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## Comparing care behaviors between sophomore and senior nursing students

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### ABSTRACT

Caring is defined as a core of health. It is believed that caring promotes patients' health and satisfaction. Some study revealed that caring in all of dimension did not applicable in the contemporary nursing care. With the effect of education on nursing students care quality, we decided to compare nursing care behaviors in first year and fourth year nursing students. The descriptive-cross sectional study was conducted on all of nursing students in second and forth years in Islamic Azad University (Dezful Branch). Sample size was 54 person including thirty six students in the third semester and twenty students in the eighth semester that passed clinical trainings in general wards. For data gathering Wolf's Caring Behaviors Inventory, which designed based on Watson's theory and literature review, was used. The Inventory was comprised of 42 statements. Every item was ranked 6point Likert- type scale. Reliability ascertained by Cronbach's alpha (0.97). All the inventories were filled by clinical supervisor of the course that was equal in two groups. Observation of behaviors revealed "professional knowledge and skill" as the most and "to pay respect to others" as the least important subscales. Moreover, the senior students gained higher caring point than the sophomores. The total point of care behavior follows an increasing trend as the students go through the program. Apparently, formal and informal educations are effective on behavioral development of the student. The main limitation of the study was that only one trainer participated as behavior observer and the author has no way to ensure no biased evaluation against/in favor a participant.

**Keywords:** Wolf's Caring Behaviors Inventory, nursing education, nursing student

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### INTRODUCTION

Design and development of clinical skills of nursing students throughout theoretical and clinical courses is critical. Their professional life and care skills are formed throughout such courses. The education curriculum must introduce caring and professional behaviors principle as an integrate program. The nursing students should be provided with the opportunities required to gain the knowledge that they need to carry out their professional role [1]. Although

quality of care behavior by the nurses is of great importance and in spite of the fact that nurses learn the theoretical and academic bases, they lack required skills and efficiency in clinical environment so that the services have attracted great deal of criticism [2].

Care is defined as a centerpiece of health. It is a complicated concept to be defined in nursing. Some believe that care and nursing are synonym, and care is the essence of nursing, which is defined as the interaction and relation between nurse and patient. It includes mutual emotions, professional knowledge, competencies, skills and performance of the nurse at the same time. Recently, there has been an increase of emphasis on changes in awareness and a shift toward health spiritual aspects against limited medical definition [1]. Patistea [1999] has defined care as a human need and an integral part of nursing profession, which doubtlessly, by developing deep insight into it different health service grading system with higher quality will be achieved [3]. With ongoing emphasis on care as the heart of the nursing, there is still a gap between the different definitions in theory and what is actually done in practice [4].

In Wilkes and Wallis qualitative study, students of nursing(1998) defined compassion and sympathy as the centerpiece of care that provided by the nurse and emerges in communicating with the patient, the ease the patient feels during hospitalization, observation of the patient's best, commitment and trust, bravery, and Conscience in Caring behaviors whether in training courses and clinical experiences[5]. Taking into consideration the complicated definition of care, it may be defined based on its two key parts i.e. as a tool, which is featured with physical and technical aspects and measurability; and as an emotional and verbal expression, which has to do with meeting spiritual and social needs of the patient. Recent studies have showed that the latter part is unique and philanthropic which occurs through interaction with the patient [6].

Watson is one of the theoreticians who focused on emotional aspects of health care. He argued that human being cannot be cared as an object. In fact, human cannot be separated from the ego, others, and his/her world [7]. Watson maintained that nursing is a "*universal infinite love in a deep rooted in moral-legal ground*" [8].

Some argued that emotional aspects of health care are unrealistic wishes in the nursing profession and not all the practitioners of the profession may fulfill the wish. It both clears if the education process helps Develop and strengthens of such wish. Recently, International Association of Nursing has started to put emphasis on this aspect of care and sympathy as major skills of nursing and nursing programs, along with putting the aspect within qualitative academic definition, need to pay more attention on it. Throughout the training program, the student must attain sympathetic and compassionate view point for provision of care and, as a part of their carrier, try to improve, believe, and implement such view point [6].

Friese & et al (2008) reported nursing education level was significantly correlated with patient outcomes. Nurses who educated in baccalaureate level were linked with lower mortality and failure- to-rescue rates [9]. From the patients' viewpoint, a good nurse has appropriate appearance, Good communication, respectful behavior and detailed knowledge of patients' conditions and treatments that these areas must be considered in nursing education [10].

Educational goals in contemporary nursing must be designed in a way to prepare students for balanced care in all the fields and aspects including family, children, respect, moral concerns, peripheral sagacity, spiritual intelligence and honesty; and such preferred balance must be transferred to students by trainers and professors in academic environment. In addition, experiences, culture, beliefs, and even genetic characteristics of the students need to be taken into account [11].

Care and showing sympathy out of professional, cultural, and personal factors may emerge into different forms and by giving opportunities to students, the trainers may help them develop sympathy in their clinical performance to which they feel responsibility. There is much evidence that sympathy is required and necessary in nursing, although it has been neglected in the standard training courses. Nursing trainers tend to spend most of their time on teaching technical skills. One reason of negligence or failure to put emphasis – as should - on health care behavior probably is dictated requirements of the programs that must be met. Add to this, issues concerning assessing and grading the students regarding such skills [12].

Watson (2009) mentioned that different perceptions among the nurses regarding health care services are due to cultural differences such as environment. She explained that the environment was characterized by a culture of caring, perhaps contributing to retention and professional satisfaction [13]. Some of the studies in the West have reported descending trend of development of care behavior among nursing students. So that younger nurses tend to show less care behaviors. Therefore, apparently, emotional care has been neglected to this extent [6]. Knowing this, the present study is aimed to compare care behaviors among the nursing students in second year (training course) and fourth year of the program (intern course). This study is first of its kind in the academic society.

Theoretical framework of the study was developed based on Jean Watson's theory "philosophy and the science of care." Watson's care theory (1988) is based on sympathy, interest, self-love, altruism, respect for others, and religious values. Watson believed that care is a process between people and the moral goal in the nursing profession [14].

## MATERIALS AND METHODS

The study was conducted as a descriptive- cross sectional study. The study population was comprised of second and fourth year nursing students in Faculty of Nursing and Midwifery, Islamic Azad University, Dezful. Sample group consisted of all of 56 students (thirty six student in second year and twenty students in fourth year) who were passing clinical training course in general wards. The participants were the students attending their training course in one of the clinical wards with the same trainer and none of them had clinical experience except the training courses. Data was collected by Wolf care behaviors Inventory.

The inventory were included 42 statements based on Likert's six-point scale (never, almost never, occasionally, usually, almost always and always) with five sub-scales. The sub-scales were "to pay respect to others", "to ensure realization of humanistic concerns", "positive relation and attitudes", "professional knowledge and skill", and "to pay attention to others experience". Minimum and maximum of the questionnaire point were 42 and 252 retrospectively. The 2004 version of the questionnaire was translated to Farsi by the Faculty board members of the faculty of nursing and midwifery, Tehran University of Medical Science and the Farsi version of the questionnaire is available with permission of the translators [15]. In the recent study, total alpha coefficient for the tool was 0.97 and for sub-scale "to pay respect to others", "to ensure realization of humanistic concerns", "communication and positive attitude", "professional knowledge and skill", and "to pay attention to other's experiences" were 0.89, 0.91, 0.90, 0.83, and 0.84 respectively.

All the questionnaires were filled out by a clinical trainer in charge of the course for the both groups of participants. This ensured minimum judgment errors which are more probable when several trainers carry out the evaluations. The trainer was asked to leave empty statements that he might be not sure of the answer.

Students were given an explanation of the study goals and were informed that their participation was voluntary and would not influence their marks. Confidentiality was assured.

The data was analyzed in SPSS ver. 16 using descriptive Statistics and independent t- test.

**Table 1- average point and standard deviation of care behaviors and the sub-scales**

Dimensions	Mean(SD)
Respectful deference to others	3.76 (0.34)
Assurance of human presence	4.2(0.39)
Positive connectedness	3.82(0.42)
Professional knowledge and skill	4.73(0.45)
Attentiveness to other's experience	3.86(0.46)
Total care behaviors	4.03(0.37)

## Findings

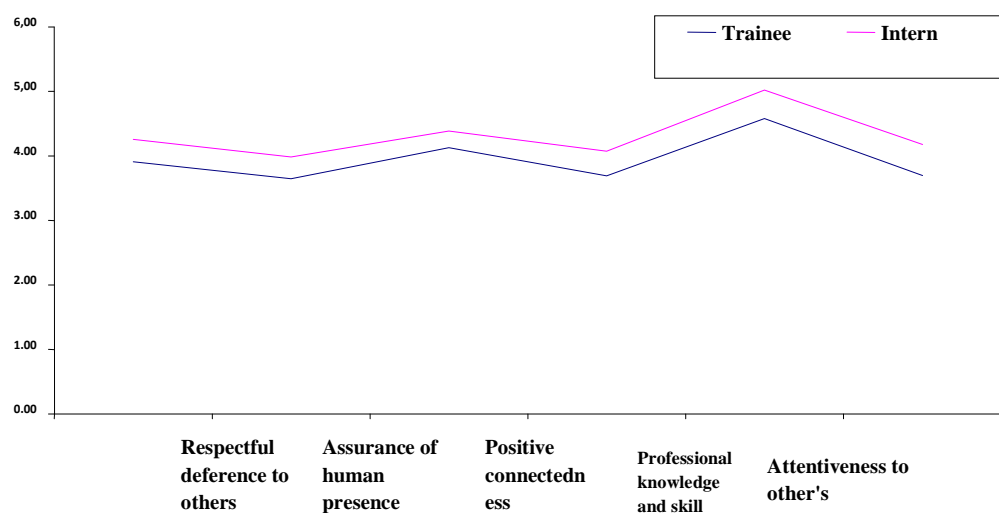
All the participants were women and average point of care behaviors was  $4.03 \pm 0.37$  of total six points. This figure for trainee and intern students was  $3.90 \pm 0.27$  (Mean $\pm$ SD) and  $4.26 \pm 0.43$  (Mean $\pm$ SD) respectively. The results showed that maximum and minimum average points of the sub-scales were obtained for "professional knowledge and skill" and to "pay respect to others" respectively. In other words, the students showed the poorest performance regarding "paying respect to others" (Table 1). Moreover, table 2 lists the results for trainees and intern students

(Diagram 1). The results showed a significant difference ( $P < 0.05$ ) between average point of care behaviors and each sub-scale for the two groups of the study. So that, intern students (senior students) showed better care behavior. (Table 2)

Table 2- Average sub-scales caring behavior for trainee and intern students

Dimensions	Mean(SD) Intern (n=36)	Mean(SD) Trainee (n=20)	t- test
Respectful deference to others	3/64(0.27)	3/98(0/35)	**
Assurance of human presence	4/12(0/31)	4/38(0/48)	*
Positive connectedness	3/69(0/28)	4/07(0/27)	**
Professional knowledge and skill	4/57(0/39)	5/2(0/43)	**
Attentiveness to other's experience	3/69(0/34)	4/17(0/48)	**
Total care behaviors	3/9(0/27)	4/24(0/43)	**
In all cases levene test = $P > 0.05$ Sig. level ( $P < 0.01$ ) = * Sig. level ( $P < 0.001$ ) = **			

Diagram 1- different aspects of care behaviors of second and fourth year students



## DISCUSSION

With the fast pace of changes in the profession of nursing, several moral, legal, economic, etc. issues have been aroused recently. To find a proper definition of nursing, the services, and the roles, the profession needs to meet the essential needs of patients. Nursing is a combination of art and science. As an art, nursing is in charge of taking care of patients and aimed to improve their welfare. This is done with the aid of intuition, creativity, sympathy, nursing intervention, communicative skills, supporting the patients and rehabilitation services. Nursing program fosters and leads nursing behaviors and helps the students to realize the final goals of the program – to provide health care services [1].

The present study was conducted to survey care behaviors of nursing students in second and fourth year of the program and the trend of the changes in care behaviors. Although time limitations made it impossible to carry out a longer-term study, we managed to study the both groups of students (trainee students of third semester and intern students of eighth semester) at the same time and care behaviors of the both groups were compared. The maximum point was obtained in the both groups by the statement “professional knowledge and skill.” Hajinejad and et al. (2012) found that patients and nurses evaluated “professional knowledge and skill” and “Attentiveness to other's experience” respectively as the most important statement [15]. Negarande et al. (2012) studied care services by the nursing students and level of satisfaction of the patients and the results showed that professional knowledge and skill were the highest points, while the average points of the scale was high as well, comparing with other scales.

Probably one reason is the over-emphasis on practical aspects or at least the students tend to be more cautious about what they might be questioned about [2].

On the other hand, some of the statements under the sub-scale “to pay respect to others” might be not applicable to some of the hospital environments under study. For instance, “the patient is informed in a way that they can make decision”, “the patient is called by the name they like”, and “the patient is participated in health care service plan.” Taking into account differences between the nursing care systems, some of such items are not applicable as the services are provided within specific cultural background, and as effective factor, culture dictates some portions of the services.

Kleiman, Frederickson, and Lundy (2004) explained three terms regarding the culture; cultural awareness, which means people live in cultural grounds (both hereditary and acquired) that is unique to specific group of people. Cultural sensitivity, which means that the specific culture that a community lives with is effective on quality of health care services (positively or negatively). Cultural competence, which refers to awareness of unique cultural dependencies of the patient and possession of required competencies to take them into account by the nurse [16].

Caring culture in this study was found ascending so that senior students had higher points than the students at the second year of the program. This is inconsistent with the results by Murphy et al. (2009) that found care behavior among the third year students was lower than that of students in first year. They argued that the descending trend was due to “difference between what the student has learned and what they ought to do in clinical situation.” The third year students a more realistic view of the freshmen have expressed in patient care, because they had more experience of clinical work [6]. In the case study by Smith (1992) on socialization of the nursing students highlighted reduction of realistic behaviors in provision of the services. It appears, therefore, that the students’ performance in provision of the services has followed a descending trend throughout the program and by experiencing clinical situations [17]. So that the nursing education process and emphasis on technical skills are might have been effective on underdevelopment of care behaviors [18].

In some study caring is described as a paradox and having a professional identity summarized by the term ‘caring’ proved to be ‘impossible to reject yet difficult to embrace [19]. MacIntoch (2003) described the process that nurses experienced cognitive dissonance and affective discomfort in response to this paradoxical position on the caring nature of their role [20]. Day et al (2005) identified, nurses tended to care as a competence verses it as compassion. This emphasis may be influenced by familiarity with practice standards, professional regulations and protocols, congruent working environment expectations [21]. Social networks are worthy resource for learning all subjects specially care of patients [22].

As several studies identified, nurses often feared that they would also become less caring over time while simultaneously viewing caring as a cause of distress, fatigue and burnout [18].

Some scholars argue that emotional and psychological social care proposed by some of nursing experts (e.g. Watson) is not defensible in the contemporary nursing environment. It is therefore out of the mainstream of modern nursing and in many cases it is mentioned to the students as part of nursing history. Thus, such values which are supported by theoretical principles might be unachievable in practice and clinical situations. Therefore, while they seemed preferable by the students, they believed that such values were beyond their reach as the clinical situation is a function of different factors such as social, political, and economic factors [6]. Moreover, studies on gravity of care behaviors have pointed out that care is not a unique phenomenon all around the world and different perception of care is rooted in cultural differences [23]. Watson maintained that care services are provided on the specific cultural ground [7]. Patients and their families needed care which it necessitated to collaborate with doctors, health care takers, encouragement patients to self-care because all of these factors may promote healthy behaviors [24]. So that care differs between the East and the West cultures. It appears that formal/informal education in the nursing faculty in this study is coherent with the ruling culture in the hospital regarding care services and the student manage to learn what they need for work in clinical environment. In fact, what is thought in the faculty is developed and strengthened in clinical environment and consequently we see an ascending trend of care behaviors for the patients.

#### **Limitations of the study**

Due to time limitations, the study was carried out as a cross section study; while more comprehensive information regarding the student’s care behaviors was achievable should the study have been carried in longer-term. A study

over a four-year nursing program with one group of students as participants is recommended. In addition, the study used only one observer of care for the two groups of participant. More reliable results can be obtained by employing more observers of care, though this might increase probability of assessment errors. Taking into consideration that the observer was actually the trainer of the student, the authors cannot be sure that the evaluations are not biased (in spite of informing the observer before the operation)

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