

**ENHANCING CARING OF NURSING STUDENTS, SOUTHERN COLLEGES-NET
UNDER THE JURISDICTION OF THE MINISTRY OF PUBLIC HEALTH**



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**A Dissertation Submitted in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy Program in Research for Health Development
(Interdisciplinary Program)**

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การสร้างเสริมการดูแลเอาใจอาทรของนักศึกษาพยาบาล
วิทยาลัยพยาบาลเครือข่ายภาคใต้ สังกัดกระทรวงสาธารณสุข

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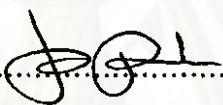
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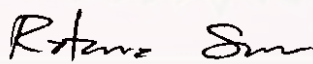
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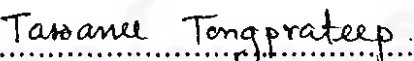
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การวิจัยครั้งนี้มีวัตถุประสงค์ เพื่อศึกษาแนวโน้มของการสร้างเสริมการดูแลเอื้ออาทรของนักศึกษาพยาบาล
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สำหรับการสร้างเสริมการดูแลเอื้ออาทรของนักศึกษาพยาบาล วิทยาลัยพยาบาลเครือข่ายภาคใต้ สังกัดกระทรวง
สาธารณสุข เพื่อเป็นข้อมูลประกอบการกำหนดนโยบาย และการวางแผนจัดการศึกษาพยาบาลให้เหมาะสมกับ
สภาพการเปลี่ยนแปลงที่จะเกิดขึ้น เก็บรวบรวมข้อมูลโดยใช้เทคนิคการวิจัยแบบ Ethnographic Delphi Futures
Research กลุ่มตัวอย่าง ได้แก่ 1) บุคคลที่มีส่วนเกี่ยวข้องกับการสร้างเสริมการดูแลเอื้ออาทรของนักศึกษาพยาบาล
(นักศึกษาพยาบาล อาจารย์พยาบาล พยาบาลวิชาชีพ และผู้บริหารการพยาบาล) และ 2) ผู้เชี่ยวชาญ (ด้านนโยบาย
และแผน ด้านหลักสูตรพยาบาลศาสตร์ และด้านการศึกษาพยาบาล) ผลการวิจัยพบว่า แนวโน้มของการสร้างเสริม
การดูแลเอื้ออาทรของนักศึกษาพยาบาล ควรเน้นความสำคัญของความรู้รอบด้าน ปัจจัยต่างๆ ที่มีอิทธิพลต่อ
พฤติกรรมดูแลเอื้ออาทร และคุณลักษณะบัณฑิตสาขาพยาบาลศาสตร์ที่พึงประสงค์ ดังข้อสรุปต่อไปนี้

1. แนวโน้มของปัจจัยแวดล้อมที่กระทบต่อวิชาชีพการพยาบาลและการศึกษาพยาบาล ได้แก่ สภาพ
สังคมที่มีการเปลี่ยนแปลงอย่างรวดเร็วและมีการแข่งขันสูง ส่งผลให้ประชาชนมีความต้องการบริการการพยาบาล
ที่มีคุณภาพมากกว่าที่ผ่านมา ประชาชนรับรู้การมีสิทธิประโยชน์ในการดูแลสุขภาพ มีการพิทักษ์สิทธิของตนเอง
มากขึ้น พยาบาลต้องมีความรู้รอบด้านโดยเฉพาะความทันต่อเหตุการณ์ต่างๆ ในสังคม
2. แนวโน้มของปัจจัยสำคัญที่มีอิทธิพลต่อพฤติกรรมดูแลเอื้ออาทร ได้แก่ พฤติกรรมการดูแล
เอื้ออาทรเกิดขึ้นได้จากกรอบมั่งคั่งสอนโดยตรงและจากการสังเกตพฤติกรรมของผู้อื่น การปลูกฝังคุณธรรม
จริยธรรมอย่างต่อเนื่องและสม่ำเสมอตั้งแต่เป็นนักศึกษาพยาบาล กำหนดให้การดูแลเอื้ออาทรเป็นนโยบายหลัก
ของบริการการพยาบาล และมีความรู้ที่ภาคภูมิใจในการประกอบวิชาชีพการพยาบาล
3. แนวโน้มของคุณลักษณะบัณฑิตสาขาพยาบาลศาสตร์ ได้แก่ มีความรู้และทักษะเชิงวิชาชีพ เคารพ
คุณค่า ศักดิ์ศรีและความเป็นปัจเจกทั้งของตนเองและผู้อื่น ปฏิบัติการพยาบาลแบบองค์รวมโดยบูรณาการศาสตร์
ทางการพยาบาลและศาสตร์อื่นที่เกี่ยวข้องได้
4. แนวโน้มของการสร้างเสริมการดูแลเอื้ออาทรของนักศึกษาพยาบาล ได้แก่ มีกิจกรรมเสริมหลักสูตร
ที่ผสมผสานการดูแลเอื้ออาทรในการดำเนินชีวิตประจำวัน อาจารย์เป็นแบบอย่างที่ดีมีความเอื้ออาทรต่อนักศึกษา
ทั้งในการเรียนการสอนในห้องเรียนและในคลินิก ยกย่องเชิดชูนักศึกษาที่มีพฤติกรรมดูแลเอื้ออาทรอย่าง
สม่ำเสมอ และเคารพคุณค่า ศักดิ์ศรีความเป็นมนุษย์อย่างเท่าเทียมกัน

สาขาวิชาวิจัยเพื่อการพัฒนาสุขภาพ

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ลายมือชื่อนิติคุณ..... *Dr. Rangana Samrothong*

ลายมือชื่อ อ.ที่ปรึกษาวิทยานิพนธ์หลัก..... *Rangana Samrothong*

ลายมือชื่อ อ.ที่ปรึกษาวิทยานิพนธ์ร่วม..... *Dr. Sirinuch Sasthaiy*

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SRISUKAN BINTHAPRASITTHI: ENHANCING CARING OF NURSING STUDENTS, SOUTHERN COLLEGES-NET UNDER THE JURISDICTION OF THE MINISTRY OF PUBLIC HEALTH.

THESIS ADVISOR: ASST. PROF. RATANA SOMRONGTHONG, Ph.D., THESIS CO-ADVISOR: ASST. PROF. CAPT. SIRIPHAN SASAT, Ph.D., 159 pp.

The objectives of this study were: 1) to study trend of enhancing caring of nursing students, Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health in the next decade (2009-2018) and 2) to propose futures of enhancing caring of nursing students, Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health for determination the policy and plan of nursing education. The Ethnographic Delphi Futures Research (EDFR) method was used in this study. Samples were 1) the stakeholders group (nursing students, nursing instructors, registered nurses, and clients) and 2) the experts group (expert in nursing education policy, nursing curriculum, and nursing education). The findings revealed that trends of enhancing caring of nursing students should emphasize on well-rounded of knowledge the factors influencing caring behaviors and the qualification of graduate nurses. The details are following:

1. Trend of the affecting factors on nursing profession and nursing education: 1) Owing to the rapidly changing and high-competitive social situation, people require the better quality of health services than in the past, 2) People have a right to be informed on health benefits and they increasingly advocate for themselves, and 3) A nurse has to have well-rounded of knowledge and resources, particularly the updates on any happenings.

2. Trend of the important factors influence to caring behaviors: 1) Caring behaviors can be initiated by direct instruction and observation, 2) The ethic and virtue continuously and regularly should be fostered since they are still the nursing students, and 3) Caring should be provided as the main policy of nursing services, be proud of nursing profession.

3. Trend of the qualification of graduate nurses: 1) Having knowledge and professional skills, 2) Respect the value, dignity and individualism of yourself and others, and 3) Nurses can integrate nursing science and other relevant sciences through holistic nursing performance.

4. Trend of the ways for enhancing caring in nursing students: 1) The subordinate activities should be created which integrates caring in their daily life, 2) Nursing instructors can be the good role models who provide caring to nursing students both in the classrooms and in the clinics, 3) Appreciate the nursing students who conduct the caring behaviors regularly and respect the human dignity and values equally.

Field of Study: Research for Health Development

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 จุฬาลงกรณ์มหาวิทยาลัย

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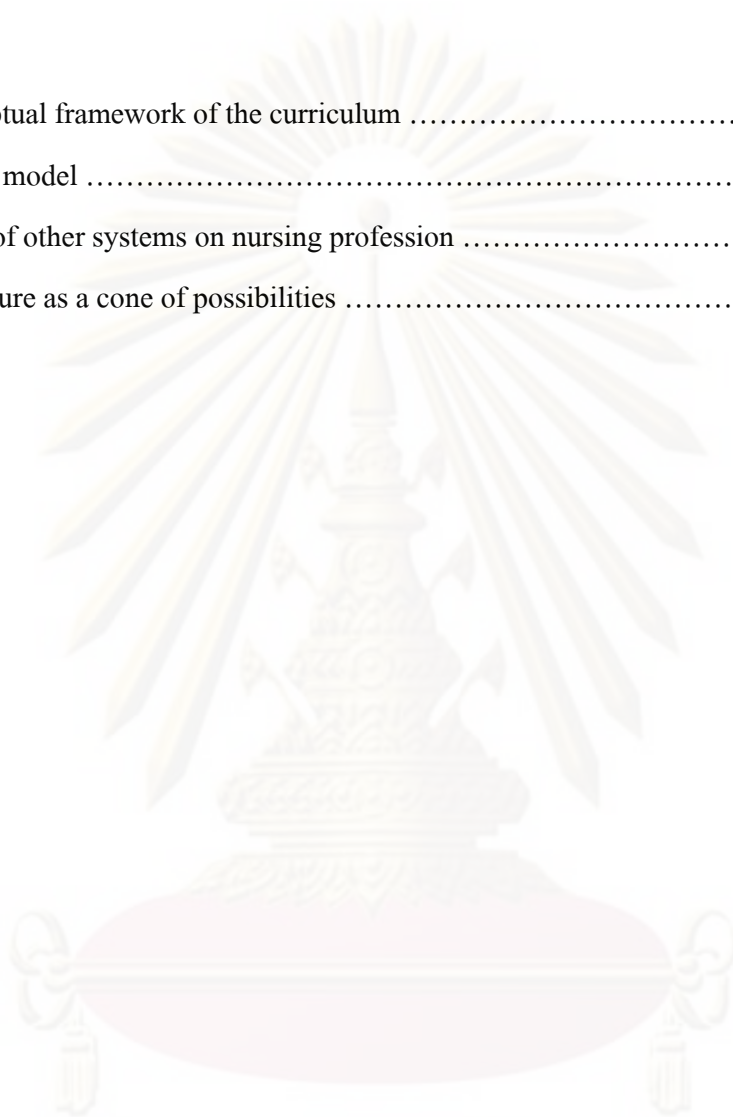
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ศูนย์วิทยทรัพยากร
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LIST OF ABBREVIATIONS

BCN	Boromarajonani College of Nursing
CL.	Client
EFR	Ethnographic Futures Research
EDFR	Ethnographic Delphi Futures Research
NC.	Nursing Curriculum
NE.	Nursing Education
NI.	Nursing Instructor
NS.	Nursing Student
NEP.	Nursing Education Policy
PBRI	Praboromarajanok Institute
RN.	Registered Nurse



ศูนย์วิทยทรัพยากร
จุฬาลงกรณ์มหาวิทยาลัย

CHAPTER I

INTRODUCTION

Background and Significance of the Research Issue

The supreme goal of caring is the development of human mind to be a kind person to others and to all especially, human interrelating, assisting, supporting, and making positive values to individuals, families, and communities that direct to living in peace. Therefore, caring is the necessary requirement for humanity.

Caring is an abstract concept that congruent to specific character and idealistic of nursing profession namely to provide nursing care services to society with art of caring and realize human dignity of individuals. Nurses can express these behaviors to client by verbal, touching, and action. In this regard, caring will occur when nurse and client have interaction called “transpersonal caring” that focuses on feelings of care-giver and care-taker then confide to each other so nurse can response to needs of client. Moreover, nurses have to practice and improve on art of caring at all times in order to work as professional nurses because caring is the most important skills (Payom Eusawas, 1996: 26; Siwalee Sirilai, 2005: 197). For this reason, caring has been acknowledged as a heart of nursing care, included in every activities of nursing practice, initiated with the origin of nursing profession, and continued developing to nursing science up to the present time. Therefore, person who intend to be nurses have to prepare themselves to gain knowledge and nursing practice competencies as the expectation of society that nurses must demonstrate moral, ethics, and professional ethics different from general people.

At present, health care services of Thai society are confronting with suffering between care-taker and care-giver cause by health paradigm has been cover with biomedical that has developed from modern scientific with reductionism view. Holistic of life between body and mind are separated. Illness has no relation to social factors and other contexts so it has not to explain and understand other dimensions apart from biological dimension. For this reason,

today science and technology of health care have been more develop than ever while the dimension of mind and social have been neglected. Some health care personal emphasize on treatment and technology more than the client that conduct to dehumanization. Moreover, philosophy of modern scientific has determined that real all things must be measured and separated. For education of medicine, nursing, or other health science always teach the learner to investigate disorder organ of body. The content of courses usually focus on scientific more than ethics that cause to ethics only include in related course (Komatra Chuengsatiansup, 2004: 4, 47-48, 53; Siwalee Sirilai, 2005: 11-12).

Fromer (1983 cited in Siwalee Sirilai, 2005: 12) has observed when nursing students first came to nursing profession they have realized to care for other and respect to value and dignity of human. The insensitive image and uncaring often appears after they graduate and perform as nurses that may be cause of carry hard workload and do routine work more than realize client's feeling. For this issue, Idchaya Suwankul and Nongnuch Chaosil (1999: 45-60) and Puangrat Boonyanurak (2002: 37) have explained that nursing performances in Thailand have many weak points especially; carry hard workload, do much more routine work than real nursing care, focus on technical equipments more than caring on clients, and unawareness to apply nursing science.

The results of people's suffer from health care services and society expectation on nurses among Thai context by Yothin Sawangdee et al. (2000) found that the clients who came to Out Patient Department explained about nurse's impolite behaviors cause to people's suffer. It often happens to poor client that effect on quality of providing nursing care services. In Patient Department clients explained about uncoverage services of caring since inadequate of nurses and responsible of administrative hard workload. Moreover, there was research results on caring behaviors in Thailand indicated that caring of nurses and clients are very important but perceptions of nurses and clients are difference namely, caring competencies is nurse's perceptions while interpersonal relationship is clients' perceptions as relevant research as follows:

The results of nurse's self report and patient's report on professional nurse caring behaviors by Somkid Channuam (1996) found that average score of caring behaviors of nurse's self report were significantly higher than patient's report at a level of .05. As a study of caring behaviors perceptions of nurses and clients by Idchaya Suwankul and Nongnuch Choasil (1999) found that the score of caring behavior perceptions of clients was lower than nurse's perception. For a study of nursing practices as caring at Ramathibodi Hospital by Yisun Jaidee (1997) found that average score of nursing practices as caring at a moderate level. Additionally, a study of caring: meaning and needs of caring perceptions from nurses' behaviors by Piroon Ratanavanich (2000) found that clients perceptions on nurse's caring behaviors were giving medicine, wound dressing, counseling, supporting, and taking vital signs respectively while clients needs on nurses caring behaviors were assisting, encouraging, and friendly relationship. For unwanted on nurses caring behaviors were loudly speaking, none gently nursing practices, and unresponsive.

The above results on caring indicated that clients had the expectation on nurses' caring behaviors higher than nurses' performance so nurses have to improve their caring behaviors (Somkid Channuam, 1996; Idchaya Suwankul and Nongnuch Choasil, 1999; Piroon Ratanavanich, 2000). According to the summarization of caring seminar "science of caring in nursing: concepts and practices stated that nursing education still lacking in the significant of caring behaviors (Puangrat Boonyanurak, 1993: 30-31). In this regard, nurses also should add caring concept in nursing curriculum for enhancing nurses to understand value of caring and apply to practice caring (Yisun Jaidee, 1997; Piroon Ratanavanich, 2000). Furthermore, the study of synthesis of nursing education indicators stated that caring is the significant indicator of nursing education (Suwanee La-orpaksin, 2003), therefore nursing institutes and nursing instructors must create good learning conditions and demonstrate role model of caring to others. The expectation of nursing students become good nurses will be difficult if there are no role models of caring to practice (Darunee Rujkorakarn, 1998: 189-190).

Nursing colleges under the Jurisdiction of the Ministry of Public Health are the higher education institutes that prepare nurses to health care service system in Thailand for more than

50 years. During this period the curriculum used has been periodically revised by the institutes to be consistent with its Thai context. Currently, the health care service system has been reformed focusing on primary care in order to help people in promoting self-care and self reliance. This has changed a nurse's role from providing services in health care settings to disease prevention and promotion for people in the community. In addition, the National Educational Act B.E. 2542 (1999) emphasizes the student's ability on knowledge linkage and active learning. Therefore, the nursing curriculum was revised to be consistent with current situations where things are constantly changing.

The Ministry of Public Health by Praboromarajchanok Institute has been concerned with the necessity of nursing curriculum revising to be an integrated curriculum in order to balance the content of primary, secondary, and tertiary care. Nowadays, nursing colleges are using the curriculum "Bachelor of Nursing Science Program revised B.E. 2545 (A.D.2002)" based on Watson's "Transpersonal Caring Theory" as a core of curriculum. The purpose of this curriculum development is to integrate curriculum based on the National Education Act B.E. 2542 (1999). The conceptual framework of the curriculum comprises both concepts of nursing and concept of nursing education. The nursing practice including health promotion, illness prevention, care, cure, and rehabilitation is the interaction between nurse and client based on caring under continuing environment changes. The teaching and learning activities are developed through the intellectual process of learning in real situations. The relationships between nursing instructors and nursing students are also based on caring. Therefore, the relationships among nursing instructors, nursing students, and clients are developed through holistic nursing care based on caring (Praboromarajchanok Institute, 2003: 1, 7).

In this regard, caring is alleged as an essential value in both personal and professional lives of nurses and has been recognized as the central and unifying focus of the nursing profession. A full understanding of caring assist nurses to provide the best quality of health care so nurse's caring is directly related to the satisfaction and sense of well-being of client. For this reason, nursing colleges expect to prepare nursing students to be a professional nurse who full of ethics and better caring performance. Therefore, the educational administrators

and the nursing instructors have to examine and develop new knowledge on caring science for searching the ways to enhance and nurture caring behaviors of nursing students. Since the first used of “Bachelor of Nursing Science Program revised B.E. 2545 (A.D.2002)” in the academic year 2546 (2003) to present, there were many nursing education research results on caring as follows:

The results of quasi-experimental research about the development of integrated learning to promote caring behavior model: principle and techniques in nursing course by Jumras Sarakwaun et al. (2005) found that the learning of caring behavior of 41 nursing students, Boromarajonani college of nursing “Pra-Putthabat”, after experiment was significantly higher than before experiment at a level of .05. The caring behavior of nursing practice was significantly higher than before nursing practicum at a level of .01.

As a study of the development of caring model for nursing practices in real situations in a hospital by Monthatip Chaiyasak et al. (2006) found that nurses’ perception and clients’ perception on caring behavior in nursing performance after use caring model were significantly higher than before use caring model at a level of .05. A caring model comprise of three importance parts: 1) the guideline of nursing performance 2) a setting of nursing activities and 3) the guideline of environmental development.

Additionally, a study of a development of the instructional model through integrating Buddhist concepts to nurture caring behaviors in nursing students by Jindamas Kosolchuenvijit (2008) found that caring behaviors in nursing profession comprise of six parts: 1) human relationship 2) compassion 3) respect to human value 4) strategy and service skill 5) working commitment and 6) promote to holistic care. For the findings of the achievement of model stated that the average score of caring behaviors of the experimental group immediately after experiment and one month after experiment were significantly higher than before experiment at a level of .05.

The results as mentioned above were investigated the model of teaching both of in classroom and nursing practicum to enhance caring behaviors in the similar ways but there is also no report about futures study of enhancing caring of nursing students. The researcher selected the technique of Futures Research that called “Ethnographic Delphi Futures Research (EDFR)” as a methodology to study these futures since it reflect the organization demand by goal oriented to answer the question “How do we want to see our futures?” In this regard, the researcher believed that this futures study would be a direction to determine the policy plan of nursing education about enhancing caring of nursing students, Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health.

Research Question

What is the trend of enhancing caring of nursing students, Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health in the next decade?

Research Objectives

1. To study trend of enhancing caring of nursing students, Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health in the next decade (2009-2018).
2. To propose futures of enhancing caring of nursing students, Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health for determination the policy and plan of nursing education.

Scope of the Research

This research was aimed at acheiving trend of enhancing caring of nursing students, Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health in the next decade (2009-2018). The technique of Ethnographic Delphi Futures Research (EDFR) was applied as a methodology to gather the experts’ opinion on trend of enhancing caring of nursing students. Samples of this study were the stakeholders group (nursing students, nursing instructors, registered nurses, and clients) and the experts group (expert in nursing education policy, nursing curriculum, and nursing education).

Assumption

Trend of caring behaviors among nursing students, Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health is the experts' expectation that it should be promoted in the next decade (2009-2018).

Definitions of Terms

Enhancing: Promote and encourage someone to do something.

Caring: Nurses performing at a moment of interaction to client and thinking of individual, value, dignity, and independent to have decision making.

Nursing Student: A person who study in Bachelor of Nursing Science Program of Southern Nursing Colleges under the Jurisdiction of the Ministry of Public Health.

Enhancing Caring of Nursing Student: Acting to foster caring of nursing student

- to pay attention on client and thinking of individual, value, dignity, and independent to have decision making.
- to promote and encourage nursing students' performance of caring behaviors.

Trend: The expectation about the scenarios of enhancing caring of nursing students in the next decade (2009-2018) by the consensus of experts.

Benefits

1. To obtain the overview of enhancing of caring of nursing students, Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health in the next decade.

2. To provide information to determine nursing education policy on preferable futures of enhancing in caring of nursing student, Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health in the next decade.

CHAPTER II

LITERATURE REVIEW

For the research on “Enhancing caring of nursing students, Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health”, the researcher has employed the literature review as follows:

1. Concepts of caring in nursing profession
 - 1.1 The meaning of caring
 - 1.2 Principle of caring
 - 1.3 Transpersonal caring theory
2. Concepts on nursing education management
 - 2.1 The philosophy of nursing curriculum
 - 2.2 The objectives of nursing curriculum
 - 2.3 Bachelor of Nursing Science Program of the Ministry of Public Health
 - 2.4 Changing of surround factors on nursing education
3. Concepts of humanized health care
 - 3.1 Problems of health care services in Thai society
 - 3.2 New imagination concerning health
4. Concepts on the futures research
 - 4.1 The key principles of the Futurology
 - 4.2 The types of scenario
 - 4.3 The definition of futures research
 - 4.4 The purpose of futures research
 - 4.5 The advantages of the futures research
 - 4.6 The methods of futures research
5. Relevant research papers

1. Concepts of Caring in Nursing Profession

Caring is an interpersonal process between the nurse as care-giver and the patient as care-taker. This interpersonal process requires the nurse to both care for and care about the patient. For the feeling of assisting, supporting, and making positive values to individuals, families, and communities to live together with happiness are necessary requirement for the humanity. Since the advance technology has been more developed than ever, the dimension of mind and social have been neglected. Some health care personal focus on treatment and technology more than the client that conduct to dehumanization. However, nursing profession has realized to emphasize on nursing performance to human. Altogether caring concepts are the essential that embed in nursing profession. Therefore, caring should be the first concept that nurses has to understand for strengthening the ways of interpersonal process.

1.1 The Meaning of Caring

Generally, the meaning of caring are use as noun, verb, and adjective. In case of noun means the process of or responsibility for protecting and giving special attention to someone or something; the process of caring for somebody or something and providing what they need or their health or protection. As gerund means to feel that something is important and worth worrying about; to like or love somebody and worry about what happens to them. As adjective means someone who is caring, kindness and gives emotional support to others and a job that involves looking after or helping other people. (Cambridge International Dictionary of English, 1995: 196; Oxford Advanced Learner's Dictionary of Current English, 2006: 213, 215)

For the meaning of caring in nursing, many nursing theorist believed that care or caring is a heart of nursing practice. Nevertheless, the meaning of care or caring by each theorist may differ. Somchit Hanucharunkul (2001: 148) has summarized as follows:

- 1) Caring is the act to respond to the needs of patients or the person under care.

This character is the act on one's body in various activities by an efficient use of tools and techniques.

2) Caring is the feeling, thinking, emotion, and attitude, which nurses sympathize with patients or the person under care. This caring character shows the sympathy and understanding in patients or the person under care as an individual.

3) Caring is the protection for good deeds and the guarding against all hazards which may happen in patients or the person under care.

Care or caring will be completed when all these three qualifications take place. They may occur simultaneously. For instance, to give an injection, it is the act onto one's body which a nurse has to do so in an efficient and gentle manner. At the same time, nurse needs to accept the fear of the patients. After the injection, nurse needs to wait and see the side effect that might happen from the injection. Care or caring has to engage itself with attention and care at all times. In this regard, caring is an interpersonal process which based on kindness respect to values and dignity of human.

1.2 Principle of Caring

Caring science is an evolving new field that is grounded in the discipline of nursing and evolving nursing science, but more recently includes other fields and disciplines in the Academy, for example, Women/Feminist studies, Education, Ecology, Peace Studies, Philosophy/Ethics, Arts and Humanities, Mindbodyspirit Medicine. As such, caring science is rapidly becoming an interdisciplinary or Transdisciplinary field of study. It has relevance to all health, education, and human service fields and professions (Watson, 2006: 22).

For nursing context, caring is an abstract concept about human idealistic that are the interpersonal relation and relational ethics. Both of care-giver and care-taker are empowering to each other as a task that mother do for her children (Noddings, 1988: 218-220). According to Mayeroff (1971: 1, 64) and Watson (2006: 23) explained that caring calls for an authenticity of being and becoming, an ability to be present to self and other in a reflective frame; the nurse has the ability to center consciousness and intentionality on caring, healing, and wholeness, rather than on disease, illness and pathology.

Morse et al. (1990: 1-14) have reviewed the literature on caring and found that the concept of caring can be categorized into five types:

1. Caring as an individual natural qualification both in humans and in animals. This in-born qualification to care for others may differ from one to another. Past experiences of being care for will affect one's ability to care for others in their current time.

2. Caring as moral practice. It is the way and means to maintain one's integrity and to perceive values in every life. Therefore, caring is the base for nursing treatment. It has closed relationship to nursing ethics.

3. Caring as an expressed emotion in a way that shows the mercy and empathy with the patient's feeling in the time of sorrow from illness, or the time of difficult situations in life. It is the caring feeling, the interest, the attention, and the dedication to others. It is the motivation that drives a nurse to help others. In this aspect, the relationship between the patient and the nurse has to be good and to be trustful. Nurses can help patients or persons under care to have their physical development both by nurse's action and nurse's feeling and thinking. By the same token, nurses also have their development regarding learning and understanding others, regarding skill development, regarding thinking process, and regarding decision-making to help other human beings.

4. Caring is the relationship between nurses and patients due to the fact that care or caring can take place only when nurses and patients have good relationship toward one another.

5. Caring is therapeutic intervention so that patients can recover from their illness. For instance: an ability to listen to, to touch for, and to encourage patients.

The five types of caring are related to each other and the outcome of caring are satisfied of patients or clients, hopeful, and confident in safety. In holism view believes that these feeling effects on body to strengthening psychoneuroimmune, recovering from illness, and caring behavior of nurses also directly effect on body response such as pain relieve.

1.3 Transpersonal Caring Theory

Nursing theorist believed that caring science is nursing profession identity as Nightingale (1969: 3) has explained nursing performance through cleanness, ventilation, food, rest, and exercise that nurses must prepare for good quality of life among nature environment. For this research, the researcher focuses on “Transpersonal Caring Theory” as follows:

Watson is a nursing theorist who has developed the Theory of Human Caring since 1975 to present. Watson’s concept emerged from her own views of nursing, combined and informed by her doctoral studies in education-clinical and social psychology. Now this theory is widely used and applied to both of nursing performance and nursing education in the name of “Transpersonal Caring Theory” (Watson, 1985: 40; 1997: 49; 2006:26)

Caring science encompasses a humanitarian, human science orientation to human caring processes, phenomena and experiences. Caring science includes arts and humanities as well as science. A caring science perspective is grounded in a relational ontology of being-in-relation, and a world view of unity and connectedness of all. Transpersonal Caring acknowledges unity of life and connections that move in concentric circles of caring from individual, to others, to community, to world, to Planet Earth, to the universe (Watson, 2005: online; 2006: 22).

The essential of transpersonal caring consist of three components (Watson, 2005: online; 2006: 23-25)

1) Transpersonal caring relationships

Transpersonal caring relationships are the foundation of work; transpersonal conveys a concern for the inner life world and subjective meaning of another who is fully embodied, but transpersonal also goes beyond the ego self and beyond the given moment, reaching to the deeper connections to spirit and with the boarder universe.

2) Caring moments/Caring occasions

A caring occasion occurs whenever the nurse and another come together with their unique life histories and phenomenal fields in a human-to-human transaction. The coming together in a given moment becomes a focal point in space and time. It becomes transcendent whereby experience and perception take place, but the actual caring occasion has a greater field of its own in a given moment. The process goes beyond itself, yet arises from aspects of itself that become part of the life history of each person, as well as part of some larger, more complex pattern of life.

A caring moment involves an action and choice by both the nurse and the other. The moment of coming together presents them with the opportunity to decide how to be in the moment and in the relationship as well as what to do with and during the moment. If the caring moment is transpersonal, each feels a connection with the other at the spirit level, thus it transcends time and space, opening up new possibilities for healing and human connection at a deeper level than physical interaction.

3) Carative factors to clinic caritas process

Watson bases her theory for nursing practice on the following translation of the original carative factors into clinical caritas processes. Each has a dynamic phenomenological component that is relative to the individuals involved in the relationships encompassed by nursing.

3.1) Formation of humanistic-altruistic system of values, becomes: Practice of loving-kindness and equanimity within context of caring consciousness.

3.2) Instillation of faith-hope, becomes: Being authentically present, and enabling and sustaining the deep belief system and subjective life world of self and one-being-cared-for.

3.3) Cultivation of sensitivity to one's self and to others, becomes: Cultivation of one's own spiritual practices and transpersonal self, going beyond ego self.

3.4) Development of a helping-trusting, human caring relationship, becomes: Developing and sustaining a helping-trusting, authentic caring relationship.

3.5) Promotion and acceptance of the expression of positive and negative feelings, becomes: Being present to, and supportive of the expression of positive and negative feelings as a connection with deeper spirit of self and the one-being-cared-for.

3.6) Systematic use of a carative problem-solving caring process, becomes: Creative use of self and all ways of knowing as part of the caring process to engage in artistry of caring-healing practices.

3.7) Promotion of transpersonal teaching-learning, becomes: Engaging in genuine teaching-learning experience that attends to unity of being and meaning attempting to stay within other's frame of reference.

3.8) Provision for a supportive, protective, and/or corrective mental, physical, societal, and spiritual environment, becomes: Creating healing environment at all levels, physical as well as non-physical, subtle environment of energy and consciousness, whereby wholeness, beauty, comfort, dignity, and peace are potentiated.

3.9) Assistance with gratification of human needs, becomes: Assisting with basic needs, with an intentional caring consciousness, administering 'human care essential' which potentiate alignment of mindbodyspirit, wholeness, and unity of being in all aspects of care tending to both embodied spirit and evolving spirit and evolving spiritual emergence.

3.10) Allowance for existential-phenomenological-spiritual forces, becomes: Opening and attending to spiritual-mysterious, and existential dimensions of one's own life-death soul care for self and the one-being-care-for.

Watson believes that nurses have the responsibility to go beyond the 10 carative factors and to facilitate client's development in the area of health promotion through preventive health actions. This goal is accomplished by teaching clients personal changes to promote health, providing situational support, teaching problem-solving methods, and recognizing coping skills and adaptation to loss.

The researcher has considered that Watson's caring theory fit to enhance caring of nursing students, Nursing Colleges under the Jurisdiction of the Ministry of Public Health because the concept of "Transpersonal Caring Theory" promotes an importance of

an interaction between healthcare providers and their clients by employing self as the therapeutic intervention. An emphasis lies in the nursing practice. It is the most important skills which all nurses have to train themselves and develop at all times in order to work as professional nurses.

2. Concept on Nursing Education Management

Nursing education is a higher education to produce nurses who has knowledge, professional skills, and preferable competencies to provide holistic nursing care for those who are healthy and sick. Nurse is the biggest group of health personnel and nursing qualification directly effect on people's health. Therefore, person who tend to be nurses have to prepare themselves to gain knowledge and nursing practice competencies to achieve complex health needs and rapidly change by globalization. In this regard, nursing education must improve process of teaching and learning up to date by emphasize to enhance caring skill and focus on client center.

2.1 The Philosophy of Nursing Curriculum

The philosophy of nursing curriculum is co-philosophy between general philosophy and nursing philosophy that Bevis (1978: 33-37) classified into four philosophical periods of nursing as follows:

1. Ascetism

Ascetism grew out of idealism and Plato's belief that the physical world cannot be the ultimate reality. Through Christian influence, idealism came to be interpreted to mean that each physical object has a higher, more perfect existence and that ultimate reality is spiritual. In practice matters this implied that truth is revealed, unchanging, and the same everywhere and throughout time.

Early nurses gave up home, family, and fortune and often devoted themselves to nursing through holy orders. Nursing was viewed as a "calling". A nurse worked seven days a week with only one afternoon off and was enculturated to believe that duty to one's

patients and to one's calling required self-denial and dedication without thought for one's own comfort, self development, security, or personal needs. Duty was important, more important than client advocacy, treating the client as a whole, or the development of nursing science. There was few formal class; training was done on the units while care was given to patients, and explanations about care were offered as an unplanned bonus from physicians.

2. Romanticism

Romanticism was an out growth of realism. Realists believe that man must bring himself into harmony with the physical world. It is materialistic and proposes that ultimate reality is the physical universe. Romanticism was a natural, logical transition for nursing philosophy. Nurses must have tired of the drudgery of self-denial, of asceticism and the narrow confines of its religious and spiritual goals.

The romantic notion of Florence Nightingale as The Lady with the Lamp is a reflection of this attitude. This value system influenced the adoption of a conceptual framework of curriculum and practice that conformed to medical models and hospital patient housing patterns.

3. Pragmatism

Pragmatism comes from the Greek word *pragmata*, which means acts, affairs, or business. It is a method of logic for determining the meanings of intellectual concepts. In pragmatism, man is the measure of all things. Truth is what works. Pragmatism requires its adherents to look at specific practical consequences of acts, ideas, or concepts. This philosophy was a natural for a practice discipline which was faced with the emergency of World War II. The severe shortage of nurses during and after the war forced them to become very pragmatic in dealing with the problems of nursing care.

Since there were not enough registered nurses, nonnurse personnel ere given short courses or informal, on-the-job training. Nursing became largely a group of teachers and supervisors, and much of the actual caring for patients was done by ancillary personnel under the supervision of nurses. The pragmatism of nursing motivated nursing personnel to investigate the consequences of the decision to follow medicine into dualism, to divide

clients into medical specialty parts, and to be attentive only to their illness. In other words, pragmatic values moved nursing toward humanism and holism. The rise of humanism in nursing has caused nurses to begin viewing clients in new ways that would eventually make a significant difference in the quality, distributions, and effectiveness of nursing care.

4. Humanistic Existentialism

Existentialism is a modern philosophical term. It arose after World War I in Germany and became popular in the United States after World War II. Existentialism holds that each person is unique and inexplicable by scientific or metaphysical systems. It is a natural part of holistic philosophy and proposes that the whole of a human being is different from his parts. Science studies human parts but cannot explain or understand the human being. Furthermore, existentialism proposes that humans are thinking beings who make choices. A basic tenet is that a human is free—freedom to choose being the most basic of all freedoms. Humanism emphasized the value, beauty, and importance of being human and a concerned action geared to human ideals, human existence, and quality of life. It is characterized by a value system that places great importance and high priority on caring about people.

Humanistic Existentialism seems to be the natural maturational philosophy for nursing. It implies orientation to people as the central and basic priority of all nursing activity. It proposes that a human being is an organismic whole, complete and unified, that cannot be treated as component parts. The parts do not explain the whole and the mystery of the whole, how it works, and its ultimate unpredictability.

In Thailand, Kobkul Phancharoenworakul et.al (2001:91-92) analyzed Bachelor of Nursing Science Program in Thailand found that philosophy of nursing education of all nursing institutes covers three beliefs as follows:

- 1) Nursing profession belief that nursing is the essential and significant service to provide holistic nursing care cover dimension of health promotion, prevention, treatment, and rehabilitation to person, family, and community.

2) Nursing education belief that education management is the integrated process of general knowledge and professional knowledge. Emphasizing on student centered to enhance critical thinking, inquiry learning, and self directed learning by focus on the progress of knowledge and nursing practice skills.

3) A graduate nurse belief that nurse is a person who has knowledge, professional skills, morality, ethics, professional ethics, and positive attitudes toward the nursing profession. The graduate is a changing agent who has life-long learning skills and can integrate nursing and other sciences into practice in health care system in response to needs of people from the healthy to the sick and to the terminal stages of their lives. The graduate is a good member of the nursing profession and society who can live with happiness.

However, the philosophy of nursing will be changed follow by the social context and social belief. Altogether it integrates with various philosophies that will be influence by humanistic existentialism through nursing education.

2.2 The Objectives of Nursing Curriculum

The objectives of nursing curriculum are the expectation on knowledge and attitude of a graduate nurse. Nursing curriculums in Thailand determine the objectives of nursing curriculum as follows: (Oraphun Lueboonthavatchai, 2000:61-62)

- 1) Gain nursing and other sciences.
- 2) Apply nursing and other sciences into effective practice in health care system.
- 3) Provide effective holistic nursing care to both healthy and sick individuals, family, and community.
- 4) Assessment and diagnosis health problems of people. Plan, implement, and evaluate health of individual, family, and community.
- 5) Use critical thinking on decision making into nursing practice.
- 6) Provide good relationship, communication, and co-ordination between health personnel and client.
- 7) Express positive attitudes toward the nursing profession.
- 8) Demonstrate responsibility, virtue, ethics, and self-discipline.

9) Demonstrate professional leadership, decision making, management, and supervision.

2.3 Bachelor of Nursing Science Program of Ministry of Public Health

Education institutions under the jurisdiction of the Ministry of Public Health have taken responsibility in producing and developing health personnel for more than 50 years. During this period the curriculum used has been periodically revised by the institutes to be consistent with its Thai context. Currently, the health care service system has been reformed focusing on primary care in order to help people in promoting self-care and self reliance. This has changed a nurse's role from providing services in health care settings to health prevention and promotion for people in the community. In addition, the National Educational Act B.E. 2542 focuses on integration of teaching and learning in order to help students link all knowledge. Therefore, there is a need to revise the nursing curriculum to be consistent with current situations where things are constantly changing (Praboromarajchanok Institute, 2003: 1; Pailin Nukulki, 2003: 11).

Concepts of the Curriculum

The development of the curriculum "Bachelor of Nursing Science Program revised B.E. 2545 (A.D.2003)" comprise both concepts of nursing and nursing education as followings:

Caring is a nursing theory which emphasizes friendly relationships between persons according to their roles, functions, and responsibilities in society and with regard to human value, mercy, caring, interest, understanding, empathy, and sympathy.

A learner is an individual who has physical, psychological, social and spiritual components. A learner has his/her own values, dignity, thought, beliefs, life experience and learning competency that could lead to self improvement.

A teacher is an individual having knowledge, professional skills, lived experience and continuing self-development. Teacher is also a learning facilitator and role model.

Teaching and learning combined is a process of exchanging knowledge and experiences among teachers, learners, families and communities and which emphasizes a

student-center approach. The process will promote and encourage a learner to seek knowledge through an intellectual process. Effective teaching and learning depend on the caring relationship between a teacher and a learner and in a real situation by using various methods of teaching and a community based approach.

An environment includes physical, biological, chemical, educational, cultural, social, economic, and political environments as well as religious beliefs and life style. These changing environments have an impact on an individual's health status.

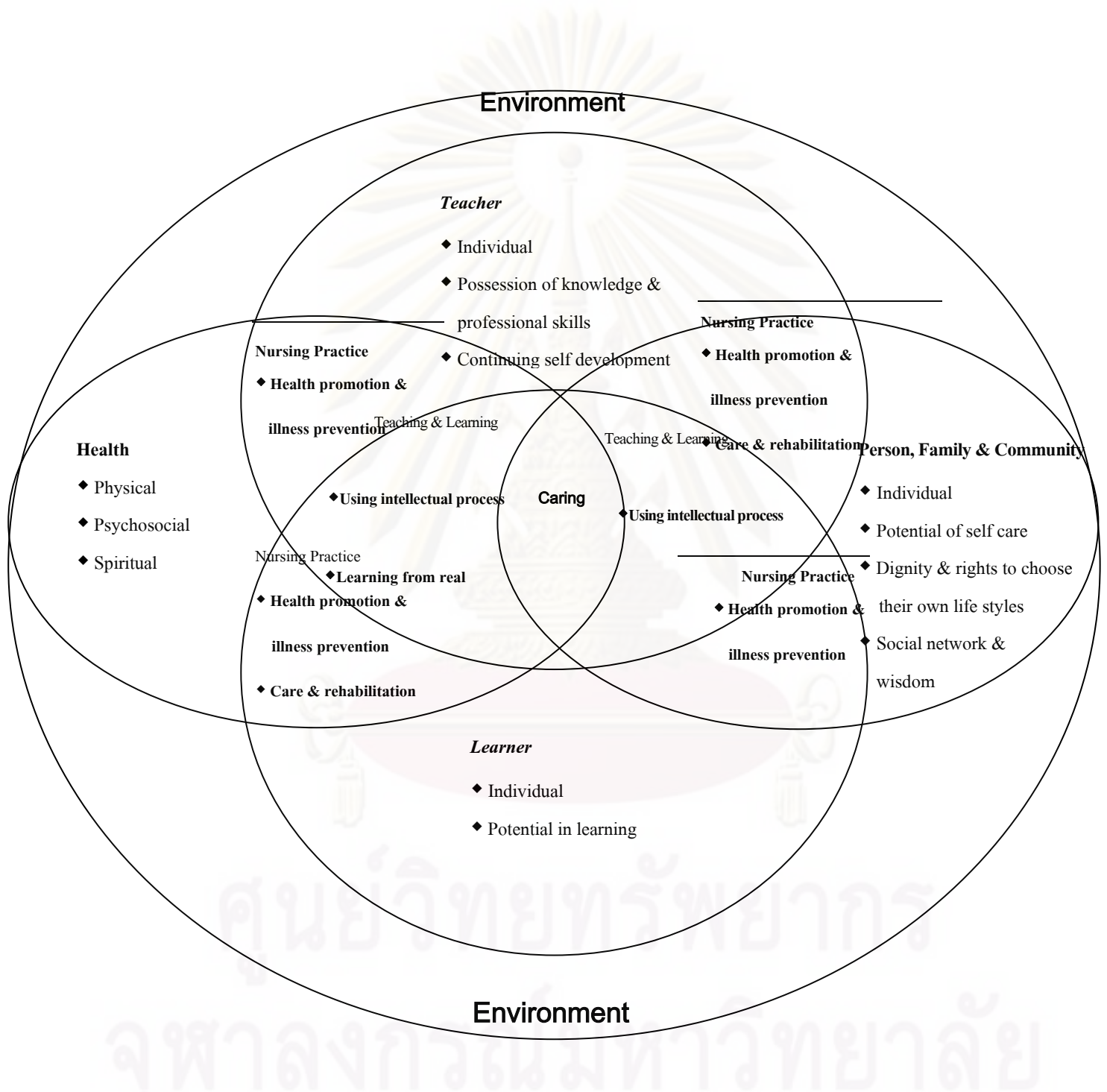
Health is a person's physical, psychosocial and spiritual well beings, and a principal value of life. It will change during person's life span. Health is associated with environment at all times. An individual and his or her family, and community are responsible for their health and self-care abilities.

A person, family, and community are unique and individually different. They have self-care competency, life experiences, dignity, social network, and wisdom. They also have right to choose their life styles.

Nursing practice is an interaction between a nurse, a person, a family and a community in providing care covering health promotion, disease prevention, curative care and rehabilitation of well being and ill people using holistic approach. Nursing practice accommodates social sciences and sciences to help improve self-care of people based on caring, ethics, and professional ethics.

The conceptual framework of the curriculum comprises both concepts of nursing and education. A teacher, learner, person, family, and community interact by learning, teaching and nursing practices based on caring under continuing environmental changes. The relationships between teachers and learners and their respective activities are developed through the intellectual process of learning in real situations within communities and the focus of the learners. The relationships between teachers, persons, families, and communities are developed through holistic nursing care that promotes quality, illness prevention, rehabilitation and improving self-care potential as shown in Figure 1.

Figure 1 Conceptual framework of the curriculum



Source: Praboromarajanok Institute, 2003: 15

Philosophy

The Praboromarajchanok Institute believes that an integrated curriculum will develop a nurse's vision, enthusiasms, and system thinking. The curriculum also enables nursing students to apply knowledge for holistic health promotion and problem solving with effective participation of people.

Nursing is the interaction between nurses and people in health promotion, illness prevention, care, and rehabilitation for both healthy and ill people involves a holistic approach. Its principles are based on social science and science, focusing on the improvement of self-care with caring, ethics, and professional ethics. Nursing practice is also centered on improving of self-care abilities of persons, families, and communities in response to an individual's values, dignity, potential, freedom of choice and decision making abilities as well as the right of a person to be provided with equality and quality of nursing care.

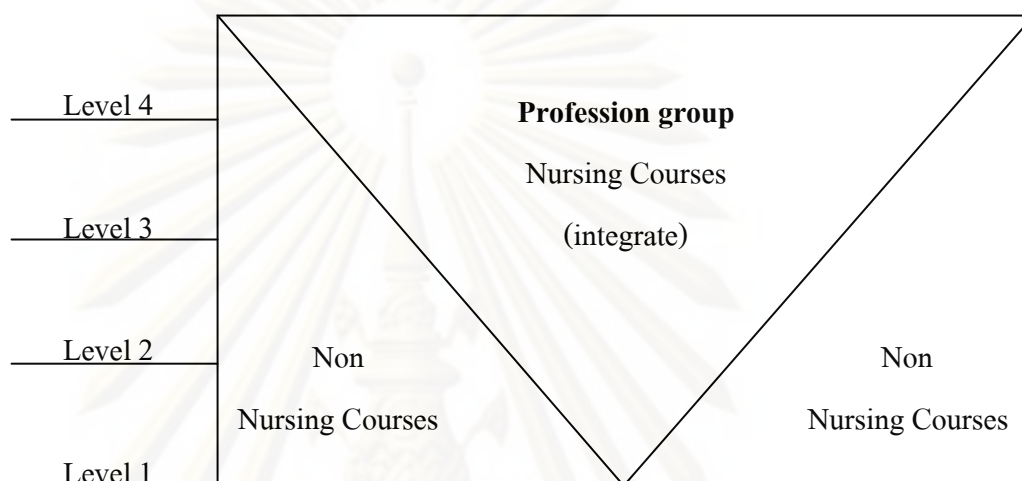
Health is the balance of components including the physical, psychosocial and spiritual and change in every stage of life according to an individual's relationship with the changing environment.

Teaching and learning combined is a process of exchanging knowledge and experience among teachers, learners, families, and communities through various methods of teaching with community based approach and real situations focusing on the learner. The process will promote and encourage the learner to discover knowledge using the intellectual process. A teacher is a facilitator who provides learning through caring relationship.

A graduate nurse is a person who has knowledge, professional skills, morality, ethics, professional ethics, and positive attitudes toward the nursing profession. The graduate is a changing agent who has life-long learning skills and can integrate nursing and other sciences into practice in health care system in response to needs of people from the healthy to the sick and to the terminal stages of their lives as well as to enable people to develop self-care potentiality for quality of life. The graduate is a good member of the nursing profession and society who can live with happiness.

Curriculum structure comprise of general education course, specific course, and elective course that integrate only profession group as Hybrid model (Figure 2).

Figure 2 Hybrid model



Source: Praboromarajanok Institute, 2003: 10

Total credit of the curriculum is 140 credits as follows:

1) General education course	37	credits
Social Science	7	credits
Humanity Science	7	credits
Language	15	credits
Science and Mathematics	8	credits
2) Specific course	101	credits
Professional Foundation group	29	credits
Profession group	72	credits
3) Elective course	6	credits

Teaching and learning program is learning activities and learning experience that emphasize nursing students' competencies through various styles of teaching and learning program such as Problem-Based Learning, Participatory Learning, Critical Thinking.

Evaluation is classified into two types

- 1) Nursing student achievement is an evaluation of competencies by authentic assessment such as comprehensive examination, nursing practicum, nursing ethics.
- 2) Curriculum evaluation is a process of certification by the supervision institute that approved nursing students' qualification.

Nowadays, Nursing Colleges under the Jurisdiction of the Ministry of Public Health are using the curriculum "Bachelor of Nursing Science Program revised B.E. 2545 (A.D.2002)" based on Watson's "Transpersonal Caring Theory" as a core of curriculum. Although, there were many nursing education research and development on caring but no report about futures study of enhancing caring of nursing students. The researcher has considered studying probable futures and preferable futures of enhancing caring of nursing students based on belief that this futures study will be a direction to determine the policy plan of nursing education about enhancing caring of nursing students, Nursing Colleges under the Jurisdiction of the Ministry of Public Health in the next decade (2009-2018).

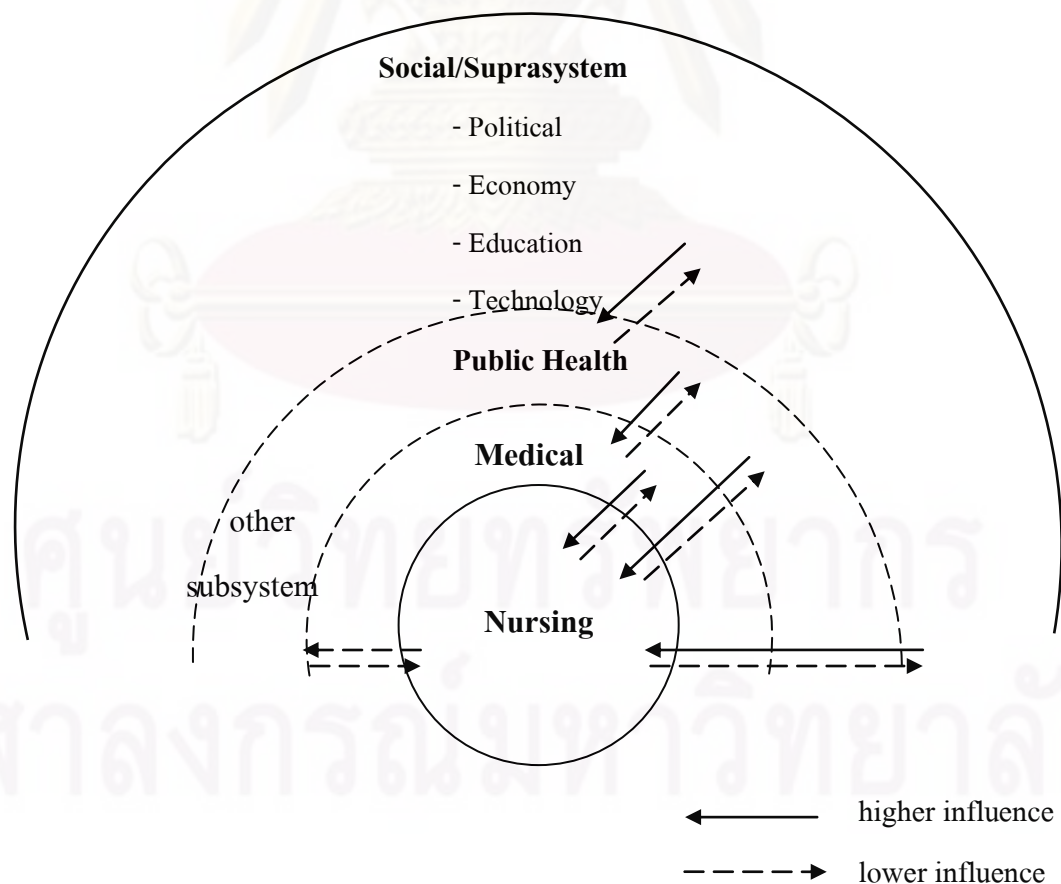
2.4 Changing of Surround Factors on Nursing Education

The rapid changing of economy, social, technology, and environment in today's world effect to every part in social. Thai people have to adapt for living with modernization lifestyle. In this regard, the essential of modernization social emphasize to the reasonable paradigm, autonomy, rights and freedom that influence to attitude, value, role and interpersonal relationship (The meeting of dean of nursing faculty under Ministry of University Affairs, 2001: 116-117).

Nursing profession is one subsystems of social which of social is supra-system. Management of nursing education also is one subsystem in social that follow by supra-system as shown in Figure 3 (La-or Hutangkul, 2000: 6-7). Therefore, the stakeholders in nursing education have to review their role and searching for the ways of nursing education management. The meeting of dean of nursing faculty under Ministry of University Affairs (2001: 116-117) has summarized factors that effects on nursing education in the future are:

- 1) Social changed having an impact on health problem as risk factors related to behaviors, pollution and toxin, family problem and economic problem.
- 2) Population structure changing to be an elderly society.
- 3) Government policy about health care reform focus on health promotion and prevention, health care service base on standard with reasonable health expenditure and decentralize health care service to people.
- 4) Changing concept to alternative medicine or apply to use local wisdom.
- 5) People more realize to their rights, more request health care providers' responsibility, and more participate to health care services.
- 6) Technology development and globalization have made education system to adjust method of human resource development.

Figure 3 Effect of other systems on nursing profession



Source: La-or Hutangkul, 2000: 6-7

In conclusion, the administrators of nursing institute have to adjust their strategies in producing nurses follow by health care reform and the National Education Act B.E. 2542 in various model for qualification of nursing performance.

3. Concept of Humanized Health Care

In the past, health care service system emphasized on technology and advanced medical without understand dimension of social, economy, and cultural. This narrow conceptual framework only signifies to body illness. It has been activities of health promotion or health prevention less than activities of curing. Currently, health care service system has been reformed focusing on humanity, social, and cultural dimension.

For this research, the researcher has employed following problem of health care services in Thai social and new imagination concerning health as follows:

3.1 Problem of Health Care Services in Thai Society

The ways of thinking about health care services in Thai society has been stated on narrow conceptual framework that healthy is curing. Health only related to good living condition when people get sick. Concerning of mental health and spiritual are neglected even though humanity could hold as the one. Report about problems and suffer of people as client in health care service by Yothin Sawangdee et al. (2000) found that there were 8 causes of suffering as follows:

1) Suffering from health care providers: the outpatient clients stated that impolite behaviors of doctors and nurses and unskilled trainee have been factors to suffer of them. Poor people often face with this problem in the public sectors as monopoly service. They are taken advantage off good quality of services that is divided by social class. For inpatient clients stated that a few nurses of each shift cannot take care to everyone and they do more administrative work.

2) Suffering from environment: the outpatient clients stated that resting areas were not enough space and unclean rest room. Inpatient clients complained about ventilation, overcrowded patient, and noisiness.

3) Suffering from medical equipment: both of outpatient and inpatient clients were anxiety with infected by using medical equipments such as syringe, thermometer, and sphygmomanometer.

4) Suffering from services: both of outpatient and inpatient clients were anxiety with high expenditures. For poor people who has health insurance anxiety about quality of services.

5) Suffering from management system: the clients complained that they satisfied to general or regional hospital because of efficiency and quality of health service.

6) Suffering from economy status: cause of general or regional hospital utilizing lead to spend high expenditure.

7) Common illness and preventable disease: fever, headache, diabetes, heart disease, accident.

8) Clients' right: they have been taken advantage off good quality of services and feel unconfined to choosing health services.

This report was one phenomenon in Thai social about people's suffer that reflect to the ways of reductionism lead to human crisis. Connecting of nature thing between our and other or between our and other thing are belong to the same oneness. Accessing to the same oneness brings the sense of enormous beauty, freedom, happiness, great compassion or universal love. Therefore, building social health to peace social must adopt a 'radically new manner of thinking'. There is a need for new consciousness which will lead to a new world view and new value (Prawase Wasi, 2002: 20; 2007: 35).

3.2 New Imagination Concerning Health

The core concept of the 10th National Health Development Plan (B.E. 2550-2554) has integrated the philosophy on the Sufficiency Economy which is the philosophy guiding the holistic integration of health development linking with building and maintaining the

social order and happiness. As well, it is believed that good health will result from social order. Good health or physical, mental social, spiritual and intellectual health of people is fundamental morality of society. As a result, healthiness is provided as the ideal of Thailand and it is the ultimate goal of life and society. Besides, it is the strategic plan to be the direction for health development. To create the new health imagination and define it as all of the correctness concerning the integration of the economy, mentality, family, community, society, culture, politics, environment and education. The important mission to develop the new health imagination is: to build the independent thinking which harmonizes the diversity to be dynamic and the learning process for changing the basic thinking process; that is, to build the new health consciousness comprehensively (Wipoot Pulcharoern, 2001:46; The Office of Committee on National Economic and Social Development, 2006: b, and the Executive Committee on making the 10th National Health Development Plan (B.E. 2550-2554), 2007: 7, 11, 42, 49).

The new health consciousness is to create the new thinking about the linkage between consciousness and health which cannot be separable. Because the consciousness guides supervises and screen human behaviors. It may be said that the consciousness affect directly the human health. The important issue on changing the new health-related paradigm is to change from the focus on the knowledge in the textbooks to the knowledge base from human beings. In addition, it is emphasized that the human dignity and values are the most important. The dignity is the happiness per se; it is health, pride, and confidence. If it is lack of dignity, it will be stressful and suffering. Accordingly, the lack of the pride and self-confidence will cause the social disorder and violence (Prawase Wasi, 2003: 4). It is considered that the understanding about the new health imagination should be studied as follows:

New Thinking Method

The ideal of the human beings in the 21st century is that the new consciousness will be pertaining to all humans on this earth, and the management on the mutual living can be peacefully made. Humans need to create the new thinking method for their survival by

using the consciousness revolution and spiritual revolution. Prawase Wasi (2001: 5; 2002: 13-25) explained that the new thinking method is:

1) Respect the human dignity: Qualifications and dignity of human are to become the high morality in mind which is much different from other animals in the nature. Humans have to be able to ask themselves normally that “what we can do for others”. This is the basic principle of human dignity and will bring about the good faith and justice. As a result, the society has to be in good faith and justice, and it will result in the dignity and peacefully mutual living.

2) Thinking process leading to good speech: the effective communication nowadays is speech. The good speech consists of speaking the truth, gentle and beautiful speaking, speaking at the appropriate time and place, and creative speaking. If people speak without any consideration of the truth, the appropriate time and place or the creativity, the society will be chaotic and disorder. The ignorance and mistaken notion will bring about the weakness, crisis and collapse. Thus, the new consciousness and new thinking method must lead to the communication with good faith which causes the intelligence and civilization.

3) The value of being Thai: Prawase Wasi (2002: 16-22) explained that the value of being Thai is perceived by cultural perspectives, because the culture is mutual ways of life of the people in one specific environment. The environments are different, so the cultures are diverse. Each community, province or country has their own history and cultural dignity, while the economic can be separable and stressful. The goodness of Thai, for example, is the liberty on religion which allows any religion to be propagated in Thailand. Also, other goodness are the willingness to help and support, social warm and welcome, smiling cheerfulness, and so on.

4) Self-dependency: If the people are under the patronage system and always rely on dependency, they will not depend on their own capacity and dignity. Hence, to create the liberalization and to hold the value of being Thai, those people need to respect and depend on themselves.

5) The revolution on social structure: In the culture of power and relationship of the people in the society is in vertical aspect. The economic, politics and morality in this vertical social structure are inferior and has no strength to confront the change and the crisis

will increase. In the new thinking method concerning the respect on human dignity and values as equality, it will create the horizontal social structure. That is, the civil society is created. Everyone can jointly think and do. The real definition of community can be made in every area and organization in every aspect. For this reason, the society will be strong and able to face the crisis and changes.

6) Religious and spiritual thinking: The crisis of the humans nowadays is the spiritual crisis. Since humans develop only the materialism, the spiritual dimension is fading away. The spiritual dimension will cause the self-perfection in humans. Besides, it will change the thoughts, feelings, and relation to the environment so as to make the happiness and self-fulfillment regardless of dependency on the external factors such as luxury and extravagance.

7) New thinking method on education: Most of the educations currently available worldwide is based on the fragmented concept; that is, it is subject-based learning of the external matters. The fragmented thinking seems like playing jigsaw puzzle without knowing what the whole picture is. It is very obvious that many universities may usually be expertise on some specific subjects, but not good at synthesis and cannot make the public policy. If the public policy is not good enough, it will harm everyone since being in pregnancy until the moment of death. Therefore, the establishment of the new consciousness and applying it for building the new thinking method are urgently required for resulting in the liberalization, freedom and independence.

“We shall need a radically new manner of thinking if mankind is to survive” (Einstein, cited in Prawase Wasi, 2002: 2). It is the statement identifying that the new thinking method is the essence for survival of all humans. It leads to the new consciousness on the unity of the people worldwide. It demonstrates the mercy, help and support, and peacefully mutual living, without materialism.

4. Concept on the Futures Research

The Futurology is the new science in the present world. It is aimed to broaden the concept of societies. In addition, it is focused on development of guideline and method on considering the future in the academic perspective. This can cause the understanding on the present situations and explanation on the complicated the systems in the society. Garrett (1999: 1) said that the Futures Research has been developed progressively for more than 50 years; nevertheless, it has been commonly well-known in just the past 30 years. Looking forward is gradually accepted that it is necessary for policymaking. At the same time, the executives do not pay adequate attentions to analyze the situations in the future, although the changes at present are quickly developed and will continue changing toward the future.

Garrett (1999: 1, 6) explains that “Futures” is in the plural form and means that all activities to be happened in the future. Sometimes, it is called “Futures Studies” or “Futures Research” as follows:

- The futurology is the principle for anticipate which is quite similar to policymaking, strategy making, and long-term planning.
- The futurology will not substitute the planning, strategy making and policy development, but if it is used properly, it will promote, strengthen and complete such processes.
- If compared with other forecast methods. The futurology covers the very broad concept and has many tools used in the studies.
- The futurology is used in seeking for the undiscovered factors affecting the organization. This will make us more understand the functioning of our organization and it can be used to monitor the long-term outcome of the policy and plan.
- The futurology will reinforce the changes, as it concept is to encourage the new ideas, prioritize the new problems, alter the new strategic plan, and etc.

Furthermore, the futurology is different from other forecasting as below (Garrett, 1999: 6):

1. Breadth of coverage: the Futurology has the board coverage. It does not cover only the organization like the planning or strategy development, but also everything affecting the system of the organization, the country, or the world.
2. Attention to underlying causes: It focuses on the causes of the problems and the interactions of the relevant organizations.
3. Different questions: The questions in the Futurology will not be specific as similar to the question for development of policy and plan. For instance, the question in the Futurology will not be asked that “how can we do to achieve the needs with the limited resources?”, but it will be asked that “what do we want our organization look like in the future?”, “how can we plan to make our organization be like our needs in the future?”, how will the undesirable futures be?, or “how can we prepare ourselves when facing the undesirable futures?”
4. Sources of information: the Futurology uses the same information as used for policy and plan development, and also finds the additional existing information in the system by means of focus group discussion, survey, concept check as well as review literature.
5. Time perspective: the Futurology looks forward at least ten years, but mostly around 20-30 years or more.

Summarily, the Futurology is a tool for the more effective preparation for the future, since there will be more than one future scenario and the future circumstances will not usually be as anticipated. Consequently, the different ways to cope with the situations in the future should be made for more effectiveness of working.

As for the concept on the Future Research, it consists of the key principles of the Futurologist, the types of scenario, the definition of the Futures Research, the purposes of the Futures Research, the benefits of the Futures Research, and Techniques of the Futures Research.

4.1 The Key Principles of the Futurology

The Future Research is very important to the planning, policymaking and decision making in order to create the desirable future or eradicate the undesirable future. Nattaya Pilunthanant (1983:59-62) said that the movement of the Futurology has been

developed since 1960 and Cornich explained the three key principles of the Futurology consisted of 1) the singularity of truth or universe, 2) the importance of time, and 3) the importance of the thinking about future as below:

1. The singularity of truth or universe: It means the ability to understand everything in the world holistically. The futurologists believed that human is a part of the nature in the universe. Human lives in the universe and cannot be separable. The future of the world will be built outside the present world. Human will know about the world in the future by considering what have already happened in the world and the future will be built from the present contents.

2. The importance of time: The futurologists are well aware that the present results from the past. It is changing gradually and progressively according to the passing time. The futurologists are very interested in studying the future in order to improve the quality of decision making, since the decision at present will build the world in the future.

3. The importance of the thinking about future: To think about the future is very important, as a man can think from his experiences in the past and the man can also imagine what might be happened in the future. A man can create his future, because the future has not been happened yet.

Since the competitions in at present and the near future are considerably extreme, the competitors who can survive must identify the future goal and develop the plan for utilizing the available resource. That is because the current decision will influence the future circumstance.

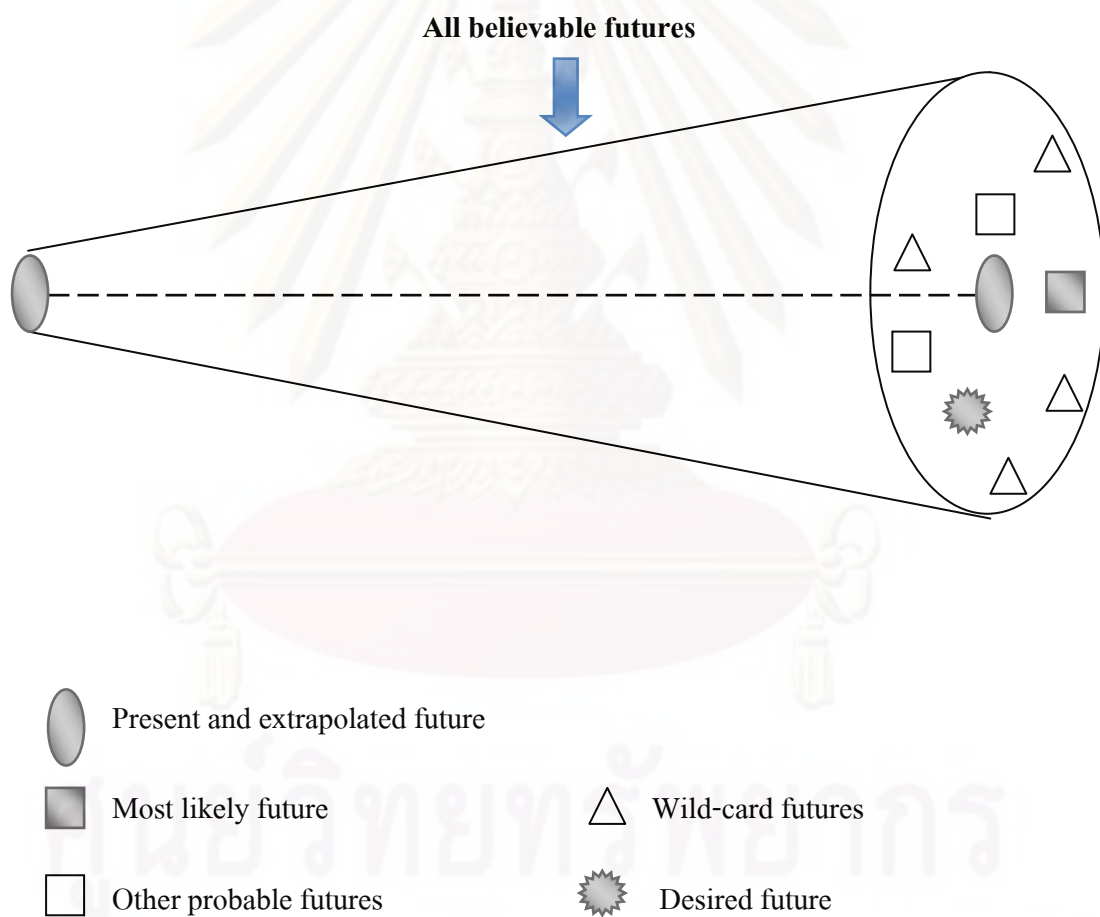
4.2 The Types of Scenario

The Futurology is the diverse and complicated. The Futurologists have conducted the literature review and found that futurology can be the political strategic analysis, economic forecast by computer program, or the study trend by Delphi technique. It can be said that the core value of the Futurology is the scenario, which is the image of future and illustrates factors influencing the future. The result of the scenario could be one or more.

The Futures Study may study the occurrence prior to such scenario and take into account the impacts against policy and plan.

Garrett (1999: 8) said that the scenario can occur in various forms; however, normally it usually is elaborated in the form of the cone of possibilities as Figure 4:

Figure 4: The future as a cone of possibilities



Source: Garrett, 1999: 8

In this picture, it is to look at one point in the present illustrating the occurrence in the future. It is seen as the reflection from the present time into the cone shape, since the diversity of the futures may increase in accordance with the distance from the present. If it is crosscut at the different points of future time, the crosscut area will cover all of the possible futures at that point of time. Some scenarios of future will be probable. Some scenarios of future will be hardly possible, but with wild-card. However, some scenarios are desirable futures and many scenarios are undesirable. One of the future pictures may result from the present trend and some scenarios are the most likely.

4.3 The Definition of Futures Research

The term “Futures Research” is the technical term to reflect the concept, approach, procedure and method to be used to study the potential satisfactory and unsatisfactory trends in the future. It can be noticed that the term ‘Futures’ is in plural form, because it is believed that the possibility in the future can be many directions. So it is important to study any possibility as much as we can (Chumpol Poolpatarachewin, 2008: 9). The futurologists have made the definitions of the Futures Research as below:

Pansoon Ladawan, Sittinut Praputtanitisarn and Robert B. Textor (1984: 24) said that the Futures Research is the systematic study concerning future alternative that specific population or specific community think that they can be possibly or probably happened in the future.

Thienchay Kiranandana (1986: 103) explained the Futures Research is the study to see the probable situations or behaviors.

Chumpol Poolpatarachewin (1997: 103) explained that the Futures Research is the systematic study concerning the possibility and probability of alternative trends of the study topic.

To sum up, the Futures Research is the systematic survey and study regarding the trends of the study topic by considering from the present circumstance what possibilities and probabilities might be happened in the future.

4.4 The Purpose of Futures Research

The purposes of the Futures Research are as follows:

1. To describe the potential or probable alternatives in the future for specific population.
2. To review the known and unknown possibilities in the future.
3. To identify the implications or possibilities in the future.
4. To warn about undesirable possibilities in the future.
5. To understand the rule of changing.

The main purpose of the Futures Research is to survey and study the desirable and undesirable possibilities and probabilities concerning the study topic as much as possible so as to find the way to bring about the desirable trends and diminish the undesirable trends or find the way to cope with the undesirable trends effectively (Chumpol Poolpatarachewin, 2008: 11-12).

4.5 The Advantages of the Futures Research

The advantages of the Futures Research consist of as follows:

1. The Futures Research can lead to the necessary and important information regarding the trends in the future to be used for decision making process, policy making procedures and planning, because the Futures Research usually results in many advantages as below:

- 1.1 to make the framework for various decision
- 1.2 to identify dangers and opportunities
- 1.3 to recommend different solutions
- 1.4 to assess the policies and practices
- 1.5 to better perceive and understand the present and the future better
- 1.6 to increase the alternatives
- 1.7 to specify the goal and the way to achieve such goal

2. It can result in the readiness to confront the rapidly and continuously changing world by:

2.1 Providing the pre-experience for human beings to forecast what the future will be, so that they can be ready for preparing themselves to deal with the future shock.

2.2 Providing the useful perceptions for surviving in this rapidly and complicatedly changing world. Such perceptions are:

- 1) A change is the natural procedure.
- 2) A small change may become the great change.
- 3) Choice is the essence. Declining to choose is also the choice.
- 4) The world in the future may be entirely different from the present world in many aspects.
- 5) Human beings have to be responsible for their own future. The future is merely the occurrence.
- 6) The effective methods that were implemented in the past may not be effective when implemented in the future due to the altering situations.

2.3 It will encourage human beings to study their future with consciousness and live their routine life with consciousness.

3. It will make us see the importance and relation of systems bringing about the more cooperation.

4. It will guide and strengthen the scientific and thinking advancement.
5. It will cause the creative thinking, since it will not adhere to the past and present problems.
6. It will reinforce the humans (no matter they are children or adults) seek for the knowledge by more building it, than learning from what others said or did solely.
7. It will provide the concept on life philosophy development harmonizing the future trends.
8. It will provide delight, enjoyment and challenge.

4.6 The Method of Futures Research

The Futures Research is aimed to study the trend of the situations or phenomenon in the future, and the experts will provide their opinions regarding the study topic whether it is possible to be happened or the occurrence can be anticipated accurately or almost correctly. As for the well-known techniques concerning the Futures Research are: 1) Delphi Technique, 2) Ethnographic Futures Research, and 3) Ethnographic Delphi Futures Research.

4.6.1 Delphi Technique

Delphi technique is the technique on forecasting the situation or possibility in the future by using consensus of the experts in order to make the reliable findings for some specific topics. The findings obtained from the consensus of the experts can be used for decision-making regarding academically and administratively. This technique has been used since 1952, but it was kept as secret, because it was the technique that the U.S. army had used for studies and researches. Olaf Helmer and Norman C. Dalkey, who started to use the Delphi technique, were the researchers of the Rand Corporation in California, the United States of America, which was the war weapon company. Later, this technique was revealed for the first time in 1962 and was developed until it became the well-known technique (Chanita Rakpolamuang, 2008: 61-62).

Today, the Delphi technique is usually applied when requiring for the common opinions of the experts and/or having the experiences concerning the study topic relevant to time, quantity, or desirable circumstance. Besides, this technique is to be brainstormed by the experts without any encounter, and to prevent from the influential power in the decision-making. Therefore, the experts can make their own decision by using solely the facts and reasons. That is because:

1. The experts participated in the research will not know who will be in this group of the experts and what their opinions will be about the study topic.
2. The experts participated in the research will answer all questions as provided by the researchers in the questionnaire, and it can be 2-4 times for responding to

the questionnaire. For the first responding to the questionnaire, they will be the open-ended questions, after that the questions in other times will be in the Likert scale. The experts can review and screen their own answers thoroughly in every round.

The steps of Delphi technique consist of 1) identify the study issue 2) select the experts 3) develop the questionnaire 4) collect and analyze the data, and 5) the advantages and precautions of Delphi technique. The details are as follows:

1. Identify the study issue: Chanita Rakpolamuang, (2008: 63) explained that Robert C. Judd has said about this technique that “whenever we want to forecast the occurrence in the future or whenever it is seen that the consistency between goal and objective is very important, the Delphi technique should be applied. As for the education aspect, Delphi technique may be useful for assessing and finding the consistent value”.

As mentioned above, it can be seen that the issue which is appropriate to be studied by Delphi technique should be the issue leading to the policymaking or future forecast as well as alternative provision, or the issue seeking for the consistent opinions for solve the complicated problems concerning structural and operational aspects or summarizing the mutual concept and principle. The issue to be studied by Delphi technique is specification-related issue, and it cannot be solved by the statistic method.

2. Select the experts: The selection of the experts is one of the very important steps because of the specification of Delphi technique; that is, the opinions of the experts. The reliability of the research findings depends on whether the selected experts can provide reliable information. For this reason, the experts should be the resource persons and very specialized in the study topic. The experts can be the persons who study on that topic for a long time or who have the positions or are directly responsible for that study topic.

There is no compulsorily particular number of the experts under this technique, but it depends on the types of the experts. If the experts are in the homogeneous group, only 10-15 experts will be required. But if the experts are in the heterogeneous group, a lot of experts will be needed. Thomas T. Macmillan (1971, cited in Kasem Boon-On,

1979: 28) presented the findings of the research concerning the number of the expert that if more than 17 experts participate in the research, the reduction of errors will be very few, as in Table 1.

Table 1 The reduction of errors and the number of the experts

Number of experts	Reduction of errors	Reduced errors
1 - 5	1.20 - 0.70	0.50
5 - 9	0.70 - 0.58	0.12
9 - 13	0.58 - 0.54	0.04
13 - 17	0.54 - 0.50	0.04
17 - 21	0.50 - 0.48	0.02
21 - 25	0.48 - 0.46	0.02
25 - 29	0.46 - 0.44	0.02

3. Develop the questionnaire: The questionnaire is the key tool of Delphi technique and it should be developed into many series, as the definite opinions of the experts will be needed, so the experts will be asked the questions many times. First of all, the researcher must specify the frame of the research, because the study topic is the specification perspective which is very broad coverage. Thus, the research frame will illustrate the whole research clearly. It may result from the literature review or interview the resource persons. When the research frame is made, the questionnaire will be developed accordingly.

The first questionnaire will have the broad questions about the study topic and most of such questions will be open-ended, so the experts can express their opinions widely within the provided frame. The data obtained from the first questionnaire will be collated in order to use such data to make the questions of the second questionnaire.

The second questionnaire is the most important. The researcher has to collate all data received from the experts and summarize them by deleting the duplicated data. To summarize the data, the researcher may find the wordings reflecting the core

meanings of such data. All the wordings will be provided into the queries regarding Likert scale. The estimation in this second questionnaire will focus on priority or possibility of the circumstance or identification of the time when such circumstance will happen in the future. Consequently, the wordings in this questionnaire must be very clear and each respondent must have the same understanding on the questions or wordings.

The third questionnaire consists of the sentences or phrases similar to the second questionnaire, but the additional information will be reported to the experts, so that they are informed about the opinions of the whole group of experts in the forms of ranking about Mode or Median and Interquartile Range of each question as well as their ranking in the second questionnaire. That is because it will be an opportunity for the experts to know the similarity and the difference of their answer when compared with the answers of other experts, so it is a chance for them to review their answers in this third questionnaire. They can change their answers to be into the Interquartile Range or confirm their original answers. If the original answers are out of the Interquartile Range, that expert who wants to change their answers must provide the reasons for such change. Normally, only 2-3 questionnaires will be used. But whether the 3-4 questionnaires will be required or not will depend on the Interquartile Range. If it is found that no change or very small change (the Interquartile Range is very narrow), the research may be ended.

4. Collect and analyze the data: As for the data collection, it can be started by contacting the experts for their participation in the research. But it must be emphasized that all the experts participating in the research must answer all of the questionnaires, because the Delphi technique requires the repetition of answers. Often, the problems on collecting the data from the second and third questionnaires may occur. Sometimes, the number of the experts answering the questionnaires will be reduced respectively. If the time between each questionnaire is too long, the thinking process of the experts may lack of continuity. The respondents may forget the original answers and their reasons for such answers. Thus, the researcher must try to find the way to seek for the cooperation and interest in answering all

questionnaires. The findings from data analysis may be in error, if the answers are indefinite due to the reduced number of experts or the too long time between each questionnaire.

The statistic to be used for analyzing the data from the answers in the second and third questionnaires is the statistic regarding the Central Tendency: Mode and Median to provide the ranking of opinions and the Interquartile Range to consider the different ranking of the opinions. If the Interquartile Range is narrow in what questions or wordings, it can be said that all opinions will be quite the same and consistent. On the other hand, if the Interquartile Range is wide, it means that the opinions from the experts are very different. However, the wordings with the wide range of Interquartile may be still useful, so it is important to consider the reasons provided by the experts.

5. The advantages and precautions of Delphi technique

The advantages of Delphi technique

1) The researcher can collect a lot of opinions from the experts regardless of holding a meeting and limitation of distance.

2) Delphi technique provides an opportunity for the experts to answer the questions freely without any influence to their thoughts and any dispute when confronting. That is because each expert will not know who will participate in the research and what their answers will be. The respondent will be informed only the answers in forms of statistic figures.

3) The experts participating in the research will receive an opportunity to express their views equally, since every expert will answer the same questionnaires with the same steps and they will be informed about other's answers at the same extent. Also, the opportunity for change or confirm their thoughts will be provided to each expert and this will make the experts confident in their answers and the experts will consider each question more thoroughly.

4) The findings of the research will be considered in many steps. The experts will answer the same issues many times. The consistency of the opinions or the consensus will be derived from the mutually careful consideration. This leads to the more reliable and confident answers.

The precautions of Delphi technique

1) The selection of the experts and the criteria for selecting the most appropriate experts who have the required expertise, are willing to participate in the research and perceive the importance of this research, are very essential due to the reliability of the research. Although the selected experts have the specifications as provided, if they will not have enough time to answer all questionnaires or never pay much attention to this research, the research findings will lack of reliability.

2) Although Delphi technique provides many questionnaires so as to ensure the confidence in the answers, the expert may be bored with repetition of questions or may be annoyed with too much disturbance, and they may not provide good cooperation for the next questionnaires.

3) This technique is based on the data obtained from the experts and it is believed that each expert will express their opinions without any bias or prejudice and also has the same understanding on each questions. The researcher must find the strategy for making the similar understanding on each issue; otherwise, the findings will not be reliable.

4) The time for future prediction should be made very carefully. If the time is too short or too long for the future prediction, the experts may forecast it with difficulties and this may result in the errors.

4.6.2 Ethnographic Futures Research (EFR)

Ethnographic Futures Research (EFR) is the technique developed from the methodology on anthropology which is called 'Ethnographic Research'. EFR is the research technique drawing the future scenario and identifying the values concerning the social and cultural changes of the population in this research by means of the non-directive and open ended interview. Nevertheless, the researcher may prepare the topics or issues. As for the EFR interview, it is provided that the interviewer is the person who can control the interview and can interview freely. The strength of EFR interview is that the interview will be divided following to topics/issues or appropriate period of time such as every ten minutes. The researcher will make a summary of the interviews from the notes or the audio records, so that

the interviewees can be revise it as needed. This process is called ‘Cumulative Summarization Technique’. The researcher will do this until the end of the interview so as to create the confidence that the data obtained is reliable; this means validity and reliability.

EFR technique consists of three optional future scenarios: optimistic-realistic scenario, pessimistic-realistic scenario, and most-probable scenario. These scenarios are the future trends that the interviewees think they are possible or probable, not just the ideal which cannot be happened. So the term ‘realistic’ is provided both for positive and negative scenarios. When the researcher finishes the interview for all three scenarios, the researcher may summarize the interview for the interviewee and asks for adding, revising or improving it as appropriate, or the interviewer may go back for editing the interview summary and send the edited interview summary back to the interviewee for any amendment. Then, the interview summary will be analyzed to find the consensus of the interviewees, and the consensus trends will be illustrated as the future scenarios. The steps of EFR technique can be summarized as follows:

1. Identify the sampling population
2. Interview has its own specifications as follows:
 - 2.1 Open ended and Non-directive
 - 2.2 Semi-structured interview; this means the topics or issues of the interview are prepared in advance.
 - 2.3 Cumulative Summarization Technique
 - 2.4 Interview about the three scenarios:
 - 1) Optimistic-Realistic Scenario: O-R
 - 2) Pessimistic-Realistic Scenario: P-R
 - 3) Most-Probable Scenario: M-P
3. Analysis and synthesis for consensus
4. Scenario write-up as the findings of the research

4.6.3 Ethnographic Delphi Futures Research (EDFR)

The Futurologists have the three basic beliefs concerning the Futures Research that 1) human can study the future systematically, 2) the human's beliefs concerning the future influence their behaviors and decision-making, and 3) it is believed that human can control and create the future.

EDFR is the innovative technique which is developed from the Ethnographic Futures research (EFR) and Delphi Technique. Since EFR and Delphi technique cannot respond to the basic purposes and beliefs of the Future Research, the improvement for such techniques has been made to strengthen the strengths and diminish the weaknesses. In 1979, while Assistant Professor Dr. Chumpol Poolpatarachewin, who is an instructor of Faculty of Education, Chulalongkorn University, was studying at the Ph.D. course of Minnesota University, the United States of America, it was the first time that he piloted this innovative technique with the research on 'Alternative Futures of Thai University: An EDFR Study' which was published in the journal of Cultural and Educational Futures in 1982. Further, it can be said that EDFR is one of the techniques responding to the basic purposes and beliefs the most effectively today (Chumpol Poolpatarachewin, 2008: 76-77, 82)

EDFR is combined with the strengths of Delphi technique and EFR together. As well, it adjusts the research methodology to be more flexible. For the first phase of the research, the improved EFR interview technique will be applied. Then, the researcher will analyze and synthesize the data and develop the questionnaires. This set of questionnaire (normally 2-3 questionnaires) will be sent to the experts for answering according to the Delphi technique in order to seek for the consensus of the experts. After that, the data will be analyzed to find the most probable trend, the consistent opinions of the experts will be considered and the scenario will be written up. The steps of EDFR are as below:

1. Selection of experts: It is the very important step leading to the reliability and validity of the findings. As a result, the researcher must consider this step very carefully, and identify the qualifications of the experts that are suitable for the study topic. This step is similar to the step of Delphi technique.

2. The first EDFR interview is similar to the step in EFR, but EDFR is more flexible. That is, the researcher can choose the types of interview for responding to the purposes, time constraint, budget limitation, and the current situation on this research. The researcher can follow the EFR by starting from the optimistic-realistic scenario, pessimistic-realistic scenario, and most-probable scenario respectively, or choose only the trends that the experts opine that they are possible or probable regardless of considering whether they positive or negative trends. That is because, in the second and third EDFR interview, if the researcher is interested in separate the study into 3 scenarios according to the EFR, the researcher can do that by designing the questionnaires reflecting three scenarios systematically.

3. Data analysis and synthesis: the researcher analyzes and synthesizes the data derived from the interview with the experts so as to develop the tool for consensus following to the Delphi technique, and finally the findings are made.

4. Scenario write-up: The Futures Research has many techniques and each technique has its own different methodology. What technique should be used will depend on the objectives, conditions and limitations. However, all techniques are aimed to seek for the consensus of the experts in order to make the reliable findings which are possible to occur in the future. The findings are very important to the policymaking, planning, and decision-making. For this research, the researcher applied the EDFR for identifying the preferable futures. As EDFR combines the strengths of Delphi technique as well as EFR together and adjusts for more flexibility in the research methodology. Thus, it can be applied to the various issues and research objectives, and the findings from this technique will be more reliable and systematic. (Chumpol Poolpatarachewin, 2008: 10)

5. Relevant Research Papers

In this research, there are relevant papers regarding caring in nursing as follows:

Wassana Juethong (1998) studied on Thai Baccalaureate nursing students' caring and uncaring lived experiences with Thai nursing instructors. The purpose was to discover and interpret Thai nursing students' caring and uncaring lived experiences with Thai nursing instructors. The findings revealed that Thai nursing students viewed caring as being understanding, sympathetic, attentive, concerned, committed, and connected. The four caring themes were: (a) caring as creating a safe home-like environment, (b) caring as artful dialogues for encouraging, (c) caring as empowering, and (d) caring as positive role modeling for clinical competence. The four uncaring themes were: (a) uncaring as being unfair in clinical evaluation, (b) uncaring as being disempowering, (c) uncaring as negatively labeling, and (d) uncaring as being inflexible.

Crow (2001) studied on caring and professional practice settings: the impact of technology, change, and efficiency. The purpose were 1) to create a better understanding of how positive and caring practice settings are the best hope of continuing nursing's core mission of caring, and caring practice settings do not happen by chance, 2) to convey that staff and management have an obligation to partner with each other to protect and preserve the organizations. The result showed that technology, change, efficiency, and caring are not necessarily concepts that are used in the same sentence when describing motivational and professional practice settings. Caring within health care organizations can take many forms. One of the most significant and meaningful forms was building networks for shared decision making and shared accountability. While caring can save the patients' life and convey trust and commitment to patients, families, and staff, it can also save the life of organization.

The development of integrated learning to promote caring behavior model: principle and techniques in nursing course by Jumras Sarakwaun et al. (2005) found that the learning of caring behavior of 41 nursing students, Boromarajonani college of nursing "Pra-Putthabat",

after experiment was significantly higher than before experiment at a level of .05. Caring behaviors of nursing practice was significantly higher than before nursing practicum at a level of .01.

As a study of the development of caring model for nursing practices in real situations in a hospital by Monthatip Chaiyasak et al. (2006) found that nurses' perception and clients' perception on caring behavior in nursing performance after use caring model were significantly higher than before use caring model at a level of .05. A caring model comprise of three importance parts: 1) the guideline of nursing performance 2) a setting of nursing activities and 3) the guideline of environmental development.

Georgia, John, and Kate (2008) studied on creative a profile of a nurse effective in caring. The purpose of this study was to create a profile of nurses who are effective in caring within Watson's recent framework of Caritas: that is, acknowledging caring and love as integral aspects of a dynamic mutual, humanistic caring interaction. This psychometric study examined the profile of nurses effective in caring. The Caring Factor Survey and the Healthcare Environment Survey were selected to measure caring and work environment conditions as reported by the patient and by the nurse, respectively. The results of this study revealed that nurses of all ages who received high scores in caring were most frustrated with the work environment, were most experienced, worked only the hours scheduled, were most affected by the relationship with the patient, derived the most enjoyment from the relationship with their coworkers, and provided continuity of care most consistently.

Carter, Sievers, and Pipe (2008) studied on exploring a culture of caring. The objective was conducted to describe the current state of patient-centered caring on the nursing unit as perceived by the nursing staff and patients, and explore whether change in the delivery of patient-centered nursing care would be perceived by the nursing staff as beneficial. The researchers used Watson's Theory of Human Caring as a framework. The result showed that both nurses and patients perceived a high level of caring on the unit. The overall theme from the focus group was that "caring begets caring," with two subthemes: "relationships of

care” and “the context of caring.” Caring for each other was identified as essential to keep staff energized and able to work lovingly with patients. Nursing leadership brought the research findings to all staff on the unit for discussion and implementation of structural support for the unit culture of caring.

Summer (2008) studied on “Is caring in nursing an impossible ideal for today’s practicing nurse”. The objective was to examine the nurse/patient relationship in the present acute healthcare delivery system in 3 countries: the United States, New Zealand, and the United Kingdom. The subjects were 9 female and 1 male white nurses who had a baccalaureate degree or its equivalent and less than 5 years’ practice experience. The findings is that nurses are passionate about their work, they are proud of what they do, and they try to maintain the highest standard of care, but they are tired. All have a silent cry for considerateness.

Pissamai Orathai and Sriwiengkaew Tengkiattrakul (2008) studied about perioperative nurses’ caring behaviors perceived by perioperative patients at Ramathibodi hospital. The purpose were to examine perioperative patients’ perceptions towards perioperative nurses’ caring behaviors at Ramathibodi hospital and to compare the mean scores of perioperative patients’ perception towards perioperative nurses’ caring behaviors among differences in patients’ gender, age, career, income, and perioperative experiences. Results showed that all patients from all operative rooms perceived perioperative nurses’ caring behaviors at a high level. There were no differences among perioperative patients’ perceptions towards perioperative nurses’ caring behaviors according to gender, age, career, income, and perioperative experiences. The findings suggested that the directors of the operative rooms should promote perioperative nurses to maintain their caring behaviors at a high level and develop a system to continuously assess caring behaviors for perioperative nurses for sustaining standards of care quality of operative nursing services.

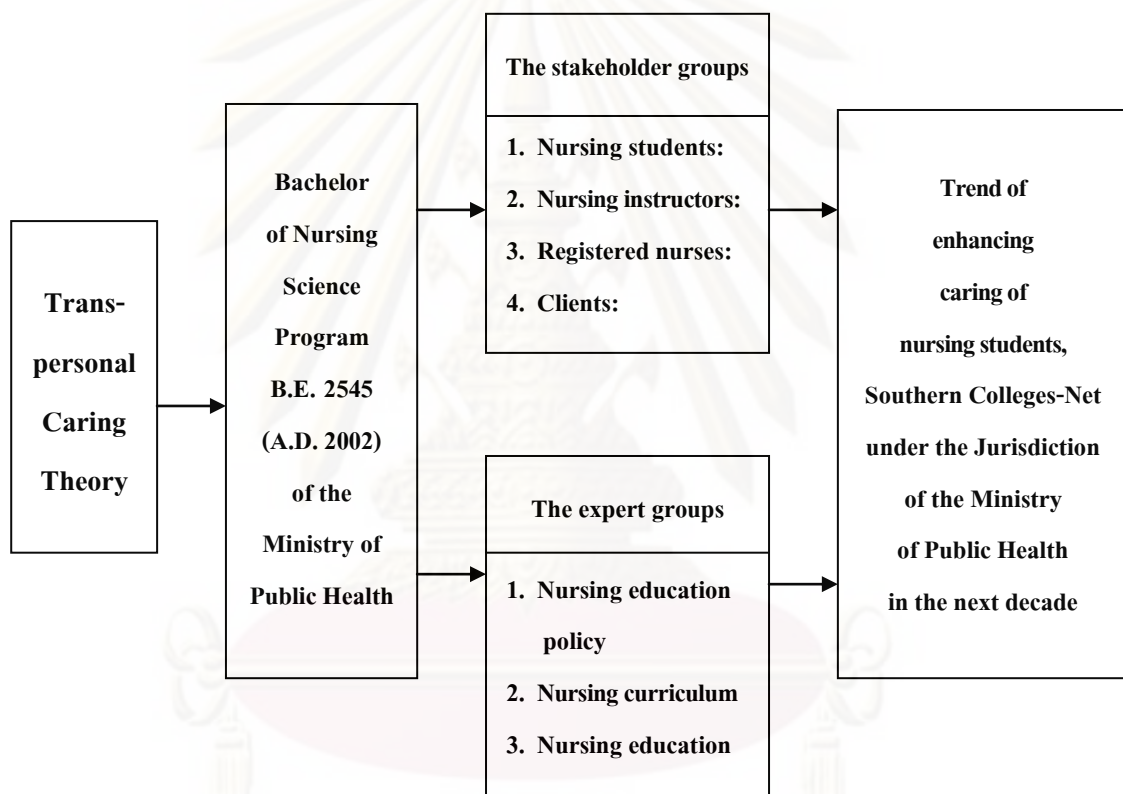
Additionally, a study of a development of the instructional model through integrating Buddhist concepts to nurture caring behaviors in nursing students by Jindamas Kosolchuenvijit (2008) found that caring behaviors in nursing profession comprise of six parts: 1) human

relationship 2) compassion 3) respect to human value 4) strategy and service skill 5) working commitment and 6) promote to holistic care. For the findings of the achievement of model stated that the average score of caring behaviors of the experimental group after experiment immediately and one month after experiment were significantly higher than before experiment at a level of .05.



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Research Conceptual Framework



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CHAPTER III

RESEARCH METHODOLOGY

This research has main objective to study futures of enhancing caring of nursing students, Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health in the next decade (2009-2018). The researcher selected the technique of “Futures Research” that called Ethnographic Delphi Futures Research (EDFR) as a methodology.

Research Procedure

There were three steps of research procedure: 1) step one: studying concept of “Transpersonal Caring Theory”, 2) step two: gathering the stakeholders’ opinion and the experts’ opinion about enhancing caring of nursing students, and 3) step three: presenting trends of enhancing caring of nursing students.

Step one: Studying concept of “Transpersonal Caring Theory”

Studying concept of “Transpersonal Caring Theory” by analyze documents and the related literatures in order to determine theme of questionnaires for interview the stakeholders’ opinion and the experts’ opinion about enhancing caring of nursing students.

Step two: Gathering the stakeholders’ opinion and the experts’ opinion about enhancing caring of nursing students

Gathering the opinion about enhancing caring of nursing students were consist of 1) the stakeholders’ opinion about enhancing caring of nursing students and 2) the experts’ opinion about enhancing caring of nursing students.

Step three: Presenting trends of enhancing caring of nursing students

This step is aim to form trends of enhancing caring of nursing students, Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health in the next decade.

Study Population and Sample

There were two groups of population and sample: 1) the stakeholders group and 2) the experts group.

1. The stakeholders group

Populations for this section were the person who directly related to the enhancement of caring of nursing students i.e. nursing students, nursing instructors, registered nurses, and clients. The researcher selected five nursing institutes of Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health and five main hospitals for nursing practicum as the group of case study i.e. Boromarajonani College of Nursing, Trang, Boromarajonani College of Nursing, Nakhon Si Thammarat, Boromarajonani College of Nursing, Yala, Boromarajonani College of Nursing, Songkhla, Boromarajonani College of Nursing, Suratthani, Trang Hospital, Maharaj Nakhon Si Thammarat Hospital, Yala Hospital, Songkhla Hospital, and Suratthani Hospital respectively. In this regard, the sample was purposive sampling by these criterias:

1.1 Nursing students

There were eight nursing students for participated in focus group interview from each nursing college with following qualifications:

- 1) Studying at nursing institutes of Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health
- 2) Enrolling in the fourth year of study for Bachelor's degree in nursing, in the first semester academic year 2009
- 3) Willing to join all the process of gathering data

1.2 Nursing instructors

There were 11 nursing instructors for participated in semi-structured interview consist of the deputy director for academic administration, five chairmen and five members of nursing department (obstetric, pediatric, adult and aging, community health, and mental health) with following qualifications:

- 1) Working at nursing institutes of Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health
- 2) Having Master's degree in nursing science or higher
- 3) Having working experiences in teaching in nursing and /or being in the management position for nursing institutes for not less than 5 years
- 4) Participating in the development or revising of nursing curriculum or planning for nursing education tasks
- 5) Willing to join all the process of gathering data

1.3 Registered nurses

There were at least 10 registered nurses for participated in semi-structured interview from each hospital who works at medical ward, surgical ward, obstetric ward, and pediatric ward with following qualifications:

- 1) Working at Trang Hospital, Maharaj Nakhon Si Thammarat Hospital, Yala Hospital, Songkhla Hospital, and Suratthani Hospital
- 2) Having Bachelor's degree in nursing science or higher
- 3) Having working experiences in supervising in nursing practicum not less than 5 years
- 4) Have received a hall of frame award as the predominant in nursing practice field or acceptance as good behavior of caring
- 5) Willing to join all the process of gathering data

1.4 Clients

There were at least 10 clients for participated in semi-structured interview from each hospital consist of patients or patient's relatives who will be inpatient at least three days at medical ward, surgical ward, obstetric ward, pediatric ward of Trang Hospital, Maharaj Nakhon Si Thammarat Hospital, Yala Hospital, Songkhla Hospital, and Suratthani Hospital.

Table 2 Numbers of the stakeholders group

Setting Area	No. of Nursing Students in focus group interview	No. of cases in semi-structured interview		
		Nursing Instructors	Registered Nurses	Clients
Boromarajonani College of Nursing				
Yala	8	11	-	-
Songkhla	8	11	-	-
Trang	8	11	-	-
Nakhon Si Thammarat	8	11	-	-
Suratthani	8	11	-	-
Total	40	55	-	-
Hospital				
Yala	-	-	10	10
Songkhla	-	-	10	10
Trang	-	-	10	10
Maharaj Nakhon Si Thammarat	-	-	10	10
Suratthani	-	-	10	10
Total	-	-	50	50

2. The experts group

Populations of this group were the person who directly related to nursing education management: the expert in nursing education policy, nursing curriculum, and nursing education. Sample of the futures research was the experts who well rounded and skilled about caring. The researcher determined the qualifications of the experts to participate into three groups:

2.1 Expert in nursing education policy with following qualifications:

- 1) Having Master's degree in nursing science or higher
- 2) Having working experiences in the position not less than 3 years
- 3) Participating in the development or revising of nursing curriculum or planning for nursing education tasks
- 4) Willing to join all the process of gathering data

2.2 Expert in nursing curriculum with following qualifications:

- 1) Having Master's degree in nursing science or higher
- 2) Having working experiences in teaching nursing and/or being in the management position for nursing institutes for not less than 5 years
- 3) Participating in the development or revising of nursing curriculum or planning for nursing education tasks
- 4) Being responsible for quality control of nursing education
- 5) Willing to join all the process of gathering data

2.3 Expert in nursing education with following qualifications:

- 1) Having Master's degree in nursing science or higher
- 2) Having working experiences in teaching nursing and/or being in the management position for nursing institutes for not less than 5 years
- 3) Participating in the development or revising of nursing curriculum or planning for nursing education tasks
- 4) Participating in nursing education management
- 5) Had a record about caring research, or participated in national or international forum on caring
- 6) Willing to join all the process of gathering data

Table 3 Numbers of the experts group

Group of the experts	PBRI	Southern Colleges-Net	Other BCN	Total
Nursing education policy	3	1	2	6
Nursing curriculum	-	3	4	7
Nursing education	-	2	5	7
Total	-	-	-	20

Research Tool and Data Collection

The researcher planned to gain information about enhancing caring of nursing students by questionnaires that classified through the stakeholders group and the experts group as follows:

1. The questionnaires for gathering the stakeholders' opinion

As stated earlier, focus group interview and semi-structured interview techniques were used to gain information on the context of meaning of caring, caring behaviors in nursing, and the ways to enhancing caring of nursing students. Focus group interview for nursing students were done in each nursing college. Altogether semi-structured interview for nursing instructors, registered nurses, and clients were done in each nursing college and hospital. The researcher constructed themes of questionnaires and collected data with the following process:

1.1 Studied concept and methodology of qualitative research.

1.2 Took the essential information of Transpersonal Caring Theory, the curriculum of Bachelor of Nursing Science Program of Ministry of Public Health, and the relevant documents to determine the questionnaires of focus group interview for nursing students and semi-structured interview for nursing instructors, registered nurses, and clients (Table 4).

1.3 Checked up the questionnaires for focus group interview and semi-structured interview by advisor and co-advisor, and then revised the questionnaires follow comment of advisor and co-advisor before collecting data.

1.4 Asked help from Boromarajonani College of Nursing, Trang, Boromarajonani College of Nursing, Nakhon Si Thammarat, Boromarajonani College of Nursing, Yala, Boromarajonani College of Nursing, Songkhla, Boromarajonani College of Nursing, Suratthani to identify the key informant who meet the criteria.

1.5 Made an appointment and preparing the instrument for focus group interview and semi-structured interview.

1.6 Made a good relationship to confide all of key informants all the time of focus group interview and semi-structured interview, and asked for recording and note-taking.

1.7 Carried on focus group interview and semi-structured interview follow by the plan and took note of information.

2. The questionnaires for gathering the experts' opinion

For this step, the researcher explored the experts' opinion about preferable futures of enhancing caring of nursing students, Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health in the next decade by the technique of "Futures Research" that called Ethnographic Delphi Futures Research (EDFR). The steps for EDFR technique are served as the way to collect the consensus from the experts. The followings clarify the steps of questionnaires preparation and data collection:

2.1 Studied concept and methodology of EDFR technique.

2.2 Took the essential information of Transpersonal Caring Theory, the curriculum of Bachelor of Nursing Science Program of Ministry of Public Health, and the relevant documents to determine the questionnaires of semi-structured interview for the expert (Table 4).

2.3 Made an appointment to each expert, forward the dissertation proposal and open-ended questions in order to request for the date, time, and place of an interview.

Table 4 Issues of questionnaire

Issues of questionnaire	The stakeholders group				The experts group		
	NS.	NI.	RN.	CL.	NEP.	NC.	NE.
1. The meaning of caring in nursing profession	✓	✓	✓	✓	-	-	-
2. The important of nurses' caring through nursing care	✓	✓	✓	✓	✓	✓	✓
3. Nurses' caring behaviors in real situation	✓	✓	✓	✓	-	-	-
4. The important factors influence to nurses' caring behaviors	✓	✓	✓	✓	✓	✓	✓
5. Nursing students' caring experienced	✓	-	-	-	-	-	-
6. Nursing students' uncaring experienced	✓	-	-	-	-	-	-
7. Nursing students' caring behaviors	✓	✓	✓	✓	✓	✓	✓
8. The barriers on caring behaviors	✓	✓	✓	✓	✓	✓	✓
9. The ways to enhance caring of nursing student	✓	✓	✓	✓	✓	✓	✓
10. The affecting factors on nursing profession and nursing education	✓	✓	✓	✓	✓	✓	✓
11. The qualification of graduate nurse	✓	✓	✓	✓	✓	✓	✓

2.4 Collected the data by interviewing the experts by cumulative summarization technique namely to divided the interview into section along the topic then the researcher summarized and request the experts revised the interview with freedom.

2.5 Carried on an analyses and syntheses the interview then construct into questionnaire for gathering the experts' opinion by the Delphi technique with following process:

1) The first round of questioning: the researcher took the review of literature and relevant research papers in the first step to determine the issues to be asked in the open-ended questions. These questions were discussed with the advisor & co-advisor for checking and for improvement before using them with the experts as per the date, time, and venue as appointed. The length of interviewing time was approximate 1.30 hour. During the interview, there were note-taking and recording. All the opinions gained from this first round were employed to construct the second round questions.

2) The second round of questioning: Read from the first round results, the researcher gathered all information, cut off the redundant parts, or cut off the surplus part from the set frame. All information was constructed as a questionnaire in 5 levels Likert Scale. These questions were discussed with the advisor & co-advisor for checking for clarity and properness on each individual item. The questions were adjusted when necessary and then were forwarded to the experts to reply. All information gained was analyzed by the use of central tendency which were mode and median in order to demonstrate the position of opinions and interquartile range for the distribution of opinions.

3) The third round of questioning: The researcher forwarded the questionnaire in the third round to the experts (by using the same questionnaire from the second round) and gave the statistical feedbacks in the group which were mode, median, and interquartile range on each item, including the position of the experts in replying the second round of questioning. This was aimed at providing the experts an opportunity to learn the similarity and the differences in their answers in comparison to the group and as a way to review their reply in this third round. As a matter of fact, the experts may confirm or may change their replies. Should the existing reply was outside the interquartile range; the experts need to provide their reasons. This round was the final round of questioning. The result of this third round will be determined to serve as enhancing caring of nursing students.

2.6 In the Delphi Technique, the validity check of research tool were equipped in the data collection process since the experts were directly keen on giving such information; it thus serves as content validity check by itself. For reliability check was gained from the repeated times of review on questions by the experts themselves.

Data Analysis

The researcher used content analysis to gather the essential information of the stakeholders' opinion and the experts' opinion. The process of content analysis consisted of three main steps: 1) reviewing the data set, 2) coding and categorizing the same meaning of words to categories, and 3) setting theme whose meaning associate the context. Themes of caring of the stakeholders group are shown in Table 8-13.

For the experts' opinion, there were three rounds of questioning that will consist of following data analysis:

1. The first round: a round for an open-ended question which constructed from documentary research and literature review and followed by opinion gathering from the experts through an interview. The content analysis was used in order to get the content of futures of enhancing caring of nursing students, Nursing Colleges under the Jurisdiction of the Ministry of Public Health in the next decade (2009-2018).

2. The second round: the content analysis was used in order to construct a questionnaire with Likert Scale in 5 levels of scoring:

- 1 means it has the least possible to occur
- 2 means it has less possible to occur
- 3 means it has moderately possible to occur
- 4 means it has more possible to occur
- 5 means it has the most possible to occur

During this stage, the researcher analyzed the data by the use of central tendency which include mode, median, and interquartile range in order to state the position of the opinions so as to learn about the distribution of opinions and thus comes the third round of questioning.

3. The third round: in this stage, the experts have learnt about median, interquartile range, and the corresponding individual position of the experts learnt from the second round. These third round opinions were analyzed in terms of median and interquartile range for score interpretation and co-consider with the mode as follows:

3.1 Median: the calculated median from the replies of the experts was interpreted as follows:

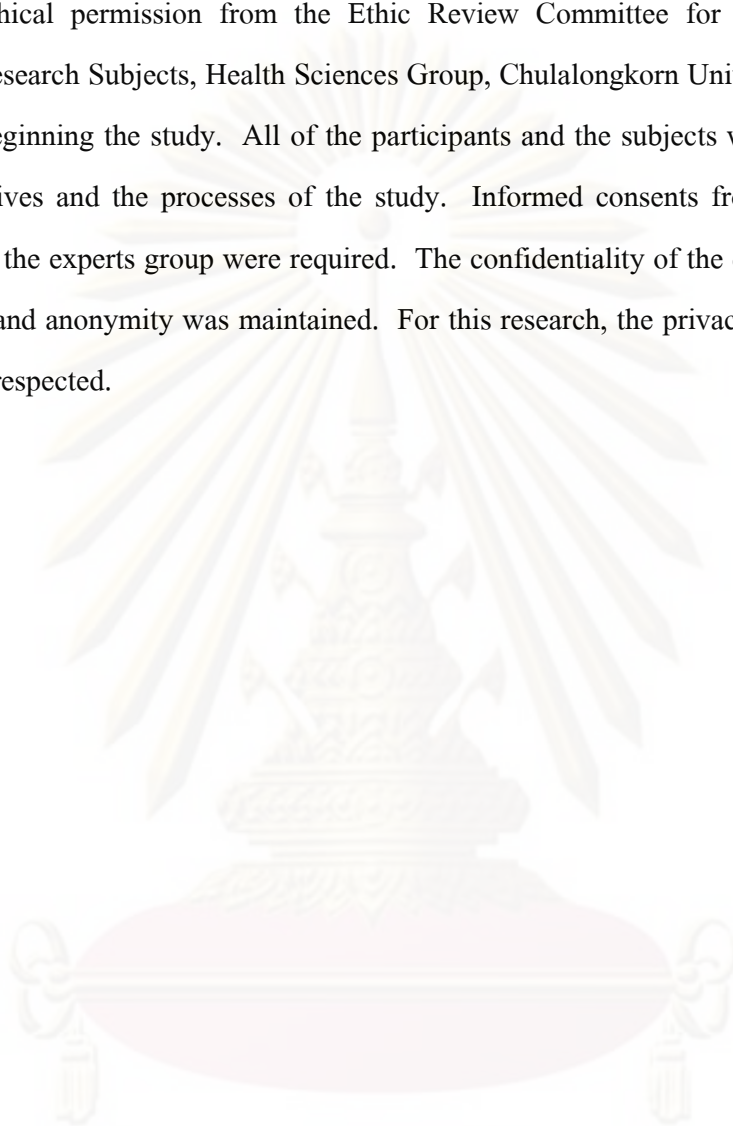
- 1.00-1.49 means trend of that item has the least possible to occur
- 1.50-2.49 means trend of that item has less possible to occur
- 2.50-3.49 means trend of that item has moderately possible to occur
- 3.50-4.49 means trend of that item has more possible to occur
- 4.50-5.00 means trend of that item has the most possible to occur

3.2 Interquartile range: the calculation gains from the different values between the 3rd quartile and the 1st quartile. Interquartile range of the item of questions with less than or equal to 1.50 shows the experts' opinions toward that statement is in accordance. Interquartile range of the item with more than 1.50 means the experts' opinion toward that statement is not in accordance.

3.3 Median and Mode differences: the researcher calculated median and mode of each item and then fined the differences between the two in each corresponding item in order to support the accordance of opinions by the experts. Such difference shows in the frequency of score from level 1 to level 5 on each particular item. Then, the formula was used to determine at what score level was the value of that single statement. In case the highest frequency of the score level is equal and is adjacent to each other, the middle value between those 2 scores will be used as the mode of the item. In case the highest frequency of the score level is equal, but not adjacent to each other, the score level of the two becomes the mode of the item.

Ethical Considerations

Ethical permission from the Ethic Review Committee for Research Involving Human Research Subjects, Health Sciences Group, Chulalongkorn University was obtained prior to beginning the study. All of the participants and the subjects were informed about the objectives and the processes of the study. Informed consents from the stakeholders group and the experts group were required. The confidentiality of the data obtained during the study and anonymity was maintained. For this research, the privacy of the participants was fully respected.



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CHAPTER IV

RESULTS

The main purposes of this research were to study trend and propose futures of enhancing caring of nursing students, Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health in the next decade (2009-2018) for determination the policy and plan of nursing education. This chapter presents the results from the opinion of stakeholder group (nursing students, nursing instructors, registered nurses, and clients) and expert group (expert in nursing education policy, nursing curriculum, and nursing education) about enhancing caring of nursing students. The findings of this study were organized into four parts as follows:

Part one: Characteristics of participants

Part two: Main point of caring concept

Part three: Main point of the stakeholders' opinion

Part four: Main point of the experts' opinion

Part one: Characteristics of Participants

For this research, there were two groups of participant 1) the stakeholders group and 2) the experts group. The stakeholders group was nursing students, nursing instructors, registered nurses, and clients are shown in Table 5. The experts group was expert in nursing education policy, nursing curriculum, and nursing education are shown in Table 6.

Table 5 Characteristics of the stakeholders group (N=195)

Groups Characteristics	Nursing Students		Nursing Instructors		Registered Nurses		Clients		Total	
	n	%	n	%	n	%	n	%	n	%
Sex										
Male	-	-	-	-	-	-	20	40.0	20	10.3
Female	40	100.0	55	100.0	50	100.0	30	60.0	175	89.7
Educational Level										
Ph.D. degree	-	-	3	5.5	-	-	-	-	3	1.9
Master's degree	-	-	52	94.5	7	14.0	-	-	59	38.1
Bachelor's degree	-	-	-	-	43	86.0	10	20.0	53	34.2
High school	-	-	-	-	-	-	22	44.0	22	14.2
Secondary school	-	-	-	-	-	-	14	28.0	14	9.0
Primary school	-	-	-	-	-	-	4	8.0	4	2.6
Working Experience										
25-34 years	-	-	12	21.8	14	28.0	-	-	26	24.8
15-24 years	-	-	28	50.9	25	50.0	-	-	53	50.4
5-14 years	-	-	15	27.3	11	22.0	-	-	26	24.8
Total	40	-	55	-	50	-	50	-	-	-

As shown in Table 5, there were 40 female nursing students. They enrolled in the fourth year of study for Bachelor's degree in nursing, in the first semester academic year 2009, studied at nursing institutes of Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health.

55 female nursing instructors have been working at nursing institutes of Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health. Most of nursing instructors have completed master's degree in nursing science (94.5%) and had working experiences in teaching in nursing for 15-24 years (50.9%).

50 female registered nurses have been working at medical ward, surgical ward, obstetric ward, and pediatric ward of Trang Hospital, Maharaj Nakhon Si Thammarat Hospital, Yala Hospital, Songkhla Hospital, and Suratthani Hospital. Most of registered nurses have completed bachelor's degree in nursing science (86.0%) and had working experiences in supervising in nursing practicum for 15-24 years (50.0%).

50 clients came to get nursing service at least three days at medical ward, surgical ward, obstetric ward, and pediatric ward of Trang Hospital, Maharaj Nakhon Si Thammarat Hospital, Yala Hospital, Songkhla Hospital, and Suratthani Hospital. A majority of clients were female (60.0%). Most of them have completed high school (44.0%) and gave information by themselves except parent in pediatric ward.



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Table 6 Characteristic of the experts group (N=20)

Characteristics	Nursing education policy		Nursing curriculum		Nursing education		Total	
	n	%	n	%	n	%	n	%
Sex								
Female	6	30.0	7	35.0	7	35.0	20	100.0
Age								
less than 40 years	-	-	2	28.6	4	57.1	6	30.0
41-55 years	3	50.0	5	71.4	3	42.9	11	55.0
more than 55 years	3	50.0	-	-	-	-	3	15.0
Educational Level								
Ph.D. degree	4	66.7	3	42.9	-	-	7	35.0
Master's degree	2	33.3	4	57.1	7	100.0	13	65.0
Working Experience in position								
16-20 years	-	-	-	-	5	71.4	5	25.0
11-15 years	5	83.3	4	57.1	2	28.6	11	55.0
5-10 years	1	16.7	3	42.9	-	-	4	20.0
Total	6	-	7	-	7	-	-	-

As shown in Table 6, all of the experts were female. The expert was classified into three groups respectively: expert in nursing curriculum, nursing education, and nursing education policy (35.0%, 35.0%, and 30.0%). Most of them are age between 41-55 years. A majority of them have completed master's degree in nursing science and had working experience in position for 11-15 years.

Part two: Main Point of Caring Concept

Table 7 An analysis of main point of caring concept

Theme	Main point
<p>1. The overview of caring concept</p>	<p>An abstract concept with idealistic about relationship between nurses and clients based on kindness and gives emotional support to others. Realization to human dignity and human value. Sincerely express with responsible to nursing role for bodymindspirit well-being of clients. Both of nurse and client give emotional support to each other in order to live with happiness in the social (Nodding, 1988: 218-220; Watson, 1985: 40; 2005: online; 2006: 22-25).</p>
<p>2. Meaning of caring</p>	<p>Giving help to client with empathize, understanding the clients' feeling on their illness, appreciating in value of each other, and expressing with sincerely (Mayeroff, 1971: 1, 64; Watson, 2005: online).</p>
<p>3. Importance of caring</p>	<p>Nursing profession has emphasized on directly action to human. Caring as a core concept of nursing care by art of creating of interpersonal relationship between nurses and clients. The outcome of caring are satisfied of clients, hopeful, and confident in safety. Moreover, sharing of experience, opinion, information, emotion, and belief effects on body to strengthening psychoneuroimmune, recovering from illness, and caring behavior of nurses also directly effect on body response such as pain relieve. (Watson, 2006: 22-25).</p>

Table 7 An analysis of main point of caring concept (cont.)

Theme	Main point
4. Principle of caring	4.1 Respect to human dignity and human value. 4.2 Interpersonal relationship based on kindness to each other. 4.3 Emphasizing on human well-being as holistic care—bodymindspirit (Mayeroff, 1971: 1, 64; Morse et al., 1990: 1-14; Watson, 1985: 40; 1997: 49; 2005: online)
5. Caring behaviors	5.1 To accept and understand client as individuals. 5.2 To provide care for client based on kindness to each other. 5.3 To create relationship between nurses and clients. 5.4 To provide nursing care based on knowledge, professional skilled, and knowledge of the relevant science. (Mayeroff, 1971: 1, 64; Morse et al., 1990: 1-14; Watson, 1985: 40; 1997: 49; 2005: online)
6. The ways for enhancing caring in nursing student	Nursing instructor and nursing administrator should: 6.1 To nurture attitude and caring behaviors for nursing students. 6.2 To create climate of learning for enhancing caring. 6.3 To be a good role model of caring. (Puangrat Boonyanurak, 1993: 30-31; Yisoon Jaidee, 1997; Darunee Rujkorakarn, 1998: 189-190; Piroon Rattanavanich, 2000)

Part three: Main Point of the Stakeholders' Opinion

This part presents the results from content analyses of the qualitative data and statistical analyses obtained from the focus group interview responded by nursing students and semi-structured interview responded by nursing instructors, registered nurses, and clients. The results of the analyses are shown in Table 8-14 as follows:

3.1 Meaning of caring from the opinions of nursing students, nursing instructors, registered nurses, and clients (Table 8).

3.2 The importance of caring from the opinions of nursing students, nursing instructors, registered nurses and clients (Table 9).

3.3 Registered nurses' caring behaviors in real situation from opinion of nursing students, nursing instructors, registered nurses, and clients (Table 10).

3.4 The importance factors of registered nurses' caring behaviors from opinion of nursing students, nursing instructors, registered nurses, and clients (Table 11).

3.5 Nursing students' caring behaviors in real situation from opinion of nursing students, nursing instructors, registered nurses, and clients (Table 12).

3.6 The example situation regarding caring in nursing profession derived from the nursing practicum experiences of nursing students as a trainee.

3.7 The ways for enhancing caring of nursing students from opinion of nursing students, nursing instructors, registered nurses, and clients (Table 13).

3.8 Summarization of the stakeholders' opinion (Table 14).

Table 8 Meaning of caring from the opinions of nursing students, nursing instructors, registered nurses and clients

Nursing students	Nursing instructors	Registered nurses	Clients
<p>The willingness to provide help for patients without prejudice as providing help for our cousins. It is the caring with empathy and with respect of human dignity.</p>	<p>Provision of caring with loving- kindness and taking into consideration of physical, mental, social and patient as well as a perception of human dignity and values of a patient.</p>	<p>Help a patient be safe from any illness and comprehend the feeling and needs of a patient as well as empower a patient to have a self-valued perspective and be able to live happily.</p>	<p>Providing help to make a patient better and can provide immediate response when needed by patient. This help should be with the polite verbal communication with friendly manner. Continuous attention to a patient with emotional support and suggestion for recovery from the illness.</p>
<p>NS.1: Be willing to help patient as our cousin.</p>	<p>NI.1: A provision of nursing services with a willingness of caring and empathy for physical, mental, social, and spiritual problems and needs.</p>	<p>RN.1: Think about the benefits that a patient should receive and that providing care to a patient, we as caregiver, should perform this duty with happiness.</p>	<p>CL.1: Provide help for a patient in order to make him/her recovered with polite verbal communications and emotional support.</p>

Table 8 Meaning of caring from the opinions of nursing students, nursing instructors, registered nurses and clients (Cont.)

Nursing students	Nursing instructors	Registered nurses	Clients
NS.2: Provide help to poor and low- educated patient without prejudice, but with more empathetic caring.	NI.2: Concern as we are being in a patient's shoes and look through the views of life of a patient. Pay more attention to the relationship between a nurse and a patient.	RN.2: Concern as being in a patient's shoes and look through the views of life of a patient. Provide care to a patient as if he/she is our cousin.	CL.2: A nurse should pay considerable attention to a patient and can provide immediate help as soon as needed by a patient.
NS.3: It is a caring with empathy and without prejudice.	NI.3: Consideration of the real problems and needs of a patient.	RN.3: We do not provide care to a patient due to our duties only, but also with our caring hearts.	CL.3: Provide regular attention with friendly manner to a patient and also provide help as soon as needed, so that a patient does not need to wait for a long time.
NS.4: Ready to provide help and services with willingness.	NI.4: Understanding about the situation where a patient confronts without any blame. Acceptance of the fact that a patient as who he/she is as human being. Provide an opportunity to express his/her feelings as appropriate.	RN.4: Understanding about the feelings and patients' needs. Desire to make a patient get better. Empower a patient to be self-valued and live happily.	CL.4: It is how to help a patient recover from the illness with the useful suggestion and provide assistance when a patient faces the problems.

Table 8 Meaning of caring from the opinions of nursing students, nursing instructors, registered nurses and clients (Cont.)

Nursing students	Nursing instructors	Registered nurses	Clients
NS.5: We should think about ourselves if we do not want anyone to do bad to us, we should not do the same to anyone.	NI.5: Provision of services for a patient with good feeling. Spending enough time with a patient and listening to him/her as well as provide information regarding treatment to him/her.	RN.5: Provide the best care to a patient and prevent a patient from any probable crisis or any medical conditions.	CL.5: Talk politely to a patient and provide emotional support and attention to any patient regardless of his/her low education and poorness.

Table 9 The importance of caring from the opinions of nursing students, nursing instructors, registered nurses and clients

Nursing students	Nursing instructors	Registered nurses	Clients
<p>A patient will trust and rely on that nurse and will be confident to provide fully cooperation with nurses and medical team. A patient will be satisfied with the service and gain more emotional strengths to fight with the illness. This can reduce the conflict between nurses and patients.</p>	<p>It is the core value of nursing practice enabling a patient to have trust in the quality of treatment. Also, it will result in hope and emotional strengths of a patient, so that a patient will be satisfied and impressed with the services. This leads to the better quality of nursing services.</p>	<p>It is an indicator of the quality of nursing practice leading to the trust and motivation for receiving treatment. A patient will be satisfied with the services. Nurses will be proud and self-valuable, and finally perform the duties with heart.</p>	<p>A patient will feel warm and free from anxiety. He/she will gain more emotional strengths to receive the treatment and will result in progressive recovery.</p>
<p>NS.1: A patient will trust and rely on that nurse and will provide fully cooperation for the treatment.</p>	<p>NI.1: It is the core value of nursing practice enabling a patient to have trust in the quality of treatment.</p>	<p>RN.1: It is an indicator of nursing practice quality leading to the trust and motivation for receiving treatment.</p>	<p>CL.1: A nurse who provides good care will make a patient feel warm and confident, and think that nurses will provide care all the time and this accelerates his/her recovery from illness.</p>

Table 9 The importance of caring from the opinions of nursing students, nursing instructors, registered nurses and clients (Cont.)

Nursing students	Nursing instructors	Registered nurses	Clients
NS.2: A patient will trust and rely on nurses and feel comfortable to provide any helpful information for his/her treatment.	NI.2: It will help a patient has more emotional strengths and hopes for recovering from the illness.	RN.2: This will reduce anxiety and will bring a good cooperation of patient in the treatment. Finally, a patient will be admitted for treatment for shorter period of time.	CL.2: If patient can stay close to doctors and nurses, he/she will has more emotional strengths to fight with the illness and this will accelerate the recovery from the illness.
NS.3: A patient will be less anxious, but feel more confident in the services he/she received and provide good cooperation for the treatment.	NI.3: It will make a patient feel good. If the mental health is better, the physical health will be better as well.	RN.3: A patient will be satisfied with the services and this will lead to the good profile of health services. As well, the complaints about the services will lessen.	CL.3: I can feel that nurses understand a patient like me. I dare to ask any doubts or queries. The more friendship that nurses provide to us, the more I feel comfortable.
NS.4: It will create the good atmosphere for services and reduce the conflict which can be happened during the treatment.	NI.4: It will cause the fact that access to the health services will be easier and more comfortable for patient and he/she will not be afraid to ask for help.	RN.4: Nursing practice can bring about the emotional values to a patient, and eventually the happiness can be happened to both nurses and patients.	CL.4: I think nurses here are very friendly to a patient. So a patient can ask any questions to them with no fear.

Table 9 The importance of caring from the opinions of nursing students, nursing instructors, registered nurses and clients (Cont.)

Nursing students	Nursing instructors	Registered nurses	Clients
NS.5: Nurses will more understand a patient and this will cause the reduction of conflict between nurses and patients.	NI.5: If a nurse is willing to provide good care for a patient, he/she will gain more inner strengths to fight with the illness.	RN.5: It will cause the fact that nurses will love and be proud in their nursing profession.	CL.5: Sometimes, I have some doubts and want to ask a question to nurses, but I am scared to do so. That is because I see that all nurses have a lot of tasks to do. As a result, I wait until they are not busy.

Table 10 Registered nurses' caring behaviors in real situation from opinion of nursing students, nursing instructors, registered nurses, and clients

Nursing students	Nursing instructors	Registered nurses	Clients
<p>Nurses have to be responsible for a lot of tasks. Hence, they pay less attention to patients. If the number of nurses and burden of tasks are proportionate, caring provided to patients will be increased.</p>	<p>At present, almost all nurses are responsible for tons of works. This affects the quality of services and lessens caring while health problems more complicated health conditions of patients. However, the quality assurance system is one of the tools to result in the monitor the quality of services.</p>	<p>Nowadays, nurses have more burdens concerning to the quality of nursing services than in the past. If the number of patients is not proportionate, when compared with the number of nurses working in that shift, the caring and attention to the patients will be diminished. Nurses have to prioritize their works and try to finish all the works within the confined time.</p>	<p>Nurses have duties and are responsible for all patient-related issues. Thus, this obstructs the proper caring to the patients. However, nurses still have to work 24 hours.</p>
<p>NS.1: Some nurses are very good. They pay a very considerable attention to patients regardless of the number of patients at that time.</p>	<p>NI.1: Many times, nurses more focus on the medical plan derived from a doctor than respond to the real needs of patients.</p>	<p>RN.1: Tons of works are still waiting for us. Consequently, we want to finish them as many as we can regardless of the quality of services.</p>	<p>CL.1: When nurses are trying to help the patient who stop breathing, every of them are working in team and try to bring a patient back. No nurse stays still.</p>

Table 10 Registered nurses' caring behaviors in real situation from opinion of nursing students, nursing instructors, registered nurses, and clients (Cont.)

Nursing students	Nursing instructors	Registered nurses	Clients
<p>NS.2: In each shift, there are too many patients and this make them have to wait for doctors outside the building. Nurses have to concentrate on their tasks with the limitation of time. So they may not pay attention or look after every patient properly.</p>	<p>NI.2: The health issues of the patients are more complicated than in the past. If nurses use only technology in providing care to them, nurses will perform their duties routinely.</p>	<p>RN.2: Because the increasing number of patients and burden of tasks, especially the documents, consume a lot of time, nurses cannot spend more time for listening to patients.</p>	<p>CL.2: I see nurses have been working all the time and the number of patients never stop increasing. They have to serve many patients under the universal health scheme, and then, they have to take care of the patients from operation unit.</p>
<p>NS.3: Sometimes, nurses are not eager to provide care to patients.</p>	<p>NI.3: Most of nurses still pay attention to patients and never abandon them. However, occasionally some nurses have to complete so many tasks that they provide care to patients very late in each shift.</p>	<p>RN.3: Nurses can provide good care for physical health for patients, but some of nurses still ignore the mental health of patients.</p>	<p>CL.3: A lot of patients are waiting, but only some nurses are working. I can see that other patients are in critical health conditions, so I am O.K. if nurses have to take care of such cases before come to see me.</p>

Table 10 Registered nurses' caring behaviors in real situation from opinion of nursing students, nursing instructors, registered nurses, and clients (Cont.)

Nursing students	Nursing instructors	Registered nurses	Clients
NS.4: Sometimes, nurses pay more attention to a patient's physical health than the mental health.	NI.4: The satisfactions and compliments from patients increase the caring services by nurses.	RN.4: Many times, nurses have to prioritize their works and which patient is the most urgent.	CL.4: Nurses provide help to patient without any expectation for any remuneration from patients.
NS.5: If the number of nurses is adequate when compared with the highly increased number of tasks, caring can be scaled up.	NI.5: Nurses pay more attention to provide caring for patients owing to their quality assurance policy in their health services.	RN.5: Although there are a number of tasks, we provide our services with sincerity because we want them to get well and healthy.	CL.5: Nurses have been working for many days with a few rests. They may be very exhausted, but they can still smile.

Table 11 The importance factors influence to nurses' caring behaviors from opinion of nursing students, nursing instructors, registered nurses, and clients

Nursing students	Nursing instructors	Registered nurses	Clients
Attitude towards nursing science, personal habits, environment in the workplace, and working experiences.	Attitude towards nursing profession, attention to care for a patient, background and habits, and environment and atmosphere in the workplace.	Personal habits, attitude towards nursing profession, details of tasks of each ward, and the hospital policy.	Personal habits, love and faith in nursing profession, and the number of patients.
NS.1: The number of nurses and patients. If there are so many patients that the extra beds will be provided, the nurses cannot provide care for all the patients properly.	NI.1: Personal habits, and working atmosphere that the team members will help each other and emphasize the quality of care for patients.	RN.1: The readiness in providing services such as physical health, knowledge and capacity and working experiences.	CL.1: The person who can be a good nurse must be a kind and like to help others. That person must be very patient, sincere, and willing to provide services.
NS.2: Working experiences will strengthen the confidence in providing caring to the patients.	NI.2: The atmosphere of generousness among nurses and nursing students in mutually providing caring for patients.	RN.2: It is up to the details of tasks of each unit. As for the emergency unit, we have to provide services so quickly that the patients may think they are treated unsatisfactorily.	CL.2: There are a lot of patients in this ward and each of them has different illnesses. Only 4-5 nurses cannot respond properly to their needs.

Table 11 The importance factors influence to nurses' caring behaviors from opinion of nursing students, nursing instructors, registered nurses, and clients (Cont.)

Nursing students	Nursing instructors	Registered nurses	Clients
NS.3: Attitude towards this profession and the role model.	NI.3: Environment and atmosphere in the workplace emphasizing on the respecting the differences in each individual.	RN.3: The hospital policy on quality assurance also leads to the awareness of providing the caring more to the patients.	CL.3: The person who can be a nurse must love in this profession, because she has to face with many things which are not cheerful.
NS.4: Personal habits and environment in the workplace that usually help each other.	NI.4: The teachings from the family and community about helping each other.	RN.4: Attitude towards this profession and the well-accepted role model as good nurses.	CL.4: Nurse is the person who must have very high responsibility and dedicate to help others without any remuneration from the patients.
NS.5: Attitude, love and faith in this profession, and personal habits.	NI.5: Attitude towards this profession, and attention to the care for patients.	RN.5: Personal habits and attitude towards this profession.	CL.5: The good nurse usually are the kind person who always help other people.

Table 12 Nursing students' caring behaviors in real situation from opinion of nursing students, nursing instructors, registered nurses, and clients

Nursing students	Nursing instructors	Registered nurses	Clients
<p>Normally, nursing students pay a lot of their attention to providing care for patients, but they still lack of skills regarding nursing practice and confidence in communicating with patients in some cases.</p>	<p>Most of nursing students pay their attention to providing care for patients, but they lack of skills regarding nursing practice and experiences in interaction with the patients.</p>	<p>Most of nursing students have a lot of caring behaviors, but sometimes they are not so confident in interaction with the patients.</p>	<p>Patients will be free from anxiety and worries, when nursing students are closed to them. The patients are confident in the quality of treatment and satisfied with the nursing services performed by the nursing students.</p>
<p>NS.1: I notice that most of my friends usually stay close to the patients for providing their services. If my cousin is sick, I want other nurses to take care of my cousin like my friends do.</p>	<p>NI.1: The nursing students lack of skills regarding nursing practice and experiences in interaction with the patients.</p>	<p>RN.1: The nursing students are assigned to take care a few patients, so they have more time to talk to them and they understand the real needs of such patients.</p>	<p>CL.1: I think when we are sick, we all want someone to take good care of us, especially when staying at the hospital. That is because when being sick and staying at hospital, I do not how to cope with some problems related to illness; thus, I want nursing students to stay around me.</p>

Table 12 Nursing students' caring behaviors in real situation from opinion of nursing students, nursing instructors, registered nurses, and clients (Cont.)

Nursing students	Nursing instructors	Registered nurses	Clients
<p>NS.2: I am very concerned about the patients and hope that they will get well very soon. Although we are just the students and not skillful, we try our best to provide the services.</p>	<p>NI.2: Some nursing students just focus on their assigned tasks merely.</p>	<p>RN.2: In each group of the nurse apprentice, it is found that there are both good apprentices providing the good care to patients and also the ungenerous apprentices focusing on only the patients' information written in the patient record.</p>	<p>CL.2: Most of the nursing students provide good care to patients. They also talk to the patients kindly. This makes the patients feel relieved and relaxed.</p>
<p>NS.3: The working experiences derived from the job training are not adequate; hence, I am not confident to provide holistic care to the patients.</p>	<p>NI.3: Some nursing students take very good care of the patients confidently and quickly and they are not shy when talking to the patients.</p>	<p>RN.3: Most of the nursing students are willing to provide good care to patients. But they may need to practice more on the interaction skill with the patients.</p>	<p>CL.3: I think the nursing students take very good care of me. My daughter has to go to work during daytime and she can come to hospital only in the evening. If nursing students are not around me, I will be worried and scared.</p>

Table 12 Nursing students' caring behaviors in real situation from opinion of nursing students, nursing instructors, registered nurses, and clients (Cont.)

Nursing students	Nursing instructors	Registered nurses	Clients
NS.4: I think that I have only a few skills concerning nursing practice and I am not confident to talk to the patients.	NI.4: The nursing students pay attention to take good care the patients who are assigned to be under their responsibility as well as other patients.	RN.4: The nursing students have low level of skills in nursing practice; however, they can make the patients feel more relaxed.	CL.4: If the nursing students are near or close to us, I will not be scared and will be relieved.
NS.5: Sometimes, I am afraid that the patients may not give good cooperation, But when I start the conversation with the patients, I can feel that they are ready to follow my suggestion with no worries.	NI.5: Some nursing students are not confident to do some tasks. But when the suggestions are given to them before conducting some tasks, they can do such tasks well.	RN.5: Nowadays, not so many nursing students join the apprentice course as in the past. However, it is seen that they are eager to learn more on how to provide care to patients.	CL.5: Normally, my son is very scared of the strangers and then he will be petulant. But for this time he said that he really liked nursing students. This makes me feel very relieved.

ศูนย์วิทยทรัพยากร

จุฬาลงกรณ์มหาวิทยาลัย

The example situation regarding caring in nursing profession derived from the nursing practicum experiences of nursing students as a trainee.

1) From the nursing practicum experiences of nursing students as a trainee, is there any impressive moment that you think it reflect clearly caring in nursing profession? Please give the reasons for such impression. Further, how did that situation impress you?

1st situation:

“The senior nurse responsible for the ICU gave an opportunity for the cousins of the patients who was about to die to conduct the religious activity following to the family belief. The cousins requested the monk to come to the hospital and provide an offering to that monk. As a result, the patient could be able to make a merit and virtue which made that patient and cousins felt relieved and relaxed. The reason that I am impressed with it because I saw the patient and cousins were very happy with full help and support by the nurse. On that day, my friend and I were very happy. This impression influenced us; we wanted to do like her. It was obviously seen that nurses could understand the real needs of patients. When we did good thing to them, they appreciated us.”

2nd situation:

“At the postnatal ward in a provincial hospital, the 24-year-old Thai woman with the 39-week pregnancy (2nd pregnancy) was transferred from the delivery room with anxiety. Nursing student took history and found that there was no complication during the pregnancy. Yesterday she came to visit the doctor as usual. However, she was admitted to stay at hospital in order to observe her symptoms. That is because of her uterine was contracted more frequently and the delivery might be happened very soon. During took history, she was very worried. Nursing instructor asked her more questions and found that the distance between her home and hospital was very far; it was approximately 70 kilometers. She did not know the telephone number of nearby health station and could not find any telephone to call and tell her husband that now she was staying at hospital. Nursing instructor provided the emotional support to her by touching that woman’s hands and told her that she would

find the way to help her. Then, nursing instructor went to consult this issue with the chief nurse who was in charge of that ward and coordinate with the nearby health station. The reason of this impression was that nursing instructor was willing to help that pregnant woman sincerely and totally understand her real needs. Owing to this help and emotional support, the pregnant woman felt more confident and relieved. This circumstance brought about my dedication to help others suffering from diseases.

3rd situation:

“55-years-old Thai woman from the car accident with unconsciousness was hospitalized. After neurosurgery, she was still unconscious and had stable condition for two months. No cousin came to visit her at hospital. The hospital tried to find her cousin but failed. A few days before her death, her health condition became worse. On that day nursing student noticed that she got some tears in her eyes and still in coma, although the medical team provided the best attempt. Finally, she passed away without any visit from her cousin, but at that moment our nursing instructor and my friends tried our best to become as her cousins and provided care of death for her. The reason for this impression was that it was a very pity case, because even the moment of her last breathe, there was no cousins of hers. In this kind of case, if someone who are not cousins of the patients, such as nurses, nursing instructors or nursing students, provide caring at the last stage of patients’ life, this would be very important and meaningful to the patients. If the patients’ cousins stay with he/she when in coma, the patients’ health might not be worse and passed away very soon like this.”

4th situation:

“I was in the night shift and on that night there were three nurses. A senior nurse did the round-ward visit and observed any symptoms of the patients carefully. It was found that one of the child patients had high fever. She explained about this high fever to that child and helped the mother of the child to keep toweling her child calmly almost all night. At the same time, I had no idea where other nurses were. This kind nurse impressed me very much. I was impressed that she performed her duty properly according to her own

responsibility for help the patients free from any sufferings and symptoms. I am intending that when I have graduated as the nurse, I will be a good nurse and will perform my duties as best as I can. ”

5th situation:

“A mother after C/S with consciousness wanted to do the breast feeding for her newborn baby. Most of the newborn baby usually responded immediately after arousal. However, in this case that newborn baby declined the breastfeeding. The senior nurse spent many hours to find many ways to arouse the newborn baby for the breastfeeding. The reason of impression is that nurse stay calm and provided the attempt to arouse the newborn baby to get the most advantages from breastfeeding. I thought nurses must have been very patient otherwise she might stop her attempt or give up since the beginning. I was very happy to see that, and if I were that nurse and provided my help to the newborn baby, I would be happier.”

2) From the nursing practicum experiences of nursing students as a trainee, is there any situation that you think it is the examples of uncaring in nursing profession? And what do you feel about it?

1st situation:

“Using bad verbal and non verbal communication to a patient is something that should not be done. I feel sorry to patients who faced with the illness, but they had to gain more unpleasant suffering when nurses blamed or talked very bad to them. For example, if you do not take the contraceptive pills, you will be pregnant again and you will be in the worse situation! Now you are very old to be pregnant, why do you still want more children?... I think there are many ways to communicate better than this.”

2nd situation:

“When the nurses were together, they usually gossiped the patients. Hence, those nurses did not follow the oath that they did when they were nursing students.”

3rd situation:

“HIV patients with some opportunistic infections such as TB was separated to stay at the confined area. When a nurse needed to talk to them, she usually talked to them at the door, but did not enter into the confined area or go to the patient bed. Consequently, it made me feel if I was discriminated like this, it might be because the nurse mind or disgust us. So they do not want to touch our body or come closer.”

4th situation: (same situation as mentioned above)

“It was unfair to us if the nurses provided improper caring to the patients and did not care about their colleagues, because they just wanted to finish their own works merely. Moreover, if the patients were coma suddenly and we could not help them in time, what should we do? How could we be responsible for this? This might be sued at the Court of Justice! If this happened to me, I would be very sorry and feel very upset.”

5th situation:

“For the nursing service in some cases such as providing the complete bed bath for the unconscious, nurses may not think that this is the way to expose the patients’ body. However, I try to imagine as if I am that unconscious patient and what will be my feeling deep down. Will I be shy?”

Summarization of the significant issues from the example situations

From the nursing practicum experiences of nursing students as a trainee, there were the examples of caring and uncaring in nursing profession that the researcher summarized the significant issues from these situations as the following:

1. Nurses respect the value, dignity, and individualism of patients.
2. Nurses must take action to protect on patients’ rights.
3. Nurses should have sensitivity to one’s self and to others.
4. Nurses should promote and accept the expression of positive and negative feeling of the patients.
5. Nurses give a helping to the patients without remuneration.

Table 13 The ways for enhancing caring of nursing students from opinion of nursing students, nursing instructors, registered nurses, and clients

Nursing students	Nursing instructors	Registered nurses	Clients
<p>Nursing students should be fostered good attitude towards nursing profession since the beginning of the study at the nursing college. During the study, the good role models of nurses' caring behaviors towards patients should be demonstrated to nursing students. The learning from the real situation should be promoted and encouraged. Furthermore, nursing students regularly should have a chance to practice on their religions' instruction.</p>	<p>The colleges of nursing should foster the good attitude towards nursing profession and encourage the conscious on caring to nursing students with a good examples from nursing instructors and registered nurses as the role models. The enabling environment for learning from real situation should be established in theory and in practice as well as in daily life.</p>	<p>The colleges of nursing should have the appropriate criteria to select the candidates toward nursing profession. The curriculum, teaching and learning should be developed to emphasize on caring theory and practice. Furthermore, nursing instructors and registered nurses should be good role model for nursing students so nursing students should be able to learn about caring from real situation.</p>	<p>The colleges of nursing should teach nursing students about loving-kindness, willingness, empathy for patients, relish in the profession since they are still nursing students.</p>

Table 13 The ways for enhancing caring of nursing students from opinion of nursing students, nursing instructors, registered nurses, and clients (Cont.)

Nursing students	Nursing instructors	Registered nurses	Clients
NS.1: One of the criteria to be a nursing students here is the relish in this profession.	NI1: The criteria regarding relish in this profession should be made in order to select to be a nursing students.	RN.1: It should be emphasized on the criteria to select only the persons who are very relish to this profession to be a nursing student.	CL.1: The persons who want to study in the nursing colleges should be relish in this profession and very kind and like to help others.
NS.2: We learn from the actual experiences of nursing instructors, registered nurses and the senior nursing students about how to provide good care to the patients.	NI.2: Nursing students should have the opportunities to learn from the real situation, and they should practice on how to think about what are in the mind of health providers and clients.	RN.2: The value on dedication and the happiness from working should be developed.	CL.2: Teaching to understand from the views of the patients and relish in the profession should be made since they are still nursing students.
NS.3: Nursing instructors and registered nurses are the role model directly influencing nursing students.	NI.3: The colleges of nursing should create the enabling environment and atmosphere to support caring both in theory and in practice, as well as in the daily life.	RN.3: Nursing students should be gathered in pair or in group in order to help each other about the study and daily life.	CL.3: Nursing students should be taught on how to really understand the illness and the feelings of the patients, especially the poor and low-educated.

Table 13 The ways for enhancing caring of nursing students from opinion of nursing students, nursing instructors, registered nurses, and clients (Cont.)

Nursing students	Nursing instructors	Registered nurses	Clients
NS.4: Nursing students should have seen the role models who provide very good care to the patients.	NI.4: A good role model will result in the motivation of nursing students to provide best care to the patients.	RN.4: The role model should be recommended to be a good example for providing good care to the patients.	CL.4: I want the senior nurses to teach the junior nurses on how to provide good care to the patients.
NS.5: Nursing students should be allowed to comprehend and follow the teachings of their own religions.	NI.5: Caring should be built and developed tangibly.	RN.5: The activities and classes concerning the practice of Dharma should be held for nursing students regularly.	CL.5: Nursing students should be trained for providing care to the patients in every units.

Table 14 Summarization of the stakeholders' opinion

Nursing students	Nursing instructors	Registered nurses	Clients
1. The meaning of caring in nursing profession			
<ul style="list-style-type: none"> - The willingness to provide help for patients without prejudice. - Caring with empathy and respect of human dignity. 	<ul style="list-style-type: none"> - Provision of caring with loving-kindness. - Emphasizing on holistic care: physical, mental, and social. - Concerning on human dignity and values of patient. 	<ul style="list-style-type: none"> - Concerning on patients' safety from any illness. - Understanding on patients' needs and feeling. - Empowering patients to have self-valued and be able to live happily. 	<ul style="list-style-type: none"> - Providing help to make a patient better. - Providing immediate response when needed by a patient. - Continuous attention to a patient with emotional support and suggestion for recovery from the illness.
2. The important of nurses' caring through nursing care			
<ul style="list-style-type: none"> - A patient will trust and rely on nurse and will be confident to provide fully cooperation with nurses and medical team. - A patient will be satisfied with the services and gain more emotional strengths to fight with the illness. - To reduce the conflict between nurses and patients. 	<ul style="list-style-type: none"> - The core value of nursing practice enabling a patient to have trust in the quality of nursing care. - A patient will be satisfied and impressed with the services. 	<ul style="list-style-type: none"> - An indicator of the quality of nursing practice leading to trust and motivation for receiving treatment. - It is hope and emotional strengths of a patient and leads to the better quality of nursing care. 	<ul style="list-style-type: none"> - A patient will be satisfied with the services. - Nurses will be proud and self-valuable, and perform the duties with heart.

Table 14 Summarization of the stakeholders' opinion (Cont.)

Nursing students	Nursing instructors	Registered nurses	Clients
3. Nurses' caring behaviors in real situation			
<p>- Nurses have to be responsible for a lot of tasks.</p> <p>- Proportionate of the number of nurses and burden of tasks effect to paying more attention to patients, the caring provided to patients will be increased.</p>	<p>- Nurses are responsible for tons of works, this affects the quality of services and lessens the caring while health problems more complicated.</p>	<p>- Nurses have more burdens concerning to the quality of nursing services than in the past.</p> <p>- If the number of patients and nurses are not proportionate, caring and attention to the patients will be diminished.</p> <p>- Nurses have to prioritize their works and try to finish all the works within the confined time.</p>	<p>- Nurses have duties and are responsible for all patient in 24 hours, thus this obstructs the proper caring to the patients.</p>
4. The important factors influence to nurses' caring behaviors			
<p>- Attitude towards nursing science, personal habits, environment in the workplace, and working experiences.</p>	<p>- Attitude towards nursing profession, attention to care for a patient, background and habits, and environment and atmosphere in the workplace.</p>	<p>- Personal habits, attitude towards nursing profession, details of tasks of each ward, and the hospital policy.</p>	<p>- Personal habits, love and faith in nursing profession, and the number of patients.</p>

Table 14 Summarization of the stakeholders' opinion (Cont.)

Nursing students	Nursing instructors	Registered nurses	Clients
5. Nursing students' caring behaviors			
<p>- Nursing students pay a lot of their attention to providing care for patients, but they still lack of skills regarding nursing practice and confidence in communicating with patients in some cases.</p>	<p>- Nursing students pay their attention to providing care for patients, but they lack of skills regarding nursing practice and experiences in interaction with the patients.</p>	<p>- Nursing students pay a lot of caring behaviors for patients, but sometimes they are not so confident in interaction with the patients.</p>	<p>- Patients will be free from anxiety and worries, when nursing students are closed to them.</p>
6. The ways to enhance caring of nursing student			
<p>- Nursing students should be fostered good attitude towards nursing profession since the beginning of the study at the nursing college. - During the study, the good role models of nurses' caring behaviors towards patients should be demonstrated to nursing students.</p>	<p>- The colleges of nursing should foster good attitudes towards nursing profession and encourage the conscious on caring to nursing students with the good examples from nursing instructors and registered nurses as the role models.</p>	<p>- The colleges of nursing should have the appropriate criteria to select the candidates toward nursing profession. - The curriculum, teaching and learning should be developed to emphasize on caring theory and practice.</p>	<p>- The colleges of nursing should teach nursing students about loving-kindness, willingness, empathy for patients, relish in the profession since they are still nursing students.</p>

Table 14 Summarization of the stakeholders' opinion (Cont.)

Nursing students	Nursing instructors	Registered nurses	Clients
6. The ways to enhance caring of nursing student			
<ul style="list-style-type: none"> - The learning from the real situation should be promoted and encouraged. - Nursing students regularly should have a chance to practice on their religions' instruction. 	<ul style="list-style-type: none"> - The enabling environment learning from real situation should be established in theory and in practice as well as in daily life. 	<ul style="list-style-type: none"> - Nursing instructors and registered nurses should be good role model for nursing students, so nursing students should be able to learn about caring from real situation. 	

Part four: Main point of the experts' opinion

This part presents the results from content analyses of the qualitative data and statistical analyses obtained from the semi-structured interview and questionnaire responded by expert in nursing education policy, nursing curriculum, and nursing education. The results of the analyses are shown in Table 15-18 as follows:

4.1 Mean, Median and Mode differences, and Interquartile range (IQR) of the experts' opinion about affecting factors on nursing profession and nursing education (Table 15).

4.2 Mean, Median and Mode differences, and Interquartile range (IQR) of the experts' opinion about the important factors influence to caring behaviors (Table 16).

4.3 Mean, Median and Mode differences, and Interquartile range (IQR) of the experts' opinion about qualification of graduate nurses (Table 17).

4.4 Mean, Median and Mode differences, and Interquartile range (IQR) of the experts' opinion about the ways for enhancing caring in nursing students (Table 18).

Table 15 Mean, Median and Mode differences, and Interquartile range (IQR) of the experts' opinion about affecting factors on nursing profession and nursing education

Items	Mean	Median	Mode	Median -Mode	IQR	Possible to occur
1. Owing to the rapidly changing and high-competitive social situation, people require the better quality of health services than in the past.	4.95	5.00	5	0.00	0.00	the most
	5.00	5.00	5	0.00	0.00	the most
2. People are more interested in health care	4.50	4.50	4	0.50	1.00	the most
	4.50	4.50	4	0.50	1.00	the most
3. People have a right to be informed on health benefits and they increasingly advocate for themselves.	4.50	4.50	4	0.50	1.00	the most
	4.50	4.50	4	0.50	1.00	the most
4. People access more to health services. The proportion between the number of clients and the number of nurses have been higher; consequently, the burden of tasks of nurses are multiplied.	4.00	4.00	4	0.00	0.75	more
	4.05	4.00	4	0.00	0.75	more
5. The number of foreigners seeking for the health services is going up; hence, nurses must perform their duties under the cross-cultural environment.	3.55	3.50	3	0.50	1.00	more
	3.60	3.50	3	0.50	1.00	more
6. The high- competitive social situation affects the educational management concerning nursing science. For instance, the demands of the people graduated from nursing science are high and there are the competitions among the private and public nursing colleges.	4.45	4.00	4	0.00	1.00	more
	4.45	4.00	4	0.00	1.00	more

the 2nd round data: over dotted line the 3rd round data: under dotted line

Table 15 Mean, Median and Mode differences, and Interquartile range (IQR) of the experts' opinion about affecting factors on nursing profession and nursing education (Cont.)

Items	Mean	Median	Mode	Median -Mode	IQR	Possible to occur
7. From now on, it is a knowledge-based society, networking, competition to the academic excellence and intellectual development. As a result, management of nursing science should focus on how to search for and knowledge building capacity, critical thinking, creative thinking and innovative development.	4.85	5.00	5	0.00	0.00	the most
	4.85	5.00	5	0.00	0.00	the most
8. The nursing colleges tend to lack of nursing instructors, as now a lot of nursing instructors are going to be retired.	3.65	4.00	4	0.00	1.00	more
	3.90	4.00	4	0.00	1.00	more
9. A nurse has to have well-rounded of knowledge and resources, particularly the updates on any happenings.	4.40	4.50	5	0.50	1.00	more
	4.50	4.50	4	0.50	1.00	the most
10. The change in demographic structure resulted from the constantly increasing number of the aging will cause the curriculum and instruction focusing on health promotion for the aging.	4.15	4.00	4	0.00	0.00	more
	4.15	4.00	4	0.00	0.00	more
11. The change in energy and environment will bring about the curriculum and instruction focusing on the awareness on energy conservation and management, especially bio-energy and alternative energy.	3.80	4.00	4	0.00	0.00	more
	3.90	4.00	4	0.00	0.00	more
12. Because of the epidemic of some dangerously infectious diseases such as 2009 swine flu, many students choose not to pursue their education in nursing science.	3.20	3.00	3	0.00	0.75	moderate
	3.25	3.00	3	0.00	0.75	moderate

the 2nd round data: over dotted line the 3rd round data: under dotted line

Table 15 Mean, Median and Mode differences, and Interquartile range (IQR) of the experts' opinion about affecting factors on nursing profession and nursing education (Cont.)

Items	Mean	Median	Mode	Median -Mode	IQR	Possible to occur
13. It seems that not so many students are interested in pursuing their education in nursing science. That is because working as a nurse has to be in shift. Sometimes they have to work in night shift and this will make their lives different from other people with different occupations.	3.65	4.00	4	0.00	1.00	more
	3.65	4.00	4	0.00	1.00	more
14. The economic recession makes some of the working people have no employment. This may lead to the fact that some students will choose to study in nursing science.	4.05	4.00	4	0.00	0.00	more
	4.00	4.00	4	0.00	0.00	more
15. The students who choose to study in nursing science due to the certainty in employment after graduation may not really love this profession.	4.05	4.00	4	0.00	2.00	more
	4.50	4.50	4	0.50	1.00	the most
16. The number of the smart students who choose to study in nursing science may be reduced, because a lot of education alternatives are made.	4.30	4.00	5	1.00	1.00	more
	4.30	4.00	5	1.00	1.00	more

the 2nd round data: over dotted line the 3rd round data: under dotted line

Table 15 shows the experts' opinion about affecting factors on nursing profession and nursing education between the 2nd round (over dotted line) and the 3rd round (under dotted line) were quite similar. Almost of the preferable futures about affecting factors on nursing profession and nursing education were high score and trend of that situation has more possible to occur as follows respectively:

1. In the 2nd round (over dotted line), the highest score were “Owing to the rapidly changing and high-competitive social situation, people require the better quality of health services than in the past” (M=5.00, \bar{X} = 4.95), “From now on, it is a knowledge-based society, networking, competition to the academic excellence and intellectual development. As a result, management of nursing science should focus on how to search for and knowledge building capacity, critical thinking, creative thinking, and innovative development” (M=5.00, \bar{X} = 4.85). Further, “People are more interested in health care”, “People have a right to be informed about health benefits and they increasingly advocate for themselves” (M=4.50, \bar{X} =4.5). Then, “A nurse has to have well-rounded of knowledge and resources, particularly the updates on any happenings” (M=4.5, \bar{X} = 4.40). On the other hand, the lowest score was “Because of the epidemic of some dangerously infectious diseases such as 2009 swine flu, many students choose not to pursue their education in nursing science” (M=3.00, \bar{X} = 3.20).

2. In the 3rd round (under dotted line), the highest score were “Owing to the rapidly changing and high-competitive social situation, people require the better quality of health services than in the past” (M=5.00, \bar{X} =5.00), “From now on, it is a knowledge-based society, networking, competition to the academic excellence and intellectual development. As a result, management of nursing science should focus on how to search for and knowledge building capacity, critical thinking, creative thinking, and innovative development” (M=5.00, \bar{X} = 4.85). Further, “People are more interested in health care”, “People have a right to be informed about health benefits and they increasingly advocate for themselves”, and “A nurse has to have well-rounded of knowledge and resources, particularly the updates on any happenings” (M=4.50, \bar{X} =4.5). On the other hand, the lowest score was “Because of the epidemic of some dangerously infectious diseases such as 2009 swine flu, many students choose not to pursue their education in nursing science” (M=3.00, \bar{X} = 3.25).

Table 16 Mean, Median and Mode differences, and Interquartile range (IQR) of the experts' opinion about the important factors influence to caring behaviors

Items	Mean	Median	Mode	Median -Mode	IQR	Possible to occur
1. Caring is provided to be the core component of the curriculum.	4.40	4.50	4	0.50	1.00	more
	4.50	4.50	4	0.50	1.00	the most
2. The curriculum and instruction are designed to promote caring behaviors.	4.65	5.00	5	0.00	0.75	the most
	4.70	5.00	5	0.00	0.75	the most
3. Caring behaviors can be initiated by direct instruction and observation.	4.85	5.00	5	0.00	0.00	the most
	4.90	5.00	5	0.00	0.00	the most
4. There are a lot of good role models from nursing instructors, registered nurses and relevant health providers.	4.50	5.00	5	0.00	1.00	the most
	4.60	5.00	5	0.00	1.00	the most
5. Create the enabling environment for promotion of caring in the organization.	4.60	5.00	5	0.00	1.00	the most
	4.70	5.00	5	0.00	1.00	the most
6. The ethic and virtue continuously and regularly should be fostered since they are still the nursing students.	4.80	5.00	5	0.00	0.00	the most
	4.85	5.00	5	0.00	0.00	the most
7. Caring should be provided as the main policy of nursing services.	4.65	5.00	5	0.00	0.75	the most
	4.75	5.00	5	0.00	0.75	the most
8. We should pay attention to caring behaviors.	4.40	5.00	5	0.00	1.00	more
	4.60	5.00	5	0.00	1.00	the most
9. Have good attitude towards nursing profession.	4.55	5.00	5	0.00	1.00	the most
	4.70	5.00	5	0.00	1.00	the most
10. Respect the value, dignity and individualism of yourself and others.	4.60	5.00	5	0.00	1.00	the most
	4.65	5.00	5	0.00	1.00	the most
11. Have knowledge and capacity to provide care to a client.	4.15	4.00	4	0.00	1.00	more
	4.30	4.00	4	0.00	1.00	more
12. Be proud of nursing profession.	4.60	5.00	5	0.00	0.75	the most
	4.75	5.00	5	0.00	0.75	the most
13. The burden of providing care should be proportionate with the number of nurses and clients.	3.90	4.00	5	1.00	2.00	more
	4.40	4.00	4	0.00	1.00	more

the 2nd round data: over dotted line

the 3rd round data: under dotted line

Table 16 Mean, Median and Mode differences, and Interquartile range (IQR) of the experts' opinion about the important factors influence to caring behaviors (Cont.)

Items	Mean	Median	Mode	Median -Mode	IQR	Possible to occur
14. The physical readiness of a nurse when perform the duties such as taking the full rest prior to start the night shift.	4.05	4.00	5	1.00	2.00	more
	4.40	4.00	4	0.00	1.00	more
15. Willing to provide care to any person without ask for remuneration.	4.60	5.00	5	0.00	1.00	the most
	4.65	5.00	5	0.00	1.00	the most

the 2nd round data: over dotted line the 3rd round data: under dotted line

Table 16 shows the experts' opinion about the important factors influence to caring behaviors between the 2nd round (over dotted line) and the 3rd round (under dotted line) were quite similar. Almost of the preferable futures about the important factors influences to caring behaviors were the highest score and trend of that situation has the most possible to occur as follows respectively:

1. In the 2nd round (over dotted line), the highest score was "Caring behaviors can be initiated by direct instruction and observation" (M=5.00, \bar{X} = 4.85). Further, "The ethic and virtue continuously and regularly should be fostered since they are still the nursing students" (M=5.00, \bar{X} = 4.80). Then, "The curriculum and instruction are designed to promote caring behaviors", and "Caring should be provided as the main policy of nursing services" (M=5.00, \bar{X} = 4.65). On the other hand, the lowest score was "The burden of providing care should be proportionate with the number of nurses and clients" (M=4.00, \bar{X} = 3.90).

2. In the 3rd round (under dotted line), the highest score was "Caring behaviors can be initiated by direct instruction and observation" (M=5.00, \bar{X} = 4.90). Further, "The ethic and virtue continuously and regularly should be fostered since they are still the nursing students" (M=5.00, \bar{X} = 4.85). Then, "Caring should be provided as the main policy of nursing services", and "Be proud of nursing profession" (M=5.00, \bar{X} = 4.75). On the other hand, the lowest score was "Have knowledge and capacity to provide care to a client" (M=4.00, \bar{X} = 4.30).

Table 17 Mean, Median and Mode differences, and Interquartile range (IQR) of the experts' opinion about qualification of graduate nurses

Items	Mean	Median	Mode	Median -Mode	IQR	Possible to occur
1. Have knowledge and professional skills.	4.80	5.00	5	0.00	0.00	the most
	4.85	5.00	5	0.00	0.00	the most
2. Have a critical thinking.	4.45	5.00	5	0.00	1.00	more
	4.70	5.00	5	0.00	1.00	the most
3. Be eager to seek for knowledge and be self-improved progressively for the whole life.	4.30	5.00	5	0.00	1.00	more
	4.55	5.00	5	0.00	1.00	the most
4. Update the changes and access to information technology.	4.55	5.00	5	0.00	1.00	the most
	4.60	5.00	5	0.00	1.00	the most
5. Nurses can integrate nursing science and other relevant sciences through holistic nursing performance.	4.60	5.00	5	0.00	1.00	the most
	4.70	5.00	5	0.00	1.00	the most
6. Nurses conduct nursing performance for people, families and communities when having normal health condition with holistic care quality.	4.35	5.00	5	0.00	2.00	more
	4.40	4.00	4	0.00	1.00	more
7. Nurses conduct nursing performance for people, families and communities when having health problems with holistic care quality.	4.35	5.00	5	0.00	2.00	more
	4.40	4.00	4	0.00	1.00	more
8. Build capacity and skills in order to take good care of themselves.	4.25	5.00	5	0.00	2.00	more
	4.30	4.00	4	0.00	1.00	moderate
9. Be able to provide health knowledge.	4.45	5.00	5	0.00	1.00	more
	4.60	5.00	5	0.00	1.00	most
10. Be able to provide counseling regarding health.	4.45	5.00	5	0.00	1.00	more
	4.60	5.00	5	0.00	1.00	the most
11. Be able to use nursing-related technology appropriately.	4.45	5.00	5	0.00	1.00	more
	4.55	5.00	5	0.00	1.00	the most

the 2nd round data: over dotted line the 3rd round data: under dotted line

Table 17 Mean, Median and Mode differences, and Interquartile range (IQR) of the experts' opinion about qualification of graduate nurses (Cont.)

Items	Mean	Median	Mode	Median -Mode	IQR	Possible to occur
12. Be able to use local wisdom regarding nursing performance appropriately.	4.15	5.00	5	0.00	2.00	more
	4.30	4.00	4	0.00	1.00	more
13. Understand the diversity of the values of beliefs, languages, cultures and traditions pertaining to the clients.	4.45	4.50	5	0.50	1.00	more
	4.50	4.50	4	0.50	1.00	the most
14. Understand the diversity of the values of beliefs, languages, cultures and traditions pertaining to ourselves and others.	4.45	4.50	5	0.50	1.00	more
	4.50	4.50	4	0.50	1.00	the most
15. Understand the cultural diversity as the social treasures.	4.45	4.50	5	0.50	1.00	more
	4.50	4.50	4	0.50	1.00	the most
16. Respect the value, dignity and individualism of yourself and others.	4.75	5.00	5	0.00	0.00	the most
	4.85	5.00	5	0.00	0.00	the most
17. Be self-discipline and responsible for society.	4.45	5.00	5	0.00	1.00	more
	4.55	5.00	5	0.00	1.00	the most
18. Have capacity and skills on information technology.	4.50	4.50	4	0.50	1.00	the most
	4.50	4.50	4	0.50	1.00	the most
19. Be able to use English as international language.	4.10	4.00	5	1.00	1.75	more
	4.15	4.00	4	0.00	0.75	moderate
20. Have leadership and team working.	4.40	4.50	5	0.50	1.00	more
	4.50	4.50	4	0.50	1.00	the most

the 2nd round data: over dotted line the 3rd round data: under dotted line

Table 17 shows the experts' opinion about qualification of graduate nurses between the 2nd round (over dotted line) and the 3rd round (under dotted line) were quite similar. Almost of the preferable futures about qualification of graduate nurses were the highest score and trend of that situation has the most possible to occur as follows respectively:

1. In the 2nd round (over dotted line), the highest score was “Have knowledge and professional skills” ($M=5.00$, $\bar{X}= 4.80$). Further, “Respect the value, dignity and individualism of yourself and others” ($M=5.00$, $\bar{X}= 4.75$). Then, “Nurses can integrate nursing science and other relevant sciences through holistic nursing performance” ($M=5.00$, $\bar{X}= 4.60$). On the other hand, the lowest score was “Be able to use English as international language” ($M=4.00$, $\bar{X}= 4.10$).

2. In the 3rd round (under dotted line), the highest score were “Have knowledge and professional skills” and “Respect the value, dignity and individualism of yourself and others” ($M=5.00$, $\bar{X}= 4.85$). Further, “Have a critical thinking” and “Nurses can integrate nursing science and other relevant sciences through holistic nursing performance” ($M=5.00$, $\bar{X}= 4.70$). Then, “Update the changes and access to information technology”, “Be able to provide health knowledge”, and “Be able to provide counseling regarding health” ($M=5.00$, $\bar{X}= 4.60$). On the other hand, the lowest score was “Be able to use English as international language” ($M=4.00$, $\bar{X}= 4.15$).

Table 18 Mean, Median and Mode differences, and Interquartile range (IQR) of the experts' opinion about the ways for enhancing caring in nursing students

Items	Mean	Median	Mode	Median -Mode	IQR	Possible to occur
1. Respect the human dignity and values equally.	4.60	5.00	5	0.00	1.00	the most
	4.65	5.00	5	0.00	1.00	the most
2. Merge the merits and values concerning the caring in each nursing college.	4.50	5.00	5	0.00	1.00	the most
	4.60	5.00	5	0.00	1.00	the most
3. Be open-minded to learn the diversity of values, beliefs and religions of each nursing students.	4.40	4.00	4	0.00	1.00	more
	4.40	4.00	4	0.00	1.00	more
4. Caring should be stipulated as the satisfactory qualifications of the nursing students throughout the program.	4.50	5.00	5	0.00	1.00	the most
	4.60	5.00	5	0.00	1.00	the most
5. The subordinate activities should be created which integrates caring in their daily life.	4.65	5.00	5	0.00	0.75	the most
	4.75	5.00	5	0.00	0.75	the most
6. Developed the value of the caring among the nursing student when gathering in the nursing colleges.	4.60	5.00	5	0.00	1.00	the most
	4.70	5.00	5	0.00	1.00	the most
7. Appreciate the nursing students who conduct the caring behaviors regularly.	4.70	5.00	5	0.00	1.00	the most
	4.70	5.00	5	0.00	1.00	the most
8. The strong network of nursing instructors concern to caring.	4.15	4.00	5	1.00	1.75	more
	3.90	4.00	4	0.00	0.00	more
9. Nursing instructors mutually study and test the models of curriculum and instructions promoting caring for many target groups such as aging, children, teenagers and so on.	4.45	5.00	5	0.00	1.00	more
	4.55	5.00	5	0.00	1.00	the most
10. The models of curriculum and instructions promoting caring should be implemented tangibly.	4.40	5.00	5	0.00	1.00	more
	4.55	5.00	5	0.00	1.00	the most

the 2nd round data: over dotted line the 3rd round data: under dotted line

Table 18 Mean, Median and Mode differences, and Interquartile range (IQR) of the experts' opinion about the ways for enhancing caring in nursing students (Cont.)

Items	Mean	Median	Mode	Median -Mode	IQR	Possible to occur
11. Nursing students have learned caring behaviors under the actual situations from registered nurses and relevant health providers.	4.50	5.00	5	0.00	1.00	the most
	4.60	5.00	5	0.00	1.00	the most
12. Nursing instructors can be the good role models who provide caring to nursing students both in the classrooms and in the clinics.	4.65	5.00	5	0.00	1.00	the most
	4.75	5.00	5	0.00	0.75	the most
13. The well-established and reliable indicators and evaluation tools for measuring caring should be used to create the standard of the quality of caring.	4.00	4.00	5	1.00	1.00	more
	4.10	4.00	5	1.00	1.00	more

the 2nd round data: over dotted line the 3rd round data: under dotted line

Table 18 shows the experts' opinion about the ways for enhancing caring in nursing students between the 2nd round (over dotted line) and the 3rd round (under dotted line) were quite similar. Almost of the preferable futures about the ways for enhancing caring in nursing students were the highest score and trend of that situation has the most possible to occur as follows respectively:

1. In the 2nd round (over dotted line), the highest score was "Admire the nursing students who conduct the caring behaviors regularly" (M=5.00, \bar{X} = 4.70). Further, "The subordinate activities should be created which integrates caring in their routine life" and "Nursing instructors can be the good role models who provide caring to nursing students both in the classrooms and in the clinics" (M=5.00, \bar{X} = 4.65). Then, "Respect the human dignity and values equally" and "Build the value of the caring among the nursing student when gathering in the nursing colleges" (M=5.00, \bar{X} = 4.60). On the other hand, the lowest score was "The strong network of nursing instructors concern to caring" (M=4.00, \bar{X} = 4.15).

2. In the 3rd round (under dotted line), the highest score were “The subordinate activities should be created which integrates caring in their routine life” and “Nursing instructors can be the good role models who provide caring to nursing students both in the classrooms and in the clinics” ($M=5.00$, $\bar{X}= 4.75$). Further, “Build the value of the caring among the nursing student when gathering in the nursing colleges” and “Admire the nursing students who conduct the caring behaviors regularly” ($M=5.00$, $\bar{X}= 4.70$). Then, “Respect the human dignity and values equally” ($M=5.00$, $\bar{X}= 4.65$). On the other hand, the lowest score was “The well-established and reliable indicators and evaluation tools for measuring caring should be used to create the standard of the quality of caring” ($M=4.00$, $\bar{X}= 4.10$).

CHAPTER V

CONCLUSIONS, DISCUSSION AND RECOMMENDATIONS

This chapter provides a summary of this research and is divided into three sections. The first section focuses on research methodology. The second section shows the conclusion of the results and discussion, and the last section describes recommendations of this study.

Section one: Research Methodology

The main purposes of this Ethnographic Delphi Futures Research (EDFR) were to study trend and propose futures of enhancing caring of nursing students, Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health in the next decade (2009-2018) for determination the policy and plan of nursing education.

Study Population and Sample

There were two parts of gathering data about enhancing caring of nursing students, Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health. Firstly, the opinion of the stakeholders group (nursing students, nursing instructors, registered nurses, and clients) and secondly, the opinion of the experts group (expert in nursing education policy, nursing curriculum, and nursing education).

1. The stakeholders group

Populations of this part are the person who directly related to the enhancement of caring of nursing students: nursing students, nursing instructor, registered nurses, and clients. The researcher has selected five nursing institutes of Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health and five main hospitals for nursing practicum as the group of case study: Boromarajonani College of Nursing, Trang, Boromarajonani College of Nursing, Nakhon Si Thammarat, Boromarajonani College of Nursing, Yala, Boromarajonani College of Nursing, Songkhla, Boromarajonani College of Nursing, Suratthani, Trang Hospital, Maharaj Nakhon Si Thammarat Hospital, Yala Hospital,

Songkhla Hospital, and Suratthani Hospital respectively. The sample was purposive sampling by criteria:

1) Nursing student: 40 samples for focus group interview (eight students per group). They registered in the fourth year of study for Bachelor of Nursing Science Program in the first semester academic year 2009.

2) Nursing instructor: 55 samples for semi-structured interview consist of the deputy director for academic administration, chairmen, and members of nursing department of obstetric, pediatric, adult and aging, community health, and mental health. They have completed master's degree in nursing science or higher and have working experiences in teaching in nursing for not less than 5 years.

3) Registered nurses: 50 samples for semi-structured interview who work at medical ward, surgical ward, obstetric ward, and pediatric ward. They have completed bachelor's degree in nursing science or higher and have working experiences in supervising in nursing practicum for not less than 5 years.

4) Clients: 50 samples for semi-structured interview who came to get nursing service at least three days at medical ward, surgical ward, obstetric ward, and pediatric ward.

2. The experts group

Populations of the experts group are the person who directly related to nursing education management namely the expert in nursing education policy, nursing curriculum, and nursing education. The researcher has determined the qualifications of the experts to participate into three groups:

1) Expert in nursing education policy: Six samples who have completed master's degree in nursing science or higher. They have working experiences in this position not less than 3 years and participating in the development or revising of nursing curriculum or planning for nursing education tasks.

2) Expert in nursing curriculum: Seven samples who completed master's degree in nursing science or higher. They have working experiences in teaching in nursing for not less than 5 years, participating in the development or revising of nursing curriculum or planning for nursing education tasks, and being responsible for quality control of nursing education.

3) Expert in nursing education: Seven samples who completed master's degree in nursing science or higher. They have working experiences in teaching in nursing for not less than 5 years, participating in the development or revising of nursing curriculum or planning for nursing education tasks, being participial in nursing education management, and having a record about caring research, or participating in national or international forum on caring.

Research Tool and Data Collection

The researcher has planned to gain information about enhancing caring of nursing students by questionnaires that classified through the stakeholder group and the expert group as follows:

1. The questionnaires for gathering the stakeholders' opinion

The researcher collected data on the context of meaning of caring, caring behaviors in nursing, and the ways to enhancing caring of nursing students. Focus group interview for nursing students were done in each nursing college. Altogether semi-structured interview for nursing instructors, registered nurses, and clients were done in each nursing college and hospital. The researcher contacted for asking help from five nursing colleges and five hospitals to identify the key informant who meet the criteria (Boromarajonani College of Nursing, Trang, Nakhon Si Thammarat, Yala, Songkhla, Suratthani, Trang Hospital, Maharaj Nakhon Si Thammarat Hospital, Yala Hospital, Songkhla Hospital, and Suratthani Hospital respectively). Then, the researcher met the key informant for focus group interview and semi-structured interview.

2. The questionnaires for gathering the experts' opinion

The researcher explored the experts' opinion about preferable futures of enhancing caring of nursing students, Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health by the technique of "Futures Research" that called Ethnographic Delphi Futures Research (EDFR). This technique is served as the way to collect the consensus from the experts. For this research, there were three rounds questionnaires as follows:

2.1 The first round of questioning: the researcher took the review of literature to determine the issues to be asked in the open-ended questions. The length of interviewing

time was approximate 1:30 hour. During the interview, there were note-taking and recording. All the opinions gained from this first round will be employed to construct the second round questions.

2.2 The second round of questioning: the researcher gathered all information and cut off the redundant parts. All information was constructed as a questionnaire in Likert Scale in 5 levels and forwarded to the experts to reply.

2.3 The third round of questioning: the researcher forwarded the third round questionnaire to the experts by using the same questionnaire from the second round and to give the statistical feedbacks in the group which are mode, median, and interquartile range on each item, including the position of the experts in replying the second round of questioning. The experts learned the similarity and the differences in their answers in comparison to the group and reviewed their reply in this third round. Therefore, the experts may confirm or may alter their replies.

Data Analysis

The researcher conducted to analyze the data that classified through the stakeholder group and the expert group as follows:

1. The data analysis of the stakeholders' opinion

The researcher used content analysis to gather the essential information of the stakeholders' opinion about meaning of caring, caring behaviors in nursing, and the ways to enhancing caring of nursing students.

2. The data analysis of the experts' opinion

There were three rounds of following data analysis:

- 2.1 The first round: the content analysis was used in order to get the content of futures of enhancing caring of nursing students.

- 2.2 The second round: the researcher constructed a questionnaire with Likert Scale with 5 levels. All of the data was analyzed by the central tendency which are mode and median in order to demonstrate the position of opinions and interquartile range for the distribution of opinions.

2.3 The third round: the final round of questioning rather showed the narrow interquartile range. It means that the opinions from the experts are the same and consistent.

Section two: Conclusions and Discussion

This research was studied trend of enhancing caring of nursing students, Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health in the next decade (2009-2018). This section stated on conclusions and discussions as following:

Conclusions

Based on the research question, the conclusions of this study are: 1) characteristics of participants and 2) trend of enhancing caring of nursing students.

1. Characteristics of participants

There were two groups of participant 1) the stakeholders group and 2) the experts group. The stakeholders group was nursing students, nursing instructors, registered nurses, and clients. The experts group was expert in nursing education policy, nursing curriculum, and nursing education.

1.1 The stakeholders group

There were 40 female nursing students. They registered in the fourth year of study for Bachelor's degree in nursing, in the first semester academic year 2009, studied at nursing institutes of Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health.

55 female nursing instructors were working at nursing institutes of Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health. Most of nursing instructors have completed master's degree in nursing science (94.5%) and have working experiences in teaching in nursing for 15-24 years (50.9%).

50 female registered nurses were working at medical ward, surgical ward, obstetric ward, and pediatric ward of Trang Hospital, Maharaj Nakhon Si Thammarat Hospital, Yala Hospital, Songkhla Hospital, and Suratthani Hospital. Most of registered

nurses have completed bachelor's degree in nursing science (86.0%) and have working experiences in supervising in nursing practicum for 15-24 years (50.0%).

50 clients came to get nursing service at least three days at medical ward, surgical ward, obstetric ward, and pediatric ward of Trang Hospital, Maharaj Nakhon Si Thammarat Hospital, Yala Hospital, Songkhla Hospital, and Suratthani Hospital. A majority of clients were female (60.0%). Most of them have completed high school (44.0%) and gave information by themselves except parent in pediatric ward.

1.2 The experts group

The expert was classified into three groups respectively: expert in nursing curriculum, nursing education, and nursing education policy (35.0%, 35.0%, and 30.0%). All of experts were female. Most of them are age between 41-55 years. A majority of them complete master's degree in nursing science and have working experience in position for 11-15 years.

2. Trend of enhancing caring of nursing students

There were two parts of opinion about trend of enhancing caring of nursing students: 1) the stakeholders group and 2) the experts group.

2.1 The stakeholders group

The stakeholders' opinion about trend of enhancing caring of nursing students are presented as the ways to enhance caring of nursing student following:

1) Nursing students' opinion

1.1) Nursing students should be fostered good attitude towards nursing profession since the beginning of the study at the nursing college.

1.2) During the study, the good role models of nurses' caring behaviors towards patients should be demonstrated to nursing students.

1.3) The learning from the real situation should be promoted and encouraged.

1.4) Nursing students regularly should have a chance to practice on their religions' instruction.

2) Nursing instructors' opinion

2.1) The colleges of nursing should foster good attitudes towards nursing profession and encourage the conscious on caring to nursing students with the good examples from nursing instructors and registered nurses as the role models.

2.2) The enabling environment learning from real situation should be established in theory and in practice as well as in daily life.

3) Registered nurses' opinion

3.1) The colleges of nursing should have the appropriate criteria to select the candidates toward nursing profession.

3.2) The curriculum, teaching and learning should be developed to emphasize on caring theory and practice.

3.3) Nursing instructors and registered nurses should be good role model for nursing students, therefore nursing students should be able to learn about caring from real situation.

4) Clients' opinion

The colleges of nursing should teach nursing students about loving-kindness, willingness, empathy for patients, relish in the profession since they are still the nursing students.

2.2 The experts group

The experts' opinion about trend of enhancing caring of nursing students are presented as preferable futures of enhancing caring of nursing students, Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health in the next decade (2009-2018). There were four scenarios of enhancing caring of nursing students: 1) the affecting factors on nursing profession and nursing education, 2) the important factors influence to caring behaviors, 3) the qualification of graduate nurses, and 4) the ways for enhancing caring in nursing students.

2.1 The affecting factors on nursing profession and nursing education

The experts' opinion about the preferable futures of affecting factors on nursing profession and nursing education which have the highest score and trend of that situation has the most possible to occur as follows respectively:

1) “Owing to the rapidly changing and high-competitive social situation, people require the better quality of health services than in the past” (M=5.00, \bar{X} = 5.00).

2) “From now on, it is a knowledge-based society, networking, competition to the academic excellence and intellectual development. As a result, management of nursing science should focus on how to search for and knowledge building capacity, critical thinking, creative thinking, and innovative development” (M=5.00, \bar{X} = 4.85).

3) “People are more interested in health care”, “People have a right to be informed on health benefits and they increasingly advocate for themselves”, and “A nurse has to have well-rounded of knowledge and resources, particularly the updates on any happenings” (M=4.50, \bar{X} = 4.50).

2.2 The important factors influence to caring behaviors

The experts’ opinion about the preferable futures of the important factors influence to caring behaviors which have the highest score and trend of that situation has the most possible to occur as follows respectively:

1) “Caring behaviors can be initiated by direct instruction and observation” (M=5.00, \bar{X} = 4.90).

2) “The ethic and virtue continuously and regularly should be fostered since they are still the nursing students” (M=5.00, \bar{X} = 4.85).

3) “Caring should be provided as the main policy of nursing services”, and “Be proud of nursing profession” (M=5.00, \bar{X} = 4.75).

2.3 The qualification of graduate nurses

The experts’ opinion about the preferable futures of the qualification of graduate nurses which have the highest score and trend of that situation has the most possible to occur as follows respectively:

1) “Have knowledge and professional skills” and “Respect the value, dignity and individualism of yourself and others” (M=5.00, \bar{X} = 4.85).

2) “Have a critical thinking” and “Nurses can integrate nursing science and other relevant sciences through holistic nursing performance” (M=5.00, \bar{X} = 4.70).

3) “Update the changes and access to information technology”, “Be able to provide health knowledge”, and “Be able to provide counseling regarding health” (M=5.00, \bar{X} = 4.60).

2.4 The ways for enhancing caring in nursing students

The experts’ opinion about the preferable futures of the ways for enhancing caring in nursing students which have the highest score and trend of that situation has the most possible to occur as follows respectively:

1) “The subordinate activities should be created which integrates caring in their daily life” and “Nursing instructors can be the good role models who provide caring to nursing students both in the classrooms and in the clinics” (M=5.00, \bar{X} = 4.75).

2) “Build the value of the caring among the nursing student when gathering in the nursing colleges” and “Admire the nursing students who conduct the caring behaviors regularly” (M=5.00, \bar{X} = 4.70).

3) “Respect the human dignity and values equally” (M=5.00, \bar{X} = 4.65).

Discussion

The analyses about trend of enhancing caring of nursing students are found that the experts’ opinion toward the preferable futures are in accordance (IQR=0.00-1.00). Most of item of the questions have the most possible to occur (\bar{X} =4.50-5.00). The discussions are presented follow by four scenarios of enhancing caring of nursing students as below:

1. The affecting factors on nursing profession and nursing education

In the next decade, the preferable futures of enhancing caring of nursing students which have the most possible to occur:

1) “Owing to the rapidly changing and high-competitive social situation, people require the better quality of health services than in the past” (M=5.00, \bar{X} = 4.75), “People are more interested in health care”, and “People have a right to be informed on health benefits and they increasingly advocate for themselves” (M=4.50, \bar{X} = 4.50). All of these factors are related to each other since it is a phenomenon of globalization that force to people in a new

era should be aware to living among the rapidly changing society. These findings are according to the results of the study on future scenario and strategies for developing community hospitals in the next two decades that more people will have attained higher level of education, a higher proportion of the population in the higher education institutions, a more active role of civil society with community organizations reflecting their feelings and opinions about public services, greater awareness about choices of quality care and rights (Bureau of Policy and Health Plan, 2000: 74-75). In this regard, the core concept of the 10th National Health Development Plan believed that good health will result from social order. Good health or physical, mental social, spirit and intellectual health of people is fundamental morality of society (Wipoot Pulcharoern, 2001:46; The Office of Committee on National Economic and Social Development, 2006, and the Executive Committee on making the 10th National Health Development Plan (B.E. 2550-2554), 2007: 7, 11).

2) “From now on, it is a knowledge-based society, networking, competition to the academic excellence and intellectual development. As a result, management of nursing science should focus on how to search for and knowledge building capacity, critical thinking, creative thinking, and innovative development” (M=5.00, \bar{X} = 4.85), and “A nurse has to have well-rounded of knowledge and resources, particularly the updates on any happenings” (M=4.50, \bar{X} = 4.50). These factors are continuous outcome of globalization as Samlee Plianbangchang (2006: 124) has acknowledged that *‘changes taking place around us today pose a real challenge to the health sector and health systems. Advancements in science and technology are more compelling us to improve the ways and means of providing healthcare services. An educated and better informed population demands more and better health services. Thus, health staff trained yesterday may not be suitable to serve the consumers of today or tomorrow. Health professionals have to energetically reorient their systems in order to live up to the needs, demands and expectations of the community and the population. This is indeed a formidable challenge for all of us. Within this context, we will pay attention to the development of socially desirable health personnel through an appropriate system of education’*. For Thai context, the National Educational Act B.E.2545

has determined the direction of process of thinking, practice, and how to apply the body of knowledge in the appropriate ways (National Educational Act B.E.2545).

2. The important factors influence to caring behaviors

In the next decade, the preferable futures of enhancing caring of nursing students which have the most possible to occur:

1) “Caring behaviors can be initiated by direct instruction and observation” (M=5.00, \bar{X} = 4.90).

2) “The ethic and virtue continuously and regularly should be fostered since they are still nursing students” (M=5.00, \bar{X} = 4.85).

3) “Caring should be provided as the main policy of nursing services”, and “Be proud of nursing profession” (M=5.00, \bar{X} = 4.75).

All of these factors are in accordance by reason. Especially, “Caring behaviors can be initiated by direct instruction and observation” according to the study of Wassana Juethong (1998: 160) has acknowledged that the administrator must also demonstrate caring toward nursing instructors before expecting the instructors to care for nursing students. Therefore, nursing students need to be trained to become technically competent and skillful nurses and aware of the social, spiritual, management, and value aspects of the people and society, in addition to being individuals with righteousness and morality while studying in the educational institutions (Bureau of Policy and Health Plan, 2000: 79).

3. The qualification of graduate nurses

In the next decade, the preferable futures of enhancing caring of nursing students which have the most possible to occur: 1) “Have knowledge and professional skills” and “Respect the value, dignity and individualism of yourself and others” (M=5.00, \bar{X} = 4.85), 2) “Have a critical thinking” and “Nurses can integrate nursing science and other relevant sciences through holistic nursing performance” (M=5.00, \bar{X} = 4.70), 3) “Update the changes and access to information technology”, “Be able to provide health knowledge”, and “Be able to provide counseling regarding health” (M=5.00, \bar{X} = 4.60). These qualifications are

the most requirement of nursing profession and the experts believe that it still the important qualification of graduate nurses. As Kobkul Phanchaoenworakul et.al (2001:91-92) analyzed Bachelor of Nursing Science Program in Thailand found that philosophy of nursing education of all nursing institutes covers three beliefs as follows: 1) Nursing profession belief that nursing is the essential and significant service to provide holistic nursing care cover dimension of health promotion, prevention, treatment, and rehabilitation to person, family, and community, 2) Nursing education belief that education management is the integrated process of general knowledge and professional knowledge. Emphasizing on student centered to enhance critical thinking, inquiry learning, and self directed learning by focus on the progress of knowledge and nursing practice skills, and 3) A graduate nurse belief that nurse is a person who has knowledge, professional skills, morality, ethics, professional ethics, and positive attitudes toward the nursing profession. The graduate is a changing agent who has life-long learning skills and can integrate nursing and other sciences into practice in health care system in response to needs of people from the healthy to the sick and to the terminal stages of their lives. The graduate is a good member of the nursing profession and society who can live with happiness.

4. The ways for enhancing caring in nursing students

In the next decade, the preferable futures of enhancing caring of nursing students which have the most possible to occur:

1) “The subordinate activities should be created which integrates caring in their daily life” and “Nursing instructors can be the good role models who provide caring to nursing students both in the classrooms and in the clinics” (M=5.00, \bar{X} = 4.75).

2) “Developed the value of caring among the nursing student when gathering in the nursing colleges” and “Appreciate the nursing students who conduct the caring behaviors regularly” (M=5.00, \bar{X} = 4.70).

3) “Respect the human dignity and values equally” (M=5.00, \bar{X} = 4.65).

The experts’ opinions about the ways for enhancing caring in nursing students are presented in the ways of integration of living together in nursing college. It is indicated that

the administrator, nursing instructors, nursing students, and relevant officers should define the value of caring and seek out how it operate in nursing college community. As the study of Crow (2001: 20) about caring and professional practice settings: the impact of technology, change, and efficiency suggested that caring within health care organizations can take many forms. One of the most significant and meaningful forms was building networks for shared decision making and shared accountability. While caring can save the patients' life and convey trust and commitment to patients, families, and staff, it can also save the life of organization.

Section three: Recommendations

The recommendations of this study state the research limitations and research recommendations as follows:

Research Limitations

1. The study of enhancing caring of nursing students, Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health in the next decade (2009-2018) is the congruent opinion of the expert in nursing education policy, nursing curriculum, and nursing education. Therefore, the results are overview and expectation of these experts.

2. Some of the selected experts who meet the criteria were drop out before start the first round questionnaires since they had to participate in the intensive course for the administrator, thus the researcher had to recruit the new experts.

Research Recommendations

1. For policy recommendations

1.1 The Ministry of Public Health by Praboromarajchanok Institute should set up a clear policy and plan for enhancing caring toward nursing instructors and nursing students.

1.2 Praboromarajchanok Institute in collaboration with other agencies, such as the main hospitals for nursing practicum and local administration organizations are

responsible for producing nursing students to become skillful registered nurses who aware of the spiritual and value aspects of the people and society, in addition to being individuals with righteousness and morality while studying in the colleges of nursing.

2. For practice recommendations

2.1 Nursing instructors have the most important role in order to transform caring behaviors for nursing students under their charge. For enhancing caring of nursing students, nursing instructors should be a good role models who provide caring to nursing students both in the classrooms and in the clinics therefore, nursing instructors have to realize their caring behaviors.

2.2 Nursing instructors should consider for planning about learning activities both of teaching in classroom and clinic that focus on enhancing caring behaviors.

2.3 Nursing education administrators should develop the merits and values of caring as the same oneness in the colleges of nursing.

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Appendix

ศูนย์วิทยทรัพยากร
จุฬาลงกรณ์มหาวิทยาลัย

Frame of questions of focus group interview for nursing students

1. How about the meaning of caring in nursing profession?
2. How about the characteristic of caring behaviors of registered nurses?
3. How about the important of nurses' caring through clients?
4. In your opinion, how much of registered nurses' caring behaviors express to clients? Please give an example.
5. What are the important factors make the registered nurses express caring behaviors to clients?
6. From the nursing practicum experiences of nursing students as a trainee,
 - 6.1 Is there any impressive moment that you think it reflect clearly caring in nursing profession? Please give the reasons for such impression.
Further, how did that situation impress you?
 - 6.2 Is there any situation that you think it is the examples of uncaring in nursing profession? And what do you feel about it?
7. In your opinion, how much of nursing students' caring behaviors express to clients? And what are the problems or barriers of caring behaviors?
8. In your opinion, how do nursing colleges or nursing instructors have the ways to enhance caring of nursing students that will promote sustainable caring characteristic all the time as a registered nurse?

ศูนย์วิทยทรัพยากร

จุฬาลงกรณ์มหาวิทยาลัย

Frame of questions of semi-structured interview for nursing instructors

1. How about the meaning of caring in nursing profession?
2. How about the characteristic of caring behaviors of registered nurses?
3. How about the important of nurses' caring through clients?
4. In your opinion, how much of registered nurses' caring behaviors express to clients? Please give an example.
5. What are the important factors make the registered nurses express caring behaviors to clients?
6. From your experiences as a nursing supervision of nursing students' practicum, how much of nursing students' caring behaviors express to clients? Please give an example.
7. In your opinion, how do you have the ways to enhance caring of nursing students that will promote sustainable caring characteristic all the time as a registered nurse?

Frame of questions of semi-structured interview for registered nurses

1. How about the meaning of caring in nursing profession?
2. How about the characteristic of caring behaviors of registered nurses?
3. How about the important of nurses' caring through clients?
4. In your opinion, how much of registered nurses' caring behaviors express to clients? Please give an example.
5. What are the important factors make the registered nurses express caring behaviors to clients?
6. From your experiences as a nursing supervision of nursing students' practicum, how much of nursing students' caring behaviors express to clients? Please give an example.
7. In your opinion, how do you have the ways to enhance caring of nursing students that will promote sustainable caring characteristic all the time as a registered nurse?

Frame of questions of semi-structured interview for clients

1. How do you need nursing caring when use nursing services at the hospital?
2. How do nurses give nursing caring to you when use nursing services at the hospital?
3. From your understanding, which words can explain the characteristic of nurses' caring behaviors? And why do you explain that?
4. In your opinion, how do nursing colleges or nursing instructors have the ways to enhance caring of nursing students?



ศูนย์วิทยทรัพยากร
จุฬาลงกรณ์มหาวิทยาลัย

Personal information

Suggestion: Please fill the matter completely in the blank and then check ✓
in the bracket.

1. **Name and Last name**.....

2. **Age** years **Working in position**

3. **Working place**

4. **Current address**

.....

.....

5. **Education record**

.....

.....

.....

6. **Working experience**

() Working experience in nursing education policy since 19__ _

() Working experience in nursing curriculum since 19__ _

() Working experience in nursing education since 19__ _

7. **Your experiences** (answer more than 1 choice)

() Teaching experience both of theory and practicum in nursing not less than 5 years

() Having research report about caring

() Participating in national forum or international forum about caring

() Participating in the development or revising of nursing curriculum or planning for
nursing education tasks

8. **Willing to give information** about "Enhancing caring of nursing students, southern
colleges-net under the Jurisdiction of the Ministry of Public Health "

() Willing to join all the process of gathering data

() Inconvenience

The 1st round Delphi questionnaires

Theme of interview about “Enhancing caring of nursing students, Southern colleges-net under the Jurisdiction of the Ministry of Public Health”

1. Owing to the rapidly changing in Thailand, what do you think about the affecting factors on nursing profession and nursing education in the next decade (2009-2018)?
2. How about the qualification of a graduate nurse in current nursing education policy? Does it the preferable qualification? Why?
3. Do you think that the Bachelor of Nursing Science Program B.E. 2545 of Praboromarajchanok Institute, Ministry of Public Health enhance caring characteristic of nursing students? Why? If not, how do you think to revise?
4. What important factors that make nurses do caring behaviors to clients? And what are the barriers to show caring behaviors?
5. How do you think about caring characteristic of nursing students, Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health in the next decade (2009-2018)? And why?
6. How do you think about enhancing caring of nursing students, Southern Colleges-Net under the Jurisdiction of the Ministry of Public Health in the next decade (2009-2018)?

The 2nd round Delphi questionnaires

Enhancing caring of nursing students, southern colleges-net under the Jurisdiction of the Ministry of Public Health

Suggestion

1. This questionnaires is Likert Scale 5 level
2. This questionnaires is divide into 4 parts
 - Part 1 Affecting factors on nursing profession and nursing education
 - Part 2 The important factors influence to caring behaviors
 - Part 3 Qualification of graduate nurses
 - Part 4 The ways for enhancing caring in nursing students
3. Please consider for scoring the level of opinion about the possible to occur of trend of that message.

Score 5 means it has the most possible to occur

Score 4 means it has more possible to occur

Score 3 means it has moderately possible to occur

Score 2 means it has less possible to occur

Score 1 means it has the least possible to occur

4. The scenario that will be considered as follows:
 - 4.1 Preferable futures means the expectation about trend of enhancing caring of nursing student in the next decade (2009-2018) by your opinion.
 - 4.2 Unpreferable futures means the expectation about trend of the barriers of enhancing caring of nursing student in the next decade (2009-2018) by your opinion.

Items	Possible to occur					Scenario	
	5	4	3	2	1	pre fer able	un pre fer able
	the most	more	mode- rate	less	the least		
1. Affecting factors on nursing profession and nursing education							
1. Owing to the rapidly changing and high-competitive social situation, people require the better quality of health services than in the past.							
2. People are more interested in health care.							
3. People have a right to be informed on health benefits and they increasingly advocate for themselves.							
4. People access more to health services. the proportion between the number of clients and the number nurses have been higher; consequently, the burden of tasks of nurses are multiplied.							
5. The number of foreigners seeking for the health services is going up; hence, nurses must perform their duties under the cross-cultural environment.							
6. The high- competitive social situation affects the educational management concerning nursing science. For instance, the demands of the people graduated from nursing science are high and there are the competitions among the private and public nursing colleges.							

Items	Possible to occur					Scenario	
	5	4	3	2	1	pre fer able	un pre fer able
	the most	more	mode- rate	less	the least		
7. From now on, it is a knowledge-based society, networking, competition to the academic excellence and intellectual development. As a result, management of nursing science should focus on how to search for and knowledge building capacity, critical thinking, creative thinking, and innovative development.							
8. The nursing colleges tend to lack of nursing instructors, as now a lot of nursing instructors are going to be retired.							
9. A nurse has to have well-rounded of knowledge and resources, particularly the updates on any happenings.							
10. The change in demographic structure resulted from the constantly increasing number of the aging will cause the curriculum and instruction focusing on health promotion for the aging.							
11. The change in energy and environment will bring about the curriculum and instruction focusing on the awareness on energy conservation and management, especially bio-energy and alternative energy.							
12. Because of the epidemic of some dangerously infectious diseases such as 2009 swine flu, many students choose not to pursue their education in nursing science.							

Items	Possible to occur					Scenario	
	5	4	3	2	1	pre fer able	un pre fer able
	the most	more	mode- rate	less	the least		
13. It seems that not so many students are interested in pursuing their education in nursing science. That is because working as a nurse has to be in shift. Sometimes they have to work in night shift and this will make their lives different from other							
14. The economic recession makes some of the working people have no employment. This may lead to the fact that some students will choose to study in nursing science.							
15. The students who choose to study the nursing science due to the certainty in employment after graduation may not really love this profession.							
16. The number of the smart students who choose to study in nursing science may be alternatives are made.							
2. The important factors influence to caring behaviors							
1. Caring is provided to be the core component of the curriculum.							
2. The curriculum and instruction are designed to promote caring behaviors.							
3. Caring behaviors can be initiated by direct instruction and observation.							
4. There are a lot of good role models from nursing instructors, registered nurses and relevant health providers.							

Items	Possible to occur					Scenario	
	5	4	3	2	1	pre fer able	un pre fer able
	the most	more	mode- rate	less	the least		
5. Create the enabling environment for promotion of caring in the organization.							
6. The ethic and virtue continuously and still the nursing students.							
7. Caring should be provided as the main policy of nursing services.							
8. We should pay attention to caring behaviors.							
9. Have good attitude towards nursing profession.							
10. Respect the value, dignity and individualism of yourself and others.							
11. Have knowledge and capacity to provide care to a client.							
12. Be proud of nursing profession.							
13. The burden of providing care should be proportionate with the number of nurses and clients.							
14. The physical readiness of a nurse when rest prior to start the night shift.							
15. Willing to provide care to any person without ask for remuneration.							
3. Qualification of graduate nurses							
1. Have knowledge and professional skills.							
2. Have a critical thinking.							

Items	Possible to occur					Scenario	
	5	4	3	2	1	pre fer able	un pre fer able
	the most	more	mode- rate	less	the least		
3. Be eager to seek for knowledge and be self-improved progressively for the whole life.							
4. Update the changes and access to information technology.							
5. Nurses can integrate nursing science and other relevant sciences through holistic nursing performance.							
6. Nurses conduct nursing performance for people, families and communities when having normal health condition with holistic care quality.							
7. Nurses conduct nursing performance for people, families and communities when having health problems with holistic care quality.							
8. Build capacity and skills in order to take good care of themselves.							
9. Be able to provide health knowledge.							
10. Be able to provide counseling regarding health.							
11. Be able to use nursing-related technology appropriately.							
12. Be able to use local wisdom regarding nursing performance appropriately.							
13. Understand the diversity of the values of beliefs, languages, cultures and traditions pertaining to the clients.							

Items	Possible to occur					Scenario	
	5	4	3	2	1	pre fer able	un pre fer able
	the most	more	mode- rate	less	the least		
14. Understand the diversity of the values of beliefs, languages, cultures and traditions pertaining to ourselves and others.							
15. Understand the cultural diversity as the social treasures.							
16. Respect the value, dignity and individualism of yourself and others.							
17. Be self-discipline and responsible for society.							
18. Have capacity and skills on information technology.							
19. Be able to use international language.							
20. Have leadership and team working.							
4. The ways for enhancing caring in nursing students							
1. Respect the human dignity and values equally.							
2. Merge the merits and values concerning the caring in each nursing college							
3. Be open-minded to learn the diversity of values, beliefs and religions of each nursing students.							
4. Caring should be stipulated as the satisfactory qualifications of the nursing students throughout their study.							

Items	Possible to occur					Scenario	
	5	4	3	2	1	pre fer able	un pre fer able
	the most	more	mode- rate	less	the least		
5. The subordinate activities should be created which integrates caring in their daily life.							
6. Developed the value of the caring among the nursing student when gathering in the nursing colleges.							
7. Appreciate the nursing students who conduct the caring behaviors regularly.							
8. The strong network of nursing instructors concern to caring.							
9. Nursing instructors mutually study and test the models of curriculum and instructions promoting caring for many target groups such as aging, children, teenagers and so on.							
10. The models of curriculum and instructions promoting caring should be implemented tangibly.							
11. Nursing students have learned caring behaviors under the actual situations from nursing instructors, registered nurses and relevant health providers.							
12. Nursing instructors can be the good role models who provide caring to nursing students both in the classrooms and clinics.							
13. The well-established and reliable indicators and evaluation tools for measuring caring should be used to create the standard of the quality of caring.							

The 3rd round Delphi questionnaires

Enhancing caring of nursing students, southern colleges-net under the Jurisdiction of the Ministry of Public Health

Suggestion

1. This questionnaire is asking for the third round of the opinion. The researcher has analyzed the experts' opinion by showing Median (M), Interquartile range (\leftrightarrow), and rank of the second round answers of the expert (*).

2. For this round of expressing your opinion, please review your answers in case of

2.1 Confirming your answers, please check (✓) in the box that showed (*).

2.2 Changing your answers, please check (✓) in the box that considered.

3. The calculated Median (M) from the replied of the experts has interpreted as follows:

4.50-5.00 means trend of that item has the most possible to occur

3.50-4.49 means trend of that item has more possible to occur

2.50-3.49 means trend of that item has moderately possible to occur

1.50-2.49 means trend of that item has less possible to occur

1.00-1.49 means trend of that item has the least possible to occur

4. Please consider for scoring the level of opinion about the possible to occur of trend of that message.

Score 5 means it has the most possible to occur

Score 4 means it has more possible to occur

Score 3 means it has moderately possible to occur

Score 2 means it has less possible to occur

Score 1 means it has the least possible to occur

5. The scenario that will be considered as follows:

5.1 Preferable futures means the expectation about trend of enhancing caring of nursing student in the next decade (2009-2018) by your opinion.

5.2 Unpreferable futures means the expectation about trend of the barriers of enhancing caring of nursing student in the next decade (2009-2018) by your opinion.



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Items	Possible to occur					Scenario	
	5	4	3	2	1	pre fer able	un pre fer able
	the most	more	mode- rate	less	the least		
1. Affecting factors on nursing profession and nursing education 1. Owing to the rapidly changing and high-competitive social situation, people require the better quality of health services than in the past.	M=5 ←→ *					100	-
2. People are more interested in health care.		M=4.5 ←→ *				100	-
3. People have a right to be informed on health benefits and they increasingly advocate for themselves.		M=4.5 ←→ *				100	-
4. People access more to health services. The proportion between the number of clients and the number of nurses have been higher; consequently, the burden of tasks of nurses are multiplied.		M=4 ←→ *				25	75
5. The number of foreigners seeking for the health services is going up; hence, nurses must perform their duties under the cross-cultural environment.			M=3.5 ←→ *			100	-
6. The high- competitive social situation affects the educational management concerning nursing science. For instance, the demands of the people graduated from nursing science are high and there are the competitions among the private and public nursing colleges.		M=4 ←→ *				100	-

Items	Possible to occur					Scenario	
	5	4	3	2	1	pre fer able	un pre fer able
	the most	more	mode- rate	less	the least		
7. From now on, it is a knowledge-based society, networking, competition to the academic excellence and intellectual development. As a result, management of nursing science should focus on how to search for and knowledge building capacity, critical thinking, creative thinking, and innovative development.	M=5 ↔ *					100	-
8. The nursing colleges tend to lack of nursing instructors, as now a lot of nursing instructors are going to be retired.	↔	M=4	*			-	100
9. A nurse has to have well-rounded of knowledge and resources, particularly the updates on any happenings.	M=4.5 ↔ *					100	-
10. The change in demographic structure resulted from the constantly increasing number of the aging will cause the curriculum and instruction focusing on health promotion for the aging.		M=4 ↔ *				100	-
11. The change in energy and environment will bring about the curriculum and instruction focusing on the awareness on energy conservation and management, especially bio-energy and alternative energy.		M=4 ↔ *				100	-
12. Because of the epidemic of some dangerously infectious diseases such as 2009 swine flu, many students choose not to pursue their education in nursing science.			M=3 ↔ *			-	100

Items	Possible to occur					Scenario	
	5	4	3	2	1	pre fer able	un pre fer able
	the most	more	mode- rate	less	the least		
13. It seems that not so many students are nursing science. That is because working as a nurse has to be in shift. Sometimes they have to work in night shift and this people with different occupations.		M=4 ↔ *				-	100
14. The economic recession makes some of the working people have no employment. This may lead to the fact that some students will choose to study in nursing science.		M=4 ↔ *				60	40
15. The students who choose to study in nursing science due to the certainty in employment after graduation may not really love this profession.	↔	M=4 *			↔	60	40
16. The number of the smart students who choose to study in nursing science may be reduced, because a lot of education alternatives are made.	↔ *	M=4			↔	-	100
2. The important factors influence to caring behaviors							
1. Caring is provided to be the core component of the curriculum.	↔	M=4.5 *			↔	100	-
2. The curriculum and instruction are designed to promote caring behaviors.	↔ *	M=5			↔	100	-
3. Caring behaviors can be initiated by direct instruction and observation.	↔ *	M=5			↔	100	-
4. There are a lot of good role models from nursing instructors, registered nurses and relevant health providers.	↔ *	M=5			↔	100	-

Items	Possible to occur					Scenario	
	5	4	3	2	1	pre fer able	un pre fer able
	the most	more	mode- rate	less	the least		
5. Create the enabling environment for promotion of caring in the organization.	M=5 ←*→					100	-
6. The ethic and virtue continuously and regularly should be fostered since they are still the nursing students.	M=5 ←*→					100	-
7. Caring should be provided as the main policy of nursing services.	M=5 ←*→					100	-
8. We should pay attention to caring behaviors.	M=5 ←*→					100	-
9. Have good attitude towards nursing profession.	M=5 ←*→					100	-
10. Respect the value, dignity and individualism of yourself and others.	M=5 ←*→					100	-
11. Have knowledge and capacity to provide care to a client.		M=4 ←*→				100	-
12. Be proud of nursing profession.	M=5 ←*→					100	-
13. The burden of providing care should be proportionate with the number of nurses and clients.		M=4 ←*→				100	-
14. The physical readiness of a nurse when perform the duties such as taking the full rest prior to start the night shift.		M=4 ←*→				100	-
15. Willing to provide care to any person without ask for remuneration.	M=5 ←*→					100	-
3. Qualification of graduate nurses							
1. Have knowledge and professional skills.	M=5 ←*→					100	-

Items	Possible to occur					Scenario	
	5	4	3	2	1	pre fer able	un pre fer able
	the most	more	mode- rate	less	the least		
3. Be eager to seek for knowledge and be self-improved progressively for the whole life.	M=5 ←————→ *					100	-
4. Update the changes and access to information technology.	M=5 ←————→ *					100	-
5. Nurses can integrate nursing science and other relevant sciences through holistic nursing performance.	M=5 ←————→ *					100	-
6. Nurses conduct nursing performance for people, families and communities when having normal health condition with quality	M=5 ←————→ *					100	-
7. Nurses conduct nursing performance for people, families and communities when having health problems with holistic care	M=5 ←————→ *					100	-
8. Build capacity and skills in order to take good care of themselves.	M=5 ←————→ *					100	-
9. Be able to provide health knowledge.	M=5 ←————→ *					100	-
10. Be able to provide counseling regarding health.	M=5 ←————→ *					100	-
11. Be able to use nursing-related technology appropriately.	M=5 ←————→ *					100	-
12. Be able to use local wisdom regarding nursing performance appropriately.	M=5 ←————→ *					100	-
13. Understand the diversity of the values of beliefs, languages, cultures and traditions pertaining to the clients.	M=4.5 ←————→ *					100	-

Items	Possible to occur					Scenario	
	5	4	3	2	1	pre fer able	un pre fer able
	the most	more	mode- rate	less	the least		
14. Understand the diversity of the values of beliefs, languages, cultures and traditions pertaining to ourselves and others.	← M=4.5 →					100	-
15. Understand the cultural diversity as the social treasures.	← M=4.5 →					100	-
16. Respect the value, dignity and individualism of yourself and others.	← M=5 →					100	-
17. Be self-discipline and responsible for society.	← M=5 →					100	-
18. Have capacity and skills on information technology.	← M=4.5 →					100	-
19. Be able to use English as international language.	← M=4 →					100	-
20. Have leadership and team working.	← M=4.5 →					100	-
4. The ways for enhancing caring in nursing students							
1. Respect the human dignity and values equally.	← M=5 →					100	-
2. Merge the merits and values concerning the caring in each nursing college.	← M=5 →					100	-
3. Be open-minded to learn the diversity of values, beliefs and religions of each nursing students.	← M=4 →					100	-
4. Caring should be stipulated as the satisfactory qualifications of the nursing students throughout their study.	← M=5 →					100	-

Items	Possible to occur					Scenario	
	5	4	3	2	1	pre fer able	un pre fer able
	the most	more	mode- rate	less	the least		
5. The subordinate activities should be created which integrates caring in their daily life.	M=5 ←→ *					100	-
6. Developed the value of the caring among the nursing student when gathering in the nursing colleges.	M=5 ←→ *					100	-
7. Appreciate the nursing students who conduct the caring behaviors regularly.	M=5 ←→ *					100	-
8. The strong network of nursing instructors concern to caring.	←→ *	M=4				100	-
9. Nursing instructors mutually study and test the models of curriculum and instructions promoting caring for many target groups such as aging, and children	M=5 ←→ *					100	-
10. The models of curriculum and instructions promoting caring should be implemented tangibly.	M=5 ←→ *					100	-
11. Nursing students have learned caring behaviors under the actual situations from nursing instructors, registered nurses and relevant health providers.	M=5 ←→ *					100	-
12. Nursing instructors can be the good role models who provide caring to nursing students both in the classrooms and clinics.	M=5 ←→ *					100	-
13. The well-established and reliable indicators and evaluation tools for measuring caring should be used to create the standard of the quality of caring.	←→ *	M=4				100	-

The results of the 2nd round and the 3rd round Delphi questionnaires in order from the highest score to the lowest score

The 2 nd round Delphi questionnaires	The 3 rd round Delphi questionnaires
1. Affecting factors on nursing profession and nursing education	
1.1 Owing to the rapidly changing and high- competitive social situation, people require the better quality of health services than in the past. (\bar{X} =4.95)	1.1 Owing to the rapidly changing and high- competitive social situation, people require the better quality of health services than in the past. (\bar{X} =5.00)
1.2 From now on, it is a knowledge-based society, networking, competition to the academic excellence and intellectual development. As a result, the management of nursing science should focus on how to search for and knowledge building capacity, critical thinking, creative thinking, and innovation development. (\bar{X} =4.85)	1.2 From now on, it is a knowledge-based society, networking, competition to the academic excellence and intellectual development. As a result, the management of nursing science should focus on how to search for and knowledge building capacity, critical thinking, creative thinking, and innovation development. (\bar{X} =4.85)
1.3 People are more interested in health care. (\bar{X} =4.45)	1.3 People are more interested in health care. (\bar{X} =4.50)
1.4 People have a right to be informed on health benefits and they increasingly advocate for themselves. (\bar{X} =4.45)	1.4 People have a right to be informed on health benefits and they increasingly advocate for themselves. (\bar{X} =4.50)
1.5 The high-competitive social situation affects the educational management concerning nursing science. For instance, the demands of the people graduated from nursing science are high and there are the competitions among the private and public nursing colleges. (\bar{X} =4.45)	1.5 A nurse has to have well-rounded of knowledge and resources, particularly the updates on any happenings. (\bar{X} =4.50)
1.6 A nurse has to have well-rounded of knowledge and resources, particularly the updates on any happenings. (\bar{X} =4.40)	1.6 The high-competitive social situation affects the educational management concerning nursing science. For instance, the demands of the people graduated from nursing science are high and there are the competitions among the private and public nursing colleges. (\bar{X} =4.45)
1.7 The number of the smart students who choose to study in nursing science may be reduced, because a lot of education alternatives are made. (\bar{X} =4.30)	1.7 The number of the smart students who choose to study in nursing science may be reduced, because a lot of education alternatives are made. (\bar{X} =4.30)

The results of the 2nd round and the 3rd round Delphi questionnaires in order from the highest score to the lowest score (Cont.)

The 2 nd round Delphi questionnaires	The 3 rd round Delphi questionnaires
1. Affecting factors on nursing profession and nursing education	
1.8 The change in demographic structure resulted from the constantly increasing number of the aging will cause the curriculum and instruction focusing on health promotion for the aging. (\bar{X} =4.15)	1.8 The change in demographic structure resulted from the constantly increasing number of the aging will cause the curriculum and instruction focusing on health promotion for the aging. (\bar{X} =4.15)
1.9 The economic recession makes some of the working people have no employment. This may lead to the fact that some students will choose to study the nursing science. (\bar{X} =4.05)	1.9 People access more to health services. The proportion between the number of clients and the number nurses have been higher; consequently, the burden of tasks of nurses are multiplied. (\bar{X} =4.05)
1.10 The students who choose to study in nursing science due to the certainty in employment after graduation may not really love this profession. (\bar{X} =4.05)	1.10 The students who choose to study in nursing science due to the certainty in employment after graduation may not really love this profession. (\bar{X} =4.05)
1.11 People access more to health services. The proportion between the number of clients and the number nurses have been higher; consequently, the burden of tasks of nurses are multiplied. (\bar{X} =4.00)	1.11 The economic recession makes some of the working people have no employment. This may lead to the fact that some students will choose to study the nursing science. (\bar{X} =4.00)
1.12 The change in energy and environment will bring about the curriculum and instruction focusing on the awareness on energy conservation and management, especially bio-energy and alternative energy. (\bar{X} =3.80)	1.12 The nursing colleges tend to lack of nursing instructors, as now a lot of nursing instructors are going to be retired. (\bar{X} =3.90)
1.13 The nursing colleges tend to lack of nursing instructors, as now a lot of nursing instructors are going to be retired. (\bar{X} =3.65)	1.13 The change in energy and environment will bring about the curriculum and instruction focusing on the awareness on energy conservation and management, especially bio-energy and alternative energy. (\bar{X} =3.90)
1.14 It seems that not so many students are interested in pursuing their education in nursing science. That is because working as a nurse has to be in shift. Some times they have to work in night shift and this will make their lives different from other people with different occupations. (\bar{X} =3.65)	1.14 It seems that not so many students are interested in pursuing their education in nursing science. That is because working as a nurse has to be in shift. Some times they have to work in night shift and this will make their lives different from other people with different occupations. (\bar{X} =3.65)

The results of the 2nd round and the 3rd round Delphi questionnaires in order from the highest score to the lowest score (Cont.)

The 2 nd round Delphi questionnaires	The 3 rd round Delphi questionnaires
1.15 The number of foreigners seeking for the health services is going up; hence, nurses must perform their duties under the cross-cultural environment. (\bar{X} =3.55)	1.15 The number of foreigners seeking for the health services is going up; hence, nurses must perform their duties under the cross-cultural environment. (\bar{X} =3.60)
1.16 Because of the epidemic of some dangerously infectious diseases such as 2009 swine flu, many students choose not to pursue their education in nursing science. (\bar{X} =3.20)	1.16 Because of the epidemic of some dangerously infectious diseases such as 2009 swine flu, many students choose not to pursue their education in nursing science. (\bar{X} =3.25)
2. The important factors influence to caring behaviors	
2.1 Caring behaviors can be initiated by direct instruction and observation. (\bar{X} =4.85)	2.1 Caring behaviors can be initiated by direct instruction and observation. (\bar{X} =4.90)
2.2 The ethic and virtue continuously and regularly should be fostered since they are still the nursing students. (\bar{X} =4.80)	2.2 The ethic and virtue continuously and regularly should be fostered since they are still the nursing students. (\bar{X} =4.85)
2.3 The curriculum and instruction are designed to promote caring behaviors. (\bar{X} =4.65)	2.3 Caring should be provided as the main policy of nursing services. (\bar{X} =4.75)
2.4 Caring should be provided as the main policy of nursing services. (\bar{X} =4.65)	2.4 Be proud of nursing profession. (\bar{X} =4.75)
2.5 Create the enabling environment for promotion of caring in the organization. (\bar{X} =4.60)	2.5 The curriculum and instruction are designed to promote caring behaviors. (\bar{X} =4.70)
2.6 Respect the value, dignity and individualism of yourself and others. (\bar{X} =4.60)	2.6 Create the enabling environment for promotion of caring in the organization. (\bar{X} =4.70)
2.7 Be proud of nursing profession. (\bar{X} =4.60)	2.7 Have good attitude towards nursing profession. (\bar{X} =4.70)
2.8 Willing to provide care to any person without asking for remuneration. (\bar{X} =4.60)	2.8 Respect the value, dignity and individualism of yourself and others. (\bar{X} =4.65)
2.9 Have good attitude towards nursing profession. (\bar{X} =4.55)	2.9 Willing to provide care to any person without asking for remuneration. (\bar{X} =4.65)
2.10 There are a lot of good role models from nursing instructors, registered nurses and relevant health providers. (\bar{X} =4.50)	2.10 There are a lot of good role models from nursing instructors, registered nurses and relevant health providers. (\bar{X} =4.60)

The results of the 2nd round and the 3rd round Delphi questionnaires in order from the highest score to the lowest score (Cont.)

The 2 nd round Delphi questionnaires	The 3 rd round Delphi questionnaires
2. The important factors influence to caring behaviors	
2.11 Caring is provided to be the core component of the curriculum. (\bar{X} =4.40)	2.11 We should pay attention to caring behaviors. (\bar{X} =4.60)
2.12 We should pay attention to caring behaviors. (\bar{X} =4.40)	2.12 Caring behaviors can be initiated by direct instruction and observation. (\bar{X} =4.50)
2.13 Have knowledge and capacity to provide care to a client. (\bar{X} =4.15)	2.13 The burden of providing care should be proportionate with the number of nurses and clients. (\bar{X} =4.40)
2.14 The physical readiness of a nurse when perform the duties such as taking the full rest prior to start the night shift. (\bar{X} =4.05)	2.14 The physical readiness of a nurse when perform the duties such as taking the full rest prior to start the night shift. (\bar{X} =4.40)
2.15 The burden of providing care should be proportionate with the number of nurses and clients. (\bar{X} =3.90)	2.15 Have knowledge and capacity to provide care to a client. (\bar{X} =4.30)
3. Qualification of graduate nurses	
3.1 Have knowledge and professional skills. (\bar{X} =4.80)	3.1 Have knowledge and professional skills. (\bar{X} =4.85)
3.2 Respect the value, dignity and individualism of yourself and others. (\bar{X} =4.75)	3.2 Respect the value, dignity and individualism of yourself and others. (\bar{X} =4.85)
3.3 Nurses can integrate nursing science and other relevant sciences through holistic nursing performance. (\bar{X} =4.60)	3.3 Have a critical thinking. (\bar{X} =4.70)
3.4 Update the changes and access to information technology. (\bar{X} =4.55)	3.4 Nurses can integrate nursing science and other relevant sciences through holistic nursing performance. (\bar{X} =4.70)
3.5 Have capacity and skills on information technology. (\bar{X} =4.50)	3.5 Update the changes and access to information technology. (\bar{X} =4.60)
3.6 Have a critical thinking. (\bar{X} =4.45)	3.6 Be able to provide health knowledge. (\bar{X} =4.60)
3.7 Be able to provide health knowledge. (\bar{X} =4.45)	3.7 Be able to provide counseling regarding health. (\bar{X} =4.60)
3.8 Be able to provide counseling regarding health. (\bar{X} =4.45)	3.8 Be eager to seek for knowledge and be self-improved progressively for the whole life. (\bar{X} =4.55)

The results of the 2nd round and the 3rd round Delphi questionnaires in order from the highest score to the lowest score (Cont.)

The 2 nd round Delphi questionnaires	The 3 rd round Delphi questionnaires
3. Qualification of graduate nurses	
3.9 Be able to use nursing-related technology appropriately. (\bar{X} =4.45)	3.9 Be able to use nursing-related technology appropriately. (\bar{X} =4.55)
3.10 Understand the diversity of the values of beliefs, languages, cultures and traditions pertaining to the clients. (\bar{X} =4.45)	3.10 Be self-discipline and responsible for society. (\bar{X} =4.55)
3.11 Understand the diversity of the values of beliefs, languages, cultures and traditions pertaining to ourselves and others. (\bar{X} =4.45)	3.11 Understand the diversity of the values of beliefs, languages, cultures and traditions pertaining to ourselves and others. (\bar{X} =4.50)
3.12 Understand the cultural diversity as the social treasures. (\bar{X} =4.45)	3.12 Understand the diversity of the values of beliefs, languages, cultures and traditions pertaining to the clients. (\bar{X} =4.50)
3.13 Be self-discipline and responsible for society. (\bar{X} =4.45)	3.13 Understand the cultural diversity as the social treasures. (\bar{X} =4.50)
3.14 Have leadership and team working. (\bar{X} =4.40)	3.13 Understand the cultural diversity as the social treasures. (\bar{X} =4.50)
3.15 Nurses conduct nursing performance for people, families and communities when having normal health condition with holistic care quality. (\bar{X} =4.35)	3.15 Have leadership and team working. (\bar{X} =4.50)
3.16 Nurses conduct nursing performance for people, families and communities when having health problems with holistic care quality. (\bar{X} =4.35)	3.16 Nurses conduct nursing performance for people, families and communities when having normal health condition with holistic care quality. (\bar{X} =4.40)
3.17 Be eager to seek for knowledge and be self-improved progressively for the whole life. (\bar{X} =4.30)	3.17 Nurses conduct nursing performance for people, families and communities when having health problems with holistic care quality. (\bar{X} =4.44)
3.18 Developed capacity and skills in order to take good care of themselves. (\bar{X} =4.25)	3.18 Developed capacity and skills in order to take good care of themselves. (\bar{X} =4.44)
3.19 Be able to use nursing-related technology appropriately. (\bar{X} =4.15)	3.19 Be able to use nursing-related technology appropriately. (\bar{X} =4.44)
3.20 Be able to use English as international language. (\bar{X} =4.10)	3.20 Be able to use English as international language. (\bar{X} =4.44)

The results of the 2nd round and the 3rd round Delphi questionnaires in order from the highest score to the lowest score (Cont.)

The 2 nd round Delphi questionnaires	The 3 rd round Delphi questionnaires
4. The ways for enhancing caring in nursing students	
4.1 Appreciate the nursing students who conduct the caring behaviors regularly. (\bar{X} =4.70)	4.1 The subordinate activities should be created which integrates caring in their daily life. (\bar{X} =4.75)
4.2 The subordinate activities should be created which integrates caring in their daily life. (\bar{X} =4.65)	4.2 Nursing instructors can be the good role models who provide caring to nursing students both in the classrooms and in the clinics. (\bar{X} =4.75)
4.3 Nursing instructors can be the good role models who provide caring to nursing students both in the classrooms and in the clinics. (\bar{X} =4.65)	4.3 Build the value of the caring among the nursing student when gathering in the nursing colleges. (\bar{X} =4.70)
4.4 Respect the human dignity and values equally. (\bar{X} =4.60)	4.4 Appreciate the nursing students who conduct the caring behaviors regularly. (\bar{X} =4.70)
4.5 Build the value of the caring among the nursing student when gathering in the nursing colleges. (\bar{X} =4.60)	4.5 Respect the human dignity and values equally. (\bar{X} =4.65)
4.6 Merge the merits and values concerning the caring in each nursing college or institute. (\bar{X} =4.50)	4.6 Merge the merits and values concerning the caring in each nursing college or institute. (\bar{X} =4.60)
4.7 Caring should be stipulated as the satisfactory qualifications of the nursing students throughout their study. (\bar{X} =4.50)	4.7 Caring should be stipulated as the satisfactory qualifications of the nursing students throughout their study. (\bar{X} =4.60)
4.8 Nursing students have learned caring behaviors under the actual situations from registered nurses and relevant health providers. (\bar{X} =4.50)	4.8 Nursing students have learned caring behaviors under the actual situations from registered nurses and relevant health providers. (\bar{X} =4.60)
4.9 Nursing instructors mutually study and test the models of curriculum and instructions promoting caring for many target groups such as aging, children, teenagers and so on. (\bar{X} =4.45)	4.9 Nursing instructors mutually study and test the models of curriculum and instructions promoting caring for many target groups such as aging, children, teenagers and so on. (\bar{X} =4.55)
4.10 Be open-minded to learn the diversity of values, beliefs and religions of each nursing students. (\bar{X} =4.40)	4.10 The models of curriculum and instructions promoting caring should be implemented tangibly. (\bar{X} =4.55)

The results of the 2nd round and the 3rd round Delphi questionnaires in order from the highest score to the lowest score (Cont.)

The 2 nd round Delphi questionnaires	The 3 rd round Delphi questionnaires
4. The ways for enhancing caring in nursing students	
4.11 The models of curriculum and instructions promoting caring should be implemented tangibly. (\bar{X} =4.40)	4.11 Be open-minded to learn the diversity of values, beliefs and religions of each nursing students. (\bar{X} =4.40)
4.12 The strong network of nursing instructors concern to caring. (\bar{X} =4.15)	4.12 The strong network of nursing instructors concern to caring. (\bar{X} =4.20)
4.13 The well-established and reliable indicators and evaluation tools for measuring caring should be used to create the standard of the quality of caring. (\bar{X} =4.00)	4.13 The well-established and reliable indicators and evaluation tools for measuring caring should be used to create the standard of the quality of caring. (\bar{X} =4.10)

BIOGRAPHY

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