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Perceptions of caring behaviour among undergraduate nursing students in Gandaki Province, Nepal

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Peer reviewed

Abstract

Introduction: Nurses' caring behaviour is an important aspect of nursing services requiring both relevant scientific knowledge and professional skills. Caring competence is an aspiration for nursing students. This study aims to assess perception of caring behaviour among undergraduate nursing students.

Method: A descriptive cross-sectional design was adopted to assess perceptions of caring behaviour. Three nursing colleges were selected purposively from Gandaki province, Nepal. Students from BSc and BNS streams were included by total enumerative sampling method. Students from different classes and academic years were selected by lottery. Self-administered structured questionnaire was used to collect data. Caring Behaviour Inventory-16 student version scale was used to measure the perception. The IBM SPSS was used for descriptive and inferential statistics (chi-square) with a significance level of $p < 0.05$.

Result: Out of 381 students, 297(78%) were of age ≤ 25 years (22.86 ± 3.02). Most, 351(92.1%), chose nursing profession on their own interest. Almost all, 364(95.5%), had a positive perception about nursing. The overall perception of caring behaviour mean was 5.21 ± 0.44 . Sub-scale showed highest mean score (5.36 ± 0.54) for respectful domain and lowest for connectedness (5.00 ± 0.61). Perception of caring behaviour was significantly associated with age, educational level, class level, attitude toward clinical supervisor, duration of clinical exposure and previous hospital employment.

Conclusion: This study found that undergraduate nursing students had a good perception of caring behaviour. Caring behaviour was associated with age, educational level, class, attitude toward clinical supervisor, and clinical exposure. Thus, it's possible to enhance nurses' caring behaviour with proper intervention during school and work.

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Introduction

Caring is a fundamental value and an admirable quality in nursing students. In modern world, caring exhibits itself noticeably in nursing, and the theory of human caring offers a systematic approach for evaluating professional nursing practice, explaining what nursing is, managing how nurses act, and helping to produce shared knowledge to move the future of nursing practice. Nurses' caring behaviour is one important aspect of nursing services because caring includes human relationships.¹ Caring behaviours are specific actions that speak and are acted upon with well-being of the client/patient. These actions include sensitivity, comfort, attentive listening, honesty, and nonjudgmental acceptance.² Nursing education curricula involve fundamentals of caring and preparing nursing students for clinical practice. However, educational journey appears to diminish their expressions of care. A study done in Italy found that the caring behavioural differences took place over the nursing academic period, where doing the work with competence was significantly increased with an increase in year among nursing students.³

Caring constitutes a crucial skill integral to nursing education. Faculties of undergraduate nursing programs are the first filter for the nursing profession. Moreover, considering significance of student nurses' views on caring and its influence on care quality, understanding the perceptions of caring among nursing students in Nepal becomes imperative. There a limited studies examining caring perceptions among undergraduate nursing students in Gandaki Province. Consequently, this study aimed to identify the perception of caring behaviour among undergraduate nursing students in Gandaki Province.

Method

A descriptive cross-sectional research design was used. Purposive sampling technique was used. Firstly, three undergraduate nursing colleges in Gandaki Province were selected purposively. Then, through lottery method class of study was selected. Then, through complete enumeration, 381 samples were taken for the

study. Bachelor of Science in nursing first year students were excluded from the study.

A self-administered structured questionnaire was used which consists of two parts i.e. Questionnaire related to demographic information includes age, gender, class year, nursing program or educational level, place of living, occupation of parents, willingness to choose the nursing profession, personal views about nursing (positive changes or negative changes), attitude towards clinical supervisor (positive, neutral, negative), influence of peers, nursing as well as medical staff, duration of exposure to clinical posting, experience of caring patients, previous employment in hospital etc.

The Caring Behaviour Inventory (CBI)-16 version⁴ was adopted for the second part in this study. It measures the perception of caring behaviour among undergraduate students. It includes sixteen statements with four sub-concepts (i.e. Communicating respectfully; Ensuring human presence; communication, positive attitude; and Professional knowledge and skill) identified in the study. Response is scaled as 1=Never, 2=Almost never, 3=Occasionally, 4=Usually, 5=Almost always, 6=Always. The total score ranges from 16 to 96. Higher values reflect better perceptions of the caring behaviour. Item responses can be summed to create a composite score. Mean scores are calculated for the total scale and the four subscales, with higher ratings reflecting more frequent caring behaviours encountered by care recipients.

Regarding validity and reliability, the tool (Caring Behaviour Inventory- student version)⁵ used by the researcher is a validated and tested for reliability previously. Reliability score of the scale (Cronbach's alpha) is 0.8. This CBI-16 student version is used in various research in different countries. The content validity of the socio-demographic and students' career profile tool was established by consultation with experts, nursing and medical research faculty, peers, as well as an extensive literature review. Pretesting of the instrument was done among 38 (10% of total sample size) undergraduate nursing students studying in Charak Academy to identify the accuracy, adequacy and

completeness. The instrument was revised after pretest, but there was no modification required in the research instrument.

The research proposal was submitted to the Institutional Review Committee of Tribhuvan University Institute of Medicine, and ethical approval was obtained (Ref. No. 527/2080/81). Then, ethical clearance was also taken from the Nepal Health Research Council (Ref no. 335).

Formal written permission was obtained from the concerned authority of undergraduate nursing colleges, i.e. Pokhara Nursing Campus, School of health and allied sciences and Manipal Institution by submitting a written application. Then, each class coordinators from concerned campuses were asked for appropriate time for data collection. Informed consent was obtained from the respondents before data collection. Questionnaires were distributed to the students and collected on the same day by the

researchers themselves, and checked for completeness. The duration of the data collection period was from 01 Jun to 01 Jul 2024, and around 10-15 minutes to complete a questionnaire. Data were collected during the break time from 12-1 pm. Confidentiality was ensured throughout the research study. Collected information was used only for this study purpose.

Result

This study found that most of the participants 297(78%) were young with a mean age of 22.86 ± 3.02 , and 99% were females. Around two-thirds, 244(64%) were from B.Sc. nursing, and more than half 200(52.5%) stayed in the campus hostel. Regarding the occupation of parents, the majority, 277(72.7%) of participants' mothers were house-makers, and a maximum of 131(34.4%) of participants' fathers were engaged in business, as depicted in Table 1.

Table 1. Socio-demographics of nursing students surveyed for perception of caring behaviour, n=381

Characteristics	n	%
Age in years (mean\pmsd 22.86\pm3.02)		
≤ 25	297	78
> 25	84	22
Gender		
Female	377	99
Male	4	1
Educational level		
BSc nursing	244	64
BNS	137	36
Place of living		
Hostel	200	52.5
Home	117	30.7
Rented room	64	16.8
Occupation of mother		
House maker	277	72.7
Business	45	11.8
Government service	34	8.9
Private jobs	19	5
Abroad employment	6	1.6
Occupation of father		
Business	131	34.4
Government services	121	31.8
Abroad employment	56	14.7
Private job	52	13.6
House maker	21	5.5

We found that most of the participants, 351(92.1%), chose the nursing profession on their own interest, almost all of them, 364(95.5%) had positive views about nursing and majority, 304(79.8%) had a positive attitude towards their clinical supervisor. The influential person for caring behaviour among 144(45.4%) participants was nursing and medical staff in the ward. Duration of clinical exposure of more than one year was influential in 258(67.7%) nursing students, in 121(88.3%) BNS students. Previous employment in the hospital was influential for

caring behaviour, Table 2. The majority of nursing students, 269(70.6%), reported giving treatments and medication on time to the patients (5.63 ± 0.83) as the important components of caring behaviour, followed by 250(65.6%) treating patients as individuals (5.49 ± 0.82). The least important caring behaviour was meeting patient needs, reported by 161(42.3%), with the lowest mean score (4.72 ± 0.86), and 135(35.4%) spent time with patients (4.72 ± 0.93), Table 3.

Table 2. Background variables related to perception of caring behaviour, n=381

Variables	n	%
Willingness to choose the Profession		
Yes	351	92.1
No	30	7.9
Personal views about nursing		
Positive	364	95.5
Negative	17	4.5
Attitude towards clinical supervisor		
Positive	304	79.8
Neutral	73	19.2
Negative	4	1
Influential person to provide caring behaviour		
Nursing as well as medical staff	173	45.4
Parents	166	43.6
Peers	25	6.6
Relatives	17	4.5
Duration of clinical exposure		
< 3 months	5	1.3
3-6 months	57	15.0
6-12 months	61	16.0
>1 year	258	67.7
Previous employment in hospital (n=137, BNS)		
Yes	121	88.3
No	16	11.7

Table 3. Perception of caring behaviours among undergraduate nursing students, n=381

Statements	Never n(%)	Almost Never n(%)	Occasionall y n(%)	Usually n(%)	Almost Always n(%)	Always n(%)	Mean±SD
Attentively listen to them	1(0.3)	0	6(1.6)	36(9.4)	142(37.3)	196(51.4)	5.37±0.75
Giving Instruction	0	1(0.3)	6(1.6)	69(18.1)	166(43.6)	139(36.5)	5.14±0.78
Treating them as individual	1(0.3)	1(0.3)	11(2.9)	32(8.4)	86(22.6)	250(65.6)	5.49±0.82
Spending time with them	0	0	38(10)	118(31)	135(35.4)	90(23.6)	4.72±0.93
Supporting them	0	0	4(1)	51(13.4)	120(31.5)	206(54.1)	5.38±0.75
Being empathetic	0	0	28(7.3)	42(11)	133(34.9)	178(46.7)	5.21±0.91
Being Confident	0	0	13(3.4)	51(13.4)	136(35.7)	181(47.5)	5.27±0.82
Demonstrating professional knowledge and skill	0	0	22(5.8)	52(13.6)	161(42.3)	146(38.3)	5.13±0.85
Including them in planning care	0	2(0.5)	13(3.4)	69(18.1)	138(36.2)	159(41.7)	5.15±0.87
Treating their information confidentially	1(0.3)	2(0.5)	8(2.1)	35(9.2)	99(26)	236(61.9)	5.45±0.82
Return to them voluntarily	1(0.3)	3(0.8)	26(6.8)	93(24.4)	158(41.5)	100(26.2)	4.84±0.93
Talking with them	0	0	5(1.3)	54(14.2)	119(31.2)	203(53.3)	5.36±0.77
Meeting their stated and unstated needs	0	1(0.3)	28(7.3)	118(31)	161(42.3)	73(19.2)	4.72±0.86
Responding quickly	0	1(0.3)	10(2.6)	50(13.1)	154(40.4)	166(43.6)	5.24±0.79
Giving treatments and medication	0	0	5(1.3)	18(4.7)	89(23.4)	269(70.6)	5.63±0.83
Relieving symptoms	0	0	3(0.8)	55(14.4)	158(41.5)	165(43.3)	5.27±0.73

The overall perception of caring behaviour mean score was 5.21±0.447, maximum of 6 and a minimum of 3.6. The perception of caring behaviour sub-scales showed respectfulness as an important component of caring behaviour (5.36±0.54), followed by assurance (5.27±0.49), knowledge and skill (5.14±0.57), and the least important was positive connectedness with the patient (5.00±0.61), Table 4.

Perception of caring behaviour among undergraduate nursing students had a statistically significant association with their age ($p<0.05$), educational level ($p<0.01$), class level ($p<0.05$), attitude towards clinical supervisor ($p<0.05$), duration of clinical exposure ($p<0.01$)

and previous employment in hospital ($p<0.01$). The mean score was taken to classify higher and lower perceptions of caring behaviour to find the association, Table 5.

A multivariate analysis was conducted for the perception of the nurses on caring behaviour. The crude and adjusted odds ratios from the best fit of binomial logistic from backwards analysis, Table 6. The CBI was significant for place of living, class, and previous work experience. Living in a hostel was 2.198 times more likely to perceive higher caring behaviour than those staying at home ($p<0.05$, 95% CI=1.282-3.769). Similarly, the odds of perceiving higher CBI were 2.821 times higher among the fourth-year nursing

students than those of the first year, with 95% CI=1.264-6.296, $p<0.05$. Previous work experience in hospitals was 62% more likely to have higher caring behaviour with aOR 0.383 (0.224-0.654) than those without hospital work

experience. A positive attitude toward a nursing supervisor was likely to increase caring behaviour to a higher level of 1.63 times than a non-positive one, Table 6.

Table 4. Mean differences in perception of caring behaviour inventory-16 sub-scales and total score, n=381

CBI-16 Sub-Scales	Mean±SD	Minimum Score	Maximum Score
Assurance of Human Presence	5.27±0.49	3.4	6.0
Knowledge & Skill	5.14±0.57	3.0	6.0
Respectfulness deference to others	5.36±0.54	3.0	6.0
Positive Connectedness	5.00±0.61	3.0	6.0
Overall Score	5.21±0.447	3.6	6.0

Table 5. Association between Perception of CBI and Selected Background Variables, n=381

Variables	Perception of CBI		χ^2 value	χ^2 (p-value)
	Higher, n(%)	Lower, n(%)		
Age in years				
Below 25	144(48.5)	153(51.5)	4.721	0.030
Above 25	52(61.9)	32(38.1)		
Educational level				
BSc. Nursing	113(46.3)	131(53.7)	7.155	0.007
BNS	83(60.6)	54(39.4)		
Class level				
First-year	47(54.7)	39(45.3)	8.408	0.038
Second year	68(43)	90(57)		
Third year	45(57)	34(43)		
Fourth year	36(62.1)	22(37.9)		
Place of living				
Home	54(46.2)	63(53.8)	2.377	0.305
Hostel	110(55)	90(45)		
Rented room	32(50)	32(50)		
Willingly chosen profession				
Yes	181(51.6)	170(48.4)	0.027	0.869
No	15(50)	15(50)		
Personal view towards nursing				
Positive	189(51.9)	175(48.1)	0.751	0.386
Negative	7(41.2)	10(58.8)		
Attitude towards clinical supervisor				
Positive	165(54.3)	139(45.7)	4.832	0.028
Neutral	31(40.3)	46(59.7)		
Duration of exposure				
Up to 1 year	48(39)	75(61)	11.215	0.001
> 1 year	148(57.4)	110(42.6)		
Previous employment in hospital				
Yes	74(61.7)	46(38.3)	7.329	0.007
No	122(46.7)	139(53.3)		

Table 6. Associated Factors of Perception of Caring behaviour among Undergraduate Nursing Students, n=381

Variables	Category	cOR(95%CI)	aOR(95% CI)
Place of living	Home	1	1
	Hostel	1.426(0.902-2.254)	2.198(1.282-3.769)
	Rented room	1.167(0.634-2.147)	1.288(0.678-2.445)
Class	first year	1	1
	Second year	0.627(0.370-1.064)	0.854(0.481-1.514)
	Third year	1.098(0.594-2.032)	1.030(0.546-1.943)
	Fourth Year	1.358(0.688-2.679)	2.821(1.264-6.296)
Previous work experience in a hospital	No	1	1
	Yes	0.546(0.351-0.848)	0.383(0.224-0.654)
Attitude towards supervisor	Not Positive	1	1
	Positive	1.761(1.060-2.928)	1.639(0.961-2.797)

Discussion

In this study on the perception of caring behaviour among undergraduate nurses, almost all chose the nursing profession out of their own interest and had positive views about nursing. The majority of students had a positive attitude towards their clinical supervisor. Nearly half of students were influenced by nursing and medical staff in the ward for caring behaviour.

Regarding the components of caring behaviour, the majority of nursing students reported that they give treatments and medication on time, with the highest mean score, followed by other components like treating patients as individuals. The majority reported that they always treat patients' information confidentially. More than half of them reported that they always support patients and listen actively. Also, more than half assured that they were always talking with patients. But only 43% of them were always responding to patients quickly. Whereas the least frequent caring behaviour of undergraduate nursing students was meeting patients stated and unstated needs. These findings are consistent with the various studies.^{6,7} In another study, listening to the patient actively was scored lowest, which was one of the important elements of caring behaviour in this study.⁸

This study found that the overall perception of caring behaviour was high (5.21±0.44). Studies conducted in Turkey and U.S.A showed high perception of caring behaviour with overall mean 5.22±0.70 and 5.54±0.53, respectively.^{9,10} Regarding sub-scale perception of caring

behaviour, the most important domain was respectfulness (5.36±0.54), similar to the study done in Saudi Arabia.⁶ The Saudi study found that respect for the individual had high importance, followed by assurance (5.27±0.49), knowledge and skill (5.14±0.57) and the least important was the positive connectedness domain (5.00±0.61). In contrast, the Turkish study⁹ found assurance of human presence as the most important behaviour (5.56±0.54), followed by knowledge and skill (5.66±0.66), and respectful deference to others (5.54±0.58).

In a study in Ethiopia, it was found that the overall mean (SD) of patients' perceptions of nurse caring behaviour was low (4.86 ±0.72), and the domain with assurance was the important domain with highest mean, while connectedness was the least important one with lowest mean.¹¹ However, a study in the Philippines concluded that the highest-ranked subscale was the assurance of human presence (4.82±0.92) and the lowest-ranked subscale was positive connectedness (4.61±0.94).¹¹ Likewise, another study showed the overall perception of nursing students' caring behaviour was 5.13±0.53 with the knowledge and skill domain as the important aspects of caring behaviour (5.22±0.54), followed by assurance of human presence (5.18±0.58), respectful deference (5.03±0.87) to others, and positive connectedness(5.08±0.66) respectively.⁸

Although the important aspects of caring behaviour vary in various studies, respect for the patient, assurance and knowledge and skill in caring were important in nursing care, which has a mean value of more than five.

The perception of caring behaviour among undergraduate nursing students was statistically significantly associated with their age ($p < 0.05$), educational level ($p < 0.01$), class level ($p < 0.05$), attitude toward clinical supervisor ($p < 0.05$), duration of clinical exposure ($p < 0.01$) and previous employment in hospital ($p < 0.01$). The study from Pakistan showed that gender and semester were significantly associated, while age was not associated.⁷ Age, marital status, and level of education were associated with perceptions of caring behaviours in a study from Ethiopia.¹¹ While no association was found between gender and level of education with the caring behaviour among nursing students in another study.¹²

A multivariate regression analysis revealed that place of living, class year, and previous work experience of the nurses are substantial. The nurses living in a hostel are 2.198 times more likely to perceive higher caring behaviour than those staying at home. Similarly, the odds of perceiving higher CBI are 2.821 times higher among the fourth-year nursing students than those of the first year, which was similar to the study conducted in Indonesia, showing that from one study year to the next, caring behaviour differs, demonstrating how caring behaviour changes over time.¹³

Nurses with previous work experience in hospitals are 62% more likely to have higher caring behaviour than those without hospital work experience.

A positive attitude towards nursing is likely to increase caring behaviour to a higher level by 1.63 times than those with a non-positive. A study showed a significant difference in perception of caring behaviour according to gender, education, and marital status⁹ and there were no differences detected between males and females.⁸

Regarding limitations, study was done in only three undergraduate nursing colleges of Gandaki province. The study finding is based on the response of the respondents from a self-administered questionnaire, which might be influenced by over reporting of information and subjective to respondents' responses.

Conclusion

The undergraduate nursing students generally had a good perception of caring behaviour. The subscale of respectful deference to others was rated the highest, while positive connectedness was rated the lowest. This perception was significantly linked to age, educational level, class, attitude toward clinical supervisors, duration of clinical exposure, and previous employment status. Notably, students living in hostels, in their fourth year, previously employed in hospitals, and with a positive attitude towards their clinical supervisor, showed higher levels of caring behaviour. Therefore, the caring behaviour of undergraduate nursing students may be improved by focusing on these factors.

Author contribution

Conception, design: GDG, SS; Data acquisition: GDG, SS; Data analysis, interpretation: GDG, SS; Drafting: GDG, SS, Revision: GDG; Final approval of the version to be published: GDG, SS; Agreement to be accountable for all aspects of the work: GDG, SS

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Conflict of interest

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Supplementary material

The data and supplementary material that support the findings of this study are available from the corresponding author upon reasonable request.

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Questionnaire/tools

Part I: Questions related to demographic information and other students' profile

- | | |
|-----------|---------|
| a. Female | b. Male |
|-----------|---------|
1. Nursing Program or Educational Level:

a. B.Sc. Nursing	b. BNS
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 2. Class Year:

a. First year	c. Second year
b. Third-year	d. Fourth-year
 3. Place of Living

a. Home	
b. Hostel	
c. Rented room	
 4. Occupation of Mother:

a. Govt. service	
b. Private job	

- c. House maker
- d. Abroad employment
- e. Business
- 5. Occupation of Father:
 - f. Govt. service
 - g. Private job
 - h. House maker
 - i. Abroad employment
 - j. Business
- 6. Willingness to choose the nursing profession
 - a. Yes
 - b. No
- 7. Personal Views about nursing
 - a. Positive view toward nursing
 - b. Negative view toward nursing
- 8. Attitude towards clinical supervisor
 - a. Positive
 - b. Neutral,
 - c. Negative
- 9. Influential person to provide caring behaviour
 - a. peers,
 - b. nursing as well as medical staff
 - c. parents
 - d. relatives
- 10. Duration of exposure to clinical posting
 - a. less than three months
 - b. 3-6 months
 - c. 6-12
 - d. more than one year
- 11. Previous employment in hospital (For BNS students only)
 - a. Yes
 - b. No

Part II: Questions related to caring behaviour

Directions: Please read the list of items that describe nurse caring. For each item, **please mark an X to the answer** that stands for the extent that you demonstrate nurse caring as you provide care for patients in hospitals, healthcare agencies, or in the community when attending Bachelor Nursing Program.

S.N	Caring behaviour	Never	Almost Never	Occasionally	Usually	Almost always	Always
1.	Attentively listening to them.						
2.	Giving instructions or teaching them.						
3.	Treating them as individuals.						
4.	Spending time with them.						
5.	Supporting them.						
6.	Being empathetic or identifying with them.						
7.	Being confident with them.						
8.	Demonstrating professional knowledge and skill.						

9.	Including them in planning their care.						
10.	Treating their information confidentially.						
11.	Returning to them voluntarily.						
12.	Talking with them						
13.	Meeting their stated and unstated needs.						
14.	Responding quickly when they call.						
15.	Giving them treatments and medications on time.						
16.	Relieving their symptoms						

Thank you for your participation