COMPETENCE DEVELOPMENT IN PROFESSIONAL NURSING CARING BEHAVIORS AMONG NURSING STUDENTS DURING ACADEMIC AND PROFESSIONAL PROGRAMS IN THREE NURSING EDUCATIONAL INSTITUTIONS IN THREE PROVINCES IN INDONESIA

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Abstract

Introduction: *Professional nursing caring behaviors can be learned through education. Indonesian research on this area remains limited. This study explores the development of nursing students' professional caring behaviors and clinical learning processes that support them.*

Method: *This ethnographic study involved 34 observations of nursing student clinical practices, field notes, and six focus group discussions with students and clinical instructors from three nursing education institutions across three provinces. Data analysis was conducted using qualitative content analysis.*

Result: *Ten themes revealed: professional nursing caring behaviors are understood as altruistic behaviours, holistic, therapeutic, and bureaucratic dimensions; instrumental caring predominates in student clinical practices; physical interventions serve as the entry point for communication; the provision of information is dominant in interpersonal communication; cultural sensitivity and touching are expressions of caring behaviors; clinical role models, knowledge, and experience are vital in developing professional caring behaviors; patient negative responses, clinical workload, and patient complexity pose challenges in developing professional nursing caring behaviors; insufficient clinical mentoring impacts the achievement of competencies; students' lack of self-confidence is perceived as 'uncaring' behaviors; and there is insufficient collaboration to ensure the attainment of non-instrumental caring competencies.*

Conclusion: *Students' competencies in professional caring behaviors evolve during their educational journey, though the focus remains on instrumental caring. Knowledge, clinical exposure, experiences, role models, and self-confidence are crucial in enhancing professional nursing caring competencies. Clinical learning guidelines, such as preceptorship and collaborative learning models in professional nursing caring competencies, should be considered to develop the skills.*

Keywords: *education, Indonesia, nursing, professional caring*

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INTRODUCTION

Nursing is one of the caring professions in the field of healthcare. Professional caring behaviors serves as a critical measure for assessing a Nurse's professionalism. Unfortunately, nursing practice often receives criticism regarding its caring behaviors that the professional performance of nurses is not yet optimal, leading to negative perceptions among healthcare service users (Labrague et al., 2020.). Misconceptions related to the understanding of caring by nurses themselves are also frequently encountered (Labrague et al., 2020, Pajnkihar et al., 2017).

Nursing educators are challenged to teach professional nursing caring values and how to apply these values in nursing practice for students to produce competent graduates who can demonstrate professional nursing caring. In nursing education, the concept of caring can be acquired through interactions with supervisors, fellow nurses in practical settings, fellow students, and between students and patients (Tuomikoski et al., 2020, Felstead, 2013). It is essential that all values within the realm of professional nursing care are comprehensively integrated into the curriculum (Elliott, 2017). Consequently, the professional behaviors exhibited by a graduate nurse will ultimately be rooted in the values of professional care.

Professional behaviors is a term used to indicate recognition of behaviors deemed in line with ethics and morals (Abbott and Meerabeau, 2020). A set of standards of behaviors known as professional behaviors is expected to be exhibited by nurses in their daily nursing practice. Nurses, hereafter referred to as Ners in this study, are among the professions engaged in 'caring' in the healthcare field. Nursing has faced many challenges in proving and establishing itself as a caring profession (Abbott and Meerabeau, 2020). In nursing practice, a nurse is expected to embody these professional caring values.

Nursing caring is defined as a professional behaviors involving empathy in interacting with patients or clients, and the ability to translate affective characteristics into their professional practice (Chaboyer et al., 2021). Jane Watson formulated ten carative factors (embrace, inspire, trust, nurture, forgiveness, balance, deepen, co-create, minister, and open) (Pajnkihar et al., 2017). In nursing literature, caring is understood as both a process and an outcome (Hugman, 2018). Caring is also characterized by five interrelated concepts: a human trait, a moral imperative or ideal, an ideal interpersonal relationship, therapeutic intervention, and affective (Morse et al., 2012). Thus, caring definition is based on the epistemologist perspective of the theorist (Morse et al., 2012).

- *The Role of Education in Shaping Professional Nursing Caring Behaviors*

An integrative review regarding a contribution of environment in bachelor nursing teaching concludes that teaching and role modeling caring professionalism in nursing curricula can be challenging. Professional values in nursing education, including human dignity, integrity, autonomy, altruism, and social justice, should be integrated into students' clinical learning (Inocian et al., 2022) . The importance of the educational institution's role in shaping professional caring behaviors is emphasized in the integrative review showing that the clinical learning environment influences students' caring behaviors (Inocian et al., 2022).

Traditionally, formal nursing education is structured based on a set of learning objectives known as the affective, cognitive, and psychomotor domains

(Hoque, 2016). Learning in the affective domain emphasizes the ability to apply professional caring behaviors in practice settings, relying heavily on the integration of affective, cognitive, and/or psychomotor learning (Whittaker et al., 2023). Affective learning is also essential for behaviors change, much like cognitive and psychomotor learning. These three domains in the learning process provide a systematic framework for designing learning activities that facilitate the achievement of competencies, including professional caring behaviors. The next domain, the cognitive domain, involves mental activities, such as the process of learning intramuscular injection, determining the correct needle length based on age, physical condition, and fluid viscosity to be injected, for example, for intramuscular injections. Lastly, the psychomotor domain encompasses muscle movements and skills, such as the process of intramuscular injection, while learning in the affective domain is manifested by the responsibility to perform injections with caring behaviors, causing no trauma to patients.

In the field of nursing education in Indonesia, professional caring has not been the primary focus in the learning process. Strategies for teaching professional caring in Indonesian nursing education have not been extensively explored. Additionally, research related to the development of nursing students' professional caring behaviors remains limited.

This research potentially contributes to provide evidence and knowledge about the development of nursing students' professional caring behaviors from the academic stage to professional stage. It will shed light on factors that support or hinder the growth of professional caring behaviors during the nursing student education process. The

evidence generated from this research can be used as a reference for developing a learning process model that supports the development of professional caring behaviors. Ultimately, healthcare service users and the nursing profession will benefit from the professional caring behaviors exhibited by graduates.

The primary research question is:

What is the development of competence in professional caring behaviors among nursing students during their academic and professional stages?

Sub-questions for this research question include: a. How do students understand professional caring behaviors?; b. How do students approach patients and their families?; c. How do the clinical nursing education methods employed contribute to the attainment of competence in professional caring behaviors among students?; d. How do students reflect on clinical practice in relation to the development of competence in professional caring behaviors during the academic and professional stages?; e. What is the understanding of academic and clinical instructors regarding professional caring behaviors?; f. What are the perceptions of academic and clinical instructors regarding the competence of nursing caring behaviour?; g. How do clinical practices in the academic and professional stages contribute to the development of nursing students' professional caring behaviors?

In general, this research aims to explore the development of nursing students' professional caring behaviors during the academic and professional stages, as well as the clinical learning processes considered to contribute to this competence's development. Specifically, this research aims to provide a comprehensive understanding of: 1) the development of nursing students' professional caring

behaviors during the academic and professional stages; 2) The perceptions of nursing students and academic and clinical instructors regarding professional caring behaviors in nursing; 3) Factors perceived to contribute to the achievement of competence in nursing students' professional caring behaviors; 4) Identify and analyze barriers in developing competence in nursing students' professional caring behaviors; 5) Propose a learning model design that supports the attainment of competence in nursing students' professional caring behaviors.

- *Research Conceptual Framework*

The conceptual framework of this research is as follows (Figure 1). This research is based on Watson's 10 carative factors, the development of which is influenced by the contributions of education and the environment in shaping the professional caring factors of students.
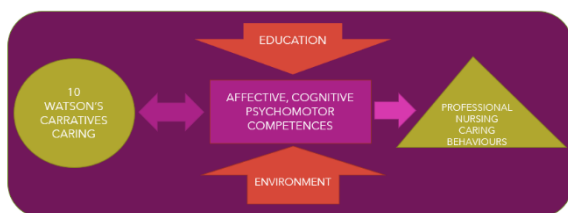

Figure 1. Research Conceptual Framework

The research questions posted in this study are integral to the investigation of the progression of caring competence in nursing students and the factors influencing it throughout their academic and professional journey. They serve as a foundation for comprehensive research in nursing education and practice, focusing on the development of professional caring behaviors.

METHODS
Research Design

This study employs a qualitative methodology with an ethnographic design.

Qualitative ethnographic methodology allows researchers to comprehensively and deeply observe caring behaviors within its natural environment, where the phenomena under investigation occur (Tracy, 2019, De Chesnay and Abrums, 2015).

The study was conducted in three centers, representing three nursing education institutions in three provinces in Indonesia: a Faculty of Nursing at a public university in Sumatra, a Nursing Science Program at a private Islamic University in Jakarta, and a Nursing Science Program at a private university in Central Java. In each center (Center 1, 2, 3), data was collected through clinical practice observations involving nursing students at the academic and professional stages (clinical observations 1, 2). The observation process was conducted systematically using clinical practice observation guidelines.

Additionally, at each center, two focus group discussions (FGD) (FGD 1, 2) were conducted with students who were observed during their academic and professional clinical practice. The focus group discussions also involved clinical instructors from both academic and clinical backgrounds. Subsequently, the data obtained from clinical observations and FGDs were analyzed according to the data analysis framework for use as a reference in the development of a proposed academic and clinical learning model that supports the competence of professional nursing caring behaviours among nursing students.

Participants, Research Locations, and Recruitment Process

Participants in this study were nursing students currently engaged in academic and professional clinical practicum, clinical supervisors from educational institutions, and clinical instructors from the practice field. The participants were selected through

convenience sampling, considering the regional location variations of educational institutions (regions 1, 2, and 3), the availability of educational hospitals for student practice, the variety of learning resources accessible at these three educational institutions, and their willingness to participate in the research. Invitations in the form of flyers and posters were distributed to students through the educational institutions collaborating in this research.

Respondents were invited through their respective educational institutions, and their willingness was sought by signing a consent form to join the study. Prior to signing the informed consent, researchers, research team members, or enumerators explained the research's purpose and procedures to potential respondents.

Inclusion and exclusion of student and clinical instructor participants

Inclusion criteria for student participants encompass students of bachelor nursing program and currently undergoing clinical practicum at the academic or stage of Bachelor Nursing degree; willing to participate in the observation and focus group discussion (FGD) process. Whilst the inclusion criteria of clinical instructor participants include the academic and clinical supervisors assigned to supervise practicum at the academic stage as per the designated assignment. There are no exclusion criteria for both students, and the academic and professional clinical instructor participants. The total number of student participants was 46 and 21 of clinical instructor participants.

Data Collection Methods

The primary source of data in qualitative ethnographic research is data obtained through observations conducted in the natural environment or setting where the observed phenomena occur naturally (without manipulation) (Aspers and Corte, 2019). The data collection method used was a clinical observation of students undergoing clinical practicum at the academic and professional stages. The results of these observations were documented in field notes. Data collection through observation was conducted by the researcher, research team members, and enumerators. Enumerators were selected by the research team and had a minimum background of a master's degree in nursing and experience as a clinical supervisor. Before data collection, the research team ensures that all enumerators had a shared understanding.

There were a total of 34 observations of clinical practicum by students. All clinical observations were conducted on professional program students since at the time of data collection, the academic program students had completed their clinical practicum. Observations took place in adult care wards, adult Intensive Care Units, Cardiac Vascular Care Units, and Hemodialysis Units.

To gain a deeper understanding on the observed phenomena, focus group discussions (FGDs) were conducted involving students who were participating in the clinical observations, academic and clinical instructors who directly supervise the students. The FGDs process was audio-recorded. A total of 6 FGDs was conducted with the participation of 21 clinical instructors from 3 educational institutions and 12 clinical practice settings.

Data Management and Analysis

Data Management

The primary data generated were field notes resulting from the observation of students during their academic and professional clinical practicum. This data was supplemented by the results of FGDs

conducted with students and clinical supervisors. Across the 3 research centers, data were collected, including 34 direct observations of students during hospital clinical practicum, 6 FGDs conducted with students, academic supervisors, and clinical student supervisors.

All audio data from the FGDs were transcribed verbatim. Each data set from different students and different FGDs were stored in separate files with file (e.g., Code 101 meaning Observation 01 at Center 1, Code 201 meaning Observation 01 at Center 2, and so on). For FGD transcription files, a code like FGD101 were assigned, meaning FGD 1 conducted at Center 1, FGD 102, and so on.

Data Analysis

The data analysis method employed deductive and inductive qualitative content analysis. The purpose of this data analysis is to generate knowledge in the form of themes related to the development of professional caring competence in students and an understanding of the observed phenomena. Data analysis were conducted using qualitative data analysis software, Nvivo 12.

The data analysis process were consist of two phases: Phase 1 involves separate analysis of all data from observation methods and FGDs at each research center. In Phase 2, data was analyzed collectively.

Ethical Clearance

Ethical approval: Ethical approval for this research was obtained from two institutions, namely the ethics committee of the Faculty of Nursing, Universitas Indonesia, Number: KET-175.UN2.F12.D.1.2.1/PPM.00.02/2023, and from the research ethics committee of a provincial general hospital in Sumatra,

Number: LB.02.02/5.7/394/2023. Meanwhile, for other research centers: the nursing study program at an Islamic private university in Central Java and in a State Islamic university in Jakarta, only a research permit letter was required for this research.

RESULTS

Based on the analysis, ten interconnected themes were identified (Table 1).

Table 1. List of Themes

No	Themes
1.	Professional nursing caring behaviors is understood as behaviors with altruistic, holistic, therapeutic, and bureaucratic dimensions.
2.	Instrumental caring predominates in the daily clinical practice of academic and professional stage of nursing students.
3.	Physical interventions serve as an entry point for students to engage in communication with patients.
4.	Dominant form of interpersonal communication between students and patients/families is the provision of information to patients.
5.	Cultural sensitivity and the act of touch are believed to be forms of therapeutic communication behaviors.
6.	Role models in a clinical setting, as well as students' clinical knowledge and experiences, are considered crucial in the development of professional nursing caring behaviors
7.	Challenges faced by students in developing professional nursing caring behaviors include negative patient responses, the workload in clinical settings, and the complexity of patients.
8.	Lack of support for students in achieving competency in managing psychological, social, and spiritual patient issues.
9	Low self-confidence among students at the academic stage is perceived as 'uncaring' behaviors.
10	Insufficient collaboration between clinical and academic supervisors to ensure the achievement of non-instrumental caring

competencies.

Theme 1:

Professional nursing caring behaviors is understood as behaviors with altruistic, holistic, therapeutic, and bureaucratic dimensions.

This theme portrays the perceptions of both students and clinical supervisors regarding professional nursing caring behaviors. Professional nursing caring behaviors is viewed as behaviors characterized by altruism (performing acts of kindness, prioritizing the patient's interests over personal interests, providing care with sincerity, goodness, and dedication). Caring is also understood as a means to fulfill the biological, psychological, social, and spiritual needs of patients (holistic). Caring is also perceived as a goal to aid in the patient's healing process. An understanding of professional caring behaviors is expressed by a student during their clinical practice:

"Professional caring behaviors means that we are there for them, taking care of them, and genuinely meeting their needs, providing care that makes the patient more comfortable and at ease. We can also assess the patient and understand their emotional state while in the hospital. So, it's not just physical but also psychological". (FGD101)

This quote illustrates that being kind, prioritizing the patient's interests (altruistic), and meeting the patient's holistic needs are understood by both students and clinical supervisors as professional caring behaviors.

Theme 2:

Caring instrumental behaviors is dominant in the daily clinical practice of academic and professional stage of nursing students.

Caring instrumental behaviors refers to procedural actions. The most observed caring behaviors is procedural nursing actions, such as changing oxygen tubes, positioning patients in semi-Fowler positions, feeding through NGT (naso gastric tube), or measuring vital signs (blood pressure, pulse, temperature, and respiration). Attributes such as clear, firm, and gentle communication are exhibited by students when performing these procedural actions. Here is an observation record of a student during their professional stage in a general hospital's CVCU ward:

"A patient in CVCU care. The student performs the replacement of the oxygen device from NRM to nasal cannula because the patient's oxygenation has improved. SaO2 has improved, and the patient is no longer short of breath, so NRM 10L/m is replaced with nasal cannula 5L/m. The student performs the action based on clinical judgment, and before going to the patient, the student reports and receives delegation from the charge nurse. Before and after the procedure, the student communicates with the patient."(OBS010)

In the observation record above, it is evident that the student carried out the procedure of changing the oxygen delivery device from NRM to a nasal cannula based on the patient's oxygen saturation assessment and included communication to explain the reason for the change.

Theme 3:

Physical interventions serve as an entry point for students to communicate with patients.

This theme refers to students' communication behaviors that is initiated through the fulfillment of physical needs or interventions to meet physical needs. One quote from the observation record showcases a student's communication while using moments of a physical intervention as an entry point for interaction with the patient:

"Caring behaviors that I have done, for example, when observing the patient, giving touch and communication, for instance, when turning off the infusion, I said to the patient, 'It might hurt a bit, right, ma'am? 'you may take a deep breath to ease the pain'…" (OBS102)

This quote illustrates that caring behaviors is expressed through touch and friendly communication when students engaged in physical interventions such as turning off the infusion.

Theme 4:
The dominant form of communication in student-patient/family intrapersonal communication is providing information.

The communication form employed by students when interacting with patients is primarily characterized by the provision of information or patient education. This is evident in the statement made by a student during the last year of his education program:

"From my experience, there are patients who ask to be taught how to empty their urine bag or request assistance with certain tasks, and I educate them. After that, I feel happy that I could help because the patients are welcoming even though the patient know that we are still students. I have also fixed patients' intravenous lines several times, adjusted oxygen delivery, and educated them on how to manage oxygen for their comfort. The patients' families also greatly appreciate it". (FGD201)

From this quote, it is clear that the communication behaviors related to caring is predominantly expressed through educating and providing information to the patient.

Theme 5:
Cultural sensitivity and touch are believed to be forms of therapeutic communication behaviors.

Caring behaviors is also perceived as behaviors that includes cultural sensitivity, including the use of touch. A student expressed the following:

"In terms of communication, I am from outside Java. In the past, there were many words I didn't understand, but now I understand a little more because I frequently communicate with patients, which has expanded my vocabulary. I also have a better understanding of patients' complaints when speaking in Javanese… Dealing with non-Muslim patients, I am more cautious about spiritual matters because their beliefs are different." (FGD201)

This quote demonstrates that caring is expressed through an effort to communicate in the patient's language and maintaining spiritual sensitivity when practicing caring professionally.

Theme 6:
Role models in a clinic, knowledge, and clinical experience are considered essential in the development of students' professional caring behaviors.

This theme refers to the opinions of clinical supervisors regarding the factors influencing students' competency in the clinic during the professional stage.

"Perhaps these students look at the nurses in the ward. They imitate the positive aspects of the nurses. In the beginning of their practice, they are often apprehensive, especially if they encounter uncooperative nurses. I've seen students wearing full PPE, but they are told they are not working. It's like they are not being appreciated."(FGD202)

This quote illustrates that the clinical practice environment, including interactions with other nurses, is a crucial experience for students in the formation of their professional caring behaviors.

Theme 7:

Negative patient responses, workload in the clinic, and patient complexity are challenges in developing professional nursing caring behaviors.

Although students understand that patients have unique responses when interacting with nurses, less friendly responses are considered by students as uncooperative and contribute to their caring behaviors. For example, a student shared an experience in a FGD during the professional stage:

"For me, if the patient is welcoming and cooperative in their treatment, I can be more relaxed when caring for them. For instance, if there is a patient with stroke who cannot move, I would say, 'Excuse me, ma'am,' while massaging them, and if the patient responds nicely, I can talk comfortably. But if the patient is not friendly I still provide the necessary care but a bit distant,."(FGD301)

The quote above shows that patient responses that don't align with students' expectations contribute to changing their interactions with patients.

Theme 8:

Lack of support for students in achieving competence in managing psychological, social, and spiritual issues in patients.

Clinical supervisors believe that students require support, especially in dealing with psychological and social issues, as expressed:

"The challenge as supervisors is to provide guidance at all times. The challenge is that some students lack of confidence." (FGD301)

This quote highlights the need for support, particularly in helping students manage psychological and social issues.

Theme 9:

Lack of confidence in students at the academic stage is perceived as 'uncaring' behaviors.

The lack of self-confidence in students, particularly during the academic stage, is viewed as uncaring behaviors. This perception is expressed by a clinical instructor with practical experience:

"The development of nursing students, ... I have been guiding students from the bachelor's program, where students begin clinical practice in the third semester. From there, I see that the performance of students is still very passive; they only complete the checklists and haven't really demonstrated a sense of caring or therapeutic communication. Nevertheless, during the guidance we provide, thankfully, when we meet them again in the professional stage, they show significant progress."(FGD201)

The lack of initiative and uncertainty among students can be interpreted as uncaring behaviors, even though students are likely in an adjustment phase toward gaining the confidence to engage in therapeutic communication with patients and their families.

Theme 10:

Lack of collaboration between clinical and academic instructors to ensure the achievement of non-instrumental caring competencies.

Collaboration between clinical and academic supervisors, especially in ensuring the attainment of non-instrumental caring competencies, is considered lacking. This is expressed primarily by clinical supervisors who feel that evaluations of non-instrumental caring competencies are often not discussed together. As mentioned by a clinical instructor in one of the FGDs:

"From my perspective, it may also depend on the supervisors and the university. As clinical instructors, we need to update our knowledge, and meetings between clinical instructors may need to be held to enhance the capabilities of supervisors every year. This hasn't been done, so it is hoped that it can be done regularly to help students. Secondly, from the university, if we and the students want to conduct in-depth patient assessments during nursing rounds, we hope the professors can also attend, so there can be a collaboration of knowledge from both the university and the clinical supervisors. Their knowledge would expand because the sources are diverse. Collaboration is essential."(FGD201)

The data above indicates that collaboration in the learning process between academic and clinical instructors can be used to overcome barriers in guiding students toward professional caring behaviors in a clinical setting.

DISCUSSION

Development of Professional Nursing Caring Competence during the Educational Process

The development of caring competence during education is a critical aspect of preparing future nurses to have high-quality nursing care abilities (Fukada, 2018). The results of this study demonstrate that professional nursing caring behaviors are well understood by both students and clinical supervisors. Caring dimensions such as empathy, holism, and altruism, as understood and perceived by both student and clinical instructor participants of this study align with the values presented in the ten carative factors proposed by (Watson, 2020, Sitzman and Watson, 2014). Participants of this study also affirm that theoretical and conceptual knowledge are basis of their understanding of the values of professional nursing caring gained through education, guiding their behaviors in clinical

practice. This result is line with abundance of previous studies which suggested that education level positively influences nurses' caring behaviors (Yau et al., 2018, Vujanić et al., 2020, Xu et al., 2021).

The role of education nursing, especially the role of education environment, in shaping and developing professional nursing caring behaviors competences have been studied extensively (Inocian et al., 2022, Visiers-Jiménez et al., 2021, Flott and Linden, 2016). Communication skills is one of the professional competences which the students perceived as the importance contributing factors in shaping their caring behaviors (Kirca and Bademli, 2019, Inocian et al., 2022). Communication skills is paramount in practicing nursing caring behaviour.

The core of professional caring behaviors lies in the transpersonal caring relationship (Sitzman and Watson, 2014), where there is subjective and intersubjective understanding between the nurse/student and the patient/family. In the development of professiona(Ray, 2021)l caring behaviors, feedback or responses from patients/families contribute to the approach and students' understanding when establishing professional caring relationships with patients/families. Positive responses from patients/families in this study are perceived by the student participants as a booster to students' self-confidence development in interacting with patients/families. Conversely, negative patient/family responses in their interactions with students prompt reflection and the use of different communication approaches or strategies in the future.

The development of students' competences in nursing caring behaviors in this study, seems to be focused on the

instrumental and physically caring interventions and nursing clinical procedures, especially at the beginning of the first year of the academic clinical placement. The nursing students more confidence in performing the psychomotor procedures, such as applying a nasal canule oxygen device, fixing the infusion drops, or providing enteral feeding, rather than providing emotional supports to patients. The professional caring aspects of those interventions were communication and physical touches that were perceived as caring behaviors which were regarded as part of the physical interventions. These behaviors, the affective domain, are embedded in the psychomotor or clinical procedures or interventions. Dealing with patients psychosocial interventions were professional caring behaviors which were harder to be applied by nursing students in their early stage of clinical placement (academic stage).

The Role of Clinical Practice Experience and Interaction with Patients in Developing Professional Caring Competence

The clinical practice experiences of nursing students are invaluable in shaping their caregiving abilities. A study titled "How nursing students experience the clinical learning environment" describes how students respond to these experiences. Clinical practice settings provide students with opportunities to interact with patients, observe experienced nurses, and apply their theoretical knowledge in real-world scenarios. These interactions promote the development of empathy, effective communication, and the ability to provide patient-centered care (Subke et al., 2020, Najafi Kalyani et al., 2019, Inocian et al., 2022).

In this study, students believe that clinical experiences, including observing the works of senior nurses (modeling), play a role in shaping caring behaviors. Students also express that the workload during clinical practice, such as managing seriously/critically ill patients, often leaves them with limited time to develop psychosocial-focused caring behaviors. This is because they must perform procedural actions in accordance with standard operating procedures (SOP) required to save patients' lives, including providing nursing care to patients using high-tech medical equipment as such in ICU. In this context, students are exposed to a culture of bureaucratic and instrumental caring. The bureaucratic caring theory presented by Ray in (Alligood, 2017, Ray, 2021) attempts to align the bureaucratic demands of the healthcare system with the compassionate nature of nursing, emphasizing that compassionate patient-centered care can and should coexist within these structures. This theory offers a framework for nurses to navigate the complexity of modern care while remaining true to the core values of caring and advocacy in nursing (Ray, 2021). For the nursing students, the clinical experiences contributed to shaping their professional caring behaviors as a future professional nurse.

Based on the existing theories and concepts related to professional caring, the description of nursing student caring behaviors in both academic and professional stages, as well as the barriers and potential strategies to enhance the professional caring learning process, can be summarized as shown in Figure 1.

The concept presented above (Figure 4) illustrates that Watson's 10 carrative factors frame the entire spectrum of caring behaviors, with transpersonal caring at the core of professional nursing caring behaviors, involving both students and patients. The transpersonal caring
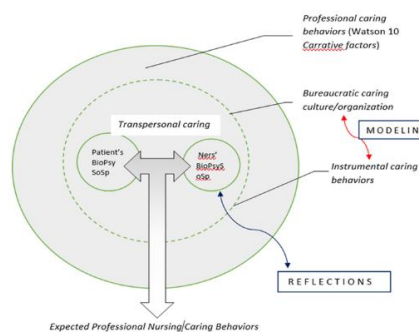
Figure 1. Conceptual model of professional nursing caring behaviors development and potential learning methods, adapted from Watson's Transpersonal Caring and Carrative Factors, Ray's Bureaucratic Caring and Instrumental Caring

relationship between students/nurses and patients/families is influenced by bureaucratic caring and instrumental caring, which serve as environmental dimensions in the educational process. In the educational process, especially during clinical practice, bureaucratic caring and instrumental caring represent environments that must be managed appropriately to avoid manipulation of students.

Additionally, the modeling process commonly undertaken by students in their efforts to achieve competence has the potential to influence student caring behaviors both positively and negatively. The nursing education process must ensure that every layer of the caring process (starting from transpersonal caring relationships), the learning environment (bureaucratic and instrumental caring), and understanding of the 10 carative factors are well managed during the learning process to achieve the desired professional nursing caring behaviors. Learning strategies involving modeling and reflection hold potential for achieving this competence.

CONCLUSION

Nursing students and clinical supervisors perceive professional caring behaviors as encompassing altruistic, holistic, therapeutic, and bureaucratic dimensions, centering on the interpersonal interaction between nurse/student and patient/family. Students recognize that these behaviors are influenced by personal, social, cultural, and spiritual values. The clinical practice environment affects the learning process of these behaviors both positively and negatively, with students employing both instrumental and bureaucratic approaches while also addressing unexpressed psychosocial issues of patients. A robust theoretical foundation in the nursing curriculum enhances students' competence in caring behaviors, which develops from academic to professional stages through theoretical knowledge and clinical practice experiences. These experiences include direct patient interactions, role modeling by senior nurses, clinical workload, and feedback from patients and families, all contributing to the achievement of competence in professional caring behaviors among nursing students.

LIMITATION

The quality and consistency of clinical mentoring may vary across institutions, affecting the development of professional caring behaviours in diverse ways that were not fully explored in this study.

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CONFLICT OF INTEREST

The Authors declare that there is no

conflict of interest.

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