

First and Fourth-Year Student's Perceptions about Importance of Nursing Care Behaviors: Socialization toward Caring

Vahid Zamanzadeh¹, Leila Valizadeh², Roghaieh Azimzadeh^{3*}, Nasim Aminaie¹, Sedigeh Yousefzadeh⁴

¹Medical Education Research Center, Department of Medical Surgical Nursing, Faculty of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, Iran

²Department of Pediatric Nursing, Faculty of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, Iran

³Department of Medical Surgical Nursing, Faculty of Nursing and Midwifery, Urmia University of Medical Sciences, Urmia, Iran

⁴Department of Education, Tabriz University of Medical Sciences, Tabriz, Iran

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ABSTRACT

Introduction: The essence of professional nursing is caring and so, nursing education must make caring as a significant part of their curricula. In this regard, little research exists about how nursing students perceive caring. The aim of this study is to investigate the nursing students' perception toward caring and thus, the impact of socialization process on their perception of caring will be determined.

Methods: A cross-sectional study was done among all first and fourth-year nursing students (n=230) in Tabriz and Urmia faculties of nursing, 2012. Data were collected using Larson's Caring Questionnaire that assessed the importance of nursing care behaviors (n=50) in six dimensions: "being accessible", "explains and facilitates", "comforts", "anticipates", "trusting relationship" and "monitors and follows through".

Results: The importance of caring behaviors was evaluated by the first and fourth-year nursing students in moderate to high level and also, the both groups considered higher ranks for "monitors and follows through" and "being accessible" and lower ranks for "anticipates" and "trusting relationships". The fourth-year students only ranked "explains and facilitates" higher than the first-year students, but the "comforts" dimension is not differed significantly between groups.

Conclusion: The findings demonstrated that nursing education in this study has not likely succeeded in producing intended changes in the nursing students' perceptions. It is recommended to exactly find the perceptual changes or in principle the professional socialization process of nursing students, more research using longitudinal designs be conducted to examine the differences in students' perceptions of caring upon entering and completing the nursing program.

Introduction

Professional socialization is "a complex interactive process by which the content of the professional role (skill, knowledge, behavior) is learned and so the values, attitudes and goals integral to the profession and sense of occupational identity which are characteristic of a member of that profession, are internalized".¹ In this respect, nursing students, throughout the educational process, learn the technology of the profession and

internalize the professional culture. This process of socialization or re-socialization of students into the profession is one of the purposes of nursing education.² One of the nursing internalization values is the concept of caring³ that is an universal phenomenon, however, the processes and patterns of this concept vary among cultures.⁴ Therefore, it is imperative for scholars to determine the impact of socialization process on caring in nursing students with different cultures. Research about the socialization of newly

* Corresponding Author: Roghaieh Azimzadeh (MSc). Email: azimzadeh62@gmail.com.

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graduated nurses concluded that the establishment of nursing as a profession is determined by the way nurses are socialized. Also, it is clear that careless management of the first professional experiences can lead to low motivation and productivity, demoralization and decreased care of patients.⁵ Finally, this body of knowledge largely provides a generalized overview of the professional development of students on caring concept in nursing.⁶

According to Watson⁷, caring is the essence of nursing and so, caring science is the main concept in nursing education. The aim of a caring science-centered curriculum is to give nursing students an overall view of caring science, so that they will be able to care individual's health as professional nurses. They should be able to create an atmosphere that supports the patients' sense of well-being and conveys to patients a feeling of being cared for.⁸

Researches on caring have indicated that the meaning of caring contains two major domains: a psychosocial or expressive domain and a caring action or instrumental domain. The psychosocial domain includes the categories of love, unconditional acceptance, empathy, genuineness, respect, and treating others as family members. The caring action domain includes the categories of providing professional behaviors, fulfilling needs, sensational approaching, self-offering, supporting, and providing an appropriate environment.⁹

Larson¹⁰ identified for the first time a certain series of nurses' caring behaviors which conveyed to the patients a feeling of being cared for. Also, in this regard, there are increasing literature on caring that have focused on nurses' or patients' perception or comparison of their perception of what are important nursing care behaviors in making patients feel cared for.¹¹ Nevertheless, there are few studies that have focused on nursing students' perception of what constitutes important nursing care behaviors.

In Stoller's study, the attitudes of junior students were compared with senior students. First year students reported that they valued nurses' knowledge and technical skills. But senior students did not assign the nurses as a technical proficient, even valued understanding and sympathy more than nurses' competency in knowledge and care surveillance.¹² In another study by Mangold, the agreement of perception of nursing students and professional nurses toward importance of nursing care behaviors were assessed. Both the nurses and nursing students perceived the "listens to the patients" as most important nursing care behaviors and the "is professional in appearance" by nurses and the "puts the patient first, no matter what else happens" by nursing students were considered as least important nursing care behaviors.¹³ Also, in our country, for the first time by Khademian and Vizehfar, nursing students' perceptions of the importance of caring behaviors were evaluated. In this study, the students perceived "monitors and follows through" as most and "trusting relationship" as least important caring dimensions.¹⁴

Alongside these studies, Cohen's professional socialization theory emphasizes that students enter the nursing program with childlike expectations of the profession and proceed to develop all the skills and values of the professional role through the socialization process.¹⁵

So, we can be expressed that the socialization process is expected to produce a member with the technical competencies and the internalized values and attitudes that are demanded by the profession and the public.¹⁵ However, despite the importance of this issue, there aren't adequate studies on nursing students' socialization process toward caring in our country, Iran and so, we do not have sufficient information upon the impact of this process on our nursing students. As such, it is needed that investigate the nursing students' perceptions

toward importance of nursing care behaviors. In the present study, the first and fourth-year nursing students were selected as the target population. Because these students would represent perception of caring at the entering of and near completing of nursing educational program.

The aim of the study was to determine the first and fourth-year nursing students' perceptions of the importance of caring behaviors and thus, the impact of socialization process on perception of caring will be more likely determined. Indeed, we assumed the first and fourth-year students will have different perceptions about what constitutes nurse caring behaviors.

Materials and methods

In the present study a cross-sectional design was used. This way is appropriate for the study of first and fourth-year nursing student' perceptions of important nursing care behaviors. Finally, the extent of perceptual similarities or differences on caring between these two groups will be determined. The target population for this study was the baccalaureate nursing students from two nursing and midwifery faculties in Iran (Tabriz & Urmia). We selected the participants of our study by using convenience sampling. All first and fourth-year nursing students were individually asked to participate in this study in 2012. First and fourth-year nursing students from two faculties were 260 persons. Thirty students (11 of the first-year students and 19 of the fourth-year students) did not consent to participate (Mainly due to lack of interest in research) and finally, 230 persons (response rate=88.4%) were participated in the current study (first-year students=130 and fourth-year students=100). It should be mentioned that initially by pilot study (30 subjects) for parametric estimate of sample size, indicated that 100 persons for each group of first and fourth-year students (totally 200 students) would be sufficient

$P=0.92$, $\alpha=0.05$, $M1=4.11$, $M2=3.90$, $SD1=0.40$, $SD2=0.49$).

In this study data were collected using a Caring Assessment Questionnaire (Care-Q) that was developed by Larson to measure the perceived importance of nursing care behaviors of participants. This Care-Q is a most frequently used instrument for assessing caring in the world and therefore the most appropriate instrument for international comparison.⁹ The questionnaire consisted of 50 caring behaviors that were categorized into the following 6 dimensions: "being accessible" (6 items), "explains and facilitates" (6 items), "comforts" (9 items), "anticipates" (5 items), "trusting relationship" (16 items), "monitors and follows through" (8 items).

Larson's definitions for the caring dimensions are:¹⁰

"Being accessible": to be readily available to patient and his family. (e.g. frequently to approach the patient first, to give a quick response to the patients' call, etc.)

"Explains and facilitates": teaching, clarifying, and advocating (e.g. to teach the patient how to care himself/herself whenever possible, etc.)

"Comforts": to provide both physical and emotional support to patients and families (e.g. to be patient even with difficult patients, to be cheerful, etc.)

"Anticipates": to anticipate the changes in patient's situation and take anticipatory actions (e.g., is perceptive of the patients' needs and plans or acts accordingly, etc.)

"Trusting relationship": to convey a sense of commitment and understanding to patients (e.g., when with a patient, to concentrate only on that one patient, etc.)

"Monitors and follows through": to demonstrate professional competency and be assured that nursing actions delegated to others were completed (e.g., to know when to call the doctor, etc.)

In this study, we have utilized a Likert-type free rating scale instead of forced response format to the Care-Q. Scores

assigned to each item between 1 and 5 points, grading from least important=1 to most important=5. The reason for this is that in our pilot study was determined that besides the lengthy time required completing the Care-Q with forced-choice format, another problem is that some participants did not sort the items of caring dimensions according to the directions of that. Also, the results of Widmark- Petersson *et al.*, demonstrated that forced-choice vs. free-choice response formats did not affect participants' answers¹⁶ and so, to avoid the problems occurring in the pilot study for our subjects, we selected a Likert-type free rating scale.

In the current study, back translation process was done for the Care-Q. After preparation of Persian version, the psychometric properties of the Care-Q related to validity and reliability were assessed. Content validity was evaluated by ten expert panels and some small alterations were made based on their suggestions within items. Internal consistency reliability was determined by using the study sample responses to calculate Cronbach's α (alpha) for each of the six dimensions. Results showed internal consistency reliabilities of 0.97 for the total items and from 0.78 to 0.93 for the six dimensions using all first-year students. Also in all fourth-year students' responses, results showed internal consistency reliabilities of 0.96 for the total items and from 0.77 to 0.92 for the six dimensions.

The data were analyzed using SPSS software version 13.0 (SPSS Inc., Chicago, IL) and each item was first coded for statistical analysis from 1 for the least important to 5 for the most important and thus, each questionnaire had a score between 50 and 250 and also, this 1 to 5 scores led to dedicate the ranges of 1 to 3 as low to moderate and 3.01 to 5 as moderate to high scores.

Also, the mean scores and standard deviations were calculated to find the most important caring behaviors. The overall mean for each individual was calculated for each

dimension. Finally, the nonparametric Mann-Whitney U test analysis of variables was used to compare first and fourth-year students' scores on dimensions. The level of significance was $P < 0.05$.

It should be mentioned that, before beginning the study, approval was obtained from the Ethical Committee of Tabriz University of Medical Sciences. So, the researcher met with each participant, then explained the purpose of the study and the instrument packet materials (containing the consent form, directions for doing the scoring, a demographic data sheet and main questionnaire of caring). Moreover, written and oral informed consent to participate in this study were obtained from each participant who agreed to complete the instrument. It emphasized that participation was voluntary and subjects were assured of confidentiality.

Results

The participants of this study ranged in age for first-year students from 18 to 26 and for fourth-year ones from 21 to 27 years. The majority of students were single and most of them reported that they had no healthcare work experience. The detailed demographic characteristic of the first and fourth-year students are presented in Table 1.

The first- and fourth-year students evaluated the importance of caring dimensions with mean scores ranging from 3.69 to 4.02 & 3.77 to 4.13 and also, 219.50 & 220.20 for sum scores of the whole questionnaire, respectively (considering that each questionnaire could have a score between 50 and 250).

In the current study the six caring dimensions were represented in order of perceived importance by the first and fourth-year students (Table 2). This results showed the both groups perceived "monitors and follows through", "being accessible" as most important and "anticipates", "trusting relationship" as least important dimensions. Also, for the two groups mean scores on the

dimensions were compared with Mann-Whitney U tests. There was significant difference only among one of the six dimensions. Fourth-year students ranked "explains and facilitates" ($P=0.008$) higher than first-year students.

Also, the relationship between demographic characteristic of nursing students with importance of caring dimensions was determined. As seen in table 3, there were no statistically significant differences (if the $P<0.05$, we showed it in Table 3 with bold) between students' perceptions of caring dimensions, except the relationship between sex of the first-year student and the whole of caring dimensional

which had statistically significant differences (of course, except for "comforts"). In this case, female students evaluated caring dimensions with higher scores than male students.

Discussion

The present study demonstrated that the first and fourth-year students evaluated most of caring behaviors with higher scores (mean scores of dimensions in this study were over 3.5 or in moderate to high level). This finding is congruent with Watson's view that caring is the central focus of nursing as noted in the responses to the Care-Q by the nursing

Table 1: Demographic characteristic of first-year (n=130) and fourth-year (n=100) nursing student's participants

Characteristic	First-year students N (%)	Fourth-year students N (%)
Sex		
Male	70 (53.8)	48 (48.0)
Female	60 (46.2)	52 (52.0)
Marital status		
Single	124 (95.4)	83 (83.0)
Married	5 (3.8)	16 (16.0)
Other	1 (0.8)	1 (1.0)
Healthcare work experience		
No	126 (96.9)	90 (90.0)
Yes	4 (3.1)	10 (10.0)
Semester		
1 st and 2 nd	56 (43.1)	48 (48.0)
7 th and 8 th	74 (56.9)	52 (52.0)

Table 2. Mean values of first & fourth-year students toward caring dimensions (rank order and their comparison)

Care-Q dimensions	First-year students		Fourth-year students		Statistical indicators		
	Mean (SD) [*]	Rank	Mean (SD)	Rank	P ^a	Z	U ^b
Monitors and follows through (8 items)	4.02 (0.65)	1	4.13 (0.56)	1	0.116	-1.570	5716.5
Being accessible (6 items)	3.99 (0.67)	2	4.06 (0.59)	2	0.438	-0.775	6114.0
Comforts (9 items)	3.88 (0.72)	3	3.93 (0.67)	4	0.578	-0.556	6222.0
Explains and facilitates (6 items)	3.79 (0.63)	4	3.97 (0.62)	3	0.008	-2.651	5176.0
Trusting relationship (16 items)	3.77 (0.68)	5	3.81 (0.63)	5	0.539	-0.614	6193.0
Anticipates (5 items)	3.69 (0.86)	6	3.77 (0.73)	6	0.465	-0.731	6136.0
Total of the six dimensions	3.86 (0.62)		3.95 (0.54)		0.184	-1.329	5835.0

^{*}Highest possible mean=5, lowest possible mean=1, ^a $P>0.05$, ^b Mann-Whitney U test.

Table 3. The relationship of demographic characteristic of nursing students with importance of caring dimensions

Care-Q Dimensions	Demographic Characteristic									
	Age		Sex		Marital Status		Healthcare Work Experience		Semester	
Year	1	4	1	4	1	4	1	4	1	4
Being accessible	r=0.13 p=0.12	r= -0.13 p=0.17	U=1680.5 P= 0.04 Z= -1.96	U=1108.5 P= 0.33 Z= -0.96	X ² =3.01 p=0.22 df=2	X ² =0.38 p= 0.82 df=2	U=157.0 P=0.19 Z= -1.28	U=375.5 P= 0.38 Z= -0.86	U=1788.5 P=0.18 Z= -1.33	U=1119.0 P= 0.37 Z= -0.89
Explains and facilitates	r=0.09 p=0.30	r= -0.03 p= 0.75	U=1457.0 P= 0.00 Z= -3.00	U=1194.0 P=0.70 Z= -0.37	X ² =3.77 p=0.15 df=2	X ² =1.09 p=0.57 df=2	U=201.5 P=0.49 Z= -0.68	U=344.5 P=0.22 Z= -1.21	U=1813.0 P=0.22 Z= -1.22	U=1088.5 P= 0.27 Z= -1.10
Comforts	r= 0.07 p=0.41	r= -0.07 p=0.45	U=1742.5 P=0.09 Z= -1.67	U=1120.0 P=0.37 Z= -0.88	X ² =2.97 p= .22 df=2	X ² =3.31 p= 0.19 df=2	U=230.5 P=0.77 Z= -0.29	U=422.5 P=0.75 Z= -0.31	U=1688.5 P= 0.07 Z= -1.80	U=1211.5 P=0.80 Z= -0.25
Anticipates	r= 0.08 p= 0.31	r= -0.03 p=0.71	U=1603.0 P= 0.02 Z= -2.33	U=1188.0 P=0.67 Z= -0.41	X ² =2.71 p=0.25 df=2	X ² =1.47 p= 0.47 df=2	U=181.0 P=0.33 Z= -0.96	U=423.5 P=0.75 Z= -0.30	U=1718.0 P=0.09 Z= -1.67	U=1227.0 P=0.88 Z= -0.14
Trusting relationship	r= 0.12 p=0.15	r= -0.07 p=0.44	U=1647.0 P=0.03 Z= -2.11	U=1189.0 P=0.68 Z= -0.40	X ² =1.68 p= 0.43 df=2	X ² =7.00 p= 0.03 df=2	U=210.5 P= 0.57 Z= -0.56	U=360.5 P= 0.30 Z= -1.02	U=1813.0 P= 0.22 Z= -1.21	U=1189.5 P= 0.68 Z= -0.40
Monitors and follows through	r= -0.07 p=0.38	r= 0.02 p= 0.78	U=1520.0 P= 0.00 Z= -2.71	U=1096.0 P= 0.29 Z= -1.05	X ² =2.91 p=0.23 df=2	X ² =3.41 p= 0.18 df=2	U=191.0 P=0.41 Z= -0.82	U=402.5 P= 0.58 Z= -0.54	U=1508.0 P=0.00 Z= -2.65	U=1216.0 P=0.82 Z= -0.22
Total of the six dimensions	r= 0.10 p=0.22	r= -0.07 p= 0.48	U=1619.5 P= 0.02 Z= -2.24	U=1208.0 P= 0.78 Z= -0.27	X ² =2.89 p=0.23 df=2	X ² =4.06 p= 0.13 df=2	U=219.0 P=0.65 Z= -0.44	U=395.5 P= 0.53 Z= -0.62	U=1684.5 P=0.06 Z= -1.82	U=1208.0 P= 0.78 Z= -0.27

students.^{7,17,18} Also, the fourth-year students gave higher mean values than did the first-year students to a large number of dimensions (of course, without statistical significant difference). This indicates that the fourth-year students, to a greater extent than the first-year students, considered several Care-Q dimensions to be of a very high importance. In general, the both groups of students had enormous expectations from provided cares and indeed, wanted to do their best.

In the present study, the first and fourth-year students considered "monitors and follows through", "being accessible" as most important and "anticipates", "trusting relationship" as least important caring dimensions. In fact, the both groups perceived behaviors determining nurse's competency in professional knowledge and

care surveillance or practical behaviors ("monitors and follows through" and "being accessible") to be more important than psychological skills ("trusting relationship"). This indicates in this study, the first and fourth-year students had large perceptual similarities toward the importance of caring behaviors. In this case, there are some similarities and differences between the findings of current study and others. Our findings are different to some studies in which the caring dimensions of "monitors and follows through"³ and "being accessible"¹⁹ were perceived by students as lower ranks and also, "anticipates"^{13,19} and "trusting relationship"^{20,21} were perceived by them as higher ranks. On the other hand, Our findings are similar to some studies in which "monitors and follows through"

^{13,14,21} was perceived by students as a higher rank and also, "anticipates"^{3,14,21} and "trusting relationship"¹⁴ were perceived by them as lower ranks.

The findings of this study are in contrast with Cohen's theory who proposes nursing students gradually develop the skills and values of the professional role through the educational or socialization process. Indeed, according to Cohen's, only the existence of differences in the perceptions of nurse caring behaviors between the first and fourth-year students would suggest that changes have occurred between them and these changes are as the results of the professional socialization process.³

Moreover, these findings differ from studies in which demonstrated the first and fourth-year students had significantly different perceptions about what constitutes nurse caring behaviors.^{3,12,19} Of course, only in one similar study, students nearing the end of their first-year of nursing had similar perceptions to fourth-year students²⁰ which is consistent with the findings of the present study.

It should be mentioned that studies of nursing students' perceptions about care and caring have been examined to a more limited extent¹⁹, however unlike this, there are many studies which have focused on nurses' or patients' perceptions of what is important in making patients feel cared for.¹¹ when we compared the findings of the present study with these studies, interestingly similarities between the first and fourth-year students and the mentioned patients in these studies are evident. The patients in these studies like the students in this study reported that caring action or instrumental domain is more highly important than psychosocial or expressive domain.^{10,22-26}

The fact that the first and fourth-year students identified the technical behaviors that are usually seen as important to patients seems to suggest that perhaps these students do share some similar

perceptions with their patients. Also it is possible that in our study, nursing educators in the teaching-learning process had more asserted on only this dimension of caring and so, these students from role-modeling did learn about caring. So, in the present study, the perception of students may be likely affected by these issues. On the other hand, the students' values and perceptions in our study seem to correspond to Maslow's hierarchy of needs which physiological needs were ranked more highly than psychological needs.³

The differences in ranking the caring dimensions with similar studies, are also a confirmation for Leininger's statement that caring processes, patterns and behaviors can culturally be identified differently so that eventually lead healthcare professionals' decision makings and performances.²⁷

This study also, did show significantly a higher ranking of the importance "explain and facilitates" by the fourth-year students than by the first-year students. A large number of studies clearly show the importance of the fact that caregivers should have advanced knowledge of how to give detailed explanations to patients and to plan the required professional activities.

Conclusion

The present study indicates that the first and fourth-year students did have significantly perceptual similarities toward the importance of nursing care behaviors. In other words, there were no perceptual changes between the first and fourth-year students toward caring as results of the professional socialization process. These findings are surprising, because the expectation was that students' perception toward caring would expand in the course of nursing education, and so these may

suggest that nursing education, the largest element in the process of professional socialization was not successful in producing intended changes in nursing students' perceptions. The both group of students perceived highly physical or technical aspect of caring. However, for delivering of holistic care, nursing students must value affective/emotional aspect of caring, too. Furthermore, the fourth-year students only perceived the caring dimension of "explain and facilitates" significantly higher than the first-year students. This finding can be strength for our study and so should be more reinforced by nursing educators for appropriate and correct application of this caring dimension.

The information obtained from the nursing students' perception of care and caring behaviors will help to enhance the knowledge and understanding of the phenomenon of caring in the educational settings. Moreover, these information can be used by nursing educators to teach caring behaviors a significant part of their curricula, because caring outcomes in practice, research and theory are related to the teaching of a caring ideology.

The findings of the present study need to be considered in light of several methodological limitations. In this study, a convenience sampling was used for nursing students of Tabriz & Urmia faculties of nursing; therefore the findings may not be generable to other faculties. So, further exploration in different educational settings is needed in order to understand culture-based specificities of students about

caring in nursing. This cross-sectional study was done in a time period in 2012. However, to exactly explore the professional socialization process of nursing students, it is better to conduct a reduplicative and longitudinal study at the beginning of each year and at the completion of the program. In doing so, gradual changes could be realistically detected and examined.

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Ethical issues

None to be declared.

Conflict of interest

The authors declare no conflict of interest in this study.

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