

## Factors Associated with Caring Abilities Among Nurses Working at El-Shatby Maternity University Hospital.

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**Abstract:** A descriptive exploratory research design was conducted at all departments of El-shatby Maternity University Hospital. A convenience sample of 280 nurses who are providing care in previously mention settings was recruited. Data was collected through the five tools: Tool (1): socio-demographic and academic characteristic. Tool (2): Norbeck social support questionnaire (NSSQ). Tool (3): A short version of Cohen perceived stress scale (PSS-10). Tool (4): Work - Related Factors questionnaire. Tool (5): Modified Version of Caring Ability Inventory (CAI). The study reveled an adverse statistically significant relation between nurses' caring ability and present of family problems ( $p = 0.027$ ). Where only 18.3% of those with family problems had high caring abilities. The same picture is observed in relation to social support level ( $p = < 0.0001$ ). Where 43.4% of those with high level of caring abilities have high level of social support. There was also a statistically significant difference between caring abilities and perceived stress level ( $p = 0.001$ ). That is to say more than three quarters (77.8%) of the nurses who had low level of caring abilities had expressed high level of stress. Again, a statistically significantly relationship is observed between nurses' caring abilities and their physical environment ( $p=0.001$ ). Where, 69.4% of the nurses who had low level of caring abilities did perceive their physical work environment as negative. As much as 63.9% of nurses who had low level of caring abilities had a high work load. The relationship between work load and caring abilities is statistically significant ( $p = 0.038$ ). The study reflected that, many factors are associated with nursing caring abilities. Accordingly, it revealed the need for same strategy and plan to modify or improve quality of care through enhancing nurses' caring abilities.

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### 1. Introduction

Caring and nursing have always been thought of synonymously. Caring is essence of nursing and the central, dominant, and unifying focus in nursing. It is a universal value that directs nursing practice. Caring is the soul of nursing and what the clients really want and need from nurses. It represents a fundamental component of the nursing profession. Accordingly, the deep understanding of caring and the way it is expressed definitely help nurses to provide high quality services.<sup>(1)</sup>

Caring and its associated values-abilities and attitudes- are considered as major competent of professional nursing education. The term caring has multiple meaning. It refers to actions and activities directed toward assisting, supporting or enabling another individual or group with evident or anticipated needs to improve a human condition or life way, even face death. It has can impact upon a person's life processes, well-being and functioning.<sup>(2)</sup>

Nurses are concerned with the patient as a whole and declare caring for the totality of an individual as one of the essential concepts to nursing. Thus the holistic view of a person makes caring a unique concept of nursing and distinguishes nursing from other disciplines. There are several things a

beginning nurses could do to develop their caring abilities. These involve strengthening capacities in each of the area of knowing, courage, patience and increasing the ability to integrate them.<sup>(3)</sup>

**Firstly**, knowing ability refers to the knowledge of what it is like to be ill. Nurses may learn about this from listening to the experiences of their patients.

It could also be learned through artistic depiction of those experiences in literary works, artwork and movies.<sup>(4)</sup> **Secondly**, courage ability for not only conveying the facts but, also the context and meaning of the experience. Performance of nursing care offers a way for nurses to gain maturity, understanding of human and depth of compassion for other. Another rout for increasing ones courage ability is the use of professional models who demonstrate caring and avoidance those who do not car. **Thirdly**, patience ability refers to the specific skills necessary to care for patient's. Patients –especially women- need nurses who could sustain them emotionally as well as physically and assist them to regain their own confidence and independence.<sup>(6)</sup>

Caring abilities are challenged and influenced by many factors such as: personal character, social character (social support) psychological character

(perceived stress) and work related factors (physical environment and work load).<sup>(6)</sup>

Personal character refer to nurses' knowledge, qualification and experience, as well as human factors such as: age, marital status, family problem. Such characters can act as a barriers that limit nurses ability to provide all aspect of the nursing care for patients.<sup>(7)</sup>

Social support is an important aspect of human experience that is particularly essential for achieving a high level of individual function and life satisfaction. Generally speaking, social support is known to be the greatest and most powerful force that facilitates successful coping.<sup>(8)</sup>

In general, social support is seen as a moderator that enhances nurses ability to cope with their work stress or alleviates its impact. Consequently, strong social support in nurses' life may improves their caring ability . This is based on the notion that the one who is cared for – able to care for others<sup>(9)</sup>

Stress is one of the most significant risks nurses are oftenly exposed to in their work environment. It refers to any environmental, organizational and individual or internal demands, which require the individual to readjust his/her usual behavior pattern. Stimuli or situations that can result in the experience of stress are called stressors.<sup>(10)</sup>

Generally speaking, stress can be defined as the harmful physical and emotional responses that occur when the requirements do not match the capabilities, resources, or needs of the nurses. It can lead to poor health and even injury. It is a condition where job related factors interact with the staff nurses to change their physiological or psychological condition.<sup>(11)</sup>

The work related environmental factors are essential for organizations to continue to attract and retain nurses and it directly affects the nurse-patient relationship and may impact the health outcomes. They act as comprehensive construct includes an individual's job related well-being and the extent to which work experiences are rewarding fulfilling and devoid of stress and other negative personal consequence.<sup>(12)</sup>

All organizations has identified the work environment as one of the major element contributing caring abilities. It is defined as "A system that support nurses control over the delivery of nursing care in an, environment that allow them to practice in their full potial". In general, work related environment is described into dimensions: physical work and work load. Physical work environment is defined as a perception of the environment, particularly the noise, work-place, and availability of equipment and supplies.<sup>(13,14.)</sup>

Nursing work load refers to nurses' perceptions of the amount of work they do in a specified time period. It is a major characteristic of the work

environment. It is also one of the most important job stressors among nurses. It may have negative consequences for nurses by threatening their physical safety and lowering caring abilities. Such work load may be physical, cognitive and emotional.<sup>(15)</sup>

Physical work load almost results find their work physically strenuous as a result of moving, lifting use of default non function equipment or distort locations in the hospital. Cognitive workload refers to the level of mental effort nurses are exerting on a task as they need to process information to take a quick decision making. Emotional work load is particularly prevalent in inpatient units because of patient acuity, severity of illness. In addition nurses are obligated to deal with patients and their families which may expose them to verbal and physical assault.<sup>(16)</sup>

#### **Aim of the study**

The study aimed to assess of the Factors associated with caring abilities among nurse's working at El-shateby maternity university hospital.

#### **Research question:**

What are the factors associated with caring abilities among the nurses working at El-shateby maternity university hospital

#### **2- Materials and Method**

##### **Research design**

A descriptive exploratory research design was followed.

##### **Setting**

The study was conduct at all departments of El-Shatby maternity university hospital in Alexandria, including: Intensive care unite (1), Eclamptic care unite(1), Labor and delivery unit (1), post partum unit (1), out- patient clinics (3), In- patient unites (9). Recovery room (1)

##### **Subjects**

A convenience sample of the all available nurses who are providing care in previously mention settings are involved. ( N = 280 ) can constituted the study sample.

Data was collected through the following tools:

##### **Tool (1) : Basic data questionnaire:**

It includes socio- demographic and academic characteristics, such as: age, marital status, level of education, position, years of experience and working shift.

##### **Tool (2) : Norbeck social support questionnaire ( NSSQ):**

An adapted version of **Norbeck, Lindsey & Camieil** ( 1983) tool. This tool was used to measure the multiple component of social support including: **function properties** and **structural component** of social support.

##### **Part one: function properties of social support.**

This part consists of six questions to assess the three different aspects of function properties of social

support. Namely, affective, affirmation and physical aid

**Part two: structural component of social support. : Work load scale:**

This part reflects the stability and availability of the social network. It contains 9 items. Each item is rated on likert scale separately ranged from 1 – 5. The total scores range from 9 to 45 each subjects response was classified as follow: Low social support ( <21) - Moderate social support ( 21- < 33) – High social support (≥ 33)

**Tool (3) : A short version of Cohen perceived stress scale (PSS-10)**

This tool is used to measure stress among different population groups. The 10 items in the scale inquire about feelings and thoughts of unpredictable uncontrolled and stressful situation. Each item is rated on a three point likert- type scale ranging from 1-3. For each statement one of three alternative choices are to be elicited: - (1) Never,(2) Sometime , (3) Almost. The total scores range from 10-30 each subject response was classified as follow:- Low stress level (<16)- Moderate stress level (16 - < 26) – High stress level (≥ 26)

**Tool (4): Work Factors questionnaire:**

This tool was developed by researcher based on the relevant literature to assess the work related factors can be affect caring abilities. This tool is divided into two parts:-

**Part I: Physical environment scale:**

Consists of 10 items to assess the physical environment factors at work place such as: enough light, noisy place, over crowding and shortage in supply and equipment. Each item is rated on a three point likert- type scale ranging from 10-30.

For each statement one of three alternative choices are to be elicited:- (1) Never,(2) Sometime , (3) Almost. The total scores range from 10-30.

This score was reflecting a corresponding sanitary physical work environment as follows:- Negative work environment ( <16) – Neutral work environment (16 - < 26) – Positive work environment (≥ 26)

**Part II: Work load scale:**

This tool consists of 10 statements to measure the nurses' work load. Each item is rated on a three point likert- type scale ranging from 10-30. For each statement one of three alternative choices are to be elicited:- (1) Never,(2) Sometime , (3) Almost. The total scores range from 10-30. This score was reflecting a corresponding work load as follows:- Low work load ( <16) – Moderate work load (16 - < 26) - High work load (≥ 26)

**Tool ( II): Modified Version of Caring Ability Inventory ( CAI)**

This tool developed by **Nkongho** (1990) to measure nurses caring abilities related to:- Knowing, Courage and Patience involved in patient care. The CAI comprises 30 statements under three main groups of questions: *Knowing* ability (10 statements), for *courage* ability (10 statements) and *patience* ability ( 10 statements). For each statement one of three alternative choices are to be elicited. (1) Disagree, (2) sometime to (3) Agree. The total scores range from 30 to 90. Statistically, this score was correspond degree of Caring Ability as the following:- Low Caring Ability (< 50)- Moderate Caring Ability (50- 70)- High Caring Ability (≥ 70)

**Methods**

- 1- Tools validity was tested through a jury of 5 experts in the field.
- 2- Tools reliability was tested through test-retest technique.
- 3- A pilot study will carried out.
- 4- Tool (1), (2), (3), (4) and (5) will distributed on nurses available in the previous mention sitting. The subject will asked to answer the question and rate their feeling and thought about each statement.
- 5- **Ethical considerations:** For each recruited subject the following issues were considering: Purpose of the study was explained and securing subject inform ed consent for participation in the study. Those who agreed to participate in the study were assumed about confidentiality, privacy and either right to withdraw from the study at any time.
- 6- After completion of data collection, appropriate statistical methods and analysis will be used.

**Statistical analysis:**

The collected data was categorized, coded computerized, tabulated and analyzed using SPSS/ version 16. Chi square test was used to demonstrate the correlation between family problems, stress and social; levels, work related factors of the study subjects' and their caring abilities levels. The level of significant selected for this study was P equal to or less than 0.05

**3- Results**

**According to table (1)** Almost two- fifths (39.3%) of the nurses were in their thirties. Few (0.7% & 9.2%) were either teen- agrees or over fifty years old, respectively. As much as 67.1% were diploma holders. Only 20.0% of them were university graduate. The majority (70.3%) of them were married. More than one- fourth (28.9%) of them were childless, while 39.6% of them have 2 or 3 children. Only 30.0% of them were living within extended families. Almost two- thirds (66.4%) of them did believe that their income is not enough. The majority (80.4%) of them had no family problems.

**Table (1): Number and percent distribution of the studied nurses according to their Personal characteristics.**

Personal characteristics	Studied nurses (n=280)	
	No.	%
Age (years)		
<20 year	2	0.7
20-	85	30.4
30-	110	39.3
40-	57	20.4
≥50 year	26	9.2
Min-Max	19-56	
Mean±SD	34.8±9.7	
Educational level		
Diploma	188	67.1
Associated degree	35	12.5
Bachelor	56	20.0
Master	1	0.4
Marital status		
Single	57	20.4
Married	197	70.3
Divorced	21	7.5
Widow	5	1.8
Number of children		
No children	81	28.9
1 child	34	12.1
2-3	111	39.6
> 3	54	19.4
Type of family		
Nuclear	196	70.0
Extended	84	30.0
Income		
Enough	82	29.3
Not enough	182	66.4
Enough and more	12	4.3
Presence of family problems		
Yes	55	19.6
No	225	80.4
Sources of problems (n=55)		
Husband	32	58.2
Children	1	1.8
Multiple source*	22	40.0

\*Financial and in-laws sources

**Table (2)** shows that about three- fourths (73.2%) of the study subjects were bed side nurses. As much as 65.4% off them had more than 10 years experiences in their jobs. Regarding their area of specialty, half (50.0%) of them were working at in – patient departments. Again more than one- half (50.7%) of them were working 8-12 hours daily. Where 55.0% were working morning shifts and 44.6% were working rotating shifts.

**Table (2): Number and percent distribution of the studied nurses according to their occupational characteristics.**

Occupational characteristics	Studied nurses (n=280)	
	No.	%
<b>Occupational position</b>		
Head nurse	51	18.2
Bed side nurse	205	73.2
Hospital aid	24	8.6
<b>Experience in nursing (years)</b>		
<1 year	47	16.8
1-	25	8.9
5-	25	8.9
≥10 year	183	65.4
<b>Specialty</b>		
ICU	27	9.6
Eclampsia department	14	5.0
Labor department	40	14.3
Postnatal department	16	5.7
Outpatient clinic	17	6.1
Inpatient department	140	50.0
Recovery unit	26	9.3
<b>Experience in the specialty</b>		
<1 year	87	31.1
1-	39	13.9
5-	29	10.4
≥10 year	125	44.6
<b>Duration of working hours</b>		
< 8 hours	133	47.5
8-12	142	50.7
>12 hours	5	1.8
<b>Type of shift</b>		
Morning	154	55.0
Evening	1	0.4
Rotating	125	44.6

**Table (3)** exhibits that, slightly more than two fifths (40.4%) of the nurses had a low level of social support, unlike 34.6% of them who had a high social support level. As much as 48.6% of the nurses had revealed a high stress level. While only 14.3% of them had expressed a low stress level.

**Table (3):** Number and percent distribution of the studied nurses according to their perceived social support and stress levels.

Social support level and perceived stress level	Studied nurses (n=280)	
	No.	%
<b>Social support level</b>		
Low	113	40.4
Moderate	70	25.0
High	97	34.6
<b>Perceived stress level</b>		
Mild	40	14.3
Moderate	104	37.1
High	136	48.6

**Table (4)** illustrates that, about one-half (48.6%) of the nurses had perceived their physical work environment as neutral. As much as 39.3% of them had perceived it as negative. Almost an equal percents (42.1% & 43.6%) of them did say that their work load is either moderate or high, respectively

**Table (4): Number and percent distribution of the studied nurses according to their work-related factors.**

Work factors scales	Studied nurses (n=280)	
	No.	%
<b>Physical environment scale</b>		
Negative	110	39.3
Neutral	136	48.6
Positive	34	12.1
<b>Work load scale</b>		
Low	40	14.3
Moderate	118	42.1
High	122	43.6

Table (5) reveals that, an almost equal proportions (41.4% & 37.5%) of nurses have either a moderate or high knowing ability. While 60.0% of them have moderate courage ability, compared to only 25.7% who have a high ability in this respect. As much as 65.0% of them have high patience ability. Generally speaking, the nurse's total caring ability was either moderate or high among 46.1% & 41.1% of them, respectively. While only 12.8 of them had a lower caring ability.

According to table (6), there is a statistically significant relation between nurses' caring ability and present of family problems ( $p = 0.027$ ). Where only 18.3% of those with family problems had high caring abilities compared to as much as 81.7% of those with no family problems. The same picture is observed in relation to social support level ( $p < 0.0001$ ). Where 43.4% of those with high level of caring abilities have high level of social support compared to only 27.0% of those with low social support. The same table shows a statistically significant difference between

caring abilities and perceived stress level ( $p = 0.001$ ). That is to say more than three quarters (77.8%) of the nurses who had low level of caring abilities had expressed high level of stress.

**Table (5): Number and percent distribution of the studied nurses according to their Caring Ability levels**

Caring ability levels	Studied nurses (n=280)	
	No.	%
<b>Knowing ability</b>		
Low	59	21.1
Moderate	116	41.4
High	105	37.5
<b>Courage ability</b>		
Low	42	15.0
Moderate	168	60.0
High	70	25.0
<b>Patience</b>		
Low	26	9.3
Moderate	72	25.7
High	182	65.0
<b>Total caring ability score</b>		
Low	36	12.8
Moderate	129	46.1
High	115	41.1

Again, a statistically significantly relationship is observed between nurses' caring abilities and their physical environment ( $p = 0.001$ ). Where, 69.4% of the nurses who had low level of caring abilities did perceive their physical work environment as negative. As much as 63.9% of nurses who had low level of caring abilities had a high work load. The relationship here statistically between work load and caring abilities is statistically significant ( $p = 0.038$ ).

**Table (6): Association between nurses' total caring ability levels and different characteristics.**

Variables	Caring ability inventory scale						Significance
	Low (n=36)		Moderate (n=129)		High (n=115)		
	No.	%	No.	%	No.	%	
<b>Presence of family problems</b>							
Yes	13	36.1	21	16.3	21	18.3	$X^2=7.249$ $P=0.027^*$
No	23	63.9	108	83.7	94	81.7	
<b>Social support levels</b>							
Low	25	69.4	57	44.2	31	27.0	$X^2=24.558$ $P<0.0001^*$
Moderate	8	22.3	28	21.7	34	29.6	
High	3	8.3	44	34.1	50	43.4	
<b>Perceived stress levels</b>							
Mild	1	2.8	16	12.4	23	20.0	$X^2=17.842$ $P=0.001^*$
Moderate	7	19.4	51	39.5	46	40.0	
High	28	77.8	62	48.1	46	40.0	
<b>Physical environment</b>							
Negative	25	69.4	47	36.5	38	33.0	$MC P=0.001^*$
Neutral	11	30.6	67	51.9	58	50.4	
Positive	0	0.0	15	11.6	19	16.6	
<b>Work load</b>							
Low	3	8.3	15	11.6	22	19.2	$X^2=10.177$ $P=0.038^*$
Moderate	10	27.8	57	44.2	51	44.3	
High	23	63.9	57	44.2	42	36.5	

$X^2$ : Chi-Square test

$MC P$ : Monte Carlo test

\*significant at  $P \leq 0.05$

#### 4- Discussion

With the start of the new millennium, many health care organizations are engaging in serious and promising health reforms for quality of care. This is triggered by the intensity of international competition, increasing consumer demands and expectations for quality services. Therefore, the result has been increased awareness of the importance of the concept of care givers' caring abilities as one dimension of quality.<sup>(17)</sup>

This study explored the factors associated with nurses' caring abilities. Namely, social support, stress, environmental factors and work load. It revealed that, more than two fifths of the study subjects had a low level of social support. Such great narrowing and shortage of social support among the study subjects can be attributed to their lengthy duration of working hours beside their preoccupation with the fulfillment of their families needs leaves no time to commence in social life. Where as they- as females – have a Variety of responsibilities, she may be a wife who is responsible for caring of her husband ,children and home. She may be also a daughter responsible for her parents. Beside that, she has an important role in providing financial support for the family. Such circumstances limit her social network and render her in the position of the support provider rather than the receiver<sup>(8)</sup>.

One half of the nurses had revealed a high stress level. Stressful feeling is expected to be due to may factors in work place such as: work load, poor team work and negative physical environment. This finding is in agreement with that reported by (*Payne, 2000*), who stated that nurses with higher qualification are better prepared for the nursing work and less stress experience.<sup>(18)</sup>

Nurses still face considerable challenges and stressors related to its image. In the light of this, *Khai et al. (2008)* had clarified that low caring abilities results from poor public image of nursing as people think of registered nurses as assistants to the physicians. In addition, their salary is usually not compatible with labor market conditions specially in the Egyptian community.<sup>(4)</sup>

Environment is considered another influential dimension on nurse's caring abilities. The results of the present study revealed that, more that one third of the nurses had perceived their physical work environment as negative. Such perception was attributed to lack of light, air conditions, fans and warmers to adjust room temperature. Irregular patients visiting time was also perceived as a barrier for adequate caring abilities. Physiological needs that

are required to sustain life such as air, water, food, comfort.<sup>(20)</sup>

The study revealed that nurse's total caring ability was either moderate or high. This result may be due to the fact that most of the nurses had more than 10 years experience in their jobs in general and in there specialty particularly. Such long experience in the clinical area is expected to increase nurses coping and caring abilities. This result is congruent with; *Benner's (2004)* findings. He reported that, caring ability of nurses develops and grows according to the maturity in experience. Older age nurses and highly experienced nurses work under more comfort, less stressful environment and this increases the opportunity for high caring belittles..<sup>(21)</sup>

The present study reveals that almost equal proportions of nurses have either a moderate or high knowing or courage abilities. This result could be due to the fact that, working in this areas gives nurses the opportunities to deal with different patients with different diagnoses and treatment approaches. The junior nurses learn from the senior one, who plays as a role model which in turn results in increasing their knowledge and skills and become confident from them selves.

The present study revealed that as much as 65.0% of the nurses have high patience of ability. This result may be interpreted by the fact that these nurses deal with female patients. Accordingly, they deal with them as a daughters, sisters or mothers with caring abilities. This result go in same line with, those *Blood et al. (2002)* who clarified that nurses' patience increases with age and work experience. However this could be developed better through communication with patient in an effective manner to understand what is really needed by patients.<sup>(22)</sup>

Most of the nurses – in the study- who have high level of caring abilities had no family problems, especially in relation to their children's' attendance at nursery schools during morning shifts. Accordingly they feel safe about their children and this is definitely reflected on their caring abilities. Nurses reported that the rotating schedule (morning, evening and night) do not affect their life and a day- off helps them to balance between their work and household responsibility.<sup>(23)</sup>

In relation to social support, this study revealed a statistically significant difference between nurses's caring abilities and the level of their social support. Where more than two thirds of the nurses with low levels of caring abilities have low level of social support. Social support has not been studied directly; however, evidence of the effectiveness of support groups for nurses suggests that social support may be effective in improving job performance including caring abilities. This results go on the line with *Monan (2004)* who stated that low social

support causes high level of stress and low caring abilities to patients.<sup>(24)</sup>

The present study revealed a statistically significant difference between nurses' caring abilities and their stress levels. Where more than two quarters of the nurses who had low level of caring abilities did express a high stress level. Many researchers found that low caring performance and abilities are consistently linked to high levels of stress. Maternity care units are recognized as stressful areas for nursing staff related to multiple causes including fear of making mistakes affecting women and her baby life. High workloads and task over load, interpersonal and inter group conflict, lack of support from administration, time pressure, excessive noise or wander quiet, sudden swings from intense to mundane tasks, un pleasant sights and sounds and standing for long hours<sup>(25)</sup>.

The study also revealed an association between caring abilities and physical work environment. Where more than two thirds of the nurses who have a low level of caring abilities perceived their work environment negatively. This results is on line with *(Marmot and Wikinson, 2000)* results. They found out that work environment without distracting and un pleasant working conditions, that prevents un necessarily taxing bodily postures and movement to enhances nurses' caring abilities. According to *Burk (2003)* negative work environment has a strong link with low motivation to develop new skills and abilities.<sup>(26)</sup>

Again the present revealed a statistically significant difference in caring

abilities among nurses with different work loads. Where less than two thirds of the nurses who have low caring abilities did perceive their work load as high. This result is on line with *Khais (2008)* results. He conducted a study about Quality work care, staffing issues and increase work load are the leading factors for increased nurses' job dissatisfaction and caring abilities.<sup>(27)</sup> This results are on line with *Al-Hussani(2008)* results. He reported that many variables are most strongly associated with caring abilities. Namely, socio-demographic character, stress level, social support and work-related factors as physical environment and work load. Such variables that can impact on patient safety, staff morale, productivity and caring ability of the nurses.<sup>(28)</sup>

## 5- Conclusion

Inspite of fact that caring is a core value in nursing practice, nurses caring abilities (knowing, courage and patience). In this study was not satisfactory .It was proportionally associated with the

presence of family problems, social support as well as work related factors.

## 6- Recommendations

Caring abilities concepts should be incorporated into all nursing educational curriculum to enable graduated nurses to provide care in more effective and professional manner.

- It will be useful to investigate factors that affecting caring abilities of nurses by administrator personnel to understand the barriers contributing to lack of caring and manage it.

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