



# Perceived Caring Attributes of Student Nurses and Satisfaction to Quality of Care Among Adults in the Medical – Surgical Units of Selected Tertiary Hospitals in Metro Cebu: Proposed Enhanced RLE Clinical Caring Practice Guidelines

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## Abstract

Nursing education plays a fundamental role in developing and strengthening nurses' caring attributes, beginning during their formative years and continuing throughout professional practice. This study examined the relationship between nursing students perceived caring attributes and patient satisfaction with the quality of nursing care in medical-surgical units of selected tertiary hospitals in Metro Cebu. It aimed to provide a basis for enhancing the Related Learning Experience (RLE) Clinical Caring Practice Guidelines. This study utilized a descriptive-correlational research design involving 685 Level 3 and Level 4 nursing students from five Colleges of Nursing and their corresponding adult patients. Data were gathered using a researcher-developed instrument based on Sister Simone Roach's six caring attributes, together with a modified Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ). Face-to-face survey interviews were conducted to collect the data, which were subsequently analyzed using appropriate statistical techniques to examine the relationships among the study variables.

Results showed that most student respondents were females aged 21–24, while most patient respondents were females aged 40–50. Nursing students rated themselves highly across



all six caring attributes, particularly in demonstrating courtesy, respect, and moral responsibility. Patients likewise reported high levels of satisfaction, especially appreciating the kindness, respect, and attentiveness of student nurses. Positive perceptions of care were consistent across patient demographics. Statistical analysis revealed a significant correlation between all six caring attributes and patient satisfaction, confirming the influence of caring behaviors on perceived care quality. The study concludes that nursing students' caring attributes significantly contribute to patient satisfaction. Findings support the adoption of the proposed Enhanced RLE Clinical Caring Practice Guidelines. It is recommended to incorporate structured learning modules and simulations on carative behaviors, reinforce moral values in instruction and practice, establish patient feedback mechanisms, and strengthen faculty mentorship. Future research may examine the long-term impact of caring behaviors on patient outcomes across diverse clinical settings.

**Keywords:** *perceived caring attributes; descriptive-correlational design; student nurses; patient satisfaction; quality of nursing care; related learning experience clinical caring practice guidelines*



## Introduction

Caring is widely regarded as the heart of nursing and serves as the foundation of professional nursing practice. It goes beyond the performance of clinical procedures and involves attending to the physical, psychological, emotional, social, and spiritual needs of patients. In nursing education, the development of caring behaviors begins during the formative years of training, where students acquire the knowledge, skills, values, and attitudes necessary to provide holistic and patient-centered care.

Student nurses, like registered nurses, play an important role in shaping patients' care experiences. Their caring behaviors influence patient satisfaction, comfort, trust, and overall well-being. Although student nurses are still in training, their interactions with patients during clinical exposure provide meaningful opportunities to demonstrate compassion, competence, respect, communication, and presence. When routine nursing tasks are performed with empathy, dignity, attentiveness, and responsiveness to individual needs, patients are more likely to perceive these encounters as genuine expressions of care rather than mere procedural obligations.

Caring becomes especially significant in the care of middle-aged and older adults, who often present with complex health conditions, chronic illnesses, emotional concerns, and greater healthcare needs. As the population continues to age and healthcare utilization increases, the demand for competent and compassionate nurses also grows. Nursing education therefore carries the responsibility of preparing students to respond effectively to the needs of diverse and vulnerable patient populations across hospital and community-based settings.

The caring attributes of nursing students are developed through classroom instruction, clinical exposure, mentorship, role modeling, and reflective learning. In the classroom, students are introduced to the ethical and humanistic foundations of nursing, including empathy, compassion, patient-centeredness, and respect for human dignity. In the clinical setting, these values are translated into practice through therapeutic communication, active listening, culturally sensitive care, and respectful interaction with patients. Clinical instructors and staff nurses also serve as important role models, influencing how students internalize and demonstrate caring behaviors in actual patient care situations.

In this study, caring attributes are described as "perceived" because the focus is not limited to the behaviors student nurses believe they demonstrate, but also includes how these behaviors are experienced and interpreted by patients. Caring is inherently subjective; actions such as assisting with hygiene, explaining procedures, providing reassurance, or responding to patient needs are perceived as caring only when patients feel respected, understood, supported, and valued. Thus, perceived caring attributes emphasize the observable expressions of empathy, compassion, competence, communication, and professional presence as recognized by patients.

The study is anchored on Sister Simone Roach's Theory of Caring, particularly the six caring attributes known as the Six Cs: compassion, competence, conscience, confidence, commitment, and comportment. These attributes provide a meaningful framework for understanding how student nurses demonstrate caring in clinical practice. Compassion reflects sensitivity to patient suffering; competence involves the knowledge and skill necessary to provide safe care; conscience refers to moral responsibility; confidence reflects trust in one's ability to care;



commitment involves dedication to patient welfare; and comportment represents professional behavior, appearance, language, and attitude. Together, these attributes guide intentional, holistic, and patient-centered nursing care.

Despite the emphasis on caring in nursing education, challenges remain in ensuring that student nurses consistently meet patients' care needs. Clinical observations suggest that students with fewer clinical experiences may have less developed caring skills, while senior students tend to demonstrate stronger caring behaviors because of greater exposure to varied patient situations. However, even senior students may still be less competent compared with experienced staff nurses. This indicates that caring attributes develop progressively through continuous clinical learning, guided practice, and meaningful patient interaction.

A review of related literature shows that several international studies have examined caring behaviors, nurses' caring characteristics, and patient satisfaction. However, there remains a limited number of local and national studies in the Philippines that specifically explore the perceived caring attributes of student nurses and their relationship with patient satisfaction. This gap is important because student nurses contribute to actual patient care, particularly during related learning experiences in clinical settings. In the context of staff shortages and increasing healthcare demands, understanding how patients perceive student nurses' caring behaviors becomes even more relevant.

This study therefore aims to examine the relationship between the perceived caring attributes of Level 3 and Level 4 nursing students and patient satisfaction with the quality of care provided during clinical exposure. The study will involve selected nursing schools and affiliated tertiary hospitals in Metro Cebu, particularly in dialysis and medical-surgical units. By including varied academic and clinical settings, the study seeks to generate findings that are more inclusive and reflective of student nurse–patient interactions across different institutions.

The findings of this study are expected to provide a basis for the development of Related Learning Experience clinical caring practice guidelines. These guidelines may help strengthen the preparation of nursing students in demonstrating appropriate caring behaviors, improving patient satisfaction, and promoting more compassionate, holistic, and patient-centered nursing care.

### **Methodologies**

This study determined the relationship between the perceived caring attributes of nursing students and patient satisfaction with the quality of nursing care received in the medical-surgical units of selected tertiary hospitals in Metro Cebu. The findings of the study served as the basis for developing proposed Related Learning Experience clinical caring practice guidelines.

Specifically, the study sought to describe the profile of the student nurse respondents in terms of age, gender, and year level, and the profile of the patient respondents in terms of age, gender, ward type, and duration of hospitalization. It also assessed the perceived caring attributes of student nurses based on Sister Simone Roach's six caring attributes, namely compassion,



competence, conscience, confidence, commitment, and comportment, including their overall caring attribute. In addition, the study determined the level of patient satisfaction with the quality of nursing care received from student nurses.

Furthermore, the study examined the relationship between the perceived caring attributes of student nurses and patient satisfaction with quality care. It also explored the perceived caring attributes and patient satisfaction when respondents were grouped according to their demographic profiles. Based on the findings, the study aimed to formulate enhanced Related Learning Experience clinical caring practice guidelines that may strengthen the caring behaviors of nursing students and improve patient satisfaction in clinical settings.

This study employed a descriptive-correlational research design to examine the relationship between nursing students' perceived caring attributes and patients' satisfaction with the quality of nursing care received from student nurses. This design was appropriate because the study aimed to describe the respondents' profiles, determine levels of perceived caring attributes and patient satisfaction, and identify whether a significant relationship exists between these variables.

The study was conducted in selected tertiary hospitals in Metropolitan Cebu that serve as clinical training areas for nursing students during their Related Learning Experiences. These hospitals included University of Cebu Medical Center, St. Vincent General Hospital, Mendero Medical Center, Perpetual Succour Hospital, and Eversley Childs Sanitarium and General Hospital. These institutions were selected because they accommodate nursing students from participating colleges and provide medical-surgical units where students render care to adult patients with various medical and surgical conditions.

The respondents of the study included Level 3 and Level 4 Bachelor of Science in Nursing students from selected colleges of nursing in Cebu, namely University of Cebu–Banilad, University of Cebu Lapu-Lapu and Mandaue, University of Cebu Pardo-Talisay, Asian College of Technology, and University of San Jose-Recoletos. From the total population of enrolled Level 3 and Level 4 nursing students, a representative sample was computed using a 0.5 margin of error and a 98% confidence level. Although the computed sample size was 679, the actual number of student respondents who participated in the study was 685. Purposive sampling was used to identify students who were assigned to medical-surgical units during the data collection period.

Patient respondents were adult patients in the same medical-surgical units where the student respondents were assigned. They were asked to evaluate the care they received from student nurses. The inclusion criteria required that patient respondents be willing and able to provide consent, 40 years old and above, oriented and responsive, able to read and understand English or the Visayan language, and admitted to the unit for at least three days while receiving care from student nurses.

Two research instruments were used in the study: one questionnaire for student nurses and another for patient respondents. The student nurse questionnaire consisted of two parts. The first part gathered demographic information such as age, gender, and year level. The second part



measured the perceived caring attributes of student nurses based on Sister Simone Roach's Theory of Caring. It contained 30 statements covering the six caring attributes: compassion, competence, conscience, confidence, commitment, and comportment. Student nurses rated their responses using a four-point Likert scale.

The patient questionnaire consisted of three parts. The first part gathered demographic information, including age, gender, ward type, and duration of hospitalization. The second part assessed the caring attributes of student nurses as perceived by patients, using statements aligned with the same six caring attributes of Roach's theory. The third part measured patient satisfaction with the quality of nursing care received from student nurses. This section was based on a modified Patient Satisfaction with Nursing Care Quality Questionnaire and contained 19 statements rated through a five-point Likert scale. Total scores were interpreted as high, moderate, or low levels of satisfaction.

The validity and reliability of the research instruments were established through expert review and pilot testing. Face validity was examined by two experts in the field and one psychometrician. A pilot study was then conducted among 30 Level 3 and Level 4 nursing students and 30 patient respondents from a medical-surgical unit. The completed questionnaires were tallied, tabulated, and tested for internal consistency using Cronbach's alpha. A reliability coefficient of 0.70 or higher was considered acceptable for the actual administration of the instruments.

Data gathering was conducted after securing the necessary institutional and ethical approvals. The researcher obtained approval from the graduate school, university administration, ethics review board, participating colleges of nursing, and nursing service offices of the selected hospitals. Prior to answering the questionnaire, all respondents were informed of the purpose of the study, the voluntary nature of their participation, and the confidentiality of their responses. Written informed consent was obtained from all participants.

Student nurse respondents answered the questionnaire during their orientation period before their medical-surgical rotation. They completed the instrument in a classroom setting, seated apart from one another to promote independent responses. Measures were taken to minimize bias, including the assurance that responses would remain anonymous, confidential, and unrelated to grades or clinical evaluations.

Patient data were gathered at the bedside or within the patient's room or ward to ensure comfort and contextual relevance. The researcher explained that the questionnaire focused only on care rendered by student nurses and not on staff nurses or other healthcare professionals. Patient respondents were guided to recall direct experiences with student nurses, such as assistance with hygiene, vital signs monitoring, medication administration under supervision, wound care, patient education, emotional support, and communication during procedures. A trained data enumerator with a nursing or clinical instruction background assisted in the data collection process while maintaining neutrality and standard procedures.

The study observed ethical standards and complied with the Data Privacy Act of 2012. No personally identifiable information was collected. Questionnaires were coded, and all physical and electronic data were secured and accessed only by authorized individuals. Physical documents were kept in a locked cabinet, while electronic files were password-protected. Data were used solely for research purposes and were destroyed after the completion of the study.

The collected data were analyzed using appropriate statistical tools. Percentage distribution and proportion were used to describe the profile of the respondents. Weighted mean and standard deviation were used to determine the level of perceived caring attributes. Proportion analysis was used to determine the level of patient satisfaction and to analyze perceived caring attributes and satisfaction when grouped according to profile variables. Spearman's rank correlation was used to determine the relationship between perceived caring attributes and patient satisfaction. A statistician assisted in the statistical treatment of the data, while interpretation of the findings was undertaken collaboratively by the researcher and statistician.

## Results & Discussions

Table 1

Distribution of Nursing Students of the Five Colleges of Nursing  
 According to Profile  
 n = 685

| Profile                | Frequency | Percentage |
|------------------------|-----------|------------|
| <i>Age:</i>            |           |            |
| 19-20 years old        | 98        | 14.3%      |
| 21-24 years old        | 568       | 82.9%      |
| 25-28 years old        | 17        | 2.5%       |
| 29 years old and above | 2         | 0.3%       |
| <i>Gender:</i>         |           |            |
| Male                   | 146       | 21.3%      |
| Female                 | 539       | 78.7%      |
| <i>Year Level:</i>     |           |            |
| Level 3                | 387       | 56.5%      |
| Level 4                | 298       | 43.5%      |
| Total                  | 685       | 100.0%     |

The table above shows that there are five hundred sixty-eight (568) respondents in the age level of 21–24 years old, making up the majority with 82.9 percent (%) of the total population. This indicates that most nursing students in Cebu are within the usual college age

range. Meanwhile, ninety-eight (98) students (14.3%) fall within the 19–20 age bracket, and a small portion of the respondents are aged 25–28 (17 students or 2.5%) and 29 years old and above (2 students or 0.3%).

The result implied that the age distribution of nursing students in Cebu reveals a predominantly young demographic. According to Guillasper et al. (2021), understanding the age demographics of nursing students is crucial for adapting educational approaches and support systems to meet their specific needs and challenges.

Moreover, in terms of gender distribution, there are more female nursing students (539, or 78.7%) matched to male students (146, or 21.3%), which echoes the common gender trend in the nursing profession. Chinkhata & Langley (2018) noted that the fact that there are way more female students in nursing shows how history and society have influenced the field.

As for the year level, the highest number of respondents is in Level 3 with three hundred eighty-seven (387) students (56.5%), while two hundred ninety eight (298) students (43.5%) are in Level 4. This indicates a slightly higher representation of third-year students among the respondents. The academic level distribution among respondents provides essential information that helps clarify the sample structure and study results interpretation. Survey results become more accurate when researchers consider these variables (Sánchez-Sánchez et al., 202; Anshur et al., 2024; Ellikkal & Rajamohan, 2024).

Table 2  
 Distribution of Patients in the Five Selected Hospitals According to Profile  
 n = 685

| Profile                | Frequency | Percentage |
|------------------------|-----------|------------|
| <i>Age:</i>            |           |            |
| 40 to 50 years old     | 279       | 40.7%      |
| 51 to 65 years old     | 225       | 32.8%      |
| 66 years old and above | 181       | 26.4%      |
| <i>Gender:</i>         |           |            |
| Male                   | 271       | 39.6%      |
| Female                 | 414       | 60.4%      |
| Total                  | 685       | 100.0%     |

The table above presents the demographic distribution of six hundred eighty-five (685) patients admitted to various hospitals in Cebu, categorized according to age and gender.

In terms of age, the highest number of patients falls within the 40 to 50 years old category, comprising two hundred seventy-nine (279) individuals or 40.7 percent (%) of the total. This suggests that middle-aged adults are the most frequent hospital patients, likely due to the onset of chronic illnesses or lifestyle-related health conditions that often emerge at this stage. The 51 to 65 years old group follows closely, accounting for two hundred twenty-five (225) patients or

32.8 percent (%), indicating that older adults also represent a significant portion of hospital admissions. Meanwhile, one hundred eighty-one (181) patients, or 26.4 percent (%), are aged sixty-six (66) years old and above, reflecting the healthcare needs of the elderly population. Gjestsen et al. (2018) expressed that middle-aged adults constitute a significant portion of hospital patients is likely attributable to the convergence of several age-related health factors. Likewise, the combination of long-term exposure to risk factors, including poor dietary habits, together with physical inactivity and smoking and drinking excess quantities, can produce noticeable health issues in middle-aged adults that result in heightened medical service requirements, according to Sharpe (2020).

Moreover, in terms of gender, four hundred fourteen (414) patients, or 60.4 percent (%) are female, while two hundred seventy-one (271), or 39.6 percent (%) are male. This shows that more women than men are utilizing hospital services in Cebu. The higher female representation could be attributed to greater health-seeking behavior among women or their higher life expectancy, which leads to a larger elderly female population in need of medical care. Healthcare utilization disparities between genders can stem from multiple sources including biological, socio-cultural factors and economic conditions (Wang et al., 2013). The majority of women take initiative to seek medical attention because they understand their health requirements and typically visit healthcare providers to address prevention and early diagnosis needs (Redondo-Sendino et al., 2006).

Table 3  
Perceived Caring Attributes of Nursing Students

| Caring Attribute | Mean | SD   |
|------------------|------|------|
| Compassion       | 3.76 | 0.39 |
| Competence       | 3.78 | 0.38 |
| Conscience       | 3.77 | 0.38 |
| Commitment       | 3.75 | 0.39 |
| Confidence       | 3.77 | 0.38 |
| Comportment      | 3.78 | 0.38 |
| Overall Caring   | 3.77 | 0.35 |

The data shown in this table displays the average ratings and standard deviations of the perceived caring traits among nursing students in Cebu using six fundamental dimensions which include Compassion, Competence, Conscience, Commitment, and Comportment, and an overall caring score.

Students provided the highest ratings to Competence as well as Comportment with identical mean scores of 3.78, and Conscience and Confidence followed closely with 3.77 scores. Compassion received a rating of 3.76, followed by Commitment, which received the lowest score at 3.75. These findings show that students generally believe they display strong levels of caring across all six dimensions, but they show minimal differences in their evaluations of these attributes. These results together demonstrate that students hold positive opinions about their caring qualities in general terms without showing distinct differences between the six dimensions,

which points to a fair and unbiased assessment of their strengths and weaknesses (Noveno, 2018). Likewise, Nursing schools continue to actively search for methods to assess and enhance medical student self-care, while this research delivers essential insights about student self-perceived care qualities (Ayala et al., 2017)

As can be observed in above findings, the perceived caring attributes of student nurses tend to be very similar across all respondents from different nursing schools. One of the probable reason for this is the strong common foundation of the nursing curricula across institutions. Nursing education programs operate under national regulatory standards and accreditation requirements that prescribe core competencies, learning outcomes, and clinical skill expectations (Baker et al., 2021). As a result, schools follow comparable course content in fundamentals of nursing, communication, ethics, patient-centered care, and professional values which are areas that explicitly cultivate caring behaviors. Standard textbooks, competency checklists, and evidence-based practice guidelines further reinforce uniform approaches to patient interaction, safety, and compassionate care. Because students are trained using similar theoretical frameworks and performance standards, their understanding and expression of caring behaviors are shaped in consistent ways.

In addition, clinical training environments and instructional strategies often mirror one another, contributing to comparable student behaviors. Students across different nursing schools are exposed to hospital-based rotations where they perform similar tasks under supervision, such as assisting patients with self-care, monitoring vital signs, providing comfort, and educating patients, to name a few. Clinical instructors are also tasked to emphasize therapeutic communication, empathy, and respect for dignity as universal professional expectations for nursing students. Shared professional codes of ethics and nursing values promote a culture where caring is central to practice, regardless of institution. This curricular and clinical uniformity helps explain why students' perceptions of their caring attributes show minimal variation, as student nurses function in a common model of compassionate, patient-centered nursing care.

Table 4  
Item Analysis on Perceived Caring Attributes of Nursing Students

| Item  | Perceived Caring Attributes |     |          |     |       |      |                |      | Total |     |
|---|-----------------------------|-----|----------|-----|-------|------|----------------|------|-------|-----|
|   | Strongly Disagree           |     | Disagree |     | Agree |      | Strongly Agree |      |       |     |
|   | f                           | %   | f        | %   | f     | %    | F              | %    | f     | %   |
| 1. I should be empathetic to the situation of my patient, including their physical condition and current state of feelings and emotion. | 6                           | 0.9 | 5        | 0.7 | 12    | 17.5 | 554            | 80.9 | 685   | 100 |
| 2. I should be sensitive to the needs, both expressed and unexpressed needs, of   | 5                           | 0.7 | 11       | 1.6 | 18    | 27.2 | 483            | 70.5 | 685   | 100 |

|  |   |     |    |     |     |      |     |      |     |     |
|--|---|-----|----|-----|-----|------|-----|------|-----|-----|
| my patient.  |   |     |    |     |     |      |     |      |     |     |
| 3. I should be courteous and respectful of my patients all the time.   | 3 | 0.4 | 4  | 0.6 | 99  | 14.5 | 579 | 84.5 | 685 | 100 |
| 4. I should provide kind and considerate nursing treatment at all times.   | 2 | 0.3 | 11 | 1.6 | 117 | 17.1 | 555 | 81.0 | 685 | 100 |
| 5. My relationship with my patients will provide me a sense of inspiration and confirmation of the meaning of my work and responsibility as a student nurse. | 2 | 0.3 | 8  | 1.2 | 169 | 24.7 | 506 | 73.9 | 685 | 100 |
| 6. Part of my responsibility is to report on time during duty.   | 3 | 0.4 | 7  | 1.0 | 112 | 16.4 | 563 | 82.2 | 685 | 100 |
| 7. I should present myself in a professional manner to my patients.  | 2 | 0.3 | 5  | 0.7 | 126 | 18.4 | 552 | 80.6 | 685 | 100 |
| 8. I should hold myself to a high standard of excellence when performing my nursing tasks.   | 2 | 0.3 | 5  | 0.7 | 151 | 22.0 | 527 | 76.9 | 685 | 100 |

Based on the table, the highest-rated caring attribute is Item 3: "I should be courteous and respectful of my patients all the time," with five hundred seventy-nine (579) students, or 84.5 percent (%) strongly agreeing. This implies that courtesy and respect are deeply ingrained in the professional conduct of Cebu nursing students. It reflects a strong cultural and educational emphasis on respectful communication and demeanor in patient care, key aspects of building trust and rapport in clinical settings.

The professional conduct of Cebu nursing students emphasizes the importance of courtesy and respect when interacting with peers and patients in healthcare settings, according to Jayasinghe (2017). The dedication to polite behavior goes beyond superficial gestures because it represents a profound dedication to respectful communication that builds trusting relationships with both patients and healthcare workers (Kanter et al., 2013). These values must be developed because they are fundamental to creating positive clinical environments that lead to better patient outcomes as well as enhanced healthcare quality (Kelly et al., 2018).

| Item  | Perceived Caring Attributes |     |          |     |       |      |                |      | Total |     |
|---|-----------------------------|-----|----------|-----|-------|------|----------------|------|-------|-----|
|   | Strongly Disagree           |     | Disagree |     | Agree |      | Strongly Agree |      |       |     |
|   | f                           | %   | f        | %   | f     | %    | f              | %    | f     | %   |
| 9. My related learning experience will allow me to continually improve my nursing skills.                                   | 5                           | 0.7 | 3        | 0.4 | 131   | 19.1 | 546            | 79.7 | 685   | 100 |
| 10. If uncertain about specific duty or method, I should not hesitate to ask help or clarifications from the nursing staff. | 2                           | 0.3 | 1<br>2   | 1.8 | 137   | 20.0 | 534            | 78.0 | 685   | 100 |
| 11. I should continually put the welfare of my patients first.  | 2                           | 0.3 | 6        | 0.9 | 124   | 18.1 | 553            | 80.7 | 685   | 100 |
| 12. I should act as a patient advocate, representing the concerns of my patient.  | 4                           | 0.6 | 6        | 0.9 | 150   | 21.9 | 525            | 76.6 | 685   | 100 |
| 13. I should act on what I believe is morally and ethically right.  | 2                           | 0.3 | 1<br>0   | 1.5 | 157   | 22.9 | 516            | 75.3 | 685   | 100 |
| 14. I should work with a strong sense of moral responsibility.  | 2                           | 0.3 | 5        | 0.7 | 131   | 19.1 | 547            | 79.9 | 685   | 100 |
| 15. I should be honest to my patients and co-workers at all times   | 2                           | 0.3 | 6        | 0.9 | 133   | 19.4 | 544            | 79.4 | 685   | 100 |
| 16. I am confident in my nursing skills and knowledge.  | 2                           | 0.3 | 5        | 0.7 | 165   | 24.1 | 513            | 74.9 | 685   | 100 |
| 17. I am confident that I can assist my patients even in difficult situations.  | 2                           | 0.3 | 1<br>1   | 1.6 | 154   | 22.5 | 518            | 75.6 | 685   | 100 |
| 18. I can constantly act in a competent manner when caring for my patients.   | 2                           | 0.3 | 6        | 0.9 | 136   | 19.9 | 541            | 79.0 | 685   | 100 |

|  |   |     |   |     |     |      |     |      |     |     |
|--|---|-----|---|-----|-----|------|-----|------|-----|-----|
| 19. I can continually express compassion to my patient even in the most challenging circumstances. | 2 | 0.3 | 6 | 0.9 | 140 | 20.4 | 537 | 78.4 | 685 | 100 |
|--|---|-----|---|-----|-----|------|-----|------|-----|-----|

The table above describes Item 14: “I should work with a strong sense of moral responsibility,” with five hundred forty-seven (547) students or 79.9 percent % strongly agreeing.

This result highlights that moral responsibility is highly valued among nursing students. It suggests that ethical awareness and accountability are deeply instilled throughout their academic and clinical experiences. Upholding moral responsibility is crucial in nursing practice, especially when students face ethical dilemmas or are required to make decisions in complex patient situations. The acknowledgment of moral responsibility as a fundamental nursing student attribute showcases how nursing programs shape ethical awareness and professional accountability during their educational and clinical phases (Hägg-Martinell et al., 2020). Nursing practice establishes moral responsibility as an essential pillar that requires academic training since students will face moral dilemmas and important decisions in complicated patient care situations (Rakhshan et al., 2021).

| Item  | Perceived Caring Attributes |     |          |     |       |    |                |     | Total |    |    |
|---|-----------------------------|-----|----------|-----|-------|----|----------------|-----|-------|----|----|
|   | Strongly Disagree           |     | Disagree |     | Agree |    | Strongly Agree |     |       |    |    |
|   | f                           | %   | f        | %   | f     | %  | f              | %   | f     | %  |    |
| 20. I can positively effect change in my patients.  | 5                           | 0.7 | 5        | 0.7 | 15    | 0  | 21.9           | 525 | 76.   | 68 | 10 |
| 21. I should be dedicated to doing my tasks beyond what is expected of me.                          | 3                           | 0.4 | 13       | 1.9 | 4     | 15 | 22.5           | 515 | 75.   | 68 | 10 |
| 22. I should pledge to uphold strong and positive personal and moral values.                        | 4                           | 0.6 | 5        | 0.7 | 6     | 13 | 19.9           | 540 | 78.   | 68 | 10 |
| 23. Nursing is a life- long learning process and I should commit to constantly learning.            | 2                           | 0.3 | 9        | 1.3 | 0     | 13 | 19.0           | 544 | 79.   | 68 | 10 |
| 24. I should always strive to improve my knowledge and skill to better deliver care to my patients. | 2                           | 0.3 | 5        | 0.7 | 1     | 12 | 17.7           | 557 | 81.   | 68 | 10 |
| 25. I should be committed to my patient as the center of my care.                                   | 2                           | 0.3 | 9        | 1.3 | 2     | 14 | 20.7           | 532 | 77.   | 68 | 10 |
| 26. My attitude and behavior should be  | 2                           | 0.3 | 7        | 1.0 | 2     | 12 | 17.8           | 554 | 80.   | 68 | 10 |

|   |   |     |   |     |    |   |      |     |     |    |    |
|---|---|-----|---|-----|----|---|------|-----|-----|----|----|
| professional at all times.  |   |     |   |     |    |   |      |     |     |    |    |
| 27. My appearance and how I present myself to my patient should communicate a caring presence.      | 2 | 0.3 | 7 | 1.0 | 12 | 2 | 17.8 | 554 | 80. | 68 | 10 |
| 28. I should beware of my capacity as a nursing student.  | 4 | 0.6 | 4 | 0.6 | 12 | 8 | 18.7 | 549 | 80. | 68 | 10 |
| 29. I should be responsible and accountable of my actions.  | 3 | 0.4 | 3 | 0.4 | 14 | 8 | 21.6 | 531 | 77. | 68 | 10 |
| 30. I should be responsible for my patients' healthcare environment and its effects on my patients. | 3 | 0.4 | 3 | 0.4 | 13 | 4 | 19.6 | 545 | 79. | 68 | 10 |

Moreover, Item 24: “I should always strive to improve my knowledge and skill to better deliver care to my patients,” received the highest percentage of Strongly Agree responses at 557 students or 81.3%.

The data shows nursing students display a firm dedication to ongoing professional growth. Every nurse must accept that continuous learning remains essential for their work because nursing practice continues to advance through scientific and technological progress. The discovery provides optimism because students show enthusiasm for personal growth, which leads to better patient outcomes. A nurse's professional duties include both providing direct patient care and protecting lives while assisting people with their everyday requirements, according to Fukada (2018). Their journey through education to become professional nurses includes learning while developing empathy, integrity and accountability needed to handle healthcare complexities (Baixinho et al., 2022).

Table 5  
Distribution of Patients' Level of Satisfaction to Quality of Care

| Level                 | Frequency | Percentage |
|-----------------------|-----------|------------|
| Low Satisfaction      | 16        | 2.3        |
| Moderate Satisfaction | 74        | 10.8       |
| High Satisfaction     | 595       | 86.9       |
| Total                 | 685       | 100        |

Table 6 presents the distribution of hospital patients in Cebu based on their level of satisfaction with the quality of care received. The findings show that most patients, specifically

five hundred ninety-five (595) out of six hundred eighty-five (685) respondents (86.9%), reported a high level of satisfaction. This overwhelming percentage indicates that the healthcare services provided in these hospitals are generally perceived as effective, compassionate, and responsive to patient needs.

The assessment of healthcare service excellence involves various elements, including medical staff technical skills, together with patient-centered communication and empathy, and patient autonomy protection (Değer & İşsever, 2024). Healthcare professionals must practice effective communication with patients because it builds trust while enabling patients to receive proper information and participate in treatment decisions (Alkahtani et al., 2023).

Table 6  
Item Analysis on Satisfaction to Quality of Care among Patients of the Five Hospitals

| Item   | Patient Satisfaction to Quality of Care |     |           |     |      |     |      |     |      |     | Total |    |
|--|---|-----|-----------|-----|------|-----|------|-----|------|-----|-------|----|
|  | Excellent                               |     | Very Good |     | Good |     | Fair |     | Poor |     |       |    |
|  | f                                       | %   | f         | %   | F    | %   | f    | %   | f    | %   | f     | %  |
| 1. Information You Were Given: How clear and complete the student nurse's explanations were about tests, treatments and what to expect | 37                                      | 54. | 19        | 28. | 88   | 12. | 22   | 3.2 | 1    | 0.1 | 68    | 10 |
| 2. Instructions: How well the student nurse explained how to prepare for tests and operations  | 34                                      | 49. | 21        | 31. | 10   | 14. | 24   | 3.5 | 5    | 0.7 | 68    | 10 |
| 3. Ease of Getting Information: Willingness of the student nurse to answer your questions  | 40                                      | 59. | 18        | 26. | 72   | 10. | 22   | 3.2 | 3    | 0.4 | 68    | 10 |
| 4. Information Given by student nurses: How well the student nurse communicated  | 40                                      | 59. | 19        | 27. | 71   | 10. | 12   | 1.8 | 7    | 1.0 | 68    | 10 |

|  |         |          |         |          |    |          |    |     |   |     |         |         |  |
|--|---------|----------|---------|----------|----|----------|----|-----|---|-----|---------|---------|--|
| with patients, families, and doctors   |         |          |         |          |    |          |    |     |   |     |         |         |  |
| 5. Informing Family or Friends: How well the student nurse kept them informed about your condition and needs                                     | 39<br>4 | 57.<br>5 | 19<br>2 | 28.<br>0 | 81 | 11.<br>8 | 16 | 2.3 | 2 | 0.3 | 68<br>5 | 10<br>0 |  |
| 6. Involving Family or Friends in Your Care: How much they were allowed to help in your care   | 38<br>2 | 55.<br>8 | 21<br>1 | 30.<br>8 | 74 | 10.<br>8 | 14 | 2.0 | 4 | 0.6 | 68<br>5 | 10<br>0 |  |
| 7. Concern and Caring by student nurses: Courtesy and respect you were given; friendliness and kindness  | 45<br>3 | 66.<br>1 | 16<br>5 | 24.<br>1 | 49 | 7.2      | 14 | 2.0 | 4 | 0.6 | 68<br>5 | 10<br>0 |  |
| 8. Attention of student nurses to Your Condition: How often the student nurses checked on you and how well they kept track of how you were doing | 41<br>9 | 61.<br>2 | 18<br>7 | 27.<br>3 | 53 | 7.7      | 20 | 2.9 | 6 | 0.9 | 68<br>5 | 10<br>0 |  |
| 9. Recognition of Your Opinions: How much the student nurse ask you what you think is important and give you choices                             | 38<br>1 | 55.<br>6 | 20<br>5 | 29.<br>9 | 79 | 11.<br>5 | 19 | 2.8 | 1 | 0.1 | 68<br>5 | 10<br>0 |  |
| 10. Consideration of Your Needs: Willingness of the  | 41<br>3 | 60.<br>4 | 16<br>8 | 24.<br>6 | 77 | 11.<br>3 | 21 | 3.1 | 5 | 0.7 | 68<br>4 | 10<br>0 |  |

|   |         |          |         |           |    |     |    |     |   |     |         |         |  |
|---|---------|----------|---------|-----------|----|-----|----|-----|---|-----|---------|---------|--|
| student nurse to be flexible in meeting your needs  |         |          |         |           |    |     |    |     |   |     |         |         |  |
| 11. The Daily Routine of the student Nurses: How well they adjusted their schedules to your needs           | 41<br>5 | 60.<br>6 | 18<br>2 | 26.<br>6  | 62 | 9.1 | 20 | 2.9 | 6 | 0.9 | 68<br>5 | 10<br>0 |  |
| 12. Helpfulness: Ability of the student nurse to make you comfortable and reassure you                      | 43<br>7 | 63.<br>8 | 17<br>0 | 24.<br>8  | 51 | 7.4 | 22 | 3.2 | 5 | 0.7 | 68<br>5 | 10<br>0 |  |
| 13. Nursing Staff Response to Your Calls: How quick they were to help                                       | 41<br>9 | 61.<br>2 | 19<br>1 | 27.<br>9  | 49 | 7.2 | 24 | 3.5 | 2 | 0.3 | 68<br>5 | 10<br>0 |  |
| 14. Skill and Competence of Nurses: How well things were done, like giving medicine and handling Ivs        | 40<br>3 | 58.<br>8 | 19<br>3 | 28.<br>2  | 60 | 8.8 | 27 | 3.9 | 2 | 0.3 | 68<br>5 | 10<br>0 |  |
| 15. Coordination of Care: The teamwork between student nurses and other hospital staff who took care of you | 44<br>6 | 65.<br>1 | 16<br>5 | 24.<br>1  | 49 | 7.2 | 20 | 2.9 | 5 | 0.7 | 68<br>5 | 10<br>0 |  |
| 16. Restful Atmosphere Provided by student Nurses: Amount of peace and quiet                                | 44<br>0 | 64.<br>2 | 16<br>6 | 24.<br>2% | 56 | 8.2 | 17 | 2.5 | 6 | 0.9 | 68<br>5 | 10<br>0 |  |
| 17. Privacy: Provisions for your privacy by student nurses  | 45<br>2 | 66.<br>0 | 15<br>5 | 22.<br>6  | 50 | 7.3 | 26 | 3.8 | 2 | 0.3 | 68<br>5 | 10<br>0 |  |

|   |         |          |         |          |    |          |    |     |   |     |         |         |
|---|---------|----------|---------|----------|----|----------|----|-----|---|-----|---------|---------|
| 18. Discharge Instructions: How clearly and completely the student nurses told you what to do and what to expect when you left the hospital | 40<br>2 | 58.<br>7 | 18<br>4 | 26.<br>9 | 71 | 10.<br>4 | 26 | 3.8 | 2 | 0.3 | 68<br>5 | 10<br>0 |
| 19. Coordination of Care After Discharge: student nurses' efforts to provide for your needs after you left the hospital.                    | 42<br>7 | 62.<br>3 | 16<br>3 | 23.<br>8 | 73 | 10.<br>7 | 19 | 2.8 | 3 | 0.4 | 68<br>5 | 10<br>0 |

The data illustrate patient perceptions regarding the quality of care provided by student nurses in various aspects of hospital care. The results indicate an overwhelmingly positive evaluation across multiple domains. Concern and Caring (Item 7) established the highest "Excellent" rating at 66.1 percent (%), reflecting that patient deeply valued the courtesy, respect, and kindness shown by student nurses.

A healthcare organization's commitment to quality care and patient-centered service is widely recognized as a key factor in achieving positive patient experiences and improving overall healthcare outcomes (Rosati et al., 2009). Moreover, effective communication among healthcare professionals is fundamental to patient and family satisfaction, as it fosters trust, strengthens rapport, and enhances the therapeutic nurse-patient relationship (Alhussin et al., 2024).

Table 7  
Perceived Caring Attributes of Nursing Students According to their Age

| Caring Attribute | Age                         |      |                              |      |                            |      |                                   |      |
|------------------|-----------------------------|------|------------------------------|------|----------------------------|------|-----------------------------------|------|
|                  | 17-20 years old<br>(n = 98) |      | 21-24 years old<br>(n = 568) |      | 25-28 years old<br>(n= 17) |      | 29 years old and<br>above (n = 2) |      |
|                  | Mean                        | SD   | Mean                         | SD   | Mean                       | SD   | Mean                              | SD   |
| Compassion       | 3.73                        | 0.46 | 3.77                         | 0.37 | 3.69                       | 0.59 | 4.00                              | 0.00 |
| Competence       | 3.74                        | 0.47 | 3.78                         | 0.36 | 3.79                       | 0.50 | 4.00                              | 0.00 |
| Conscience       | 3.69                        | 0.51 | 3.78                         | 0.36 | 3.86                       | 0.24 | 4.00                              | 0.00 |
| Commitment       | 3.69                        | 0.47 | 3.76                         | 0.38 | 3.81                       | 0.31 | 4.00                              | 0.00 |
| Confidence       | 3.71                        | 0.47 | 3.77                         | 0.37 | 3.85                       | 0.27 | 4.00                              | 0.00 |
| Comportment      | 3.71                        | 0.48 | 3.79                         | 0.37 | 3.89                       | 0.21 | 4.00                              | 0.00 |
| Overall Caring   | 3.71                        | 0.45 | 3.77                         | 0.33 | 3.82                       | 0.26 | 4.00                              | 0.00 |

Table 8 presents the mean and standard deviations of six core caring attributes (Compassion, Competence, Conscience, Commitment, Confidence, and Comportment) and an overall caring score, as rated by patients, clustered according to the age of the student nurses. All age groups received high mean scores, ranging from 3.69 to 4.00, suggesting a strong perception of caring attributes regardless of age, with student nurses aged twenty-nine (29) years and above receiving a perfect mean score of 4.00 in all six caring dimensions.

The result suggested a perception of maturity, professionalism, and excellence in caring attributes in older students. According to research conducted by Nunnelee et. al. (2015), elderly students who present themselves maturely and professionally receive nursing education and healthcare benefits through their caring abilities. The perception of students as responsible adults demonstrate maturity and skill in healthcare settings, resulting from multiple factors, including their life experience and previous work experience as well as their natural progression of maturity (Heijden et al., 2020).

Table 8  
Perceived Caring Attributes of Nursing Students According to Their Gender

| Caring Attribute | Gender         |      |                  |      |
|------------------|----------------|------|------------------|------|
|                  | Male (N = 146) |      | Female (N = 539) |      |
|                  | Mean           | SD   | Mean             | SD   |
| Compassion       | 3.74           | 0.40 | 3.76             | 0.39 |
| Competence       | 3.76           | 0.42 | 3.78             | 0.37 |
| Conscience       | 3.75           | 0.41 | 3.77             | 0.38 |
| Commitment       | 3.74           | 0.41 | 3.76             | 0.39 |
| Confidence       | 3.78           | 0.37 | 3.76             | 0.39 |
| Comportment      | 3.77           | 0.37 | 3.79             | 0.38 |
| Overall Caring   | 3.76           | 0.36 | 3.77             | 0.34 |

Table 9 explained the mean scores and standard deviations of patient-perceived caring attributes among male and female nursing students in Cebu. The attributes assessed include Compassion, Competence, Conscience, Commitment, Confidence, and Comportment, along with an Overall Caring score. Both male and female students demonstrate similar ability in nursing practice according to the mean scores because their differences remain within a range of 0.01 to 0.02 points. The analysis shows that patients view all student nurses as equally competent and caring, regardless of their gender.

The research identifies a complex healthcare dynamic where patients generally view student nurses as equally competent and caring, regardless of their gender, according to Morse et. al. (2012). The assessment of nursing competence and caring abilities depends on subjective criteria which differ between patients while being impacted by their emotional condition and their comprehension of medical processes and their moral standards according to Pérez et. al. (2022).

Table 9  
 Perceived Caring Attributes of Nursing Students of Cebu According to Year Level

| Caring Attribute | Year Level        |      |                   |      |
|------------------|-------------------|------|-------------------|------|
|                  | Level 3 (N = 387) |      | Level 4 (n = 298) |      |
|                  | Mean              | SD   | Mean              | SD   |
| Compassion       | 3.76              | 0.36 | 3.76              | 0.42 |
| Competence       | 3.78              | 0.36 | 3.77              | 0.41 |
| Conscience       | 3.78              | 0.37 | 3.76              | 0.40 |
| Commitment       | 3.75              | 0.37 | 3.75              | 0.42 |
| Confidence       | 3.77              | 0.37 | 3.76              | 0.41 |
| Comportment      | 3.78              | 0.38 | 3.79              | 0.39 |
| Overall Caring   | 3.77              | 0.33 | 3.76              | 0.37 |

Table 10 presents a comparison of patients' perceptions of caring attributes between Level 3 and Level 4 nursing students in Cebu. The caring attributes evaluated include Compassion, Competence, Conscience, Commitment, Confidence, and Comportment, along with an Overall Caring score.

The mean scores of Levels 3 and Level 4 students are almost identical, with variations not exceeding 0.02 points on a 4-point scale. The data suggest that both Level 3 and Level 4 students demonstrate similarly high levels of caring behavior, as perceived by patients. This implies that the nursing curriculum fosters caring attributes consistently across levels, and that clinical training in Level 3 already develops strong caring competencies. Students who study nursing need to develop caring attributes through a multifaceted process that stems from educational training and practical experiences as well as the hidden curriculum that transmits institutional values (Mathe et al., 2020).

Table 10  
 Distribution of Patients' Level of Satisfaction to Quality Care According to Age

| Level                 | Age                |       |                    |       |                        |       | Total |       |
|-----------------------|--------------------|-------|--------------------|-------|------------------------|-------|-------|-------|
|                       | 40 to 50 years old |       | 51 to 65 years old |       | 66 years old and above |       |       |       |
|                       | f                  | %     | f                  | %     | f                      | %     | f     | %     |
| Low Satisfaction      | 5                  | 1.8   | 6                  | 2.7   | 5                      | 2.8   | 16    | 2.3   |
| Moderate Satisfaction | 26                 | 9.3   | 21                 | 9.3   | 27                     | 14.9  | 74    | 10.8  |
| High Satisfaction     | 248                | 88.9  | 198                | 88.0  | 149                    | 82.3  | 595   | 86.9  |
| Total                 | 279                | 100.0 | 225                | 100.0 | 181                    | 100.0 | 685   | 100.0 |

Table 11 shows the distribution of patients' satisfaction levels (Low, Moderate, and High) with the quality of care provided by nursing students, categorized by age groups: 40–50 years old, 51–65 years old, and 66 years old and above. The majority of patients across all age brackets reported high satisfaction.

The data strongly support that nursing students are generally perceived as providing high-quality care across different age groups. Healthcare quality perception emerges as a complex phenomenon that depends on provider skills alongside communication abilities and patient-centered practices (Guan et al., 2023). Nursing students gain adaptable skills and broad training, which enables them to support patients from different age groups effectively (Noviyanti et al., 2021).

Table 11  
Distribution of Patients' Level of Satisfaction to Quality Care According to Gender

| Level                 | Gender |       |        |       | Total |       |
|-----------------------|--------|-------|--------|-------|-------|-------|
|                       | Male   |       | Female |       |       |       |
|                       | f      | %     | f      | %     | f     | %     |
| Low Satisfaction      | 8      | 3.0   | 8      | 1.9   | 16    | 2.3   |
| Moderate Satisfaction | 32     | 11.8  | 42     | 10.1  | 74    | 10.8  |
| High Satisfaction     | 231    | 85.2  | 364    | 87.9  | 595   | 86.9  |
| Total                 | 271    | 100.0 | 414    | 100.0 | 685   | 100.0 |

Table 12 presents the patients' satisfaction levels with the quality of care. A significant majority of both male (85.2%) and female (87.9%) patients reported high satisfaction. This affirms that nursing students are perceived as consistently delivering quality care regardless of the patient's gender. The result implied that nursing students are generally perceived as delivering consistent and quality care, irrespective of the patient's gender (Nyongesa, 2013).

Table 12  
Spearman's Rank Correlation between of Patients' Satisfaction to Quality Care and Nursing Students' Perceived Caring Attributes

| Caring Attribute | Spearman's $r_s$ | Decision on Null Hypothesis | Interpretation |
|------------------|------------------|-----------------------------|----------------|
| Compassion       | -0.457           | Reject the null             | Significant    |
| Competence       | -0.478           | Reject the null             | Significant    |
| Conscience       | -0.471           | Reject the null             | Significant    |
| Commitment       | -0.466           | Reject the null             | Significant    |
| Confidence       | -0.510           | Reject the null             | Significant    |
| Comportment      | -0.452           | Reject the null             | Significant    |



All caring attributes of nursing students were found to have a significant correlation with patients' expectations about quality care, as represented in Table 13 by the Spearman's rank correlation coefficients. Relationships were identified falling into the category of moderate to strong negative correlations with coefficients ranging from -0.452 for on-the-job behavior to -0.550 for overall caring. The strongest negative correlation was found between patient overall satisfaction and overall caring ( $r_s = -0.550$ ), followed by trust ( $r_s = -0.510$ , indicating that more highly satisfied patients were those whose care was given not only by nursing students but also had highly apparent care-related behaviors. Low mean scores in caring attributes will imply high levels of agreement or stronger perceived caring, whereas negative correlates indicate high patient satisfaction as the perceived caring behaviors of nursing students increase. These findings had high statistical significance ( $p < 0.05$ ), which led to a rejection of the null hypothesis. Therefore, this emphasizes that caring behaviors explain patient satisfaction as well as the need to be cultivated as nursing attributes.

The relationship between nursing students' caring attributes and patients' expectations about their overall care experience reveals important insights into the complexities of these important interactions (Noveno, 2018). These demonstrate that the different caring attributes from nursing students have a significant effect on patient satisfaction and perceptions of care (Otani et al., 2009).

## Conclusion

The findings of the study affirm that caring remains a central and measurable component of quality nursing care, even among student nurses who are still in the process of developing their professional competencies. The nursing students generally perceived themselves as demonstrating high levels of caring attributes across the six carative dimensions of compassion, competence, conscience, confidence, commitment, and comportment. These attributes were reflected particularly in their courtesy, respect, moral responsibility, and desire to improve their knowledge and skills in providing patient care.

Patient respondents likewise reported a generally high level of satisfaction with the quality of nursing care received from student nurses. Their positive evaluations emphasized the value of respectful communication, kindness, attentiveness, and professional conduct in shaping meaningful care experiences. Regardless of age and gender, patients consistently perceived the student nurses' caring behaviors positively, suggesting that caring attributes are recognized and appreciated across different patient groups.

Most importantly, the study established a significant relationship between the perceived caring attributes of nursing students and patient satisfaction with the quality of care. This finding indicates that the way student nurses demonstrate caring behaviors has a meaningful influence on how patients experience and evaluate the care provided to them. The results support the view that caring is not merely an ideal value in nursing education but a practical and essential element of patient-centered care.

However, the findings also point to areas that require further strengthening, particularly in the attribute of commitment and in students' sensitivity to both expressed and unexpressed patient needs. The presence of moderate and low levels of patient satisfaction among some respondents



further suggests the need for more deliberate, structured, and evidence-based interventions in clinical nursing education.

Therefore, the study concludes that enhancing the caring attributes of nursing students through an improved Related Learning Experience Clinical Caring Practice Guideline is necessary to strengthen the quality of student nurse–patient interactions. By integrating caring behaviors more intentionally into clinical instruction, supervision, reflection, and patient feedback mechanisms, nursing education institutions can better prepare future nurses who are not only clinically competent but also compassionate, ethical, responsive, and genuinely patient-centered.

## The Output

### Clinical Practice Guideline for Nursing Students The CARES Framework

#### Purpose:

To guide nursing students in delivering safe, compassionate, accountable, and reflective care in clinical settings, beyond routine task performance.

#### Core Principle:

*Every patient encounter is both a care activity and a professional formation moment.*

#### C — Center the Patient as a Person, Not a Case

#### Guideline:

Before any procedure or task, the student must establish person-centered connection.

#### Expected Practices

- > Introduce self clearly as a *student nurse* and explain role.
- > Ask at least one non-clinical, person-focused question (e.g., comfort, concerns, preferences).
- > Assess emotional state, not just physical status.
- > Respect privacy, cultural practices, and dignity at all times.

#### Rationale:

Caring is perceived through presence and respect, not technical skill alone. Centering the patient as a person rather than merely a clinical case is a fundamental principle of person-centered care widely supported in nursing literature. Carl Rogers emphasized a holistic view of individuals, highlighting empathy, respect, and authentic human connection as essential to effective helping relationships (Rogers, 1961). In nursing, Jean Watson reinforced this perspective through the Theory of Human Caring, which underscores the value of genuine presence and interpersonal engagement in promoting healing and well-being (Watson, 2008). Establishing a person-centered connection before any procedure allows nurses to understand patients' values, preferences, and emotional states, rather than focusing solely on tasks.



The Institute of Medicine identifies respect for patients' values and expressed needs as a key dimension of quality care (IOM, 2001). Similarly, the World Health Organization advocates for care that is responsive to individuals' holistic needs, including psychological and social aspects (WHO, 2016). Empirical evidence shows that patients who perceive themselves as valued individuals report greater satisfaction, trust, and adherence to treatment (McCormack & McCance, 2017).

In nursing education, integrating person-centered approaches early fosters both clinical competence and compassionate care. Establishing rapport prior to procedures helps reduce anxiety, improve communication, and enhance patient safety outcomes, reinforcing that meaningful human connection is central to quality nursing practice.

#### A — Act with Supervised Clinical Accountability

##### Guideline:

Students are responsible *for knowing the limits of their competence*.

##### Expected Practices

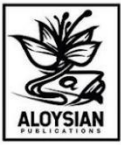
- > Perform procedures only after review and instructor clearance.
- > Verbally confirm patient identity and procedure purpose.
- > Report abnormalities immediately — *do not wait to be asked*.
- > Document care promptly according to institutional policy.

##### Rationale:

Professionalism develops when students own their role in patient safety. Acting with supervised clinical accountability is a foundational expectation in nursing education, emphasizing that students must recognize and work within the limits of their competence. As stipulated in Benner's Novice to Expert Model, learners progress through stages of skill acquisition, beginning as novices who rely heavily on rules and supervision (Benner, 1984). At this stage, students are not yet equipped to make independent clinical judgments, making awareness of personal limitations essential for safe practice. Similarly, Nursing and Midwifery Council highlights that practitioners and students must practice within their scope of competence and seek guidance when needed (NMC, 2018).

Supervised accountability ensures that patient safety remains paramount while promoting professional growth. According to American Nurses Association, Accountability involves taking responsibility for one's actions, decisions and recognizing when to consult or refer to more experienced practitioners (ANA, 2015). Failure to acknowledge limitations can lead to errors, compromising patient safety and quality of care. Conversely, students who actively seek supervision demonstrate responsibility, ethical awareness, and commitment to learning.

In clinical education, structured supervision and reflective practice strengthen students' decision-making skills while maintaining safety standards. Encouraging students to identify their competencies and limitations fosters a culture of accountability, enhances confidence, and supports the gradual transition to independent professional practice.



### R — Relate Through Therapeutic Communication

#### Guideline:

Communication must be intentional, therapeutic, and patient-adapted.

#### Expected Practices

- > Use simple language when explaining procedures.
- > Maintain eye contact and open body posture.
- > Validate patient feelings (“I understand this may feel uncomfortable”).
- > Avoid rushed interactions, even during routine care.

#### Rationale:

Patients often judge caring based on communication quality. Relating through therapeutic communication is a cornerstone of effective nursing care, requiring communication to be intentional, goal-directed, and tailored to the individual patient. Hildegard Peplau emphasized that nursing is an interpersonal process in which communication serves as the primary tool for building trust and facilitating patient healing (Peplau, 1952). Therapeutic communication involves active listening, empathy, and appropriate verbal and nonverbal responses that address the patient’s emotional and psychological needs. This aligns with the principles outlined by Carl Rogers, who highlighted genuineness, empathy, and unconditional positive regard as essential elements in meaningful interactions (Rogers, 1961).

Effective communication must also be patient-adapted, considering factors such as age, culture, language, and health literacy. The World Health Organization stresses that patient-centered communication improves health outcomes by enhancing understanding, adherence, and satisfaction (WHO, 2016). Similarly, the American Nurses Association identifies communication as a core competency that directly influences safety and quality of patient care (ANA, 2015).

Research indicates that intentional therapeutic communication reduces patient anxiety, fosters trust, and promotes collaborative care (Arnold & Boggs, 2020). For nursing students, developing these skills ensures that interactions are not merely routine exchanges but purposeful engagements that support holistic, patient-centered care.

### E — Elevate Routine Care into Meaningful Care

#### Guideline:

Routine tasks must be delivered as opportunities for holistic nursing.

#### Expected Practices

##### During activities like:

- > Bathing → assess skin, mobility, comfort, and mood
- > Vital signs → observe pain, breathing pattern, anxiety
- > Feeding assistance → assess swallowing, appetite, emotional state
- > Bed-making/repositioning → assess pressure areas and comfort

Students must connect tasks to patient well-being, not just completion.



#### Rationale:

True nursing care happens inside routine care. Elevating routine care into meaningful care reflects the essence of holistic nursing, where even basic tasks become opportunities to address the patient's physical, emotional, social, and spiritual needs. Jean Watson emphasized that caring moments occur in everyday nurse–patient interactions, and that intentional presence during routine procedures fosters healing and human connection (Watson, 2008). Similarly, Virginia Henderson highlighted that assisting patients with basic activities of daily living should promote independence, dignity, and overall well-being (Henderson, 1966).

Routine nursing tasks such as bathing, feeding, and monitoring vital signs are not merely technical duties but critical opportunities to assess patient needs, provide comfort, and build trust. The American Nurses Association underscores that holistic practice integrates compassionate care with clinical competence, ensuring that all interventions contribute to patient-centered outcomes (ANA, 2015). Likewise, the World Health Organization supports a comprehensive approach to care that addresses the whole person, not just the disease (WHO, 2016).

Research indicates that when routine care is delivered with intention and empathy, it enhances patient satisfaction, reduces anxiety, and improves overall care experiences (McCormack & McCance, 2017). For nursing students, recognizing the deeper significance of routine tasks reinforces the integration of technical skills with caring values in everyday practice.

#### S — Self-Reflect After Each Patient Encounter

#### Guideline:

Every clinical day must include structured reflection.

#### Expected Practices

Students ask themselves:

1. Did the patient feel heard and respected?
2. What did I do that demonstrated caring?
3. What could I improve next time?
4. Did I maintain safety and professionalism?

Short reflective notes may be logged post-duty.

#### Rationale:

Caring attributes grow through reflection, not repetition alone. Self-reflection after each patient encounter is a critical component of experiential learning and professional development in nursing. Donald Schön described reflection as the process of thinking about actions during and after practice to improve future performance (Schön, 1983). In clinical education, structured reflection enables students to examine their decisions, identify strengths and limitations, and integrate theory with practice. This is consistent with David Kolb's Experiential Learning Theory, which highlights reflection as a crucial process through which individuals transform experiences into meaningful knowledge and learning (Kolb, 1984).



The Nursing and Midwifery Council underscores reflective practice as essential for maintaining competence, accountability, and continuous professional development (NMC, 2018). Similarly, the American Nurses Association highlights that self-evaluation and reflection support ethical practice, clinical judgment, and lifelong learning (ANA, 2015). Engaging in structured reflection after each clinical day encourages students to critically analyze patient interactions, communication strategies, and clinical interventions.

Evidence suggests that reflective practice strengthens clinical reasoning, enhances emotional intelligence, and promotes the delivery of patient-centered care (Bulman & Schutz, 2013). It also fosters deeper self-awareness, allowing students to recognize biases and improve therapeutic relationships. Embedding structured reflection in daily clinical experiences ensures that learning is continuous, intentional, and directly linked to improving quality of patient care.

### Professional Conduct Standards

Students must:

- > Maintain confidentiality at all times
- > Avoid discussing patients in public areas
- > Use respectful language with all healthcare team members
- > Seek help without fear — asking questions is a professional strength

### Instructor Role

Clinical instructors should:

- > Model calm, respectful patient interaction
- > Provide real-time feedback on communication and caring behaviors
- > Reinforce that how care is given matters as much as what is DONE.

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