



THE EFFECT OF NURSE CARING TRAINING BASED ON JEAN WATSON'S THEORY IN MEDICAL WARD

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ABSTRACT

Nurses' caring behavior is part of the quality of care indicators in hospitals. Caring is a complex part of nursing and an important value in the life of professional nurses. This study aims to determine the effect of nurse caring training to improve nurses' caring behavior in hospitals. This study used control group post-test-only design. The research was conducted in Medical wards of Private Hospital, Sukoharjo, Indonesia. Participants were 44 nurses divided into 2 groups, the control and the intervention group whose nurses received caring training using a protocol based on Jean Watson's caring carative factor. The tool used to collect data on nurses' caring behavior was the Caring Behavior Inventory-24 (CBI-24). Following the implementation of nurses demonstrating commendable caring behavior, as evidenced by the mean and standard deviation in the intervention group (119.18 ± 0.853) compared to the control group (87.50 ± 6.508). The results of showed a statistically significant difference between the nurse caring training intervention group and the control group with Asymp. Sig. (2-tailed) 0.000. Improving the character of caring behavior of nurses in various hospitals can be achieved through the implementation of training and mentoring based on the 10 carative factors approach with Jean Watson theory.

Keywords: caring behavior; caring training; jean watson theory

INTRODUCTION

Caring behavior of nurses is a fundamental element in nursing practice to provide quality health care (Alikari et al., 2022). Caring refers to an attitude of empathy, attention, concern, and warm communication towards patients. This attitude not only recognizes the patient's medical condition, but also respects their emotional and psychological needs. It involves the ability to feel and understand the patient's feelings, concerns, and experiences, listening carefully, allowing adequate time to talk, and providing moral support.

Caring also involves recognizing and meeting the patient's emotional and psychological needs and helping to reduce anxiety. A genuine caring attitude helps create a supportive environment of care and builds trust between patients and medical personnel (Taheri-Ezbarami et al., 2023). Nurses who have strong caring behaviors can create positive relationships with patients, increase patient satisfaction, and potentially even improve clinical outcomes by forming a close and humanized relationship between patients and healthcare providers. Therefore, improving nurses' caring behavior is an important goal in quality healthcare. Nursing services are an important part of comprehensive health services, consisting of biopsychosociocultural and spiritual services provided to individuals, families, and communities, both in health and illness through the nursing process. Quality nursing services must be supported by the development of theories and conceptual models of nursing (Watson, 2007).

Caring as an element of health service evaluation has become a major trend in the current era. This is due to the shift in the healthcare marketing paradigm, which has changed from an emphasis on standard operating procedures and minimum standards, to the era of "care with

character" which emphasizes caring values as the main principle in healthcare. This change is reflected in the trend of research on nurse caring, as documented in *Journal SA Gesundheit* 2022, with caring and competence as the most dominant topics in the submitted manuscripts. These manuscripts cover a range of research methods, including qualitative, quantitative, and systematic reviews, all of which focus on the challenges associated with providing competent and compassionate care in diverse healthcare contexts (Ntshingila, 2022). Every patient expects safe and quality patient care (Kannappan et al., 2023). Nurses' caring behavior is at the core of professional nursing practice and the culture of the nursing profession, which affects the quality of care (Nova Lina Langingi & Ma. Elizabeth Baua, 2023). Nurses' caring behavior involves various aspects, including communication skills, empathy skills, provision of psychosocial support, and willingness to listen to patients. The basic concept of this variable summarizes the essence of nurses' interactions with patients, which is based on the carative factors proposed by Jean Watson (Watson, 2007).

Leone-Sheehan (2019) defined Watson's *caritas* nursing as a process rooted in the awareness of caring. It involves engaging in caring human relationships that can be relied upon to support the healing process, maintain integrity, and encourage the development of humanity. This definition transforms the concept of caring into a higher ethical commitment, fueled by responsibility for others and encompassing deep values such as kindness, compassion, happiness, and peace. All of this encourages the formation of *caritas* behaviors in the context of Watson's clinical nursing *caritas*, and ultimately contributes to improved performance in nursing practice (Akbari & Nasiri, 2022). Caring training programs, especially in the context of nurses, aim to increase understanding and encourage the application of humane and empathetic aspects in care practices. The training methods used may vary depending on the objectives, budget, and resources available. Caring training has a significant impact on the implementation of caring behaviors and the work culture of nurses when they provide services in hospitals (Susanti et al., 2022). Hospitals need to conduct caring training as a step to maintain competitiveness in services. Simulation-based training, which has historically been shown to simulate real situations or scenarios in an interactive environment, is one effective option for this training (Bienstock & Heuer, 2022).

Caring nurse training is essential to health care management. Factors such as work-related stress and dehumanization significantly impact nurses' caring attitudes, leading to decreased caring behavior. Previous research highlighted that 52.9% of patients reported a lack of implementation of caring behavior by nurses in hospitals (Nuraini et al., 2019). In a highly competitive healthcare environment, various caring skills are essential for hospitals to compete in providing quality services. The implementation of targeted training programs is crucial for achieving improvements in the quality of nursing care. This initiative not only facilitates an overall enhancement in healthcare service quality but also encourages the creation of a compassionate environment centered around the needs of patients.

Several previous studies have tried various training approaches to improve nurses' caring behavior. The results of these studies provide insight into the most effective methods in improving caring behavior. However, further research is needed to understand more deeply the most effective way to improve nurses' caring behavior through the use of simulation methods. It is important to immediately address the issue of nurses' caring behavior, as this can have a direct impact on the quality of health services provided to patients. Patients who feel mistreated or disrespected by nurses may feel anxious, stressed, or even refuse medical treatment. Therefore, research on the caring training is a must to ensure the improvement of better health services. This study is expected to increase our understanding of the importance of caring

behavior in the context of modern healthcare. Therefore, this study has the potential to make a significant contribution in improving the overall quality of healthcare. The purpose of this study is to evaluate the effect of nurse caring training based on Jean Watson's theory on increasing nurses' caring behaviour.

METHOD

This study used a post-test-only design with a non-equivalent control group. The study was conducted in a Private hospital in Sukoharjo Regency, Indonesia, from September 19 to September 22, 2023. Nurses who became research subjects were recruited through convenience sampling. The sample size was determined using the World Health Organization (WHO) "Sample Size Determination in Health Studies" application, with 95% confidence interval, power of test of 79%, anticipated population proportion 1 of 0.6, and anticipated population proportion 2 of 0.2. This resulted in a sample size of 22 respondents in each group (22 respondents for the intervention group and 22 respondents for the control group). This study involved two wards, Medical Ward 12 which served as the treatment group, and Medical Ward 15 as the control group. In Medical Ward 12, nurses were trained based on the caring protocol developed from Jean Watson's carative factor theory using the simulation method. While in Medical Ward 15, no additional training was conducted, but rather followed the standard service in the hospital. After the caring training was completed, an assessment of the effectiveness of the training was conducted using the nurse caring questionnaire to assess nurses' caring behavior. The training consisted of 2 sessions of 6 hours each. The training materials included an introduction to the concept of caring and Jean Watson's caring theory, the application of caring based on Jean Watson's theory guidelines, creativity in caring, spirituality in caring, and role simulation.

The CBI-24 instrument stands for Caring Behavior Inventory-24 developed by Wolf. The items in the CBI-24 are used to assess nurses' caring behavior, as perceived by patients. The CBI-24 consists of five subscales, namely respect and appreciation for others, assurance of human presence, positive connectedness, professional knowledge and skills, and attention to others' experiences. Each item in this instrument is rated using a 6-point Likert scale, with the following scale: 1 = never, 2 = almost never, 3 = sometimes, 4 = usually, 5 = almost always, 6 = always.

Researchers conducted a validity test with a significance level of 0.05 and used a sample of 30 respondents, with an r table value of 0.361. The Pearson correlation test results show a range between 0.364 to 0.893. In addition, the Cronbach's Alpha value obtained is 0.941. This value is almost similar to other studies which reached 0.95 (Bakar et al., 2022). In addition to the questionnaire, this study also used a demographic questionnaire that included questions about age, education, and length of work experience. Data were analyzed using the frequency method, mean value, and Mann-Whitney U test at a significance level of 0.05. In order to organize caring training, guidelines were developed with the aim of identifying the caring actions required in order to provide transpersonal care. The guidelines were adopted to guide the practice of transpersonal care in various care settings (Tonin et al., 2017). Understanding these caring behavior variables is key in formulating caring training strategies aimed at improving health services. Therefore, a nurse caring protocol guide was created as shown in Table 1.

Ethical clearance was granted on September 16, 2023 by the Komisi Etik Penelitian Kesehatan (KEPK) of the Faculty of Medicine, Universitas Muhammadiyah Surakarta, Indonesia, with ethical clearance letter number No. 4995/B.1/KEPK-FKUMS/IX/2023. All respondents were given an explanation, both verbally and in writing, regarding the purpose and importance of the

study before they completed the questionnaire. It was emphasized to all participants that participation in this study was voluntary. If participants agree to participate, informed consent is obtained. They may choose to withdraw from the study at any time.

RESULTS

The majority of participants were between 31 and 35 years old (50%), had a Diploma educational background (56.8%), and had 6 to 9 years of work experience (61.4%). The demographic characteristics of the participants are summarized in Table 2. Table 3. It shows that nurses with 6-9 years of work experience showed good caring behavior, accounting for 39% of the participants. The 31-35 years age group had the best caring behavior of nurses, covering 32% of the participants, compared to other age groups. Nurses with a professional education background of Ners showed good caring behavior as much as 23% of the participants, while participants with Diploma education showed poor caring behavior, covering 39% of the participants.

Table 1.
Demographic characteristics of the participants (n=44)

Variables	f (%)
Age (in years)	
25-30	17(38.6)
31-35	22(50.0)
36-40	5(11.4)
Total	44(100.0)
Job Experience (in years)	
<1	1(2.3)
2-5	14(31.8)
6-9	27(61.4)
>10	2(4.5)
Total	44(100.0)
Education Level	
Diploma	25(56.8)
Bachelor	5(11.4)
Ners Profession	14(31.8)
Total	44(100.0)

The intervention group, which received caring behavior training, had a mean score of 119.18, a minimum score of 117, and a maximum score of 120. Meanwhile, the group that did not receive caring behavior training showed lower scores compared to the intervention group (Table 4).

Table 4.
Differences in the caring character of nurses between the intervention group and the control group (n=44)

Nurses' Caring Character	Intervention Group	Control Group
M±SD	119.18± .853	87.50±6.508
Min	117	76
Max	120	98

Table 5. The Mann-Whitney U test results show Asymp. Sig. (2-tailed) $\rho = 0.000$, which indicates a significant difference in the Caring character of nurses between the control group and the treatment group.

Table 2.
Nurse caring guide

Carative factor	Destination	Implementation
Forming humanistic-altruistic value systems	To promote a relationship of compassion, knowledge, and possible healing between oneself and others	<ul style="list-style-type: none"> - Use appropriate visual contact and touch gently - Listening with genuine interest - Using language that is easy to understand - Speak calmly
Instilling faith-hope	To understand, support and incorporate the values, beliefs and what is meaningful and important to the individual in the context of care.	<ul style="list-style-type: none"> - Respect the patient's values and beliefs regarding what is meaningful and important to their care. - Motivate patients and families in undergoing treatment.
Cultivating a sensitivity to self and others	To encourage spiritual practices	<ul style="list-style-type: none"> - Encourage self-reflection (prayer, meditation, artistic expression) - Help develop meaningful rituals to practice gratitude, and forgiveness. - We recommend praying before being given medicine and before medical treatment.
Developing helping-trust relationship	To work with the truth, eye contact, body expressions, respectful communication (verbal and non-verbal)	<ul style="list-style-type: none"> - Shaking the patient's hand - Make eye contact with the patient - Calling individuals by their favorite name - Smile - Perform nursing implementation in accordance with standard operating procedures
Promoting expression of feelings	To help others express the positive and negative aspects of a particular situation experienced	<ul style="list-style-type: none"> - Encourages reflection on feelings and experiences (actively listening to the patient's feelings and experiences) - Ask about perceived conditions/complaints - Motivate the patient to think positively about their condition
Using problem-solving for decision-making	To help others explore alternative ways of finding new meaning in their situation;	<ul style="list-style-type: none"> - Activating environments that promote healing such as using music, breathing, relaxation, appropriate visual contact, positive movement, active listening - Expressing one's feelings through instruments, stories, diaries and therapeutic toys (the art of experiential care)
Promoting teaching-learning	To truly engage in the teaching-learning experience, to understand what information, guidance and learning mean for others	<ul style="list-style-type: none"> - Explaining a procedure - Actively listen and share life experiences - Provide information
Promoting supportive environment	To create a healing environment	<ul style="list-style-type: none"> - Make the patient environment more comfortable - Clean bed - Provides privacy and security
Assisting with the gratification of human needs	To meet individual needs identified by professionals	<ul style="list-style-type: none"> - Anticipate client needs - Understand the patient's level of activity ability in fulfilling basic human needs - The nurse meets the patient to offer assistance (provide nurse call button information if assistance is needed)
allowing for existential-phenomenological forces.	Attending to patients' existential and spiritual needs.	<ul style="list-style-type: none"> - Facilitate patients' spiritual needs: prayer space and equipment - Valuing time for spiritual needs

Table 3.
Crosstab of nurses' level of caring with work experience, age and education level (n=44)

		Nurse Caring Behavior		Total
		Good Caring f(%)	Caring Less f(%)	f(%)
Work Experience	<1	0 (0)	1 (2)	1 (2)
	2-5	3 (7)	11 (25)	14 (32)
	6-9	17 (39)	10 (23)	27 (61)
	>10	2 (5)	0 (0)	2 (5)
Total		22 (50)	22 (50)	44 (100)
Age	25-30	3 (7)	14 (32)	17 (39)
	31-35	14 (32)	8 (18)	22 (50)
	36-40	5 (11)	0 (0)	5 (11)
Total		22 (50)	22 (50)	44 (100)
Education Level	Diploma	8 (18)	17 (39)	25 (57)
	Bachelor	4 (9)	1 (2)	5 (11)
	Nursing Profession	10 (23)	4 (9)	14 (32)
Total		22 (50)	22 (50)	44 (100)

Table 5.
The statistical analysis involves testing for differences in nurse caring between the treatment group and the control group

	CBI Value
Mann-Whitney U	.000
Wilcoxon W	253.000
Z	-5.730
Asymp. Sig. (2-tailed)	.000

DISCUSSION

Theory of Caring is a transformative framework that has significantly influenced the field of nursing. Grounded in humanistic and holistic principles, caring theory emphasizes the importance of cultivating a caring relationship between the nurse and the patient. At its core, the theory recognizes the interconnectedness of mind, body, and spirit in the healing process (Watson, 2007). Age is one of the factors that affect productivity and quality of care (Chang & Cho, 2022). The characteristics of the nurses in this study showed that the largest age group was 31-35 years old, making up 50% of the total sample, and falling into the middle age category. Younger nurses often have higher levels of energy and stamina, and they may be better able to cope with physical and emotional workloads. However, the aging process can have a negative impact on nurses' employability, especially if no special attention is paid to their health and well-being. This can affect the quality of care and potentially lead to staff shortages (Rypicz et al., 2021).

Nursing education at all levels should provide a more in-depth and practical understanding of quality improvement management in the health care system (Taylor, 2011). Diploma program graduates in this study accounted for 57%. Diploma is a level of education organized after secondary education. Graduates of diploma programs generally have a more basic understanding, knowledge, and operational skills in certain fields of expertise (Menteri Pendidikan dan Kebudayaan Republik Indonesia, 2020). Nurses who have a Diploma 3 educational background play an important role in the healthcare system as they have the ability to provide basic care to patients, monitor patients' health conditions, and provide support to doctors and other medical personnel in the treatment process. The results of this study indicate a positive relationship between nurses' perceptions of Caring behavior and their educational

background. Nurses who have completed higher education tend to have higher perceptions of Caring behavior compared to their peers (Fikre et al., 2022). Based on Table 3. The level of education of the Ners profession reflects good caring behavior of nurses, as seen from 23% of participants who reached this level. The level of education has a strong correlation with a positive assessment of caring practices carried out by nurses.

In this study, the characteristics of the length of work experience of nurses were mostly found to be in the 6-9 years category (61%). This finding is in line with previous research which shows that executive nurses in inpatient rooms have an average work experience of 5-10 years (Kristianingsih et al., 2022). The longer you work as a nurse, the more clinical situations you experience and handle. This can improve understanding and clinical skills, including the ability to care for patients facing complex conditions. In another study, different results were found, namely that the level of clinical competence of nurses did not develop along with the increase in work experience. It should be noted that factors related to the environment and organization may influence nurses' level of clinical competence (Abbaspour et al., 2021). After the caring training intervention approach, there was a significant increase in caring character. Most nurses from the intervention group showed good Caring behavior, as seen in Table 4. The mean \pm standard deviation ($M\pm SD$) value in the intervention group was 119.18 ± 0.853 , while in the control group it was 87.50 ± 6.508 . The results of this study are consistent with previous research by Bakar et al. (2022) which also showed a significant increase in the mean of the intervention group.

These findings are in line with research conducted by Bachtiar et al. (2023) which showed that the overall average score of the CBI-24 in the experimental group was higher than the control group. Based on patient perceptions, these results indicate that nurse behavior in the "Caring" aspect in the experimental group is better than the control group. Nurse "Caring" training improves "Caring" behaviors because it provides in-depth understanding, teaches empathic communication skills, provides emotional support, and motivation. It helps nurses respond better to patient needs, and improves overall care, providing a better patient experience. The results of statistical analysis showed a statistically significant difference between the nurse caring training intervention group and the control group, with an Asymp. Sig. (2-tailed) of 0.000, which means the value is smaller than 0.05. The findings of this study are in line with the results of previous research by Düdener & Hallaç. (2023) found statistically significant differences favoring the intervention group in terms of overall care-oriented nurse-patient interactions. This study is supported by the findings reported by Permana et al. (2023) there was a significant difference in nurses' Caring behavior between the intervention group and the control group after receiving caring efficacy training.

Effective training will have a strong link to two aspects, namely nurses' behavior and knowledge. Good training will not only improve nurses' knowledge, but will also have a positive impact on changing their behavior. Effective training will help nurses understand and apply the knowledge gained in their daily practice, thus providing tangible benefits in healthcare. Nurse managers play an important role in improving knowledge through various continuous professional development programs (Surbakti et al., 2019). Caring behavior is not only addressed to executive nurses, but also to nurse leaders, as found in the research of Nuraini et al. (2019) regarding the training of head nurses as agents of change and support from hospital leaders. These findings emphasize the importance of providing guidance and training to help nurses improve their caring attitudes.

This study uses an approach based on Jean Watson's "Carative Factor" theory as a basis for improving service quality. This approach is known for focusing on the human aspects of healthcare, including caring, empathy, and mindfulness of patients. Jean Watson has identified several carative factors that form the basis of this theory, such as the desire to help, deep communication, and an emphasis on ethical policies. By implementing this approach, health practitioners and nurses strive to create more meaningful relationships with patients, improve patient satisfaction, and provide more holistic and caring-oriented care. This approach is similar to the findings described by Bagheri et al. (2023) in a health promotion program based on Watson's human care theory. The program helped facilitate sustained intrapersonal and holistic care and also improved the sense of coherence and well-being of care givers.

Simulation-based training is an effective learning tool to improve human factors skills in quality healthcare teams. Human factors skills are not innate and appear to be trainable in the same way as technical skills. Therefore, simulation-based training in clinical practice is critical to understanding its impact on patient care (Abildgren et al., 2022); Aydın et al. 2022)). Caring training has a positive impact on nurses' practice of caring behaviors and work culture when providing services in public hospitals. Applying caring behaviors in providing services to patients is very important for nurses, and caring-based training programs have been shown to improve nurses' caring behaviors. The development of such a program is essential for nurses in Indonesia in an effort to improve their practice of caring behavior (Bachtiar et al., 2023). From the results of this study, it can be suggested that caring training should not only be conducted in hospitals, but also at the educational level. The level of empathy and social interaction among nursing students has a significant impact on their preparation for clinical practice. Therefore, it is important to develop caring behaviors in students, which includes increasing self-confidence, competence, and appreciation, and make it a major focus in nursing education (Permana et al., 2023).

CONCLUSION

The caring behavior approach is not only limited to caring theory, but also has a significant impact on the development of nurses' caring character. Improving the character of caring behavior of nurses in various hospitals can be achieved by conducting training and mentoring based on Jean Watson's 10 carative factors approach with simulation training methods. This is done by considering the factors that influence the formation of the character of "Caring," so as to achieve optimal results. However, it should be recognized that the limitation of this study is that it does not analyze the subthemes of the CBI-24 questionnaire which consists of 5 subscales, so it cannot provide information on which subscales have a significant impact on nurses' caring behavior. The results of this study can serve as a basis for consideration for further implementation and more in-depth research in the future.

DAFTAR PUSTAKA

- Abbaspour, H., Heydari, A., & Esmaily, H. (2021). Study of the Relationship between Nurses' Work Experience and Clinical Competency. *Med Edu Bull*, 2(4), 155–162. <https://doi.org/10.22034/MEB.2021.313001.1036>
- Abildgren, L., Lebahn-Hadidi, M., Mogensen, C. B., Toft, P., Nielsen, A. B., Frandsen, T. F., Steffensen, S. V., & Hounsgaard, L. (2022). The effectiveness of improving healthcare teams' human factor skills using simulation-based training: a systematic review. *Advances in Simulation*, 7(1), 1–18. <https://doi.org/10.1186/s41077-022-00207-2>
- Akbari, A., & Nasiri, A. (2022). A concept analysis of Watson's nursing Caritas process. *Nursing Forum*, 57(6), 1465–1471. <https://doi.org/https://doi.org/10.1111/nuf.12771>

- Alikari, V., Gerogianni, G., Fradelos, E. C., Kelesi, M., Kaba, E., & Zyga, S. (2022). Perceptions of Caring Behaviors among Patients and Nurses. *International Journal of Environmental Research and Public Health*, 20(1). <https://doi.org/10.3390/ijerph20010396>
- Aydın, A., Ahmed, K., Abe, T., Raison, N., Van Hemelrijck, M., Garmo, H., Ahmed, H. U., Mukhtar, F., Al-Jabir, A., Brunckhorst, O., Shinohara, N., Zhu, W., Zeng, G., Sfakianos, J. P., Gupta, M., Tewari, A., Gözen, A. S., Rassweiler, J., Skolarikos, A., ... Marsh, T. (2022). Effect of Simulation-based Training on Surgical Proficiency and Patient Outcomes: A Randomised Controlled Clinical and Educational Trial. *European Urology*, 81(4), 385–393. <https://doi.org/https://doi.org/10.1016/j.eururo.2021.10.030>
- Bachtiar, A., Baua, E. C., & Pizarro, J. B. (2023). Effect of a caring-based training program on caring behaviors of Indonesian nurses as perceived by patients. In *Iranian Journal of Nursing and Midwifery Research* (Vol. 28, Issue 1, pp. 60–64). https://doi.org/10.4103/ijnmr.ijnmr_418_21
- Bagheri, S., Zarshenas, L., Rakhshan, M., Sharif, F., Sarani, E. M., Shiazhi, Z. H., & Sitzman, K. (2023). Impact of Watson's human caring-based health promotion program on caregivers of individuals with schizophrenia. *BMC Health Services Research*, 23(1), 1–12. <https://doi.org/10.1186/s12913-023-09725-9>
- Bakar, A., Qomariah, S. N., & Iswati, I. (2022). Effect of caring behaviour approach to improve nurses' caring character in medical-surgical wards. *Jurnal Ners*, 17(2), 110–114. <https://doi.org/10.20473/jn.v17i2.34982>
- Bienstock, J., & Heuer, A. (2022). A review on the evolution of simulation-based training to help build a safer future. *Medicine*, 101(25)(May). <https://doi.org/10.1097/MD.00000000000029503>
- Chang, H. E., & Cho, S. H. (2022). Nurses' steps, distance traveled, and perceived physical demands in a three-shift schedule. *Human Resources for Health*, 20(1), 1–11. <https://doi.org/10.1186/s12960-022-00768-3>
- Düdener, E., & Hallaç, S. (2023). The effect of the training of presence in care (TPinCare) on the care-oriented patient-nurse interaction and the caring behaviors of nurses working with oncology patients: A randomized controlled trial. *Nurse Education in Practice*, 68, 103566. <https://doi.org/https://doi.org/10.1016/j.nepr.2023.103566>
- Fikre, A., Egata, G., Abdisa, L., Yadeta, E., Eyeberu, A., & Dheresa, M. (2022). Perception of Caring Behaviors and Associated Factors Among Nurses Working in Harar Hospitals, Eastern Ethiopia. *SAGE Open Nursing*, 8. <https://doi.org/10.1177/23779608221143909>
- Kannappan, S. R., Veigas, J., & Walton, M. (2023). Patient Satisfaction and Barriers to Nursing Care Quality in Oncology Units. *Journal of Health and Allied Sciences NU*, 13(02), 247–252. <https://doi.org/10.1055/s-0042-1755353>
- Kristianingsih, Y., Winarni, S., & Kustyorini, A. (2022). Length of work improves nurse performance. *Jurnal Keperawatan*, 13(2), 60–66. <https://doi.org/10.22219/jk.v13i2.20634>
- Leone-Sheehan, D. M. (2019). Intensive Care Unit Nurses' Experience of Watson's Theory of Human Caring Caritas Process Three: Cultivation of One's Own Spiritual Practice and

- Transpersonal Self, Going beyond Ego-Self. In Boston College Electronic Thesis. Boston College.
- Menteri Pendidikan dan Kebudayaan Republik Indonesia. (2020). Salinan Peraturan Menteri Pendidikan dan Kebudayaan Republik Indonesia Nomor 3 Tahun 2020 tentang Standar Nasional Pendidikan Tinggi.
- Nova Lina Langingi, & Ma. Elizabeth Baua. (2023). Caring Behavior of Nurses in a Hospital: a Descriptive Phenomenological Study. *Jurnal Multidisiplin Madani*, 3(1), 19–27. <https://doi.org/10.55927/mudima.v3i1.2321>
- Ntshingila, N. (2022). Caring, compassion and competence in healthcare. *Health SA Gesondheid*, 27(1), 10–11. <https://doi.org/10.4102/hsag.v27i0.2133>
- Nuraini, T., Novieastari, E., & Yetti, K. (2019). Evaluation of nursing care behavior culture program ' s implementation at Dharmais Cancer Hospital Evaluation of nurses caring culture behavior p rogram ' s implementation at Dharmais Cancer Hospital. *ASEAN J. of Community Engagement*, 3(1).
- Permana, B., Ah, Y., Henri, S., & Kusuma, P. T. A. R. (2023). Nursing Students' Caring Behavior Towards Clinical Learning Readiness. *Jurnal Keperawatan Komprehensif*, 9(16–1538), 107–112.
- Rypicz, Ł., Witzak, I., Rosińczuk, J., Karniej, P., & Kołcz, A. (2021). Factors affecting work ability index among polish nurses working in hospitals – A prospective observational survey. *Journal of Nursing Management*, 29(3), 468–476. <https://doi.org/10.1111/jonm.13192>
- Surbakti, S., Novieastari, E., & Nuraini, T. (2019). Caring efficacy to improve nurses' caring behavior. *Enfermeria Clinica*, 29, 698–702. <https://doi.org/10.1016/j.enfcli.2019.04.107>
- Susanti, M., Febrianti, L., Emrita, R., Hilmawati, H., Wahyudi, W., & Syafrida, S. (2022). The Effect of Caring Training on the Implementation of Caring Behavior and Work Culture of Nurses in Providing Services to COVID-19 Patients in an Indonesia's National Referral Hospital. *Open Access Macedonian Journal of Medical Sciences*, 10(E), 655–661. <https://doi.org/10.3889/oamjms.2022.8761>
- Taheri-Ezbarami, Z., Ghanbari, A., Panahi, L., & Pouy, S. (2023). Frontline nurses experiences about human caring during pandemic of COVID-19: A directed content analysis study. *Nursing Open*, 10(8), 5089–5097. <https://doi.org/10.1002/nop2.1744>
- Taylor, F. R. (2011). The Future of Nursing: Leading Change, Advancing Health. In *Headache* (Vol. 51, Issue 7). <https://doi.org/10.1111/j.1526-4610.2011.01942.x>
- Tonin, L., Nascimento, J. D. do, Lacerda, M. R., Favero, L., Gomes, I. M., & Denipote, A. G. M. (2017). Guide to deliver the elements of the Clinical Caritas Process. *Escola Anna Nery*, 21(4). <https://doi.org/10.1590/2177-9465-ean-2017-0034>
- Watson, J. (2007). Watson's theory of human caring and subjective living experiences: carative factors/caritas processes as a disciplinary guide to the professional nursing practice. *Texto Contexto Enferm*, 16 (1), 129.