



TURKISH REPUBLIC OF NORTH CYPRUS
NEAR EAST UNIVERSITY
HEALTH SCIENCES INSTITUTE

**PERCEPTION OF CARING PERFORMANCE
AMONG JORDANIAN UNDERGRADUATE NURSING
STUDENTS ACCORDING TO WATSON THEORY**

ARAFAT ABU SHUNNAR

MASTER OF NURSING

NICOSIA – 2020



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Supervisor

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NEAR EAST UNIVERSITY
GRADUATE SCHOOL of HEALTH SCIENCES

THESIS APPROVAL CERTIFICATE

The thesis study of Pediatric Nursing Department graduate student **Arafat Abu Shunnar** with student number 20171372 titled **Perception of Caring Performance Among Jordanian Undergraduate Nursing Students According to Watson Theory** has been approved with unanimity/majority of votes by the jury and has been accepted as a Pediatric Nursing Thesis.

Thesis defense date: 10.01.2020

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Title of Dissertation: PERCEPTION OF CARING
PERFORMANCE AMONG JORDANIAN
UNDERGRADUATE NURSING
STUDENTS ACCORDING TO WATSON
THEORY

Supervisor: Prof. Dr. Candan ÖZTÜRK

Year: 2020

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: 10.01.2020

Signature:

DEDICATION

A Thesis Lovingly Dedicated

To My Beloved Family for their standing with me

To My Great Parents, for making all of this possible

To My Brothers and Sisters, for making this life worthwhile

This humble work is a sign of

My Love to You All

ACKNOWLEDGEMENT

In the Name of Allah, the Most Merciful, the Most Compassionate all praise is to Allah, the Lord of the worlds; and prayers and peace be upon Mohammad His servant and messenger. First and foremost, I must acknowledge my limitless thanks to Allah, the Ever-Magnificent; the Ever-Thankful, for His helps and bless. I am totally sure that this work would have never become truth, without His guidance.

I would like to show a deep appreciation to the Near East University which giving us an opportunity to complete this work. I would like to express my special appreciation and thanks to my supervisor Professor Dr. Candan ÖZTÜRK, she has been a tremendous mentor for me. I would like to thank her for encouraging my research and for allowing me to grow. And I highly appreciate the efforts expended by the committee members who encourage me to start this step.

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LIST OF ABBREVIATIONS

ANOVA	Analysis Of Variance
CBA	Caring Behavior Assessment
DOS	Department Of Statistic
SD	Standard Deviation
SPSS	Statistical Package for Social Sciences
M	Mean

ABSTRACT

Background: Nurses provide the majority of direct care to their patients around the clock from admission to discharge. The growing awareness for the concept of care makes a bridge between ability to understand patient expectations/complains and choosing the curative and therapeutic approaches. Holistic care approaches are crucial to improve high quality of care starting from undergraduate level of nursing until being responsible for patients.

Purposes of the Study: The purpose of this study is to identify and evaluate the perception of nursing student caring performance based on Watson's Theory of Human Caring observation tool.

Designs and Methods: Cross-sectional descriptive, comparative and correlational design was conducted. A sample of 200 undergraduate nursing students recruited conveniently between two Jordanian universities applied the Behavioral Care Assessment tool, an independent t-test, one-way ANOVA method, and a Pearson correlation conducted to answer research questions.

Conclusion: Nursing policies that consider the concept of care may be developed as a baseline training program for nursing students in the undergraduate program in nursing faculties to improve the quality of care that provided to the patients

Keywords: *nurse, student, care, performance, Jordan, university.*

CHAPTER ONE

1.1 Introduction

This chapter explores the dimensions of the research problem regarding caring performance among undergraduate nursing students based on human caring theory. It also includes the purposes, significance, research questions, and the theoretical and operational definitions for main variables of the study.

1.2 Background

The word “nursing” means nurturance and care, nursing a round the clock is caring performance profession; nurses provide the majority of direct clinical care to their patients from admission to discharge (McHugh & Stimpfel, 2012).

Caring is considered as vital component of the nursing profession. Caring is classified important desirable competency should the nursing students have during their undergraduate degree because they are future nurses. Along with educating nursing students about being professional during their clinical caring behaviors, still there are challenges face them in defining and practicing care as taught in their undergraduate level (Richardson, Percy, & Hughes, 2015).

The professional role of caring among nurses is the role that nursing students have learned during their clinical experience, nursing students in Jordan are challenged with many stressors in clinical settings, they should have the coping strategy to face these challenges and improve the quality of their work and care to the patients during their clinical settings.

Caring has been at the focus of nursing before acquiring its uniqueness as a profession, Holistic care is being familiar with a person as a whole and allowing the interdependence among person's psychological, biological, spiritual and social approach, If the intention of holistic caring performance is present inside the mind of nursing students because they are the future of nursing profession and they are the health care providers for tomorrow, we need to change the concept of caring, we can start with changing the perception of nursing students which will indirectly affect the improvement of caring performance from their perception.

Recognizing factors affecting the student stressors impact on students' caring performance would help in restructuring the curriculum of nursing education program to empower the students in the clinical settings to deal effectively with caring performance behaviors among Jordanian nursing students (Akhu-Zaheya, Shaban, & Khater, 2015).

The National League for Nurses supports the positive working relationships between clinical instructors and students (Jackson & Halstead, 2016). Through effective role modeling, the demonstration of caring behaviors by faculty members can entail a key factor in influencing learners' perceptions for caring behaviors importance in nursing profession. Students learn the professional role of caring through clinical learning experiences and the modeling of caring behaviors that their faculty demonstrates (Mikkonen, Kyngäs, & Kääriäinen, 2015). However, more efforts are needed to integrate the holistic care approach concepts in nursing curriculum, in order to develop and test the holistic nursing conceptual framework in nursing education (Melhem, Zeilani, Zaqqout, Ajwad, Shawadfeh, & Al-Rahim, 2016). Consequently, this

study focused on examining the student nurses' perceptions of clinical faculties' caring behaviors.

1.3 Problem statement

Theoretical works in nursing direct the perception of critical thinking process and have a positive influence on direct nursing practice (Bond, et al., 2011). The caring theory has been used nationally and internationally as a guide for educational curricula, clinical practice, and for research as well as for administrative directions for nursing discipline (Watson & Woodward, 2010).

There are many caring theories; but Watson still has the concept of caring as central to the discipline of nursing more than other health professions (Alligood M. , 2013). Moreover, bedside critical care nurses could understand a caring theory in order to utilize it as a routine in their daily clinical practice such as Watson's theory; which is considered an outstanding framework that can be applied with different population cultures and in different settings (Lukose, 2011). Undergraduate nursing students have to be aware of these concepts to connect the theoretical knowledge with practice more closely to improve the continuity of nursing care for the future health care provision.

In Jordan, few studies used Watson's theory to measure nurses' perception of care and family satisfaction with this care. One of these studies reported the training program effectiveness based on human caring theory among female nurses (Lash, 2008). Another study adduced the caring performance as perceived by nurses in relation to patient's

satisfaction not families satisfaction for the provided care (Sayyah, 2014). This study was recruited in nursing faculties among undergraduate students.

A latter study reported that nurses have a significant role toward physical and technical caring performance in ICU in Jordan; from their perception (Omari, AbuAlRub, & Ayasreh, 2013). Another recent study was conducted to study the perception of critical care nurses for caring behaviors and its association to families' satisfaction (AboShindi, 2017). There are many studies reported the stressors that faced undergraduate nursing students in Jordan (Akhu-Zaheya, Shaban, & Khater, 2015; Shaban, Khater, & Akhu-Zaheya, 2012; Al-Zayyat & Al-Gamal, 2014), but until now, little is known regarding the student's nurses of caring performance.

Numerous studies in literature have shown a gap in the field of perception of critical nursing regarding their perception performed care as well among nursing students (Jeffries, et al., 2013; Eggenberger & Sander, 2016). Moreover, little is known regarding how this perception could be predicted from the socio-demographics of student nurses depending on Watson's Theory. National as well as international studies reported the importance of caring performance to improve the quality of care (Aiken, et al., 2012). This could avoid the unintended consequences. Therefore, this study added knowledge that may enrich the professional nursing performance of care, depending on Watson's theory of human caring. Then, nurse's student today will be the nursing staff for tomorrow.

Moreover, this study presented certain benefits for the academic and scientific community of the health care providers in Jordan, by increasing the body of knowledge regarding caring concept in Jordanian universities as a baseline data for a future studies or training programs for nursing students. The academics are prepared as leaders within the health care organization to enhance the integration of Watson's theory and move the theory from a theoretical to clinical level. So, this study presented empirical connection between theory and practice to them to get high quality of care from treating patients under the umbrella of holistic care.

1.5 Purposes and Objectives

The current study purpose was to evaluate the perception of caring performance among Jordanian undergraduate nursing students.

This analytical study serves as a basis for further researches to evaluate the perception of caring performance among those Jordanian undergraduate nursing students who are studying in Jordanian universities.

1.6 Objectives

1. Explore the caring performance level among undergraduate nursing students in daily work practice in Jordanian universities based on Jean Watson's Theory of Human Caring.
2. Examine how caring performance perception is perceived by undergraduate nursing students

3. The association between the perception of nursing students for caring performance and the socio-demographic characteristics (age, gender, marital status, years of university)

1.7 Research Questions

1. What is the perception level of undergraduate nursing student's performance of care depending on Watson's theory of human caring during their clinical practice?
2. Are there correlations between the perception of caring performance and the sociodemographic characteristics among nursing students?

1.8 Variables of the study

The dependent variable in the study is the caring performance which was defined in the Table 1. The independent variables in the study are the undergraduate nursing students characteristics (Age, years of study, gender, marital status).

Table 1 Definitions of the Main Variables.

Variables	Theoretical Definition	Operational Definition
Caring Performance	Caring: “Feeling and exhibiting concern and empathy for others (The American Heritage Dictionary, 2016) Performance: The execution of an action (Webster Merriam Dictionary, 2008)	Caring performance will be measured using the Arabic version of Caring Behavior assessment tool (CBA) based on Watson’s theory of human caring (Cronin & Harrison, 1988).

CHAPTER TWO

LITERATURE REVIEW

This chapter presents the literature of the undergraduate nursing students caring performance within the existed literature. The chapter begins to discuss the concept of caring that influences the conceptualization of nursing profession, presents the previous studies regarding caring and the Watson's Theory application. Also, it shows the provided care for patients from the perception of nursing students. After that, the chapter proceeds to review research studies that support the connection between undergraduate nurse caring performance and socio-demographic characteristics.

2.1 The Concept of Caring

Over the last two decades, there has been a rising in the awareness for the concept of caring in nursing, which was proven by analyzing the nursing publications, theory debates, curriculum constructions, seminars, and varying of professional policies (Swanson, 2012).

According to Webster's dictionary, care is defined as "painstaking or watchful attention, regard coming from desire or esteem, charge and supervision" (Webster Merriam Dictionary, 2008). Whereas in Oxford Dictionary care is defined as "The provision of what is necessary for the health, welfare, maintenance, and protection of someone or something" (Oxford Dictionary, 2016). In the Collins Time English Dictionay & Thesaurus (2000), care is defined as "communicated authenticity, regard, empathy; these three qualities are believed to be essential in the therapist practicing

client-centered therapy”. The thesaurus section lists the synonyms for ‘caring’ as: “compassionate, considerate, kindly, loving, receptive, responsive, sensitive, soft, soft-hearted, sympathetic, tender, and warm-hearted”.

Caring has been defined from different perspectives of the theorists. Florence Nightingale, the originator of nursing in modern period, was the first theorist who used the concept of caring in nursing discipline. She presented caring as “helping patients to survive by placing them in the best possible condition for nature to work upon them” (Alligood M. , 2014). Another author explain caring concept is concluded from what Benner termed “presenting”, and that’s being with the patient in the approach that the patient senses not only cared for in relations of practical performance, but also cared about and valued as a person (Benner, 1984). Different concept definitions for caring among various theories or practice concluded that there is a consensus regarding the definition of caring concept, in theory as well as, in clinical practice based on Theory of human caring; Watson defined caring as “activities provided by nurses to their critically ill patients, which range from biophysical to interpersonal care” (Ranheim, Kärner, & Berte, 2012).

According to Leininger, “Nursing came from the word of nurturing that contained ideas of caring, growth, and support.” Leininger mentioned that “caring is the dominant intellectual, theoretical, heuristic mode, and a central practice focus of nursing; no other profession is so totally concerned with caring behaviors, caring processes and caring relationships than nursing” (Foong , 2006)

As for the distinctiveness of care; Watson presented care as “the ethical and moral ideal of nursing with interpersonal and humanistic qualities. It is a complex concept involving development of a range of knowledge, skills, and expertise that encompass holism, empathy, communication, clinical competence, technical proficiency, and interpersonal skills” (Watson, 1988).

Recently, a study was conducted to find the perception of caring behavior among undergraduate nursing students using qualitative design to find that that students enrolled in nursing specialty with a deep humanistic concept for caring on theoretical and clinical levels. At first clinical areas has enhance and support this vision. Several internal and external challenges for caring have been reported to face students, such as the gap between their ideal of caring at the theoretical books and their clinical practice of caring in the reality (Dobrowolska & Palese, 2016).

McCance and others reported caring as an important nursing concept, which resulted in the development of different theories of caring such as Leininger’s Theory which is related to culture of caring and Watson’s Theory of Human Caring (both found in the 1970s). Moreover, Simon Roach’s theory, and Boykin and Schoenherr’s (McCance, McKenna , & Boore , 1999). In the same study, the authors compare between these theories concluded that the development of these theories supported the increasing of care acknowledgement as an essential concept in the nursing, and these theories are grounded humanism level theories in nursing is based on a human science. Moreover, researches categorize Watson’s theory as middle range theory, but the other three theories are grand theories in the scope of practice. Middle range theories, like Watson’s

theory, present caring as less abstract fashion than grand theory scope, and consider the theory to be more applicable in practice than other theories (McCance, McKenna , & Boore , 1999). For this reason, Watson's theory of human caring used in this study.

Current study recommended to learn nursing students using a developed material for using compassion and empathy during their clinical training. Some models could be used among undergraduate nursing students to help them in building therapeutic relationship with their patients in the clinical settings, as well as, to move the students towards therapeutic advantage of using caring concept (Richardson, Percy, & Hughes, 2015).

2.2 Watson's Theory of Human Caring

The origin of Human Caring derived from Watson's mission to consider dignity to nursing and patient care (Watson, 2012). Watson had two major life events among short time that stimulated her more to make such theory of caring in 2005. These two major life events were her left eye loosed among an accident in 1997, the second event was her husband died at young age 1998. Her work has helped to establish an ethical and philosophical foundation for the profound human dimensions of nursing as cited in Alligood & Tomey, 2014.

While Watson was instructing at the University of Colorado, the theory of human caring had been developed during 1975 to 1979. It derived from her perception about nursing profession, along with her doctoral researches in educational, clinical, and social psychology. She confirmed that: "From my emerging perspective, I make explicit that

nursing's values, ethics, philosophy, knowledge, and practices of human caring require language order, structure, and clarity of concepts and worldview underlying nursing as a distinct discipline and profession. The theory goes beyond the dominant physical worldview and opens to subjective, inter-subjective, and inner meaning, underlying healing processes and the life world of the experiencing person" (Watson, 1997).

The purposes of Watson's theory were to help the patient for being harmony between the mind, body and soul or spirit, which is met by caring transactions. It also contribute the transpersonal caring relationship, which is a result of real action of caring. It conveys a concern for the inner life; the patient is observed as a whole regardless his/her illness (Watson, 2012). The transpersonal nurse connected and embrace the spirit or soul of the patient through the car and healing process (Vance, 2003). Watson (1988) addressed that human care need knowledge of human behavior in addition to responses for real or anticipated health complications which are knowledge of how to meet others' needs, knowledge of individual forces and limitations, knowledge of the other person, his/her forces and limitations, and the importance of the situation for him/her or others, and knowledge the comfort strategies, and suggest compassion and empathy (Watson, 1988).

Watson built her theory of nursing care based on ten carative factors renovated to action as a caritas process. Caritas came from a Latin word which means "to cherish and appreciate, giving special attention to, or loving"; it is when we embrace caring and love in our work and life that we discover and affirm that nursing, like teaching, is more than just a job; it is also a life giving and life receiving career for a lifetime of growth

and learning (Watson, 2007). Each one of these carative factors has a dynamic component that is relative to the individuals involved in the relationship as encompassed by nursing. These carative factors were identified as the fundamental elements for caring in nursing (Watson, 2012). Watson imagined that without them, nurses may not perform professional nursing, but rather as technicians or skilled workers within the structure of medical technology science (Alligood M. , 2014). Nevertheless, carrying out these carative factors is considered as a bridge which helps nurses to cross over the traditional work to advance in nursing practice (Alligood M, 2013). According to Watson's theory of human caring (Watson, 1999) (p# 35) The 10 Carative Factors are:

1. "Formation of a humanistic-altruistic system of values
2. Instillation of faith-hope
3. Cultivation of sensitivity to self and others
4. Development of a helping-trusting, human caring relationship
5. Promotion and acceptance of the expression of positive and negative feelings
6. Systematic use of a creative problem-solving caring process
7. Promotion of transpersonal teaching-learning
8. Provision for a supportive, protective, and/or corrective mental, physical, social, and spiritual environment
9. Assistance with gratification of human needs
10. Allowance for Existential-phenomenological-spiritual forces"

Three Carative Factors make Watson's theory unique compared with previous similar nursing theories. First, it concentrated on the importance of the lived experience for both nurses and patients with each other. Second, the theory recognizes the unique dimensions of mind-body-spirit to deal with patient as a whole not in parts, and this is an essential part of caring in ICU. Third, Watson's theory acknowledges multiple ways of knowing; including empirical, aesthetic, ethical, and personal knowing (Rafael, 2000).

2.3 Nursing Students Perception of Caring Behavior

Recently, a study was conducted to find the perception of caring behavior among undergraduate nursing students using qualitative design to find that that students enrolled in nursing specialty with a deep humanistic concept for caring on theoretical and clinical levels. At first clinical areas has enhance and support this vision. Several internal and external challenges for caring have been reported to face students, such as the gap between their ideal of caring at the theoretical books and their clinical practice of caring in the reality (Dobrowolska & Palese, 2016).

A recent cross-cultural international study reported nurses' perceptions of the caring behaviors. This descriptive comparative survey was used to interpret the perception of surgical nurses. The survey was done on 1195 nurses; 92% of them were females, from 34 hospitals among six different European countries. It revealed that there are statistical significant differences between these countries in the nurses' perception of care depending on their demographics, which were gender, age, years of total experience, years of experience in the unit, and type of work (Papastavrou, et al., 2012).

A randomized control study investigated the effectiveness of nursing care, depending on Watson's Theory of Human Caring, among infertile women. The intervention group that has received nursing care based on the Theory of Human Caring had a significant decrease in the negative outcomes of the treatment more than the other group which was received the standardized care without applying the carative factors of Watson's Theory (Arslan-Özkan, Okumuş, & Bul, 2014).

Attia, Abd-Elaziz, and Kandeel conducted a study highlighted the barriers of caring performance in ICU as perceived by nurses, depending on the Theory of human caring. These barriers involve nurses' workload, families who do not understand life saving measures, families who frequently ask for patient's condition updates, and lack of training and education for the critical care units about family's role in the provided care (Attia, Abd-Elaziz, & Kandeel, 2012).

Nonetheless, it should be noted that there is a disagreement between the classifications of the most important nursing care performance as perceived by nurses themselves depending on Watson's Theory carative factors and using CBA tool. One descriptive study in Jordan showed that there are ten important caring performances which include the ten carative factors of Watson's theory, and classified the cognitive aspect of care nurses, teaching behavior, as more important caring behavior than other behavior as emotional or spiritual support as perceived by critical care nurses (Omari, AbuAlRub, & Ayasreh, 2013). This result is inconsistent with O'Connell & Landers (2008) who found that the emotional dimensions and support as the most important care

behavior as perceived by critical care nurses depending on ten carative factors of Watson's theory.

A recent descriptive study in Jordan was conducted to explore and compare patients and nurses' perceptions towards caring behaviors and its effect on patient's satisfaction. It relied on Watson's Theory and used the CBA tool for the nurses' perception of caring behaviors. The most important point of caring behavior, as perceived by nurses, was "to know what we are doing", while patients adopted "to treat me with respect" as the most important one. Both nurses and patients perceived that technical as well as emotional aspects of care are important caring behaviors. The highest score for the most important patients' perception of nursing care behavior was the level of patients' satisfaction with the provided care. This study is considered as evidence for the feasibility of Watson's Theory of Human caring in the Arabic culture (Sayyah, 2014).

Previous study recommended to integrate the theory of human caring in nursing curriculum for undergraduate nursing students. In order to have positive role and professional modeling by their instructors to enhance the quality of care provided (Labrague, McEnroe-Petitte, Papathanasiou, Edet, & Arulappan, 2015). Another study is consistent with this study, revealed that students started their undergraduate degree of nursing in deep humanistic view for caring concept and they are happy to start the first day in clinical settings to implement this view. Some obstacles will be faced by nursing students including stress, and some gaps between ideal of caring in theories and in clinical reality (Dobrowolska & Palese, 2016).

Current studies recommended learning nursing students using a developed material for using compassion and empathy during their clinical training. Some models could be used among undergraduate nursing students to help them in building therapeutic relationship with their patients in the clinical settings, as well as, to move the students towards therapeutic advantage of using caring concept.

CHAPTER THREE

METHODS

This chapter presents the methodological approach that was used to study the caring performance as perceived by undergraduate nursing students in Jordan Universities. Also, it includes the study design, population, setting, sample and sampling technique, sample size, instruments and ethical considerations, data collection plan, and planned statistical analysis that were used in this study.

3.1 Study Design

A cross-sectional descriptive, comparative and correlational design was conducted to explore the caring performance as perceived by Jordanian undergraduate nursing students. Descriptive designs are commonly used among health field practitioners including nurses, because they have some ethical considerations that control the manipulation of independent variables to serve human ethical considerations (Creswell, 2009). Furthermore, descriptive designs have resulted in huge amounts of data related to the measured phenomena, and they can be considered as a baseline data for future experimental studies (Polit & Beck, 2013).

3.2 Setting

Al-Zarqaa is the second biggest city in terms of population after the capital city Amman. it has more than 635,160 inhabitants and it is located 15 miles (24 km) northeast of Amman .This study was conducted in two universities in Al-Zarqaa: the Hashemite university (HU) which is a public established in 1995 and Zarqa university

which is a private university one. The Faculty of Nursing at the HU was founded in 1999 to meet the need for nurses in Jordan. It includes three departments offering a four-year bachelor's degree in nursing: Adult Health Nursing Department; Women, Child and Family Health Department; and Community and Mental Health Department. The Faculty of nursing also provides two MA degree programs in Cancer Nursing and Adult Health Nursing. The Faculty was ranked the first among other Jordanian Faculties in the National Competency Exam and by the Higher Education Accreditation Commission in 2007. Zarqa university, on the other hand, was established in 1994 and offers 43 majors including nursing. The faculty of Nursing which was launched in 2006-2007 provides the Jordanian labor market with qualified and skillful nurses. As the HU faculty of Nursing, the faculty in Zarqa university provides BA and MA degree programs. Furthermore, the faculty members in the two universities utilize updated teaching methods as well as clinical training in governmental and private hospitals and health centers.

3.3 Sample and Sampling

The targeted population in the current study were the undergraduate nursing students in the faculty of nursing in Jordan universities. The inclusion criteria for nursing students were (a) bachelor degree nurses students and (b) have started study more than two semesters at the university (c) speak and read Arabic (d) voluntarily agreed to participate in the study through informed consent.

The sample size was calculated using G power (Faul, Erdfelder, Lang, & Buchner, 2007), applying one-way ANOVA for students; one-way ANOVA (F test) get

the highest total sample size. Accordingly, the sample size that will have moderate effect size of 0.25, power of 80% and $\alpha = 0.05$; A total of 180 undergraduate nursing students will participate in this study. Added to this sample 20 % as an attrition ratio to prevent missing and error to get 200 undergraduate students were participated in this study.

3.4 Ethical Considerations

Before starting data collection, the ethical approval was obtained from the ethical write and scientific committee of the Faculty of Nursing at the University as documented below in Appendix (5), and from Institutional reviews board of each participating universities as reported in Appendix (6). Moreover, approval from the university students at nursing faculty was obtained. The students who meet the inclusion criteria was invited to participate after receiving detailed information from the researcher, who was available at the time of the data collection at the university to approach them if they have any questions and to ensure that the questionnaire filling is in the proper way. The information were about the purposes of the study, significance, benefits and risks. Moreover, consent form be obtained from all participants who meet the inclusion criteria after informing them that it is voluntary to be a participant and they can withdraw from the study at any time without any physical or emotional harm in their marks or university achievement. Also, the consent form has clear statement that the participation is totally voluntary without any risk of participation or withdrawal from the study.

Appendix (1) includes the permission from the authors of CBA tool. Appendix (2) includes socio-demographic data of nursing students. Appendix (3) includes

informed consents for undergraduate nursing students. Appendix (4) is the caring behaviors tool Arabic and English version. Appendix (5) is the decision of Near East University ethics committee (Cyprus). Appendix (6) is the approval from the recruited universities.

3.5 Data collection procedure

Data collection started after getting the ethical approval. The Dean of nursing students of all included universities have served to give the list of students that match the inclusion criteria and how to access them to fill out the questionnaire. Data were collected using self-reported questionnaires from undergraduate nursing students between June- July 2019. Also, the researcher requested to get an empty room or class for the students to fill out the questionnaire, and the time of filling the student nurses for questionnaire was arranged with the Faculty Dean for (10-15) minutes.

After filling the questionnaires, the researcher was directly checked for any missing data. Finally, questionnaires were transferred to a statistical software program (by data entry) for screening and analysis purposes, and were put back in a closed cupboard at the researcher office at the School of Nursing then destroy the data when finished the study.

3.6 Instrument

3.6.1 Questionnaire for nurses' students

The first part includes the socio-demographic data (App 2) which was developed by the researcher; the second one contained the Arabic version of Caring Behavior Assessment (CBA) tool (App 3) (Cronin & Harrison, 1988).

A systematic review of literature was done to synthesize the current caring tools and caring outcomes. It reported that it is difficult to conclude the commonalities and the differences between the ten included caring behaviors tools (Drake, 2016). So, there are numerous tools to measure caring performance, including CBA tool as the earliest published instrument. This tool was conducted by Cronin & Harrison (1988) in their studying of the care provided to twenty two Myocardial Infarction patients during their stay in coronary care unit as noted by patients. The CBA was used to measure the nursing care performed. It contained 7 subscales with 61 nursing behaviors rated on 5 Likert scale, based on Watson's ten carative factors. They found out that teaching and monitoring the patient's condition is the most important caring behavior. Another study that used the CBA tool for 393 patients, drawn from three hospitals in three different regions of Saudi Arabia, found that treating with respect and giving painkillers when needed is the most important caring behavior as reported by patients (Suliman, Welmann, Omer, & Thomas, 2009).

The permission for using the CBA tool was obtained from Cronin and Harrison. CBA includes 63 items; these items are rated on five-point Likert scale depending on

Watson's Carative Factors. These scale points reflect the importance of nursing behavior from 1 = the least important; to 5= the most important caring behavior. Also, the items are classified into seven subscales: (1) Humanism/ Faith–Hope/ Sensitivity (2) Helping/Trust (3) Expression of positive/negative feelings (4) Teaching/ Learning (5) Supportive/ protective/corrective environment (6) Human needs assistance and (7) Existential/Phenomenological/Spiritual forces. The scores of CBA range from 63 – 315 the larger number indicates higher level of care provided.

The English version of CBA scale was established with face and content validity by Cronin and Harrison from 0.66 – 0.90 using the expertise of four scholars who were familiar with Watson's theory to re-categorize the subscales. The Cronbach's alpha coefficients of the CBA subscales range from 0.66 – 0.90. The alpha coefficient of the CBA subscales in this study for patients and nurses range from 0.62 –.97 and 0.70 – 0.93, respectively (Charlson, Pompei, Ales, & MacKenzie, 1987). The alpha coefficients of the total CBA scale for patients and nurses are 0.80 and 0.91.

In this study CBA scale used in Arabic language for nurse students and it has been used before in Jordan by Sayyah (2014) among nurses in Jordan. The overall content validity was .98 as mentionned in Sayyah (2014) study with average from 0.87- 1.00, which is considered excelent compared to the original instrument validity. Watson (2009) reported the reliability for this Arabic version of each subscale is 0.75 or greater which is considered good compared with the original instrument.

3.7 Analysis

3.7.1 Preliminary Analysis

Statistical analysis was conducted using Statistical Package for Social Sciences (SPSS) version 21 (IBM, 2012). Double check for the data entry was performed to prevent data entry error. After that, tendency measure, minimum, maximum, and frequency measures were conducted to screen data for any outliers or missing data. Missing data found 3 times in the caring performance questions, these missing did not exceed 5 % and it were replaced by the mean (Polit & Beck, 2013). For continuous variables, such as age of students box plots and histogram showed that distribution was positive skewness for these variables (Munro, 2010).

3.7.2 Parametric assumptions

Normality. The mean score of the main study variables of caring performance was computed. Normality was evaluated using frequency distribution, skewness and kurtosis values near zero between -1 to +1 (Pallant , 2011).

Linearity, Independence, and Homogeneity of Variance. Linearity mean that the relationship between variables is nearly has linear shape (Field, 2009). Independence mean that each value of the dependent variables is not affected by other values, while homogeneity of variance assumes that at any level of data set the data will have equal.

To answer the first research question (What is the perception level of undergraduate nursing student's performance of care depending on Watson's theory of

human caring during their clinical practice?), descriptive statistics using mean, standard deviation, and range were used. To answer the second research question (Are there correlations between the perception of nursing students for caring performance and the socio-demographic characteristics?), Pearson r correlation was used.

T-test was used to compare two categorical variables and one-way ANOVA was used to evaluate categorical variables of three and above. For further analysis, post-hoc analysis correction was used. Significance level was accepted at the level of 0.05.

3.7.3 Limitation

This study has a possibility of bias because of the random selection of the nursing students. Moreover, convenience sampling could decrease the generalize ability of the result. Random sampling use could be effective for future studies. Furthermore, this study clarified the nursing students perception for the importance of caring behaviors but may be it could have a better view if this study will be compared the perception of care between nursing instructors and students at the same universities to correlate them with each other.

3.7.4 Strength

This study has a strength of its consideration for baseline data that will open the door for future studies regarding engaging the nursing students with the provided care to their patients. Moreover, to change the caring concept from the theoretical to empirical level considering it as culturally sensitive care depending on carative factors of Watson's Theory of human caring.

CHAPTER FOUR

RESULTS

The purpose of this study was to explore the caring performance of the undergraduate nursing students. This chapter presents the descriptive statistics of the demographic characteristics of the undergraduate nursing student. Inferential statistics were conducted to answer the research questions.

The researcher distributed 220 questionnaires among undergraduate nursing students at the recruited universities. Only 200 questionnaires were filled and returned making the response rate of 90 %.

Description of the Caring Performance among Undergraduate Nursing Students

Table 4.1 Description of the main study variables (n=200)

Variable	n	Minimum	Maximum	Mean (SD)	Skewness	Kurtosis
CBA	200	2.46	4.81	3.58 (0.53)	0.172	0.342

Table (4.1) above shows the descriptive statistics for the main study variables, Perceived importance of nursing students caring performance represented as Caring Behavior Assessment (CBA), Data are normally distributed and within acceptable level of skewness from -1 to 1 (Munro, 2010).

Description of Nursing Students' Characteristics

Table 4.2 Demographic Characteristics of Nursing Students (n = 200)

Variable	n	%
Gender		
Male	104	51.6 %
Female	96	48.4 %
Marital status		
Single	137	68.5 %
Married	58	29.0 %
Divorced	5	2.5 %
Years of Study		
1 st year	84	42.0 %
4 th year	116	58.0%
University type		
Governmental	129	64.5 %
Private	71	35.5 %

Table (4.2) shows that out of 200 undergraduate nursing students participated in this study, 104 (51.6 %) nurses were male. The mean age was 21 years (SD = 6.63)

ranged from 18-30 years. The recruited students were from two different universities. The majority of students were from governmental university 129 (64.5 %). The students were recruited more than two semesters of study that mean more than one year at the university, so they were classified by years; first and fourth year of study as mentioned in Table (4.2) above.

Description of the Caring Performance as perceived by Undergraduate Nursing Students

Table 4.3 Ranking of CBA Subscales as Perceived by Undergraduate Nursing Students (n=200)

Item Subscales	M (SD)	Items #	Carative Factor
Total CBA mean score	3.58 (0.53)	1.0- 63	1- 10
1 Human needs assistance	3.92 (0.54)	52 – 60	9.00
2 Supportive/protective/corrective environment	3.70 (0.57)	40 – 51	8.00
3 Humanism/faith-hope/ sensitivity	3.70 (0.53)	1.0- 16	1 – 3
4 Teaching/ learning	3.55 (0.70)	32 - 39	7.00
5 Expression positive and negative feelings	3.37 (0.76)	28 - 31	5.00
6 Helping/ trust	3.24 (0.63)	17 - 27	4.00
7 Existential/phenomenological/ spiritual	3.14 (0.54)	61 - 63	10.0

To answer the first research question, descriptive statistics which include mean and standard deviation of CBA subscale scores were used. The CBA mean score was compared with the previously illustrated criteria for evaluating the caring performance to get three categories; high level of caring performance from 3.65 -5.0, average level from 2.34- 3.67, and low level of caring performance from 1-2.33. As shown in Table 4.3, the CBA mean score in this study reported average level of caring performance as perceived by the undergraduate nurses (3.58 ± 0.53).

Undergraduate nursing students perceived that existential/ phenomenological/ spiritual subscale as the least important to be performed and was the lowest mean score (3.14 ± 0.54) which represented the carative factor 10 of Watson's theory "allowance for existential-phenomenological-spiritual forces" and included three items out of 63 items of CBA.

Table 4.4 The Top 10 Important Caring Behaviors as Perceived by Undergraduate Nursing Students in Jordan (n=200)

Item#	Item	Mean	SD
47	Respect patients' modesty (for example. Keeping the patient covered)	4.51	0.65
53	Know how to handle equipment without harm	4.42	0.64
54	Give treatments and medications on time	4.42	0.62
55	Keeps the patient's family informed of his/her progress	4.41	0.68

45	Give the patient his/ her pain medication when need it	4.28	0.72
16	Treat patient with respect	4.22	0.72
17	Really listen to the patient when talk	4.13	0.75
60	Seems to how patient feel	4.13	0.82
4	Reassure patient	4.09	2.89
23	Answer quickly when patient need you	4.03	0.77

However, human needs assistance subscale had the highest mean score of 3.92 which represented the carative factor 9 “*Assistance with gratification of human needs*” as shown in the Table (4.3). Moreover, four out of ten items from this subscale listed in the top ten important nurses caring behaviors as a nursing student with high level of caring performance mean score more than 4.28. These items included “*Respect patients’ modesty (for example. Keeping the patient covered)*”^{4.51}, “*know how to handle equipment*”^{4.42}, “*give treatments and medications on time*”^{4.42}, “*keeps the patient’s family informed of his/her progress*”^{4.41}. as reported in the Table (4.4).

Table 4.5 The Least 10 Important Caring Behaviors as Perceived by Undergraduate Nursing Students in Jordan (n=200)

Item#	Item	Mean	SD
62	Help the patient to feel well bout him/herself	3.16	0.87
31	Understand wen patient need to be alone	3.11	0.85
39	Help the patient plan for discharge from hospital	3.11	0.94
30	Help the patient understand his/her feelings	3.10	0.93
40	Tell patient what to expect during the day	2.82	0.98
19	Come into room just to check him/her	2.78	1.18
20	Talk about patient's life outside hospital	2.50	1.18
21	Ask the patient what she/ he liked to called	2.48	1.22
26	Touch the patient when she needs according to cultural values	2.38	1.24
25	Visit patient if he/she moved to another hospital unit	2.18	1.21

One item of this subscale recognized from the least 10 important caring behavior item mean score out of 63 items (3.16 ± 0.87) which was “help the patient feel well about him/ herself”.

Correspondingly, helping/trust subscale was perceived as the second lowest subscale (3.24 ± 0.63) which represented the carative factor 4 “Development of a helping-trusting, human caring relationship”. Further, five items of this subscale were reported with the least 10 important caring behaviors which were “come into patient’s room just to check him/her”, “talk about patient’s life outside hospital”, “Ask the patient what she/ he liked to called”, “Touch the patient when she needs according to cultural values”, and the least item “Visit patient if he/she moved to another hospital unit” with mean score of 2.78, 2.50, 2.48, 2.38, and 2.18 respectively. As reported in the Table 4.5.

Description Among Undergraduate Nursing Students in Perception of Caring Behavior Based on Their Characteristics

Table 4.6 Comparison of CBA mean score based on the characteristics of nursing students (n=200)

Variable	CBA mean (SD)	Test statistics	p	Post hoc Bonferroni
Gender				
1. Male	3.32 (0.47)	t = 8.40 *	0.00	
2. Female	3.87 (0.44)			

Years of study		t= 3.63 *	0.001
1 st year	3.74 (0.39)		
4 th year	3.48 (0.60)		
University Type		t= -3.43 *	0.001
1. Governmental	3.49 (0.51)		
2. Private	3.76 (0.53)		
Marital status		F= 14.75 *	0.000 3> 1 **
1. Single	3.87 (0.39)		
2 Divorced	3.92 (0.58)		
3. Married			
* p ≤ 0.01			

To answer the second research questions, inferential statistics were used according to the level of measurement of each variable. In this study the characteristics of nursing students were at categorical level of data which are the independent variables and the dependent variables is the mean score of caring behavior tool at continuous level of measurement. After testing the assumptions of independent t-test and ANOVA in the

analysis section of the methods chapter, both tests were used according to the independent variable categories as shown in Table 4.6.

Gender. Independent sample t-test revealed that there was statistically significant difference between male and female in term of their perception of caring behavior importance ($t=8.40$, $p<.00$). Female students reported higher perception of caring performance than male nursing students.

Years of Study. Independent t-test was conducted to reveal that first year student perceived higher importance for caring behaviors than fourth years students with statistically significant differences between them ($t= 3.63$, $p < 0.01$).

University Types. Independent sample t-test revealed that there was statistically significant difference between governmental and private university students in term of their perception of caring behavior importance. Private university students reported higher mean score for caring performance than governmental university.

Marital Status. One-way ANOVA showed that there were statistically significant differences in caring performance perception mean score based on the marital status of undergraduate nurses. Therefore, it was followed by Bonferroni multiple comparison tests to determine which specific pairs were significantly different. The post hoc tests revealed that married students had significant higher CBA mean score than single and divorced nursing students. Also, no significant difference found between divorced and single nursing students.

The Relationship of Demographic Characteristic of Nursing Students with Importance of Caring Dimensions

Table 4.7 The Relationship of Demographic Characteristic of Nursing Students with Importance of Caring Behaviors

Variable		CBA	Gender	Marital status	Years of study
CBA	r		.516**	.348**	-.238**
	Sig		.000	.000	.001
Gender of Participant	r	.516**		.115	-.188**
	Sig.	.000		.105	.008
Marital status	r	.348**	.115		-.202**
	Sig.	.000	.105		.004
Years of Study	r	-.238**	-.188**	-.202**	
	Sig.	.001	.008	.004	
University Type	r	.238**	.200**	.057	-.152*
	Sig.	.001	.005	.422	.032

As shown in Table 4.7, caring behaviors assessment (CBA) presented to have significant moderate positive correlation with gender of participant ($r = 0.516$, $p < 0.01$), which mean that female perceived higher caring behaviors importance than male nursing students. While married nurses' students perceived higher importance than single students ($r = 0.348$, $p < 0.01$). Moreover, significant negative moderate correlation was found among first and fourth years nursing students, first year nursing students perceived higher importance of caring behaviors. While private university students perceived higher caring behaviors importance.

CHAPTER FIVE

DISCUSSION

This study describes the nursing students' caring performance in their first and fourth years of study. Moreover, this study explored the correlation between this variable and the students' socio-demographic characteristics. In this chapter, the outcomes are discussed within the context of existing literature and the implications and recommendations for nursing students in the field of research, education, and practice are presented.

Participants' response rate in this study varied. The high response rate of nursing students (90%) could be attributed to the time of data collection; the best time was when nursing students had free time between their lectures as coordinated with the vice dean of nursing faculty in each of the participated university.

5.1 Caring Performance as Perceived by Nursing Students

The current study reports average level of caring performance as perceived by student in nursing faculties. Among the top 10 important nursing caring behaviors, four items were from human needs assistance subscale, which was classified as the highest important subscale mean. These items were "*know how to handle equipment*", "*give treatments and medications on time*", "*keeps the patient's family informed of his/her progress*", and "*knows how the patient feels*". Such findings were consistent with Lash (2008) in classifying the human needs assistance as the most important subscale as perceived by nurses in Jordan. Moreover, Lash reported four items of human needs assistance subscale as the most important. Two of these four items were equivalent to our study's items: "*knows how to handle equipment without causing harm*" and "*gives the patient his treatments/ medications on time*". While two items differed, which were "*knows when it is necessary to call the doctor*" and "*is gentle when giving injections*" but still within the same subscale.

Even though, Sayyah (2014) reported that humanism/ faith-hope/ sensitivity to be the most important subscale, the human needs assistance was reported as second important subscale as perceived by Jordanian nurses; still two items from human needs assistance were perceived within the top ten important caring behaviors. One of these two items has an equivalent in our study among nursing students: *“Give patient treatment and medication on time”*. Omari and others found the human needs assistance to be the third most important level as perceived by coronary care nurses in Jordan. In Omari study, the researchers did not report any item from human needs assistance within the 10 most important caring behaviors; while teaching learning subscale was classified as the most important subscale (Omari, AbuAlRub, & Ayasreh, 2013). On the other hand, the current study classifies teaching learning as the fourth important subscale. These differences in classification might be due to the fact that the nursing students was chosen from large and accredited universities which concentrated in their curriculum in the critical caring behaviors of the students in all areas stable and critically ill patients whereas the nurses recruited in and colleagues’ study were from the Coronary Care Unit which included stable coronary patients.

Youssef and colleagues (2013) in a study conducted in Saudi Arabia has reported the humanism/ faith-hope/ sensitivity as the most important subscale. Although the human needs assistance is the second least important subscale in their study, two items from the top ten perceived important caring behaviors were from the human assistance needs similar to the current nursing students’ perception; *“give patient treatment and medication on time”* and *“know how to handle equipment without harm”* (Youssef, Mansour, Ayasreh, & Al-Mawajdeh, 2013). Another study finding was similar in these two items is found in Tanta (Morsi & Sabra, 2013). Although Bucco (2015) measured the perception of caring behaviors among the emergency department nurses in the USA, using an instrument other than the CBA tool, the dimension of technical skills was highlighted as the most important caring behavior in accordance with the current study’s dimension (Bucco, 2015)

Accordingly, out of the seven CBA subscales, nursing students perceived that human needs assistance subscale to be among the highest three important subscales which is accordance with our study's findings where it is stated to be the most important one. The justification could be that most of human needs assistance items that reflect technical skills came from the teaching effectiveness of nursing instructors during the clinical practice courses, like informing the doctor of patients' progress, using equipment, giving injections or medications, and knowing how the patient feels by pain assessment. Nursing students perceived that their duty often depend on treatment of the disease model rather than other aspects of care and any error during demonstrating these skills will be prevented immediately because it will be clearly identified and observed, which was consistent with Maslow's hierarchy of human needs (Maslow, 1943) . This perception was supported by Jean Watson's theory of human caring, when she differentiated between curing in medicine by applying these technical skills and caring in nursing which includes all dimensions of care for the body, mind and soul and not the human needs alone. Watson included Maslow's hierarchy of human needs as a part of her theory to apply curing concept adding to that the other dimensions of caring (Watson, 2012). Therefore, the nursing profession still needs more attention paid to the holistic care approach during teaching curriculum at the universities.

The perception of caring behaviors importance among all of the reviewed studies were similar to the current study in two out of ten most important caring behavior items; the first is the item of *"treat patient with respect"* from the humanism/ faith-hope/ sensitivity, and the second is the item of *"really listen to patient when he/she talks"* from supportive/ corrective/ protective subscale (Lash, 2008; Morsi & Sabra, 2013; Omari, AbuAlRub, & Ayasreh, 2013; Sayyah, 2014; Youssef, Mansour; Ayasreh, & Al-Mawajdeh, 2013). These interesting findings could be explained by the nurses' understanding of cultural values of Arab and Jordanian students and patients' cultures. The item listed as most important was *"respect the patient's modesty;"* which means giving privacy to the patient to be covered and respecting the patient during care provision. This item could be justified by the rules of cultural aspects; especially in determining the limits between different genders. Moreover, in the Jordanian Arab culture,

it is not permitted to build a therapeutic relationship between a nurse or nursing students in clinical practice and a patient of different genders without having any family connections (Gharaibeh & Al-Maaitah, 2002). Adding to that; listening to patients and their families is considered a great form of respect, where a patients has the right to be respected and listened to just like any other individual. The anxiety level of the patients could be suppressed simply by allowing them to communicate with the health care providers; including nursing students, who usually spend more time communicating with them directly more than doing physical care.

On the other hand, the nursing students' perception of caring behaviors importance in this study was inconsistent with other studies, considering the items: "Reassure patient" from humanism/faith-hope subscale, and "answer quickly when patient need" from helping/trust subscale. Those two items were listed among the top ten important behaviors in this study, while they had no place in the most important items according to the other studies (Lash, 2008; Sayyah, 2014; Omari, AbuAlRub, & Ayasreh, 2013). These differences could be because Lash study was observational study for ward nurses while our study was among nursing students and they had not the direct contact with patients all the time, our study was self-reported questionnaire from the nursing students, While Sayyah did self-reported questionnaire forward nurses not students of nursing. Omari and colleagues collected self-reported questionnaires from stable coronary care nurses which is considered less stressful area than other clinical areas.

This variety of classifying the caring behaviors importance could be explained by the recruited sample and area of study. In this study, the participants were nursing students who do not provide care for patients using a case method of assignment not as floor nurses; whereas all of the previously discussed studies recruited the sample from floor nurses and not students.

Diversities were found in ranking the second perceived importance subscale. Supportive/ protective/ corrective environment had high level of caring performance with a mean score of (3.70). This finding is consistent with Lash (2008) in ranking this subscale

as the second important level but with a lower mean score of (3.20); it was classified within the average level of caring performance. Sayyah (2014) reported supportive/ protective/ corrective subscale to be at the third level of caring importance with a high mean score of (4.25) similar to this study by reporting high level of caring performance. While numerous studies reported this subscale to be at the fifth rank of CBA subscales as perceived by nurses, its' items still take a place in the most ten important nursing care behaviors (Okpe, 2014; Omari, AbuAlRub, & Ayasreh, 2013; and Morsi & Sabra, 2013).

Two items from supportive/protective / corrective subscale were perceived within the most important caring behaviors and both were classified as high level of caring performance mean score. Moreover, one of these items *“respect patients’ modesty like keep the patient covered”* was the most important caring behavior as perceived by nurses in this study and similar to Sayyah’s (2014) study, which reported it as the third important item. The second one is *“gives the patient his/her pain medication when he/she needs it”* that was similarly reported within the most importance behaviors by Lash and Sayyah studies (Lash, 2008; and Sayyah, 2014).

Strong agreement was found in classifying the least caring behaviors subscales and items as perceived by nurses. Existential/ phenomenological/ spiritual subscale reported an average level of mean score (3.14). It has three items perceived as the least important subscale in the current study, which is similar to numerous other studies (Sayyah, 2014; Omari, AbuAlRub, & Ayasreh, 2013; Youssef, Mansour, Ayasreh, & Al-Mawajdeh, 2013; Morsi & Sabra, 2013). Another recent study was conducted among Nigerian tertiary care nurses and found a consistent result in the existential/ phenomenological/ spiritual subscale to be the least one (Okpe, 2014). The current study found one item out of three items of this subscale *“Helps the patient feel well about himself/herself”* within the least important caring behaviors. This finding is consistent with Lash (2008) in addition to another two items that were not reported in our study as the least important items.

Although the existential/ phenomenological/ spiritual subscale is listed as the least important as perceived by nursing students, it should be noted that it has an average level

of mean score of (3.14). Helping/ trust subscale was ranked as the sixth important subscale and the second least CBA subscale with an average caring performance level. Also, five out of ten least important items were from this subscale which was similar to the findings of Omari and colleagues (2013). This finding is congruent with Sayyah (2014) and Lash (2008) in ranking helping/ trust subscale as the sixth most important, and four out of ten least important items from this subscale are also congruent with our study. On the other hand, Sayyah (2014) had different findings and reported a higher caring performance level than this study according to the previously illustrated criteria. This concludes that the nursing students in Jordan have barriers to accomplish therapeutic relationship with patients during their clinical practice courses. This could be because this study was conducted in among nursing students since they have less time to deal with patients than other recruited nurses.

There are also some congruent findings between the current study and the study of Omari and colleagues (2013) which was in classifying five out of ten items most important same as the current study. This congruency could be explained by the fact that their studies were conducted in educational hospitals where there are educational training programs in integration with practice, whereas the current study was conducted in private and governmental nursing students.

5.2 Differences among Nursing Students in the Perception of Caring Behavior based on Their Characteristics

The current study found significant differences in the perception of caring behaviors among the nursing students depending on their characteristics (gender, marital status, years of study, university type). These findings however, contradicts with Sayyah (2014) and Omari et al (2013) which found no statistically significant differences in the CBA mean score on all of this study's characteristics. This contradiction could be justified by the sample recruited; Sayyah (2014) recruits the medical surgical floor nurses who perform care to conscious oriented and mostly independent patients. While the current

study recruits nursing students who did not perform care to patients in direct care without help from staff nurses.

In Jordan, the nursing profession was classified as a female career until the late 90s. The rising numbers of male nurses opened doors for them to enter the field of health care delivery and education (Al Maaitah & Shokeh, 2009; Ahmad & Alasad, 2007). In the current study, male nursing students perceived a lower mean of caring performance than female nursing students. This difference could be explained by the Jordanian Islamic religion and culture; female patients usually request that the care is provided to them by female nurses or students, especially in the ICUs when they need to be provided with holistic care and to maintain the respect and privacy of the patients. This is also true for male patients who prefer male nurses (Ahmad & Dardas, 2016).

Regarding the years of study first years of study perceived higher importance of caring behaviors than fourth years students. This could be rationalized from that the first degree students are more initiative to learn and to practice in clinical areas during clinical courses time. Moreover, married students reported higher caring importance than single, may be because they have more experience in their life events than single students.

Regarding the university type of study perceived governmental and private university students in term of their perception of caring behavior importance. Private university students reported higher mean score for caring performance than governmental university.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1. Conclusion

This study investigated the caring performance as perceived by nursing students. Findings showed that nursing students reported an average level of caring performance perception, statistically significant correlation found between nursing students' perception of caring behaviors and demographic characters as gender, years of study, university type, and marital status.

6.2. Recommendations

This study recommends that educators to follow Watson's theory of human caring in holistic care approach of teaching for their nursing students which will contribute to a high quality of care provided.

6.2.1 Implications and Recommendations in Practice

This study can prove the growing awareness for the concept of care over the last two decades among the Jordanian nursing students. Furthermore, the study investigated the nursing care performance and from the perspective of the Jordanian culture which is different from other cultures. With the intention of improving the quality of care provided, this study explained the nursing students' perception of caring behaviors which is considered as a baseline data for evidence based practice because the students of these days are the staff nurses who will apply these caring behaviors tomorrow. Nursing students can participate in educational programs to learn how to be authentically presented in the term of care with the integration of physical and emotional concepts and not curing the human body alone using technical skills during their clinical practice curriculum and activities.

6.2.2 Implications and Recommendations in Education

Findings of this study could be implied in education by the integration of caring theory in the nursing curriculum. Student of nursing should be taught to value the holistic care approach during dealing with patients. Also, this result could enrich the educators with updated knowledge about the awareness of the concept of care and they can focus on such study with the students to enhance their perception of treating the patient from all dimensions of health: physical, psychological, emotional, and cognitive.

Moreover, continuous educational departments in each hospital could have a baseline data for the importance of nursing care behaviors to direct the newly hired nurses from these nursing students in the orientation program by seminars, workshops, and education sessions on the published articles about caring concept rather than curing concept.

6.2.3 Implications and Recommendations in Policy

Administrators in health care settings play an important role in directing the regulations of nursing practice towards the best in order to achieve high quality of patients' care. The policy makers could highlight the strategies or standards for the nursing students to improve their organization because they are the future of hired nurses in their health care facilities. Improving the caring behaviors of nursing students under the guidance of policy will certainly improve the quality of care provided by decreasing unintended consequences which will decrease the economical burdens of the hospital.

This study recommends the health care facility administrators to apply Watson's theory of human caring as an ethical guidance in providing care to patients. For example, illustrated resources like brochures, pamphlets about the caring concepts depending on Theory of Human Caring can be distributed among nurses to introduce the theory to them in order to change the nurses attitude toward caring concept from theoretical to operational level.

6.2.4 Implications and Recommendations for Future Researches

The results of this study is a baseline data for future studies in the field of the perception of nursing students of the caring performance. Furthermore, clarifying the differences in the culture of nursing students care perception nationally as well as internationally depending on the carative factors of Watson's Theory. So, future researchers could take into consideration the importance of understanding the patient's culture and providing them with care accordingly; with respect to the cultural differences in order to provide culturally sensitive care.

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Appendix 1: Permission from Tools' Author

October 12, 2016

Dear Researcher,

Thank you for your interest in the Caring Behaviors Assessment. Enclosed is a copy of the tool and additional information regarding its development. Please feel free to use the CBA. In return, we ask that you acknowledge its authorship (reference to the 1988 article in *Heart and Lung* or the following book chapter is sufficient: Cronin, S.N., & Lee, B. (2009). Caring behaviors assessment tool. In J. Watson (Ed.), *Assessing and measuring caring in nursing and health science* (2nd Ed.). New York: Springer) and, upon completion of your work, please send us a copy of your abstract. We would also appreciate the results of any further reliability and validity testing of the CBA.

Additionally, you have our permission to translate the tool into Arabic. We would also ask that you send us a copy of the translated version so we can share it with future researchers, if the occasion arises.

We will be most interested in your findings. If we can answer any questions or be of any further assistance, please feel free to contact us.

Sincerely,



Sherill Nones Cronin, PhD, RN, BC
Graduate Nursing Programs Director and
Professor of
Nursing

Barbara Lee, MSN, RN, BC, CWOCN
Assistant Professor
LANSING SCHOOL OF NURSING AND HEALTH SCIENCES

Appendix 2: Socio-demographic Data Tool for Undergraduate Nursing Students

Dear students;
Please answer the following questions

Gender a. Male b. Female

Marital status a. Single b. Married c. Divorced

Years of study a. First year b. Fourth year

University type	a. Governmental	b. Private
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Appendix 3: Informed Consent for Nurses students

Consent to Act as A subject In A research Study

Study Title: PERCEPTION of CARING PERFORMANCE among JORDANIAN UNDERGRADUATE NURSING STUDENTS ACCORDING to WATSON THEORY

Study Aim: The main aim of this study is to explore the perception of undergraduate nurses students with the care concept depending on Watsons' Theory of Human Caring. The objectives of this study are to explore the caring performance level among nurses students based on Jean Watson's Theory of Human Caring in their clinical practice in Jordanian universities.

Why I have being asked to participate in this research study? You are being asked to participate in this study because you have the inclusion criteria such as; a nurse student in Jordanian university, minimum of two semesters in university nursing faculty, and you can write and read Arabic language.

What I shall do? If you agree to take part in this study, you will be asked to fill two parts of a questionnaire; The first part includes the socio-demographic data, and the second one contains the Arabic version of Caring Behavior Assessment tool . the researcher are available to answer any question related to the questionnaire.

Is the collected data will be treated confidentially? you will be informed regarding the privacy and confidentiality of the study (a) all of given information is only for the research purpose and no one other than the researcher can access it (b) questionnaire will be given to them with closed envelop and get back in closed envelop.

What is the expected risks of participating in this study? There are no risks during your participating in the study.

Can I withdraw from the study without any risks? The participation is totally voluntary without any risk of participation or withdrawal from the study. You can withdraw from the study at any time without any physical or emotional harm. Refused participation in this study will not affect your studying in university. And you have the right to unresponsive for any question of the questionnaire.

How much time I need to fill the questionnaire? If you decide to participate in the study; the questionnaire need from 15-20 minutes to be filled in.

Could I informed about the result of this study? At any time you can contact with the researcher at the title below to get any further information about the study result.

Voluntary Consent

All of the above questions had been explained to me and all of my questioned had been answered. I understand that I am encouraged to ask any current and future questions about this study at any time to the researcher. By signing this form, I agree to participate in this research study. A copy of this consent form will be given to me.

Participant Signature

Date: _____

Researcher Signature

Date: _____

Researcher Principal :Arafat Abu Shunnar

Faculty of Nursing-Near East University .Tel: 00962 77 6602847 Email:

arafatahmad85@yahoo.com

Appendix 4 :Caring Behaviors Assessment Tool

TITLE: Caring Behaviors Assessment (CBA)

AUTHORS: Sherill Nones Cronin, RNC, PhD, Barbara Harrison, RNC, MSN

Development of the CBA

The Caring Behaviors Assessment (CBA) was developed to assess the relative contribution of identified nursing behaviors to the patient's sense of feeling cared for and about.

The original CBA listed 61 nursing behaviors ordered in seven subscales which are congruent with Watson's carative factors. The subscales, with their respective item numbers and corresponding reliabilities, are:

<u>Subscale</u>	<u>Items</u>	<u>Cronbach's alpha</u>
Humanism/Faith-hope/ Sensitivity	1-16	.84
Helping-trusting	17-27	.76
Expression of positive/ negative feelings	28-31	.67
Teaching-learning	32-39	.90
Supportive, protective, corrective environment (Items 50 and 51 added after initial study)	40-49	.79
Human needs assistance	52-60	.89
Existential-phenomenological- spiritual forces	61-63	.66

CARING BEHAVIORS ASSESSMENT TOOL

Listed below are things nurses might do or say to make the patient feel cared for and about. Please decide how often you think each activity is occurring during your caring for patient during hospitalization. For each item, indicate if it would be:

1 = (N) never, 2 = (R) rarely, 3 = (O) occasionally, 4 = (F) frequently, and 5 (A) always.

The items are sub-categorized according to the carative factors of Jean Watson's human caring theory

Humanism/Faith-Hope/Sensitivity 1 – 15 (carative factors 1-3)					
	N	R	O	F	A
1. Treats the patient as an individual. (CF1)					
Tries to see things from the patient's point of view. (CF3)					
3. Knows what she is doing. (CF3)					
4. Reassures the patient. (CF3)					
Makes the patient feel that someone is there if "he/she" need's them. (CF1)					
Encourages the patient to believe in him/her self. (CF2)					
Points out positive things about the patient and his/her condition. (CF2)					
8. Praises the patient's efforts. (CF2)					
Asks the patient how he/she likes things done. (CF3)					
Understand me					
11. Accepts the patient the way He/she is. (CF3)					
12. Is sensitive to the patient's feelings and moods. (CF3)					
13. Is kind to the patient (CF1)					
Knows when the patient has "had enough" and acts accordingly (CF3) (For example, limiting visitors)					
15. Maintains a calm manner. (CF3)					
16. Treats the patient with respect. (CF1)					
Helping-Trust/Acceptance 17 – 27 (carative factor 4)					
17. Really listens to the patient when he/she talks.					
18. Accepts the patient's feelings without judging him/her.					
19. Comes into the patient's room, just to check on him/her.					
20. Talks to the patient about his/her life outside the hospital.					
Asks the patient what he/she likes to be called.					
22. Introduces her self to the patient.					
1 = (N) never, 2 = (R) rarely, 3 = (O) occasionally, 4 = (F) frequently, and 5 (A) always.					

	N	R	O	F	A
23. Answers quickly when the patient calls for her.					
Gives the patient her full attention when with him/her.					
Visits the patient if he/she is moved to another hospital unit.					
Touches the patient when he/she needs it for comfort as culture values permits					
27. Does what she said will do (keeps her promise).					
Expression of positive/negative feelings 28 – 31 (carative factor 5)					
28. Encourages the patient to talk about how he/she feels.					
Doesn't become upset when the patient is angry.					
30. Helps the patient understand his/her feelings.					
Doesn't give up on the patient if he/she is difficult to get along with.					
Teaching/Learning 31 – 38 (carative factor 7)					
32. Encourages the patient to ask questions about his/her illness and treatment.					
33. Asks the patient what he/she wants to know about his/her health/illness.					
34. Teaches the patient about his/her illness.					
35. Asks the patient questions to be sure he/she understands.					
36. Answers the patient's questions clearly.					
37. Helps the patient set realistic goals for his/her health.					
38. Helps the patient plan ways to meet those goals.					
39. Helps the patient plan for his/her discharge from the hospital.					
Supportive/Protective/Corrective environment 40 -50 (carative factor 8)					
40. Tells the patient what to expect during the day.					
41. Understands when the patient needs to be alone.					
42. Offers things (position changes, blankets, back- rub, lighting, etc.) to make the patient be more comfortable.					
1 = (N) never, 2 = (R) rarely, 3 = (O) occasionally, 4 = (F) frequently, and 5 (A) always.					
	N	R	O	F	A
43. Leaves the patient's room neat after working with him/her.					
44. Explains safety precautions to the patient and his family.					

45. Gives the patient his/her pain medication when he/she needs it.					
46. Encourages the patient to do what he/she can, for him/her self.					
47. Respects the patient's modesty (for example, keeping him/her covered).					
48. Checks with the patient before leaving the room to be sure the patient has everything he/she needs within reach.					
49. gentle with the patient.					
50. cheerful.					
Human needs assistance 51 – 59 (carative factor 9)					
51. Helps the patient with his/her care until he/she is able to do it for him/her self					
52. Is gentle when giving injections, starting I.Vs etc.					
53. Knows how to handle equipment without causing harm, (for example, monitors)					
54. Gives the patient his/her treatments and medications on time					
55. Keeps the patient's family informed of his/her progress.					
56. Lets the patient's family visit as much as possible, without violating hospital policy					
57. Checks the patient's condition very closely.					
58. Helps the patient feel like he/she has some control.					
59. Knows when it's necessary to call the doctor.					
Existential/Phenomenological/Spiritual 60 – 63 (carative factor 10)					
60. Seems to know how the patient feels.					
61. Respects the patient's past experiences.					
62. Helps the patient feel well about him/her self.					
63. Considers the patient's spiritual needs.					

أداة تقييم سلوكيات الرعاية التمريضية


مدرج أدناه أشياء يقوم بها الممرض/الممرضة قولاً أو فعلاً ، حدد مدى أهمية كل بند من البنود التالية باستخدام المقياس المرفق علماً بأن 1 تعني الأقل أهمية و 5 الأكثر أهمية أو مهم جداً بالنسبة لك:
الرجاء وضع دائرة على الرقم الذي يبين أهمية كل فقرة لك

الأقل أهمية					الأكثر أهمية
5	4	3	2	1	
5	4	3	2	1	1 أعامل المريض كفرد (Individual)
5	4	3	2	1	2 أحاول أن أرى الأشياء كما يراها المريض
5	4	3	2	1	3 أعرف ما أفعل
5	4	3	2	1	4 أطمئن المريض
5	4	3	2	1	5 أجعل المريض يشعر أننا موجودون من أجله عند حاجته لي
5	4	3	2	1	6 أشجع المريض على أهمية الوثوق والاعتقاد بنفسه
5	4	3	2	1	7 أشير إلى النقاط الإيجابية عند المريض و عن حالته
5	4	3	2	1	8 أنثي على جهود المريض
5	4	3	2	1	9 أفهم المريض
5	4	3	2	1	10 أسأل المريض كيف يحب الأمور أن تعمل له
5	4	3	2	1	11 أنقل المريض كما هو
5	4	3	2	1	12 أكون حساساً لمشاعر ومزاج المريض
5	4	3	2	1	13 أكون لطيف ومقدر للمريض
5	4	3	2	1	14 أعلم متى يكون المريض قد وصل إلى درجة عدم الاحتمال وأنصرف بناءً عليه، مثال : تحديد عدد الزوار
5	4	3	2	1	15 أحافظ على التصرف بطريقة هادئة
5	4	3	2	1	16 أعامل المريض باحترام
5	4	3	2	1	17 أنصت للمريض عندما يتحدث
5	4	3	2	1	18 أتقبل مشاعر المريض دون الحكم عليها
5	4	3	2	1	19 آتي إلى غرفة المريض للاطمئنان عليه فقط
5	4	3	2	1	20 أتحدث مع المريض عن حياته خارج المستشفى
5	4	3	2	1	21 أسأل المريض بماذا يحب أن أناديه
5	4	3	2	1	22 أقوم بالتعريف عن نفسي للمريض
5	4	3	2	1	23 أستجيب بسرعه عندما يناديني المريض
5	4	3	2	1	24 أعير المريض الانتباه الكامل عندما أكون معه
5	4	3	2	1	25 أزور المريض عندما ينتقل إلى قسم آخر في المستشفى
5	4	3	2	1	26 أربت على المريض حين يحتاج للتخفيف عنه ولراحته
5	4	3	2	1	27 أفعل ما أقول
5	4	3	2	1	28 أشجع المريض على التحدث بما يشعر به
5	4	3	2	1	29 لا أستاذ عندما يغضب المريض
5	4	3	2	1	30 أساعد المريض على فهم مشاعره
5	4	3	2	1	31 لا أشعر بالاستسلام عندما يكون المريض صعب المراس
5	4	3	2	1	32 أشجع المريض على طرح الأسئلة الخاصة بمرضه وعلاجه
5	4	3	2	1	33 أجاب على أسئلة المريض بوضوح
5	4	3	2	1	34 أتقف المريض عن مرضه
5	4	3	2	1	35 أسأل المريض أسئلة لكي أتأكد أنه فهم ما قلته له
5	4	3	2	1	36 أسأل المريض عن ماذا يحب أن يعرف عن حالته الصحية/المرضية
5	4	3	2	1	37 أساعد المريض على وضع أهداف واقعية خاصه بصحته
5	4	3	2	1	38 أساعد المريض على وضع خطة لتحقيق هذه الأهداف
5	4	3	2	1	39 أساعد المريض على وضع خطة الخروج من المستشفى(لما بعد

					(المستشفى)	
40	5	4	3	2	1	أخبر المريض ماذا يمكن أن يتوقع خلال يومه في المستشفى
41	5	4	3	2	1	أفهم المريض عندما يريد أن يكون لوحده
42	5	4	3	2	1	أقوم على عرض وتقديم الأشياء للمريض مثلاً بخصوص (تغيير الوضعية، البطانيات، عمل مساج للظهر، الإضاءة... الخ) وذلك لكي يكون المريض مرتاحاً أكثر
43	5	4	3	2	1	أترك غرفة المريض مرتبة بعد تقديم الإجراءات الخاصة له
44	5	4	3	2	1	أشرح للمريض ولعائلته الاحتياطات الوقائية (احتياطات الأمن والسلامة)
45	5	4	3	2	1	أقوم بإعطاء المريض أدوية الألم عندما يحتاجها
46	5	4	3	2	1	أشجع المريض على عمل الأشياء بنفسه عندما يكون باستطاعته ذلك
47	5	4	3	2	1	أحترم تواضع (حياء) المريض مثل البقاء على المريض مغطى
48	5	4	3	2	1	أؤكد أن كل الأشياء التي يحتاجها المريض قريبة من متناول يده قبل مغادرة غرفته
49	5	4	3	2	1	أراعي احتياجات المريض الروحانية
50	5	4	3	2	1	أنا لطيف/لطيفة مع المريض
51	5	4	3	2	1	أكون مبهجاً (بشوشاً)
52	5	4	3	2	1	أساعد المريض في تلبية احتياجاته لحين يستطيع تلبية نفسه
53	5	4	3	2	1	أعرف كيفية إعطاء الحقن الوريدية ،.... الخ
54	5	4	3	2	1	أعرف كيفية التعامل مع الأدوات مثل أجهزة المراقبة
55	5	4	3	2	1	أقوم بإعطاء المريض العلاج والادوية في وقتها المناسب
56	5	4	3	2	1	أبقي عائلة المريض على علم بتطور وضعه الصحي
57	5	4	3	2	1	أسمح لعائلة المريض بزيارته قدر الإمكان
58	5	4	3	2	1	أقوم بالتحقق من حالة المريض بدقة وعن قرب
59	5	4	3	2	1	أساعد المريض على أن يشعر بأنه لديه بعض السيطرة على وضعه الصحي
60	5	4	3	2	1	أعرف متى يكون الاتصال بالطبيب ضروري
61	5	4	3	2	1	أبدي للمريض أنني أعرف كيف يشعر
62	5	4	3	2	1	أساعد المريض بأن يرى أن تجاربه السابقة مهمة
63	5	4	3	2	1	أساعد المريض أن يشعر شعور جيد عن نفسه
						هل يوجد هناك أشياء أخرى يمكن للمرض/الممرضة أن يفعلها أو يقولها حتى يشعر المريض بالرعاية به وله؟ وإن وجد، ماهي؟

Appendix 5: Ethical approval from Near East University




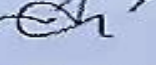







EK-880-


YAKIN DOĞU ÜNİVERSİTESİ
BİLİMSEL ARAŞTIRMALAR ETİK KURULU


ARAŞTIRMA PROJESİ DEĞERLENDİRME RAPORU

Toplantı Tarihi : 02.05.2019
Toplantı No : 2019/68
Proje No : 804

Yakın Doğu Üniversitesi Hemşirelik Fakültesi öğretim üyelerinden Prof. Dr. Candan Öztürk'un sorumlu araştırmacısı olduğu, YDU/2019/68-804 proje numaralı ve "Perception of Caring Performance among Jordanian Undergraduate Nursing Students" başlıklı proje önerisi kurulumuzca değerlendirilmiş olup, etik olarak uygun bulunmuştur.

1. Prof. Dr. Rüştü Onur	(BAŞKAN) 
2. Prof. Dr. Nercin Babçeciler Önder	(ÜYE) 
3. Prof. Dr. Tamer Yılmaz	(ÜYE) 
4. Prof. Dr. Şahan Sıyyo	(ÜYE) 
5. Prof. Dr. Şanda Çalı	(ÜYE) 
6. Prof. Dr. Nedim Çakar	(ÜYE) 
7. Prof. Dr. Kaan Erler	(ÜYE) 
8. Doç. Dr. Ümran Dal Yılmaz	(ÜYE) 
9. Doç. Dr. Nilüfer Galip Çelik	(ÜYE) 
10. Doç. Dr. Emel Mammadov	(ÜYE) 
11. Doç. Dr. Mehmet Tınazlı	(ÜYE) 

Appendix 6: Approval from recruited universities



THE HASHEMITE UNIVERSITY الجامعة الهاشمية


Ref: Nur/131/1
Date: April, 21, 20

To whom it may concern

Dear Arafat Ahmad Mohammad Abu Shunner

You have my approval to conduct your study and to collect data from nursing students at the Hashemite University using "Caring Behaviors Assessment" Questionnaire.

Thank you for your interest to include our students in your study.


Prof. Shaher Hamaideh

**Dean
Faculty of Nursing
Hashemite University
P.O Box 150459
Zarqa (13115), Jordan
E-mail: shaher29@hu.edu.jo**

Zarqa-Tel (00962-5-3903333) Ext. (5448) Fax (00962-5-3903351) P.O. Box (330133)
Postal Code (13133) Zarqa-Jordan
e-mail: nur_dean@hu.edu.jo



No.:

Date:



Zarqa University

Faculty of Nursing



الرقم:

التاريخ:

الموافق:

Dear Prof. Nurhan Bayraktar

In regards to your letter about requesting a permission for the study entitled "Perception of caring behavior among nursing students in Jordan", which proposed by the student "Arafat Ahmad Abu Shunner".

I am happy to tell that we reviewed the application in accordance with the requirements of the protection of human subjects and the ethical principles related to research studies, and we give the student the permission to collect a proportion of his sample from the Faculty of Nursing at Zarqa University.

This approval, based on making the following determinations:

- The final Arabic version of the data collection tools should be reviewed by us after translation.
- Proposed research methodology needs dramatic revision.
- The subjects will be provided with required information about the study purposes, risk and benefits, as well as their rights before participation.
- It should be clear for all subjects that participation is voluntary, and withdrawal is allowed at any time after the beginning of data collection.
- The subjects will sign the informed consent before the beginning of data collection.
- The use or disclosure of personal information, and University information involves no more than minimal risk.
- Granting of using personal information will not adversely affect confidentiality of the individuals whose data will be used.
- An adequate plan to protect identifiers (subjects & University) from improper use and disclosure is included in the research proposal.
- The project plan includes written assurances that personal information will not be re-used or disclosed for other purposes.

Sincerely,

Zarqa University
Dean of the Faculty of Nursing

Dr. Nidal F. Eshah



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