



- Family Caregiver Support Program to Increase Quality Care Among the Geriatric Population
- Nurse Staffing Factors, Fatigue, and Work-related Stress among Emergency Department Nurses During COVID-19 Pandemic
- Relationship between Fine Motor Skill and the Use of Gadget in Pre-school Age Children
- Nursing Students' Caring Behavior Towards Clinical Learning Readiness
- Identification of Risk Factor of Adolescent Sexual Behavior in Purwokerto: Pilot Study
- The Effect of Giving Cucumber (*Cucumis sativus*) Juice on Blood Pressure in Stage 1 Hypertension Patients in Cimahi Public Health Center
- The Relationship Between Mother's Support to the Development Level of Preschool-Age Children
- Knowledge-related Human Papillomavirus Vaccination: A Study of Indonesian Women
- The Effectiveness of Online Education Study Live Method on Reducing Hesitancy of the COVID-19 Vaccine
- The Relationship of Spirituality with Coping Mechanism in Patients with Type 2 Diabetes Mellitus in Sukabumi Regency, Indonesia
- Knowledge and Attitude of Mothers Regarding Early Childhood Health Protocol Implementation During the Covid-19 Pandemic
- Factors Affecting Sleep Quality of Treated Patients In the *Intensive Cardiac Care Unit* Room
- Literature Review: Description of the Psychological Impact of Social Support on Gynecological Cancer Patients
- Implementation of Assertive Training to Increase the Ability of Anger Expression in Violent Behavior Patients at RSMM Bogor
- Use of Mobile Health on Adherence among HIV Positives Person: A Literature Review
- Honey for The Treatment of Diabetic Foot: A Literature Review

JURNAL KEPERAWATAN KOMPREHENSIF	VOL. 9	NO. 1	Page 1 - 127	Bandung January 2023	ISSN 2354-8428 e-ISSN 2598-8727
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Research Article

Nursing Students' Caring Behavior Towards Clinical Learning Readiness

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Received : 19/01/2023

Revised : 28/01/2023

Accepted : 28/01/2023

Online : 31/01/2023

Published : 31/01/2023

Abstract

Aims: There was a high rate of psychological issues among students engaging in clinical practice. Students that focus on caring as their pedagogical foundation will be more equipped to provide nursing intervention in clinical situations.

Objective: This research aimed to examine nursing students' caring behaviors as they relate to their readiness for clinical practice.

Methods: A total of 122 nursing students from nursing schools in Bandung participated in this descriptive and cross-sectional study, with a response rate of 81.3%. Students' caring behavior and clinical readiness are assessed using the Casey-Fink Readiness for Practice Survey and the CBI-24 (Caring Behavior Instrument short form). Pearson correlation and linear regression tests in SPSS 26 were used to establish associations between the variables.

Results: Findings demonstrated a statistically significant correlation between students' caring conduct and clinical preparation (sig 0.000; p0.05). The correlation between the two variables was 23.8% strong, which was statistically significant. Student readiness for clinical practice was only strongly related to the connection factor. Nursing students' caring attitudes and clinical readiness were not significantly influenced by students' age, gender, or work situation.

Conclusions: The level of empathy and social connection among nursing students influenced how well they were prepared for clinical practice. The development of students' caring behaviors, including self-assurance, competency, and respect, should be a primary goal of nursing education.

Keywords:

caring; nursing; practice; readiness; student

INTRODUCTION

Clinical practice learning is a process that encourages students to apply their theoretical knowledge and psychomotor skills to practice while also developing their professionalism. Students are one of the factors that affect the clinical learning process (1). Nursing students who have taken practical learning in a clinical

setting encounter various psychological difficulties, including fear, depressed feeling, emotional obstacles, nervousness, anxiety, crying, and discomfort (2–4). Students' primary stress source occurs during clinical learning when they care for and communicate with patients (5,6).

Students with psychological problems will affect their readiness to interact with

patients, families, and nurses. The degree to which students are prepared for clinical learning depends on how well they have applied what they have learned in the classroom and laboratory (7). Clinical education will be successful if students have physical, mental, knowledge, and practical skill readiness (8). Readiness for practice is the ability of a nursing student to act as a nurse who provides nursing care to patients and families (9). Research on nursing students in the United States stated that they lacked confidence in their preparation as newly graduated nurses (Reagor, 2010). According to a previous study that student behavior that influenced clinical practice was lack of faith (39.6%), absent (32.3%), and unsafe practice (20.8%) (10). Anxiety will play a role in determining student readiness (11).

Students who experience stress while experiencing this practice are negatively related to caring behavior (12,13). Caring ability will be connected to students' readiness for practice because a caring demeanor includes the ability to understand and have a dedication to improve the health of patients and families. Becoming a caring nurse includes understanding events, presenting oneself emotionally, intervening, providing information, helping through life transitions, and trusting someone (14,15). This condition demonstrates that readiness to provide nursing care requires nurses who reflect caring behavior. Nursing, nursing care, nurses, and nursing practice are defined, grounded, and defined by a commitment to care (16).

Caring is central to nursing practice since it is a dynamic approach that requires a professional nurse to be more attentive and fully responsible to her clients while at work. Rapid technological developments still make caring a critical component, especially in nursing practice (17). A client receiving care in a hospital setting genuinely anticipates the attention and assistance of a professional nurse. A client

hopes that an experienced nurse can provide fast and appropriate service. Further, they demand prompt relief from their pain. Swanson's (18) caring theory, explained in Potter and Perry (19), stated that the caring process entails how nurses understand meaningful events in a person's life. Nurses are emotionally present, do things to others and do something to themselves, convey information, ease a person's way through life's transitions, and place that person's trust in life. Currently, there is a lack of research that supports the relationship between caring behavior and student readiness for clinical practice. Therefore, this study aimed to determine the relationship between caring behavior and student practice readiness in clinical learning and the dimensions included.

METHODS

Study Design

The design of this study used a correlational design with a cross-sectional approach.

Population, Samples, and Sampling

This study consisted of nursing professionals and undergraduate students enrolled in one of Bandung City's nursing education study programs with as many as 151 students. The total technique was used, which resulted in 122 respondents and an 81.3% response rate. The dependent variable of this study was caring behavior with its dimensions of age, sex, and employment status, whereas the independent variable was the student's readiness for clinical practice.

Instruments

The first instrument was a demographic questionnaire that elicited information about respondents' ages, sex, and employment status. The second instrument, the CBI-24 (Caring Behavior Instrument short form) (20), was used to assess caring behavior that contains 24 questions classified as assurance, knowledge, skills, respectfulness, and connectedness.

Respondents' answers using a Likert scale were never, rarely, sometimes, and almost always. The instrument was translated into Bahasa Indonesia and then validated using the Product Moment correlation, which reported that all items had an r-value greater than 0.361, indicating that they were valid. Cronbach's alpha test was used on 30 respondents and resulted in a value of 0.754 (> 0.6), indicating that the instrument was reliable. The third instrument was the Casey-Fink Readiness for Practice Survey, which assesses readiness for clinical practice using 19 questions divided into four dimensions: clinical problem-solving, learning techniques, professional identity, and trials and tribulation. Four possible responses to fill out the instrument: strongly disagree, disagree, agree, and strongly agree. The instrument was translated into Bahasa Indonesia and then validated using the Product Moment correlation; all items had an r-value greater than 0.361, indicating that they were valid. Cronbach's alpha test was used on 30 people and yielded a value of 0.751 (greater than 0.6), suggesting that it was reliable.

Data Collection

Research ethics committee and institutional review board clearance were required before data collection could begin. The researcher explained and asked about the

willingness of students to be respondents. The questionnaire was administered via a Google form submitted through one of the social media platforms. Within two weeks, respondents were allowed to complete the questionnaire. Every week, the researcher reminded the respondent to fill out the questionnaire, and then the researcher closed the Google form. The researcher wished to express gratitude to all respondents, regardless of whether they completed the survey.

Data Analysis

Before conducting the data analysis, the data were analyzed for a normality test, and it was determined that the data were normally distributed ($\text{sig } 0.2, > 0.05$). The data analysis procedure used descriptive statistics such as mean, standard deviation, minimum, maximum, and percentage of distribution frequency of the variables. Data analysis was performed using SPSS 26.0 software to correlate two variables using the Pearson correlation test and the linear regression test.

Ethical Clearance

The ethics commission conducts the ethical test where the research is conducted. The ethics committee of STIKep PPNI Jabar approved the study with ethical clearance number: III/099.1/KEPK-SLE/STIKEP/PPNI/JABAR/IX/2021.

RESULTS

Data collection in this study consisted of 122 respondents in two study programs described in the following table.

Table 1. Demographic Characteristics of the Respondents and the Relationship

Variables	n	%	Caring behavior	Readiness Practice
Age			0.090	0.351
21-29	83	68.0		
30-38	22	18.1		
39-46	17	15.9		
Education			0.804	0.035

<i>Ners Profession</i>	65	53.3		
<i>Bachelor of Nursing</i>	57	46.7		
Sex			0.179	0.911
<i>Female</i>	88	72.1		
<i>Male</i>	34	27.9		
Employment status			0.796	0.942
<i>Un-employee</i>	39	32.0		
<i>Employee</i>	83	68.0		

According to Table 1, most respondents are between the ages of 21 and 29, more than half are enrolled in professional programs, more than half of respondents are female, and the majority are already employed. Age, education, gender, and occupational status were not associated with caring behavior in a significant way. While educational attainment was significantly associated with practical readiness, the other variables were not.

The relationship between caring behavior and practice readiness and its dimensions are described in the following table.

Table 2. Relationship Between Caring Behavior and Dimensions of Readiness for Practice

Dimension	Mean (SD)	Min-Max	Practice Readiness (sig)
Assurance	42.76 (4.68)	24-48	0.248
Knowledge and Skills	26.65 (3.15)	15-30	0.684
Respect fullness	31.30 (3.74)	18-36	0.757
Connectedness	24.73 (3.04)	17-30	0.005
Caring Behavior	125.44 (12.91)	78-143	0.000
Clinical Problem Solving	22.28 (2.60)	18-28	
Learning Technique	6.55 (0.79)	5-8	
Dimensi Professional Identity	16.15 (1.88)	11-20	
Dimensi Trial and Tribulations	12.66 (2.65)	7-20	
Practice Readiness	57.63 (6.38)	47-76	

Table 2. shows that caring behavior is significantly and positively associated with readiness for practice (0.000; <0.05), with a moderate degree of relationship (0.458). It turns out that only one of the dimensions of caring, connectedness, was associated with practice readiness, while the other dimensions were not.

DISCUSSION

Caring behavior is the main thing in nursing which is the difference between the nursing profession and other medical personnel. Therefore, caring behavior is a priority attribute of nursing students. In

addition to good academic knowledge, nurses must also prioritize caring behavior in providing nursing care in the future (21). Caring is a guideline for adhering to the field of nursing science and becoming a professional nurse. There are values contained in this theory, namely mutual respect and the freedom to choose to have a transpersonal relationship (22). In nursing practice, Watson has ten carative factors which are the core of nursing and the primary material for the effectiveness of nursing practice, including 1) The formation of a humanistic-altruistic value system; 2) Instilling faith and hope; 3) Developing sensitivity to self and others; 4) Fostering

mutual trust and mutual assistance; 5) Increase and accept the expression of positive and negative feelings; 6) Using problem-solving methods; 7) Improve and facilitate the transpersonal teaching and learning process; 8) Provide an environment that supports, protects and improves mental, sociocultural and spiritual; 9) Assist in the fulfillment of basic human needs; 10) Recognize the spiritual-existential-phenomenological power.

The results showed that this study of age, education, sex, and employment status were not significantly related to caring behavior. This study is in line with previous research, which stated that age was not reasonably related to total caring behavior (23,24). It was further explained that gender and education were unrelated to caring behavior (25–27). However, these results do not align with (28) research, which stated that age is related to caring behavior. Characteristics of respondents are not related to caring behavior because they have already gained knowledge and have tried the practice of caring behavior with patients.

Educational level was associated significantly with practice readiness but not with the other variables. This is consistent with previous research which indicate that a person's readiness to learn practical skills is unrelated to age, sex, marital status, or education level (29). According to (30), students who are older, male, or already working as nurses feel the most prepared to practice, yet education level affects their readiness to practice. Respondents in this study were exposed to patient interaction during their undergraduate education, and several worked to prepare students for clinical practice (31).

Caring behavior was associated with readiness for practice in a significant and positive way. The connectedness dimension was significantly associated with practice readiness, whereas the other dimensions were not. When nurses interact with patients to provide nursing care, they

demonstrate two types of caring behavior: instrumental caring (involving knowledge and skills) and interpersonal caring that involving the use of emotions (emotional caring). The ability to care for others will impact mastering the skills needed for nursing care and interacting with patients. These abilities will help students become more prepared to practice nursing. The connectedness dimension is one of the dimensions of emotional caring related to readiness. This relation is because caring behavior is more understood when there is good nurse-patient relationships.

CONCLUSION

The study concludes that caring behavior can influence students' readiness to participate in clinical practice learning. Students who participating in clinical practice lessons must understand and demonstrate caring behavior. As a result, nursing education can provide students with training and lecture materials on caring behavior before beginning clinical practice.

Acknowledgments

We want to express our gratitude to the Department of Nursing, Airlangga University, and STIKep PPNI Jawa Barat for their participation in this research for and the administrative permission to conduct it.

Conflict of interest

We certify that this article contains no actual or potential conflicts of interest.

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