity of their role with the student were only a few of the unsupported areas identified”.

Working nurses recognize their part as epitomes to undergraduate nursing students but it is difficult to obtain the limited information on the effect it will have on the learning environment and nursing students.

It is important for the industry to clearly define nursing care behavior due to the current state of the nursing industry, which include (1) the economic challenges in the health sector (2) the increasing need for quality care and (3) patients' perception on care (Papastavrou et al, 2012).

The research observes that, across the global, there have been reports on contrasting expectations on nurses' caring action between patients and nurses. It involves important differences in the perceptions between the patients and the staff nurses, and more people begin to aware that caring is a complex issue. (Papastavrou et al, 2012).

Human caring is defined by Watson's theory as "existential human relational experience in nursing practice", while Wolf et al (1994) sees the latter as an "interactive process that occurs during moments of shared vulnerability between nurse and patient".

Watson (2008) notes that caring behavior should be further explored – more than the moral, philosophical, existential and spiritual aspects – so that caring can be seen as more of a science that is relational, ethical and ontological. She believes that with more formal researches on the topic of caring behavior, there will be clearer definitions on caring values and principals. This will, in turn, help to shape the biophysical technological model of care.

Sherwood (1997) and Finfgeld-Connett (2008) agree that caring behavior have not been defined and explained clearly, even though there have been study and research on nurse caring behavior since the 1980s.

2.2 Nursing caring Behavior related to subscale

However, Papastavrou, et al (2012) notes that the results of these studies and researches are often clashing, as most of them show a significant difference in the perception of caring and caring behavior differences between patients' and nurses'.

However, according to Tucket et al. (2009). the conflict comes when patient's instrumental behavior sub scales for example managing equipment's and giving intra venous injections compared to more of the expressive behavior.

There are also research on certain involvements and their benefits (Suhonen et al. 2007), but there have been a lack of studies and researches on these involvements in connection with nurse-patient relationships.

The limited, available studies on the connections of these involvements with nurse-patient relationships have revealed interesting links between caring behavior and patient satisfactions (Wu et al. 2006).

On the other hand patients preferring perceiving caring skills as more important aspect of caring behavior while nurses perceived caring behavior as expressive psychological skills and caring behavior as more significant aspect of care. This scenario shows that staff nurses, in general, may have misunderstood how patients perceive caring and. In turn, they could have assess wrongly patients' perceptions of caring and hence they deliver care that does not fit well with patients' expectations and needs.

2.3 Related nursing theories

Other related theories to this study are the theory of caring by Danuta M. Wojna, which states that caring is a way of nurturing that makes one feel a personal sense of obligation and duty. This theory emphasises on understanding caring and the persons receiving care. It is about being emotionally together with the persons receiving care, while feeling empathised for them. It

advocates to assist them in life transitions through information and supervision. All these are done while maintaining the belief in their capacity in order to hold them in high esteem.

In addition, this theory of caring also concentrates mainly on caring and miscarriage, rather than the perception of caring behavior (Alligood, 2014). Nevertheless, the researcher prefers Watson's theory of human care because it addresses deep experiences of life and relationship among humans. Watson's theory of human care also looks into the perception of caring behavior of both patients and staff nurses using four attributes includes: (1) Assurance of human presence, (2) Knowledge and skills, (3) Respect, (4) Connectedness (Watson, 2002).

On the other hand, the researcher chose Leininger theory because Leininger (2002) suggested that caring is universal extraordinary and its likely to be perceived differently by patient and nurses if they come from different cultural background, which may contribute to culturally learned behaviors, techniques, actions, patterns and process. In addition, Leininger theory states how cultural learned behavior could influence student perception of caring behavior.

2.3.1 Jean Watson's theory

Watson (2006) notes that human caring is a moral notion that is aimed to stimulate and change nursing and healthcare. Focusing on human and nursing (Fawcett, 2005), the theory believes that there is a need to respect human beings and the human characteristics, who are looking forward to healing and love despite the stressful, physical or emotional conditions (Ozan, Okumus, Lash, 2015).

Lukaose (2011) and Watson (2009, 2007) define the environment of human caring as a place that is comfortable, beautiful, and peaceful.

The real caring is the wellbeing of the mind, body and soul (Jesse, 2006). It is seen as a holistic method to human care (Fawcett, 2005) and the theory seeks to balance and harmonise the health and the illness experiences of a person (Cara, 2003).

The theory is derived and based on the moral notion of the nursing care, art and human science that supports the nurses and patients.

Watson (1999) explains that the ultimate goal of nursing care is to “protect, enhance and preserve human dignity”, and Pajnkihar (2003) notes that dutiful and reliable relationships are of utmost importance when it comes to protecting, enhancing and preserving human dignity.

She points out that the core significance of caring and human care will be ineffective if it fails to add to a philosophy of action, and that the actual tangible action of caring can surpass the value and pass it on (Watson, 1988). However, she does not believe that human care can be authenticated or explained using a “positivistic, deterministic, materialistic mind set”.

Watson (2006) states that human caring is not a good, but she reckons that caring and economics can coexist for cost-benefits and cost-effectiveness.

In addition, it believes that caring is a professional moral pledge between the nursing industry and the public. Rather than a mere customer model, sometimes it would involve something deeper and more substantial.

Watson also observes that staff nurses and patients need to build a conducive healing environments and caring relationships, if they want a healthcare setting that sustains the caring-healing practices.

Thus, it is expected that the true change of the healthcare industry on nursing care behavior can only be realised when there is a shift in staff nurses of their perception and intentional actions, moving the industry from the inside out.

2.3.2 Leininger Theory of Caring

As the founder of transcultural nursing (Blasdell, 2017), Madeleine Leininger was working in a child guidance home as a psychiatric nurse specialist when she discovered that the staff did not have a full knowledge on how different cultural backgrounds affect children behavior differently.

Subsequently, she saw the need to put together strategies – which incorporate various cultures, patterns, and lifestyles (Cohen, 1991). When she pursued her doctoral study, she focused on

cultural anthropology. There was when she established the Theory of Transcultural Care by adopted certain themes and notions and from anthropology.

Her definition of caring is that “caring in the standard sense refers to those assistive, supportive, or facilitative acts towards or for another individual or group with evident or anticipated needs to ameliorate or improve a human condition or lifeway” (Leininger, 1988).

For Leininger (1985) states there are two types of caring: the standard sense of caring from professional caring. She explains that professional caring is those culturally and cognitive learned behavior, techniques, processes, or patterns that enable or help an individual, community or family, to develop or sustain a favorable healthy state.

2.4 Related studies all over the world, sample groups with student nurses

Other related studies from South of turkey Gaziantep, a sample of 227 (n=227) second year Nursing students participated in the research and data was collected via questionnaires and Caring Behavior Inventory (CBI-24) and the results stated that average mean score for CBI was 5.13 ± 0.52 . Mean scores for the sub-dimensions of the scale were 5.18 ± 0.58 for assurance of human presence, 5.22 ± 0.54 for knowledge and skill, 5.03 ± 0.87 for respectful deference to others, and 5.08 ± 0.66 for positive connectedness. Meaning that the nursing student perceived knowledge and skills as the highest attribute or form of care and regarded listening attentively to patient as the least attribute of caring behavior (Kilic, 2018).

On the other hand, the sample was consisted of (n=368) nursing students (91% female, 9% male) from seven countries (26% Philippines, 31.5% Greece, 1% Kenya, 0.5 Oman, 35.5% India, 5% Nigeria, 0.5% Saudi Arabia). The mean of CBI was 4.56 ± 0.13 .” The mean for each factor of CBI was 4.63 ± 0.11 for the factor “assurance”, 4.58 ± 0.06 for “knowledge and skills”, 4.55 ± 0.18 for “respectful” and 4.47 ± 0.14 for “connectedness” (Labrague et al, 2016).

3 METHODOLOGY

3.1 Study Design

The research design is of quantitative, descriptive comparative and cross sectional study.

3.2 Study Setting

The Faculty of Nursing in Near East University, has seven department that include: Principle of Nursing and Nursing Management, Child Health and Pediatric Diseases Nursing, Internal Medicine Nursing, Surgical Diseases Nursing, Birth and Women's Health Nursing, Mental Health and Public Health Nursing and Illness Nursing. Furthermore, nursing faculty has equipped Laboratories and technological materials and dummies to make them similar to clinic and the students get to attend practicals at Near East University Hospital under supervision of faculty staff and clinical instructors. The Nursing faculty has 250 International students and 550 Turkish students. The faculty also has different nationalities as faculty members.

3.3 Sample Selection

GPower 3.0.1 statistical program, the **significance level of 0.05, 80% power**, three and more groups based on the medium effect size (0.25) based on the **required sample size 216** nursing students were calculated. That day the researcher went to carry out the research in the class room, a **total 495** Nursing students **participated** in our study.

3.4 Data Collection

Data was collected using a questionnaire at November 2018. The questionnaires were administered by researchers on student nurses both local and international while they are on the classes with face to face, self-completion method. Completion of the questionnaire took almost 15-20 minutes

3.4.1 Study Tool

3.4.1.1 Student assessment forms

The student Assessment Form in English (Appendix G) and Turkish (Appendix H) was developed by the researcher in order to identify the sociodemographic characteristics (Class, country, Gender, Age, Number of children, Number of siblings, Family status, Hospitalization Status, Number of working experiences, Caring behavior Status, Person cared for, Status of Choosing Nursing as career) of the Nursing students.

3.4.1.2 Caring Behavior Inventory (CBI-24)

The data collection tool was ‘Caring Behavior Inventory’ (CBI-24) scale with 24 questions with options with a list that describe nurse caring original for developed by Professor Doctor, Zane Robinson Wolf (Wolf, *et al*, 1994) See Appendix E and Turkish form translated by Doctor. Öğr. Üyesi Şerife Kurşun (Kurşun & Kanan, 2012) See Appendix F. Both forms have reliability and validity.

The CBI- 24 Care Behaviors Scale, **Assurance (Article = 16,17,18,20,21,22,23,24), knowledge and skills (5 items = 9,10,11,12,15), respect (Article 6 = 1,3,5,6,13,19) and Connectedness (5 items = 2,4,7,8,14)** including the fourth sub-group consists of **24 item 6-point Likert-type scale (1 = never, 2 = almost never, 3 = occasionally, 4 = usually, 5 = almost always, 6 = always)** was used. And the answers described the nurse’s extent of caring behavior point 1 described low extent of caring behavior while high point 6 described the highest extent of caring behavior observed by the student nurses as patient from the nurse’s displayed caring behavior.

For our study, the total **Cronbach alpha** of the CBI – 24 scale was calculated as **0.95**.

3.5 Data Analysis

Descriptive data were analyzed by number, percentage and mean. Shapiro-Wilks test was used to decide if the mean scores were not normally distributed. Since the data were not distributed normally, the Mann-Whitney U test was used for the comparisons of the two groups, and Kruskal Wallis analysis was used for the comparison of three and more groups. Bonferroni correction Mann-Whitney U test was used for further analysis. Significance level was accepted as **0.05**.

3.6 Ethical Aspect

To proceed this study, ethical approval was given by Near East University/ Health Sciences Institute with project No. (YDU/2018/62-650), see Appendix C. And to proceed the data collection in school; Permission from Nursing faculty was obtained from Near East University with reference No. (765/20158), see Appendix D. In addition, permission to use the original Caring Behavior Inventory (CBI – 24) Scale was obtained from the author Professor Doctor, Zane Robinson Wolf, see Appendix E. Furthermore, the permission to use the translated version of CBI-24 in Turkish language from the author Ms : Serife Kursun , See Appendix F.

The participants were informant about the intention of their participation and that was to volunteer in a research study. The questionnaires didn't require their identity. Their answers were reassured that will remain confidential. The choice of participating was given to them, and no harm was given to students. The author herself carried out the data collection process to minimize the bias in the procedures.

4 RESULTS

This chapter is presenting the results of the two questionnaires based on the objective of the study. Assessing Caring behavior perceived by Nursing students in Norther Cyprus and other related factors

Table 4.1 Evaluation of Normal Distribution of Data

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	Df	Sig.
Assurance	,199	493	,000	,782	493	,000
Knowledge & skill	,161	493	,000	,864	493	,000
Respect	,176	493	,000	,830	493	,000
Connectedness	,137	493	,000	,885	493	,000
Total	,144	493	,000	,845	493	,000
a. Lilliefors Significance Correction						

As a result of the analysis, it was found that total and sub-dimension total scores were not normally distributed ($p < 0.05$).

Table 4.2 Distribution of Demographic Data of Nursing Students (n=495)

Variable	N	%
Country		
Turkey	230	46,5
Cyprus	104	21,0
Nigeria	81	16,4
Zimbabwe	58	11,7
Kenya	5	1,0
Malawi	1	,2
Ghana	2	,4
South Africa	1	,2
Gambia	1	,2
Sudan	1	,2
Rwanda	1	,2
Palestine	3	,6
Syria	1	,2
United Emirates	1	,2
Cameroon	1	,2
Uganda	1	,2
Congo	1	,2
Burundi	1	,2
South Sudan	1	,2
Gender	N	%
Female	346	69,9
Male	149	30,1
Marital Status		
Married	11	2,2
Single	482	97,4
Divorced	2	0,4

Having Children		
Yes	18	3,6
No	477	96,4
Having siblings		
Yes	461	93,1
No	34	6,9
Family Type		
Nuclear	350	70,7
Extended	99	20,0
Single parent	40	8,1
Others	6	1,2
Hospitalised		
Yes	251	50,7
No	244	49,3
Cared for someone		
Yes	301	60,8
No	194	39,2
Understanding Patient Feelings		
Everytime	245	49,5
Sometimes	241	48,7
Never	9	1,8
Student nurse by choice		
Yes	413	83,4
No	82	16,6
if you have an option, would you still choose nursing as a career?	N	%
Yes	343	69,3
No	152	30,7

Participants from Turkey to 46.5%, from Cyprus 21.0%, from Nigeria 16.4%, 69.9% female, 97.4% single, 3.6% have children, 93.1% have siblings, 70.7% are Nuclear families, 50.7% of students were previously hospitalized, 60.8% had previously given care to someone, and 49.5% of the students felt themselves enough to understand patients' feelings. 83.4% preferred nursing, and 69.3% of the students stated that they would re-choose nursing if they had opportunities.

Table 4.3 Distribution of Scale and Sub-Scale Score Averages of Students

(n = 495)

Scale and Sub-Scales	M	SD	Min-Max
Assurance	5,33	0,78	1-6
Knowledge and skill	5,16	0,84	1-6
Respect	5,26	0,78	1-6
Connectedness	5,04	0,86	1-6
Scale Total	5,22	0,73	1.58-6

The mean score of the students was 5.22 + 0.73, the mean score of the Assurance sub-scale was 5.33 + 0.78, the mean of knowledge and skill sub-dimension score was 5.16 + 0.84, the Respect sub-scale mean score was 5.26 + 0.78 and the Connectedness sub-scale mean score was 5.04 + 0.86.

Table 4.4 The Comparison of Students' Average Points by Country (n=495)

Country	Scale Total M+SD	Assurance M+SD	Knowledge and skill M+SD	Respect M+SD	Connectedness M+SD
Turkey (n=230)	5,27+0.69	5,42+0.72	5,16+0.81	5,29+0.78	5.15+0.80
Cyprus (n=104)	5,28+0.66	5,34.+0.75	5,11+0.89	5,38+0.69	5.25+0.63
Nigeria (n=81)	5,19+0.75	5,27+0.80	5,25+0.84	5,30+0.74	4.86+0.98
Zimbabwe (n=58)	5,01+0.88	5,11+0.96	5,15+0.88	5,02+0.95	4.68+1.10
Kenya (n=5)	4,73+0.83	5,05+1.06	4,76+0.92	4,56+0.85	4.40+0.67
Other (n=17)	5,12+0.67	5,25+0.75	5,34+0.67	5.12+0.78	4.70+0.88
X ² _{KW}	8.579	8.184	4.184	10.308	23.253
P	0.127	0.146	0.523	0.67	0.000

Total score in scale from Turkey nursing students 5.27 + 0.69 percentage points for the Cypriot students 5.28 + 0.66, scores of Nigerian students 5.19 + 0.75, Zimbabwean scores of students 5.01 + 0.88, Kenyan students score 4.73 + 0.83 The score of the students in the other country is 4.70 + 0.88. The difference between the total scores of the students was not statistically significant ($p > 0.05$).

Assurance subscale total score of from Turkey nursing students 5.42 + 0.72, Cypriot students score of 5.34. + 0.75, scores of Nigerian students 5.27 + 0.80, Zimbabwean scores of students 5.11 + 0.96, Kenyan students score 5.05 The score of +1.06 and the students in other countries is 5.25 + 0.75. There was no statistically significant difference between the total subscale scores of the students according to the country's confidence subscale ($p > 0.05$).

Total score of knowledge and skills subscale from Turkey nursing students 5.16 + 0.81, Cypriot students score 5.11 + 0.89, scores of Nigerian students 5.25 + 0.84, Zimbabwean scores of students 5.15 + 0.88, Kenyan scores of students 4, The score of the students in 76 + 0.92 and other countries is 5.34 + 0.67. The difference between the total score of the students' knowledge and skills subscale was not statistically significant ($p > 0.05$).

Total score respect of subscale from Turkey nursing students $5.29 + 0.78$ Cypriots scores of students $5.38 + 0.69$, score of Nigeria students $4.86 + 0.98$, Zimbabwean scores of students $5.02 + 0.95$, Kenyan students score $4.56 + 0.85$ and the score of the students in other countries is $5.12 + 0.78$. The difference between the respect sub-scale total score of the students was not statistically significant ($p > 0.05$).

Connectedness subscale total score of from Turkey nursing students $5:15 + 0.80$ Cypriots scores of students $5:25 + 0.63$, Nigeria students score $4.86 + 0.98$, Zimbabwean scores of students $4.68 + 1.10$, scores of Kenyan students $4:40 + 0.67$ scores of students in other countries $4.70 + 0.88$ d. The difference between the total scores of the students' subordinate subscales was statistically significant ($p < 0.05$). The Bonferroni Corrected mann-whitney U test was used to determine which country was the cause of the disorder and it was determined that the difference was caused by Turkish and Zimbabwean students ($p = 0.003$) and Turkish and Kenyan students ($p = 0.001$).

Table 4.5 The Comparison of Students' Mean Scores by Genders

Gender	Scale Total M+SD	Assurance M+SD	Knowledge and skill M+SD	Respect M+SD	Connectedness M+SD
Female (n=344)	5,23+0.69	5,36+0.73	5,14+0.84	5,30+0.72	5.05+0.85
Male (n=149)	5,18+0.81	5,27.+0.87	5,21+0.82	5,18+0.90	5.03+0.90
U	25432.00	24879.000	24500.000	24158.000	25647.500
p	0.893	0.603	0.377	0.264	0.929

While the total score of the female nursing students was $5.23 + 0.69$, the score of the male nursing students was $5.18 + 0.81$. The difference between the total score of the students according to their gender was not statistically significant ($p > 0.05$).

While the total score of the Assurance subscale of female nursing students was 5,36 + 0.73, the number of male nursing students was 5,27 + +0,87. The difference between the total scores of the students' Assurance scale was not statistically significant ($p > 0.05$).

While the total score of the knowledge and skills subscale of the female nursing students is 5.14 + 0.84, the score of the male nursing students is 5.21 + 0.82. The difference between the total score of the students' knowledge and skills subscale was not statistically significant ($p > 0.05$).

While the total score of the respectful subscale of female nursing students is 5,30 + 0.72, the score of the male nursing students is 5,18 + 0.90. The difference between the respectful subscale total score of the students was not statistically significant ($p > 0.05$).

While the total score of Connectedness subscale of female nursing students is 5.05 + 0.85, male nursing students score is 5.03 + 0.90. There was no statistically significant difference between the Connectedness subscale scores of students according to their gender ($p > 0.05$).

Table 4.6 Comparison of the Students' Mean Average for Marital Status

Gender	Scale Total M+SD	Assurance M+SD	Knowledge and skill M+SD	Respect M+SD	Connectedness M+SD
Married (n=11)	4.78+1.12	4.75+1.38	4.81+1.25	4.66+1.21	4.92+0.85
Single (n=482)	5.23+0.71	5.34+0.76	5.17+0.83	5.28+0.77	5.04+0.87
Divorced (n=2)	5.62+0.05	5.75+0.17	5.10+0.70	5.91+0.11	5.60+0.56
X^2_{KW}	2.100	2.492	0.576	5.583	1.348
P	0.350	0.288	0.750	0.061	0.510

The total score of the married students was $4.78 + 1.12$, the single students had a score of $5.23 + 0.71$ and the divorced students had a score of $5.62 + 0.05$. According to the marital status of the students, the difference between the total score of the students was not statistically significant ($p > 0.05$).

The total subscale of the married students was $4.75 + 1.38$, the single students had a score of $5.34 + 0.76$ and the divorced students had a score of $5.75 + 0.17$. According to the marital status of the students, the difference between the Assurance subscale total score of the students was not statistically significant ($p > 0.05$).

The total score of the married students in the knowledge and skills subscale was $4.81 + 1.25$, single students score was $5.17 + 0.83$ and the score of the divorced students was $5.10 + 0.70$. According to the marital status of the students, the difference between the total score of knowledge and skill of the students was not statistically significant ($p > 0.05$).

The total score of the respect subscale of the married students was $4.66 + 1.21$, the single students had a score of $5.28 + 0.77$ and the divorced students had a score of $5.91 + 0.11$. According to the marital status of the students, the difference between the respect subscale total score of the students was not statistically significant ($p > 0.05$).

The total subscale of married students was $4.92 + 0.85$, single students were $5.04 + 0.87$ and divorced students had a score of $5.60 + 0.56$. According to the marital status of the students, there was no statistically significant difference between the Connectedness subscale scores of the students ($p > 0.05$).

Table 4.7 Comparison of The Mean Points of Students According to Their Status as Having Children

Having Children	Scale Total	Assurance	Knowledge and skill	Respectf	Connectedness
	M+SD	M+SD	M+SD	M+SD	M+SD
Yes (n=18)	5.41+0.63	5.45+0.59	5.38+0.68	5.45+0.79	5.35+0.76
No (n=475)	5.21+0.73	5.33+0.78	5.16+0.84	5.26+0.78	5.03+0.87
U	3414.500	4034.000	3602.000	337.000	3243.500
p	0.147	0.682	0.242	0.106	0.077

Nursing students who have children have a total score of 5.41 + 0.63 and nursing students who have no children have a score of 5.21 + 0.73. There was no statistically significant difference between the total score of the students according to the status of having children ($p > 0.05$).

While the total score of the nursing students who have children is 5.45 + 0.59, the point of nursing students who have no children is 5.33 + 0.78. The difference between the total score of the students' Assurance subscale was not statistically significant ($p > 0.05$).

While the total score of knowledge and skill subscale of the nursing students who have children is 5.38 + 0.68, the point of nursing students who have no children is 5.16 + 0.84. The difference between the total score of the students' knowledge and skills subscale was not statistically significant ($p > 0.05$).

While nursing students who have children have 5.45 + 0.79 of respect subscales, the score of non-nursing students is 5.26 + 0.78. The difference between the respect subscale scores of the students was not statistically significant ($p > 0.05$).

The total score of the Connectedness subscale of the nursing students who have children is 5.35 + 0.76 and the number of nursing students who have no children is 5.03 + 0.87. There was no statistically significant difference between the Connectedness subscale scores of the students according to the status of having children ($p > 0.05$).

Table 4.8 Comparison of the Students' Average of Their Meaning According to Their Brotherhood

Being a Brother	Scale Total M+SD	Assurance M+SD	Knowledge and Skill M+SD	Respect M+SD	Connectedness M+SD
Yes (n=459)	5.23+0.69	5.34+0.74	5.17+0.82	5.28+0.74	5.06+0.84
No (n=34)	5.06+1.09	5.17+1.22	5.13+1.02	5.08+1.17	4.79+1.17
U	7604.000	7529.500	7359.500	7835.500	7166.000
p	0.804	0.791	0.549	0.998	0.402

The total score of nursing students who have siblings is 5.23 + 0.69 while the point of nursing students who have no children is 5.06 + 1.09. There was no statistically significant difference between the total score of the students according to the status of being Brother Owner ($p > 0.05$).

While the total subscale of the nursing students who have siblings is 5.34 + 0.74, the score of non-sibling nursing students is 5.17 + 1.22. There was no statistically significant difference between the total subscale of the students' Assurance subscale according to the status of being Brother Owner ($p > 0.05$).

While the total score of the knowledge and skills subscale of the nursing students who have siblings was 5.17 + 0.82, the point of nursing students who have no children is 5.13 + 1.02. The difference between the total score of knowledge and skills of the students was not statistically significant ($p > 0.05$).

While the total score of the respect subscale of the nursing students who have siblings is 5.28 + 0.74, the score of non-sibling nursing students is 5.08 + 1.17. The difference between the respect sub-scale total score of the students was not statistically significant ($p > 0.05$).

While the total score of the Connectedness subscale of the nursing students with siblings was 5.06 + 0.84, the score of non-sister nursing students was 4.79 + 1.17. There was no significant difference between the Connectedness subscale scores of the students according to Brother Owner status ($p > 0.05$).

Table 4.9 Comparison of The Points of the Students According to The Family Type

Family type	Scale Total M+SD	Assurance M+SD	Knowledge and Skills M+SD	Respect M+SD	Enagement M+SD
Nuclear (n=350)	5.20+0.74	5.31+0.80	5.14+0.85	5.25+0.78	5.02+0.89
Extended (n=99)	5.33+0.63	5.46+0.66	5.27+0.79	5.34+0.72	5.18+0.75
Single parent (n=40)	5.13+0.76	5.23+0.88	5.14+0.77	5.17+0.87	4.91+0.87
Diğer (n=5)	5.15+1.05	5.27+0.80	5.00+1.17	5.16+1.19	5.12+1.22
X ² _{KW}	3.827	4.642	2.809	1.751	4.307
p	0.281	0.200	0.422	0.626	0.230

The total score of the students who have a nuclear family is 5.20 + 0.74, the students with Extended family have a score of 5.33 + 0.63, the students with a single parent score have a score of 5.13 + 0.76 and other family types have a score of 5.15 + 1.05. There was no statistically significant difference between the total score of the students according to the family type of the students ($p > 0.05$).

Total score of assurance subscale of the students who have a nuclear family is 5.31 + 0.80, students with an Extended family have a score of 5.46 + 0.66, a score of 5.23 + 0.88, and a score of 5.27 + 0.80 for students with a single parent. There was no statistically significant difference between the sub-scale total score of the students according to the type of family trust ($p > 0.05$).

The students who have a nuclear family have a total score of 5.14 + 0.85, a score of 5.27 + 0.79, a score of 5.14 + 0.77 and a family score of 5.00 + 1.17. The difference between the total score of knowledge and skill sub-scale according to the family type of the students was not statistically significant ($p > 0.05$).

The students who have a nuclear family have a mean score of 5.25 + 0.78, a score of 5.34 + 0.72, a score of 5.17 + 0.87 and a family score of 5.16 + 1.19. The difference between the sub-

scale total score and the respectful sub-scale of the students was not statistically significant ($p > 0.05$).

The Connectedness subscale score of the students who have a nuclear family is $5.02 + 0.89$, the students with a large family have a score of $5.18 + 0.75$, the students who have a one-parent family have a score of $4.91 + 0.87$ and the other family types have a score of $5.12 + 1.22$. The difference between the Connectedness subscale and total scores of the students was not statistically significant ($p > 0.05$).

Table 4.10 Comparison of The Points of Students According to Their Status of Hospitalization

Hospitalised	Scale Total M+SD	Assurance M+SD	Knowledge and skill M+SD	Respect M+SD	Connectedness M+SD
Yes (n=251)	5.22+0.78	5.32+0.83	5.19+0.82	5.26+0.83	5.02+0.95
No (n=244)	5.22+0.67	5.34+0.73	5.13+0.85	5.27+0.073	5.06+0.76
U	29169.000	29726.000	29275.000	29839.000	29984.500
p	0.447	0.681	0.393	0.620	0.687

While the total score of the nursing students in the hospital is $5.22 + 0.78$, the score of the nursing students is $5.22 + 0.67$. the difference between the total score of the students was not statistically significant ($p > 0.05$).

While the total score of the Assurance subscale of the nursing students was $5.32 + 0.83$, the nursing students' score was $5.34 + 0.73$. According to the hospitalization status, the difference between the Assurance subscale and total score of the students was not statistically significant ($p > 0.05$).

While the total score of the knowledge and skills subscale of the hospitalized nursing students was $5.19 + 0.82$, the score of the nursing students who did not sleep was $5.13 + 0.85$. The difference between the total score of the students' knowledge and skill subscale was not statistically significant ($p > 0.05$).

While the total score of the respect subscale of the hospitalized nursing students was $5.26 + 0.83$, the score of nursing students was $5.27 + .073$. The difference between the respect subscale scores of the students was not statistically significant ($p > 0.05$).

While the total score of the Connectedness subscale of the nursing students was $5.02 + 0.95$, the score of the nursing students who did not sleep was $5.06 + 0.76$. The difference between the total Connectedness subscale scores of the students was not statistically significant ($p > 0.05$).

Table 4.11 Comparison of the Students' Average of Their Work Experience

Work experience	Scale Total M+SD	Assurance M+SD	Knowledge and Skills M+SD	Respect M+SD	Enagement M+SD
Yes (n=89)	5.20+0.74	5.33+0.80	5.28+0.70	5.17+0.88	4.94+0.91
No (n=403)	5.22+0.72	5.33+0.77	5.13+0.86	5.28+0.76	5.06+0.85
U	17399.000	17675.500	16567.000	16634.500	16486.500
p	0.660	0.830	0.228	0.251	0.206

While the total score of the nursing students with work experience is $5.20 + 0.74$, inexperienced nursing students score $5.22 + 0.72$. The difference between the total score of the students was not statistically significant ($p > 0.05$).

While the total subscale of the nursing students who had work experience was $5.33 + 0.80$, the score of inexperienced nursing students was $5.33 + 0.77$. According to the work experience status, the difference between the Assurance subscale total score of the students was not statistically significant ($p > 0.05$).

While the total score of the knowledge and skills subscale of the nursing students who have work experience is $5.28 + 0.70$, the score of the inexperienced nursing students is $5.13 + 0.86$. The difference between the knowledge and skills of the students and the sub-scale total score were not found statistically significant ($p > 0.05$).

While the total score of the nursing students with respect to work experience is $5.17 + 0.88$, the inexperienced nursing students score is $5.28 + 0.76$. The difference between the respect subscale scores of the students was not statistically significant ($p > 0.05$).

Connectedness subscale scores of the nursing students with work experience were $4.94 + 0.91$ while inexperienced nursing students score $5.06 + 0.85$. The difference between the Connectedness subscale scores of the students was not statistically significant ($p > 0.05$).

Table 4.12 Comparison of the Students' Average of Care Experience

Care Experience	Scale Total M+SD	Assurance M+SD	Knowledge And skills M+SD	Respect M+SD	Connectedness M+SD
Yes (n=301)	5.17+0.73	5.28+0.77	5.16+0.81	5.20+0.80	4.97+0.92
No (n=192)	5.30+0.72	5.42+0.78	5.17+0.88	5.36+0.75	5.16+0.76
U	24886.000	24117.000	28057.500	25260.500	26076.500
p	0.009	0.002	0.459	0.011	0.044

Nursing students who have care experience have a total score of $5.17 + 0.73$ while inexperienced nursing students score is $5.30 + 0.72$. The difference between the total scores of the students was statistically significant ($p < 0.05$).

The nursing students who have care experience in nursing education have a total score of $5.28 + 0.77$ while the inexperienced nursing students score is $5.42 + 0.78$. The difference between the Assurance subscale and total score of the students was statistically significant ($p < 0.05$).

Nursing students who have care experience have a total score of $5.16 + 0.81$ in the knowledge and skills subscale and inexperienced nursing students score is $5.17 + 0.88$. The difference between the total subscale of Knowledge and Skills subscale was not statistically significant ($p > 0.05$).

Nursing students who have care experience have a respect subscale total score of $5.20 + 0.80$ while inexperienced nursing students score is $5.36 + 0.75$. The difference between the respect subscale scores of the students was statistically significant ($p < 0.05$).

Connectedness subscale scores of the nursing students with care experience were 4.97 + 0.92 while inexperience nursing students score 5.16 + 0.76. The difference between the Connectedness subscale scores of the students was statistically significant ($p < 0.05$).

Table 4.13 Comparison of Students' Nursing Based on their Selection

Nursin as a career selection	Scale Total M+SD	Assurance M+SD	Knowledge And Skills M+SD	Respect M+SD	Connectedness M+SD
Yes (n=413)	5.27+0.67	5.38+0.71	5.20+0.81	5.32+0.73	5.10+0.82
No (n=82)	4.97+0.93	5.10+1.02	4.96+0.95	5.00+0.97	4.77+1.03
U	13287.000	14168.000	14388.000	13246.500	13613.500
p	0.004	0.030	0.030	0.002	0.005

While the total score of the students who chose nursing willingly is 5.27 + 0.67, the score of the nursing students is 4.97 + 0.93. The difference between the total score of the students was statistically significant ($p < 0.05$).

While the nursing students' choice of nursing students is 5.38 + 0.71, the score of the nursing students is 5.10 + 1.02. The difference between the total score of students' Assurance scale was statistically significant ($p < 0.05$).

While the total score of the students 'knowledge and skills subscale was 5.20 + 0.81, the nursing students' score was 4.96 + 0.95. The difference between the total score of the students' knowledge and skill scale was statistically significant ($p < 0.05$).

While the nursing students' score of the respect subscale was 5.32 + 0.73, nursing students score 5.00 + 0.97. The difference between the respect scale total score of the students was statistically significant ($p < 0.05$).

While the total score of the students Connectedness who willingly chose nursing was 5.10 + 0.82, the score of the nursing students who did not willingly choose nursing was 4.77 + 1.03. The difference between the total scores of the student's Connectedness scale was statistically significant ($p < 0.05$).

Table 4.14 Comparison of The Points of the Students According to The Re-Election Status of Nursing

Selection Again	Scale Total M+SD	Assurance M+SD	Knowledge And skills M+SD	Respect M+SD	Connectedness M+SD
Yes (n=342)	5.27+0.70	5.37+0.74	5.21+0.83	5.31+0.76	5.10+0.84
No (n=150)	5.11+0.77	5.25+0.85	5.05+0.85	5.15+0.82	4.90+0.91
U	21714.000	23546.000	22349.500	21883.000	22199.000
p	0.007	0.144	0.014	0.006	0.011

The total score of the students who said that they will choose the nursing again was 5.27 + 0.70 and the score of the nursing students who said that they would not choose nursing again was 5.11 + 0.77. The difference between the total score of the students was statistically significant (**p <0.05**).

Nursing students who said that they would choose to re-select nursing again were 5.37 + 0.74 while the total score of the students was 5.25 + 0.85. The difference between the total score of the Assurance subscale of the students was not statistically significant ($p > 0.05$).

Nursing students who say that they will choose the nursing again will be 5.05 + 0.85. The difference between the knowledge and skill sub-scale total score was found statistically significant (**p <0.05**).

Nursing students who say that they will choose to choose nursing again will have a score of 5.31 + 0.76 and the score of 5.15 + 0.82 for nursing students. The difference between the respect subscale total score of the students was statistically significant (**p <0.05**).

Nursing students who say that they will choose the nursing again will increase the total score of the Connectedness sub-scale by 5.10 + 0.84, while the number of nursing students who say that they will not choose is 4.90 + 0.91. The difference between the Connectedness subscale scores of the students was statistically significant (**p <0.05**).

Table 4.15 Comparison of the Students' Meaning of Self-Confidence in Understanding of Patient's Emotions

Understanding the Patient's Feelings	Scale Total M+SD	Assurance M+SD	Knowledge And skills M+SD	Respect M+SD	Connectedness M+SD
Always (n=245)	5.34+0.75	5.41+0.80	5.32+0.82	5.39+0.81	5.19+0.89
Sometimes (n=239)	5.11+0.67	5.26+0.73	5.03+0.80	5.15+0.73	4.91+0.81
Never (n=9)	4.77+0.88	4.93+1.15	4.55+1.12	4.81+0.79	4.71+1.08
X ² _{KW}	31.641	13.730	26.954	28.954	23.205
p	0.000	0.001	0.000	0.000	0.000

The total score of the students who always understood the patients' feelings was 5.34 + 0.75, sometimes the students who understood the score were 5.11 + 0.67 and the students who did not understand the score were 4.77 + 0.88. The difference between the total score and the total score of the students was statistically significant (**p <0.05**). In the analysis conducted to determine which group the difference originated from, it was determined that the difference was the score of the group who understand the understanding and sometimes the group that understands the difference (**p = 0.000**).

The total score of the students who always understood the feelings of the patients was 5.41 + 0.80, sometimes the students who understood the score were 5.26 + 0.73 and the students who did not understand the score were 4.93 + 1.15. The difference between the total subscale of Assurance and subscale scores was statistically significant (**p <0.05**). In the analysis conducted to determine which group the difference originated from, it was determined that the difference was caused by the difference between the understanding group and the understanding group (**p = 0.000**).

The total score of the students' knowledge and skills skill subscale was 5.32 + 0.82. The difference between the total score of knowledge and skills subscale was statistically significant

(**p <0.05**). In the analysis conducted to determine which group the difference originated from, it was determined that the difference was caused by the difference between the understanding group and the understanding group (**p = 0.000**).

The total score of the students who always understood the patients' feelings was $5.39 + 0.81$, sometimes the students who understood the score of $5.15 + 0.73$ and the students who never understood the score was $4.81 + 0.79$. According to the students' understanding of the patient's feelings, the difference between the respect subscale total score was statistically significant (**p <0.05**). In the analysis conducted to determine which group the difference originated from, it was determined that the difference was caused by the difference between the understanding group and the understanding group (**p = 0.000**).

The Connectedness subscale score of the students who always understood the patients' feelings was $5.19 + 0.89$, sometimes the students who understood the score were $4.91 + 0.81$ and the students who did not understand the score were $4.71 + 1.08$. The difference between Connectedness subscale and total scores was statistically significant (**p <0.05**). In the analysis conducted to determine which group the difference originated from, it was determined that the difference was caused by the difference between the understanding group and the understanding group (**p = 0.000**).

5 DISCUSSION

Caring behavior of faculty instructors and staff nurse's affects nursing students caring behavior perception positive or negative, Thus, caring behavior relationship between student nurses, nurses and faculty instructors are necessary to enhance and facilitate growth in positive perception of caring behavior (Watson & Foster, 2003). Furthermore, caring is universal extraordinary and its likely to be perceived differently by patient and nurses if they come from different cultural background, which may contribute to culturally learned behaviors, techniques, actions, patterns and process. In addition, cultural learned behavior could influence student perception of caring behavior (Leininger, 2002)

The study conducted to explore the perception of caring behavior of nursing students and other related variables total scale and sub scales. Therefore, the general mean score of perception of caring behavior of nursing students in this study was found to be total **mean score 5.22** (see **table 4.3**).

On the other hand, in a similar study carried out South Turkey on perception of caring behavior of nursing students, their total mean score was **5.13** (Kilic, 2018). Similar study carried out in Greece, US, Oman, Nigeria and Kenya shows that nursing students who have learned caring behavior or modelled by their clinical instructors or instructors had a total **mean of 4.56** (Labraguel, 2016).

This is to mean that nursing students of Northern Cyprus had a better perception of caring behavior followed by South Turkey, Greece, US, Oman, Nigeria and Kenya. Studies shows that shortage of staff nurses, lack of enough resources in the following countries, has resulted to too much workload and patients' needs not catered for. Hence, affectecting student's perception of caring behavior being displayed by staff nurses to patients in the clinical area (Labraguel et al, 2016).

On the hand, the following variables affected student nurse's perception on caring behavior included: care experience (see table 4.12), Nursing based on their Selection (see table 4.13), Students according to their Re-Election Status of Nursing (see table 4.14), and Students' Meaning of Self-Confidence in Understanding of Patient's Emotions (see table 4.15) **p<0.05**.

Therefore, the students who had care experience, perceived caring behavior as Assurance of human presence, respect and connectedness **p<0.05**. While those students who chose nursing as a career and had self confidence in understanding patient's emotion had a better perception caring behavior perceived caring behavior as Assurance, respect, knowledge and skills and connectedness **p<0.05**.

However, the following variables include: Class, Gender, Age, Number of children, Number of siblings, Family status, Hospitalization Status, Number of working experience, we couldn't find any statistical significance. However, similar study carried in Turkey found that class affected the perception of caring behavior of student (Kursun S. & Arslan, 2012).

Furthermore, this study found that female perception care was higher than male students but the difference was not significant. Similar studies by kilic (2018) male had higher perception of caring behavior but the difference was not significant. However, age difference affected the perception of caring behavior. furthermore, other studies gender does affect the perception of caring behavior (Zamanzadeh et al.,2014).

On the other hand, Therefore, the general perception of caring behavior of nursing students in this study was found to be total **mean score 5.33 Assurance** was subscale that was scored highest and **connectedness lowest scored 5.04 (see table 4.3).**

Similar study carried out in Greece, US, Oman, Nigeria and Kenya had a total **mean of 4.63 in Assurance** subscale and was the highest scored and **connectedness** had the lowest mean **4.47** (Labraguel, 2016). While similar studies in Indonesia perceived positive connectedness as the highest domain of caring behavior due to their level of knowledge and skills (Aupia, et al, 2017).

However, in a similar study carried out South Turkey on perception of caring behavior of nursing students, their highest scored sub scale was knowledge and skills with a mean of 5.22 and respectful difference of others had the lowest score 5.03 (Kilic, 2018).

Therefore, nursing students from Northern Cyprus, Greece, US, Oman, Nigeria and Kenya perceived Assurance of human presence as the most caring behavior while in south turkey perceived knowledge and skills as the most caring behavior (Kilic, 2018).

Consequently, Northern Cyprus, Greece, US, Oman, Nigeria and Kenya perceived Assurance of human presence and respect are culturally observed and valued despite a person's status level or wealth in this countries. while in turkey level of knowledge and skill and wealth determines your level of status and respect and care given to a person (Papastavrou, et al 2012).

6 CONCLUSIONS

The perception of caring behavior of nursing students was highly affected by their care experience and how they understood patient's feelings and culture, country they came from affected how the students respect and engaged with patients.

6.1 Results

The following conclusions can be made:

1. The Turkish and Turkish Cypriot student nurses perceived caring behavior as Connectedness as an extent of caring behavior displayed by the nurses
2. Other students and Nigerian students perceived Nursing care in relation to display of Knowledge and skills an extent of caring behavior displayed by the nurses
3. The student who would re-elect nursing as a career perceived care as a form of respect and Connectedness as extent by Nurses
4. Students who affirmed to always understand patient's feelings affected the student perception of care especially on Assurance and knowledge and skills as an extent of caring behavior displayed by the nurses.
5. The nursing students that selected Nursing by choice displayed more caring behavior attributes than other students
6. Student perception of care was influenced by culture and how nurse's role modelled caring behavior towards them.
7. The following variables include: (Class, Gender, Age, Number of children, Number of siblings, Family status, Hospitalization Status, Number of working experience,) we couldn't find any statistical significance.

6.2 Suggestions

The following are recommendations

1. More study to be conducted on How culture influences student perception on caring behavior
2. Having Mentorship programs and workshops to educate student nurses on Caring behavior as a Subject in school curriculums
3. Having programs and workshops to continually educate Students on the important of understanding patient's feelings in as part offering nursing care and patient needs satisfactory.

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8: APPENDICES

8.1 Appendix A

CARING BEHAVIORS INVENTORY-24

Directions:

Please read the list of items that describe nurse caring. For each item, please *circle* the answer that stands for the extent that a nurse or nurses made caring visible during your last hospitalization. Remember, *you* are the patient.

1. Attentively listening to the patient.

never almost never occasionally usually almost always always

2. Giving instructions or teaching the patient.

never almost never occasionally usually almost always always

3. Treating the patient as an individual.

never almost never occasionally usually almost always always

4. Spending time with the patient.

never almost never occasionally usually almost always always

5. Supporting the patient.

never almost never occasionally usually almost always always

6. Being empathetic or identifying with the patient.

never almost never occasionally usually almost always always

7. Helping the patient grow.

never almost never occasionally usually almost always always

8. Being patient or tireless with the patient.

never almost never occasionally usually almost always always

9. Knowing how to give shots, IVs, etc.

never almost never occasionally usually almost always always

10. Being confident with the patient.

never almost never occasionally usually almost always always

11. Demonstrating professional knowledge and skill.

never almost never occasionally usually almost always always

12. Managing equipment skillfully.

never almost never occasionally usually almost always always

13. Allowing the patient to express feelings about his or her disease and treatment.

never almost never occasionally usually almost always always

14. Including the patient in planning his or her care.

never almost never occasionally usually almost always always

15. Treating patient information confidentially.	never	almost never	occasionally	usually	almost always	always
16. Returning to the patient voluntarily.	never	almost never	occasionally	usually	almost always	always
17. Talking with the patient.	never	almost never	occasionally	usually	almost always	always
18. Encouraging the patient to call if there are problems.	never	almost never	occasionally	usually	almost always	always
19. Meeting the patient's stated and unstated needs.	never	almost never	occasionally	usually	almost always	always
20. Responding quickly to the patient's call.	never	almost never	occasionally	usually	almost always	always
21. Helping to reduce the patient's pain.	never	almost never	occasionally	usually	almost always	always
22. Showing concern for the patient.	never	almost never	occasionally	usually	almost always	always
23. Giving the patient's treatments and medications on time.	never	almost never	occasionally	usually	almost always	always
24. Relieving the patient's symptoms.	never	almost never	occasionally	usually	almost always	always

Wu et. al (2006)

(Copyright ©Zane Robinson Wolf. 1981; 1990; 1991; 10/91; 1/92; 3/92; 8/94; 12/95)

8.2 Appendix B

BAKIM DAVRANIŞLARI ÖLÇEĞİ-24

Maddeler	Asla (1)	Hemen hemen asla (2)	Bazen (3)	Genellikle (4)	Çoğu zaman (5)	Her zaman (6)
1. Hastayı dikkatle dinleme						
2. Hastayı eğitime ya da bilgilendirme						
3. Hastaya bir birey olarak davranma						
4. Hastaya zaman ayırma						
5. Hastaya destek olma						
6. Hastayla özdeşleşme ya da empati kurma						
7. Hastanın gelişimine yardım etme/destek olma						
8. Hastaya karşı sabırlı ve anlayışlı olma						
9. Enjeksiyon, intravenöz gibi girişimlerin nasıl uygulanacağını bilme						
10. Hastaya güven verme						
11. Profesyonel/mesleki bilgi ve beceri sergileme						
12. Araç-gereci beceriyle kullanma						
13. Hastanın, hastalığı ya da tedavisine ilişkin duygularını açıklamasına izin verme						
14. Bakımın planlamasında hastanın katılımını sağlama						
15. Hastaya ait bilgileri gizli tutma						
16. Hastaya istekle gitme						
17. Hastayla konuşma						
18. Sorunu olduğunda çağırması için hastayı cesaretlendirme						
19. Hastanın ifade ettiği ya da etmediği gereksinimlerini karşılama						
20. Hastanın çağırısına hemen yanıt verme						
21. Hastanın ağrısını azaltmaya yardım etme						
22. Hastaya ilgi gösterme						
23. Hastanın tedavilerini ve ilaçlarını zamanında uygulama						
24. Hastanın semptomlarını hafifletme						

Bakım Davranışları Ölçeği-24

Wu ve ark (2006) tarafından oluşturulan bu ölçek, Wolf ve ark. (1994) tarafından geliştirilen hasta ve hemşireler tarafından çift yönlü tanılamaya uygun 42 maddelik “Bakım Davranışları Ölçeği-42 (Caring Behaviors Inventory-42)”nin kısa formudur (Wu ve ark. 2006).

Ölçek, hemşirelik bakım sürecini değerlendirmek için tasarlanmıştır (Wolf ve ark. 1994). BDÖ-24, hemşirelerin kendi kendilerini değerlendirmelerini ve hasta algılarını karşılaştırmak amacıyla kullanılmaktadır. (Wu ve ark. 2006). Ayrıca ölçek, cerrahi girişim öncesi ve sonrası dönemde verilen hemşirelik bakımını (dinleme, eğitim, karar vermede hastayı da kapsayan bakım davranışları) değerlendirmek amacıyla da kullanılmaktadır.

Bakım Davranışları Ölçeği, güvence (8 madde=16,17,18,20,21,22,23,24), bilgi-beceri (5 madde=9,10,11,12,15), saygılı olma (6 madde=1,3,5,6,13,19) ve bağlılık (5 madde=2,4,7,8,14) olmak üzere 4 alt gruptan ve 24 maddeden oluşmakta, yanıtlar için 6 puanlı likert tipi skala (1= asla, 2= hemen hemen asla, 3= bazen, 4= genellikle, 5= çoğu zaman, 6= her zaman) kullanılmaktadır.

Ölçek, hasta ile araştırmacı tarafından (bireysel veya telefon görüşmesi) ya da hastanın kendisinin doldurması ile uygulanmaktadır. Hem hasta hem de hemşireler için ölçeğin iç tutarlılığı, toplamda 0,96, alt gruplarda 0,82-0,92 arasında değişmektedir (Wu ve ark. 2006). Ölçeğin bu çalışmada kullanılabilmesi için ölçeği oluşturan araştırmacılardan izin alındı. Ölçek puanlarının hesaplanması:

- *Toplam ölçek puanının elde edilmesi:* 24 maddenin puanları toplandıktan sonra 24’e bölünerek, 1-6 arasında ölçek puanı elde edilmektedir.

- *Alt boyutların elde edilmesi:* Her bir alt boyut için, alt boyutlarda yer alan maddelerin puanları toplanarak elde edilen puanın madde sayısına bölünerek, 1-6 puan arasında alt boyut puanları elde edilmektedir.





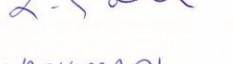


Kaynak: Kurşun Ş, Kanan N (2012) Bakım Davranışları Ölçeği-24’ün Türkçe Formunun Geçerlik ve Güvenirlik Çalışması. Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi, 15 (4): 229-235.

8.3 Appendix C

ARAŞTIRMA PROJESİ DEĞERLENDİRME RAPORU

Toplantı Tarihi :18.10.2018
Toplantı No : 2018/62
Proje No : 650

Yakın Doğu Üniversitesi Sağlık Bilimleri Fakültesi öğretim üyelerinden Prof. Dr. Candan Öztürk'ün sorumlu araştırmacısı olduğu, YDU/2018/62-650 proje numaralı ve "Caring Behavior Perceived by Nursing Students and Related Factors in Northern Cyprus" başlıklı proje önerisi kurulumuzca değerlendirilmiş olup, etik olarak uygun bulunmuştur.

- | | |
|-------------------------------------|--|
| 1. Prof. Dr. Rüştü Onur | (BAŞKAN)  |
| 2. Prof. Dr. Nerin Bahçeciler Önder | (ÜYE)  |
| 3. Prof. Dr. Tamer Yılmaz | (ÜYE)  |
| 4. Prof. Dr. Şahan Saygı | (ÜYE)  |
| 5. Prof. Dr. Şanda Çalı | (ÜYE)  |
| 6. Prof. Dr. Nedim Çakır | (ÜYE) KATILMADI |
| 7. Prof. Dr. Kaan Erler | (ÜYE) KATILMADI |
| 8. Doç. Dr. Ümran Dal Yılmaz | (ÜYE)  |
| 9. Doç. Dr. Nilüfer Galip Çelik | (ÜYE) KATILMADI |
| 10. Doç. Dr. Emil Mammadov | (ÜYE)  |

8.4 Appendix D

YAKIN DOĞU ÜNİVERSİTESİ
HEMŞİRELİK FAKÜLTESİ



NEAR EAST UNIVERSITY
FACULTY OF NURSING

2 Ekim 2018

Sayı: HF - 765 / 2018

Sayın Prof. Dr. Candan Öztürk,
Çocuk Sağlığı ve Hastalıkları Hemşireliği Anabilim Dalı Öğretim Üyesi,

Sağlık Bilimleri Enstitüsü Hemşirelik Programı'nda kayıtlı olan Emmanuel Wekesa Wanyonyi'nin tez çalışması olarak, "Caring Behavior Perceived by Nursing Students and Related Factors in Northern Cyprus" isimli çalışmasını Hemşirelik Fakültesi öğrencileriyle yapabileceği tarafımızca uygun bulunmuştur. Bilgi ve gereğini rica ederim.

Saygılarımla.

Prof. Dr. Nurhan Bayraktar
Hemşirelik Fakültesi Dekanı

8.5 Appendix E

From: **Zane Wolf** <wolf@lasalle.edu>
Date: Thu, Sep 20, 2018 at 5:08 AM
Subject: Re: Request permission to use the CBI-42 and article
To: Emanu Mzeiya <emanumzeiya@gmail.com>
Cc: Firdevs Erdemir <erdemir.firdevs@gmail.com>, CANDAN ÖZTÜRK <candan.ozturk@neu.edu.tr>

Dear Emanu:

Please see attached. I wish you great success.

Zane Wolf

Zane Robinson Wolf, PhD, RN, CNE, FAAN
Dean Emerita and Professor
Adjunct Faculty
School of Nursing and Health Sciences
The University Hall
Editor, International Journal for Human Caring
St. Benilde Tower 4015
1900 West Olney Avenue
Philadelphia, PA 19141
610 755 8775 (cell)
215 951 1896 (Fax)
wolf@lasalle.edu

From: Emanu Mzeiya <emanumzeiya@gmail.com>
Sent: Tuesday, September 18, 2018 6:03:20 PM
To: Zane Wolf
Cc: Firdevs Erdemir; CANDAN ÖZTÜRK; Emanu Mzeiya
Subject: Ref: Request permission to use the CBI-42 and article

Dear Zane Wolf,

Hello ., I am from Near East University in Northern Cyprus. I am a Master Student interested in carrying out a research on Caring Behavior [perceived by Nursing students in Northern Cyprus as my thesis study .My Advisor is Prof,Dr. Firdevs Erdemir. A little background about my school Near East University (www.neu.edu.tr), was established in 1988, is located in Nicosia, Capital of North Cyprus, In addition, it has 19 faculties comprising 220 departments and programs, , 8 graduates schools with around 218 graduate and post graduate programs and 3 high schools, 28 research institutes and has several International memberships . Furthermore, the Nursing faculty is comprised of both Turkish and English programs whereby there are Turkish and foreign students and most of them are from African origin and English speaking students.I would like to kindly ask for permission to use your scale-CBI-42. And Would you send to me your ‘Caring Behavior Inventory’ (CBI-42) scale and article and in order to allow me allow me to use your questionnaire in my research to compare differences of caring behavior as perceived by nursing students and to explore the relationship between their sociodemographic variables and perception of caring behavior here in Northern Cyprus, please? Thank you for your interest.
Sincerely,

Msc. Emmanuel Wekesa Wanyonyi

Email: emanumzeiya@gmail.com

Tel: +905488 282 993

8.6 Appendix F

From: **Serife Kursun** <serifekursun@hotmail.com>
Date: Tue, Oct 2, 2018 at 2:13 PM
Subject: Ynt: Bakım Davranışları Ölçeği -24 Kullanım İzni hk
To: CANDAN ÖZTÜRK <candan.ozturk@neu.edu.tr>

Merhaba Candan hocam, BDÖ-24'ü öğrencinizin tezinde kullanabilirsiniz. Ekte BDÖ-24 ölçek maddeleri yer almaktadır.

İyi çalışmalar....

Dr. Öğr. Üyesi Şerife KURŞUN

Gönderen: CANDAN ÖZTÜRK <candan.ozturk@neu.edu.tr>
Gönderildi: 2 Ekim 2018 Salı 13:02
Kime: serifekursun@hotmail.com
Bilgi: Emanu Mzeiya
Konu: Bakım Davranışları Ölçeği -24 Kullanım İzni hk

Değerli Meslektaşım

Yükseklisans öğrencim Emmanuel Wekesa Wanyonyi'nin tezinde, tarafınızdan Türkçe geçerlik ve güvenilirliği yapılan Bakım Davranışları Ölçeği -24'ü kullanabilmek için, gerekli izni vermenizi diliyoruz.
Saygıyla

Prof. Dr. Candan ÖZTÜRK
Emmanuel Wekesa Wanyonyi

8.7 Appendix G Nursing student Assessment form in English

Caring Behavior By Nursing Students in Northern Cyprus and Other Related Factors

Student Assessment Form			
1	Which year student you are?	a) 1 b) 2 c) 3 d) 4	
2	Which country are you from?	Nigeria Zimbabwea Kongo Kenya	
3	Gender	a) Female b) Male	
4	Age?.....	Marital Status a) Married b) Single c) Divorced	
5	Do you have a child ?	Yes / No	If yes how many
6	Do you have any siblings ?	Yes / No	If yes how many excluding you
7	Which type of family do you have / come from ?	a)Nuclear b) Extended c) Single parent d) Other	
8	Have you been hospitalised before ?	a) Yes b) No	
9	Do you have any work experience as a nurse?	Yes / No	If yes how many years.....
10	Have you ever taken care of an elderly / Baby / Sick person before ?	Yes / No	If yes whom
11	Do you have confidence in understanding your patient's feelings ?	a) Everytime b) Sometime c) Never	
12	Is being a student Nurse your choice ?	Yes / No	If yes / No explain why
13	If you have other option, would you still choose Nursing as a career?	Yes / No	If yes / No explain why

8.8 Appendix H Nursing Student Assessment form in Turkish

Kuzey Kıbrıs'ta Hemşirelik Öğrencilerinin Bakım Davranışları ve Etkileyen Faktörler

Öğrenci Tanıtım Formu			
1	Kaçıncı sınıftasınız?	a) 1 b) 2 c) 3 d) 4	
2	Ülkeniz?	a) Türkiye b) Kuzey Kıbrıs Türk Cumhuriyeti	
3	Cinsiyet	a) Kadın b) Erkek	
4	Yaşınız?.....	Evli misiniz? a) Evet b) Hayır c) Boşanmış	
5	Çocuğunuz var mı?	a) Evet b) Hayır	Evet ise kaç tane
6	Kardeşiniz var mı?	a) Evet b) Hayır	Evet ise siz hariç kaç tane
7	Aile tipiniz?	a) Çekirdek b) Geniş c) Tek ebeveyn d) Diğer	
8	Daha önce hiç hastaneye yattınız mı?	a) Evet b) Hayır	
9	Hemşire olarak çalışma deneyiminiz var mı?	a) Evet b) Hayır	Evet ise kaç yıl
10	Daha önce bir yaşlıya/bir bebeğe veya hasta bir kişiye baktınız mı?	a) Evet b) Hayır	Evet ise kime baktınız.... ..
11	Hastaları anlama konusunda kendinizi yeterli hissediyor musunuz?	a) Her zaman b) Bazen c) Asla	
12	Öğrenci hemşire olmak sizin seçiminiz miydi?	a) Evet b) Hayır	Neden?
13	Başka seçeneğiniz olsa, Hemşirelik mesleğini yine seçer misiniz?	a) Evet b) Hayır	Neden?

