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**PRACTICE ENVIRONMENT AND PATIENT-CENTERED CARE BEHAVIORS
AMONG NURSING STAFF IN A MILITARY HOSPITAL IN SAUDI ARABIA**

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10 August 2025

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Acceptance Page

This Thesis of **MARY GRACE T. MENDOZA** titled: “**PRACTICE ENVIRONMENT AND PATIENT-CENTERED CARE BEHAVIORS AMONG NURSING STAFF IN A MILITARY HOSPITAL IN SAUDI ARABIA**” is hereby accepted by the Faculty of Management and Development Studies, U.P. Open University, in partial fulfillment of the requirements for the degree **Master of Arts in Nursing**.


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Biographical Sketch

Mary Grace Mendoza is a proficient nursing professional with a notable career characterized by ascending responsibility and an unwavering dedication to enhancing healthcare benchmarks. She obtained her Bachelor of Science in Nursing in 2011 from the University of La Salette, Santiago City, Isabela, and subsequently successfully completed the Philippine National Licensure Examination for Nurses in the same annum. Ms. Mendoza initiated her career as an Operating Room Nurse, serving from October 2011 to 2016 in Flores Memorial Medical Center in Santiago City, Isabela. Motivated by a pursuit of professional advancement, she relocated to Saudi Arabia, where she sustained her tenure as an Operating Room Nurse from November 2016 to 2021. Her remarkable performance and commitment to providing superior patient care culminated in her elevation to the position of Charge Nurse within the Nursing Excellence Division of the Nursing Administration. In her current leadership capacity, Ms. Mendoza occupies a crucial role in augmenting the quality of nursing practice and patient care within her institution, aspiring for exceptional outcomes

She serves a vital role within their healthcare organizations, focusing on elevating the quality of nursing practice and patient care to achieve exceptional outcomes. She also drives Quality Improvement and Patient Safety by implementing and evaluating programs, collecting and analyzing nurse-sensitive data, identifying areas for improvement, and ensuring compliance with national (like CBAHI in Saudi Arabia) and international (like JCI) accreditation standards. In terms of Professional Practice and Development, she champions nursing excellence initiatives such as Magnet Recognition journey, develop professional development models, mentor nurses, foster shared governance, and integrate evidence-based practices into daily

care. Her role also heavily involves Data Management and Analysis, providing actionable data to leadership, analyzing trends, and managing data platforms to improve outcomes. Ms. Mendoza possesses nursing licenses in both the Kingdom of Saudi Arabia (KSA) and the United States of America (USA), further emphasizing her commitment to global nursing standards and best practices.

Her nature of work drives her motivation to improve the practice environment and patient-centered care behaviors of nurses, as she directly experiences the impact of these factors on both staff well-being and patient outcomes.

Acknowledgement

I extend my deepest gratitude to all those who have supported me throughout the journey of pursuing this Master's degree and completing this research especially to my husband Claudio Mendoza for giving his full support. This accomplishment is dedicated to my beloved son and daughter Yyanna and Elijah. It is my sincere hope that this journey and its outcome will serve as an inspiration for them to pursue their own dreams with dedication and perseverance.

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Dedication

This research is humbly dedicated to God, whose grace and wisdom guided every step of this journey, making all things possible.

This research is dedicated to my beloved family my husband, daughter, son, and my parents , whose unwavering love, understanding, and countless sacrifices provided the foundation and strength needed to pursue this endeavor. Your belief in me was my constant motivation.

It is also dedicated to the nursing community, my colleagues and mentors, who embody the spirit of compassion, resilience, and continuous learning. Your dedication to patient care and the pursuit of excellence inspire me daily.

Finally, I dedicate this work to our organization, a place where the pursuit of excellence is not just a goal, but a shared commitment. Thank you for fostering an environment that encourages growth, supports innovation, and empowers us all to strive for the highest standards.

TABLE OF CONTENTS

Title Page	i
University Permission Page	ii
Approval Sheet	iii
Biographical Sketch	iv
Acknowledgment	vi
Dedication	vii
Table of Contents	viii
List of Tables	x
List of Figures	x
List of Appendices	x
Abstract	xi
CHAPTER 1: THE RESEARCH PROBLEM	1
Background of the Study	1
Problem Statement	4
Objectives of the Study	6
Significance of the Study	7
Scope and Limitation of the Study	14
CHAPTER 2: THEORETICAL BACKGROUND	15
Review of Related Literature	15
Practice Environment in Nursing	15
Practice Environment for Enhanced Outcomes	19
Practice Environment Domains	27
The Nurse's Participation in Hospital Affairs	28
The Nursing Foundations of Quality Care	31
The Nurse Manager's Ability, Leadership, and Support	33
Practice Environment and Patient-Centered Care Behaviors Among Nursing Staff in a Military Hospital in Saudi Arabia	viii

Staffing and Resource Adequacy	35
Collegial Nurse-Physician Relationship	38
Patient-Centered Care Behaviors of Nurses	41
Factor 1: Humanism/faith-hope/sensitivity	44
Factor 2: Helping/Trust and	45
Factor 3: Expression of Positive and Negative Feelings	45
Factor 4: Teaching/Learning and	47
Factor 7: Existential/Spiritual Forces	47
Factor 5: Supportive/Protective/Corrective Environment	49
Factor 6: Human Needs Assistance	51
Watson's Model Theory on Care Behaviors of Nurses	51
Caring Behavior Assessment Scale (CBAS)	52
Patient-Centered Care Behaviors and Practice Environment Nurses	53
Relationship of Practice Environment and Demographic Profile	56
Relationship of Patient-Centered Care Behaviors and Demographic Profile	59
Theoretical Framework	64
Conceptual Framework	67
Operational Definition of Terms	70
Hypothesis	70
 CHAPTER 3: RESEARCH METHODOLOGY	 74
Research Design	74
Sampling Technique	74
Setting	75
Data Collection	77
Data Collection Procedures	77
Research Instruments	79
Plan for Data Analysis	84
Ethical Considerations	90
 CHAPTER 4: RESULTS AND DISCUSSIONS	 92
Results and Discussions	92
Demographic Data and Work-related Variables	92
Staff Nurse's Perception of the Practice Environment	98
The Nurse Manager's Ability, Leadership, and Support	101
Collegial Nurse-Physician Relationship	102
Nursing Foundations of Quality Care	103
Nurse's Participation in Hospital Affairs	104
Staffing and Resource Adequacy	106
Perceived Patient-Centered Care Behaviors of Nursing Staff	108
Human Needs Assistance	110
Supportive/Protective/Corrective Environment	111
Expression Of Negative And Positive Feelings	112
Existential/Phenomenal/And Spiritual Forces	112
Humanism/Faith-Hope/Sensitivity,	113
Helping/Trust	114
Teaching/Learning	114
Relationship between Practice Environment and	117

Patient-Centered Care Behaviors Among Nursing Staff Relationship between Staff Nurses' Practice Environment and their Demographic Data	122
Relationship between Nurses' Caring Behaviors and their Demographic Data	125
CHAPTER 5: SUMMARY, CONCLUSION AND RECOMMENDATION	129
Summary	129
Conclusion	134
Recommendation	136
REFERENCES	148
APPENDICES	169
Appendix A. Informed Consent	170
Appendix B. Hospital's Investigator's Undertaking	172
Appendix C. Institutional Review Board Approval	174
Appendix D. Study Questionnaires	175
LIST OF TABLES	
Table 1 Variables in the Study	84
Table 2 Demographic Data and work-related Variables	92
Table 3 Staff Nurse's Perception of the Practice Environment	98
Table 4 Perceived Patient-Centered Care Behaviors	108
Table 5 Tests of Normality	116
Table 6 Relationship between Practice Environment and Patient-Centered Behaviors Among Nursing Staff	117
Table 7 Relationship between Staff Nurses' Practice Environment and their Demographic Data	122
Table 8 Relationship between Nurses' Caring Behaviors and their Demographic Data	125
LISTS OF FIGURES	
Figure 1 The Human Science Perspective on Caring and Relationship-based Care	66
Figure 2 Relationship of the Nurse's Practice Environment to the Patient-centered Care Behaviors of Staff Nurses Considering their Demographic Data.	68
Figure 3 Schematic Diagram of Data Collection Procedure	77

Abstract

Introduction: A high-quality nursing practice environment is vital for nurses to provide patient-centered care, directly impacting patient outcomes and healthcare quality. Nurses' daily interactions make their supportive environment key to delivering compassionate care.

Method: This cross-sectional, descriptive, correlational study in April-May 2025 surveyed 233 nurses in a Saudi military hospital. Data from a demographic profile, the Practice Environment Scale (PES-NWI), and the Caring Behaviors Assessment (CBAN-SF) were analyzed. IBM-SPSS 28 used frequency, percentages, means, Spearman's rho, and Chi-square ($p < 0.05$) to examine relationships.

Results: A moderate positive correlation ($r_s = .513$, $p < .001$) was found between practice environment and patient-centered care. Nationality significantly correlated with environment perception ($\chi^2 = 41.19$, $p = 0.022$). A weak negative correlation ($r_s = -.143$, $p = 0.029$) was noted between a nurse's educational level and caring behavior, possibly due to burnout.

Conclusion: Improving the nursing practice environment through better staffing and resources directly enhances patient-centered care behaviors. While most demographics don't influence caring behaviors, further study is needed on the weak negative link with education level. Strategies to improve the nursing practice environment must consider nationality to address the complexities of a diverse workforce.

Keywords: Practice Environment, Caring Behaviors, Patient-Centered Care, Staff Nurse, Saudi Arabia

Chapter I

THE RESEARCH PROBLEM

Background of the Study

Patient-centered care exists as an extensively acknowledged and critical component in providing high-quality healthcare (Gerard et al., 2021; Santana et al., 2022). Nurses play a primary care role in implementing patient-centric care, given their daily interactions as primary caregivers (Alharbi et al., 2021). Patient-centered care behaviors, such as effective communication, shared decision-making, and personalized care, evidence suggests that these actions can lead to better patient outcomes and increased job satisfaction for nurses (Lewenson & Fitzpatrick, 2021; Lee et al., 2022). These behaviors help to foster a collaborative and empathetic relationship between nurses and their patients, resulting in better clinical outcomes and a more positive patient experience (Alshammari et al., 2020; Abdelhadi & Alotaibi, 2023). However, the profession of nursing in the Saudi Arabian set-up has faced significant challenges, including high staff nurse attrition rates and a shortage of qualified nurses (Almalki et al., 2021). This phenomenon can exert a detrimental impact on the delivery of patient care as well as the operational efficacy of the healthcare system (Alshammari & Aboshaiqah, 2021). The high reliance on foreign nurses contributed to our organization's low patient satisfaction score, due to language and cultural differences that can sometimes create communication challenges between nurses, patients, and other healthcare professionals (Alharbi et al., 2021). Addressing these challenges and promoting patient-centered caring behaviors through nurses' training and workshops is crucial for improving the quality of healthcare delivery in the country (Alghamdi et al., 2022). The Patient Experience (PX)

Measurement Program, launched by the Ministry of Health (MOH) in Saudi Arabia, represents a comprehensive initiative aimed at enhancing the quality of healthcare services through a focus on patient-centered care. This initiative is essential to overarching objectives of enhancing healthcare delivery and aligning with national transformation strategies, notably Vision 2030. The program utilizes standardized instruments, such as the Press Ganey Survey, to collect data on patient satisfaction across various healthcare settings, including primary care facilities. (Alhajri et al., 2023) (Aldossary et al., 2023). Many pioneering hospitals in Saudi Arabia, including the Military Hospitals, have their patient experience programs and actively benchmark their performance. Currently, the patient experience at military hospitals needs improvement; the current score is 85.76, which is below the benchmark of 89.15.

Implementing Service Excellence Training for nurses is a crucial intervention to enhance patient-centered care within our organization. By equipping nurses with refined communication skills, empathy-building techniques, and a deeper understanding of patient needs, this training fosters a more personalized and compassionate approach (Alzahrani et al., 2022). Nurses learn to actively listen, address concerns proactively, and when a supportive environment is created, the result is improved patient satisfaction and a stronger therapeutic alliance (Brown et al., 2021). This intervention not only empowers nurses to deliver high-quality clinical care but also fosters a culture of patient-centeredness, creating an environment in which patients perceive themselves as esteemed, valued, and engaged participants in their healthcare continuum (Jones et al., 2023). This holistic approach not only fosters emotional connections but also aligns with the core tenets of Watson's theory, enhancing the overall healthcare experience for both patients and providers. The

integration of Watson's principles into service excellence training can significantly transform healthcare practices, leading to improved patient satisfaction and a more engaged workforce (Lukose, 2011). This approach can facilitate the development of a healthcare environment where compassion and empathy are prioritized, ultimately improving both patient experiences and staff engagement (Florentin, 2023).

The Nursing Administration is undergoing a transformational move where the researcher is an active member of the nursing quality team. The Magnet Recognition Program catalyzes empowering nursing administration to cultivate exceptional work environments characterized by a commitment to excellence, innovation, and patient-centered care (Stevenson & Parker, 2021). By placing significant emphasis on nursing leadership, fostering professional development opportunities, and promoting collaborative decision-making processes, Magnet-designated organizations elevate the standards of nursing practice and contribute to a more fulfilling and enriching professional experience for nurses (ANCC, 2022). Studies on collegial relationships and collaborations demonstrate that the quality of communication and collaboration between nurses, physicians, and other healthcare professionals can enhance teamwork, mutual respect, and improve patient-centered care initiatives (Wong et al., 2021). This contributes to a stronger nursing workforce that exhibits enhanced resilience and is proficient in addressing the dynamic requirements of the healthcare environment (Lee et al., 2023). Improving the nursing practice environment is a critical intervention to foster a more supportive and effective healthcare setting (Smith et al., 2022). The nursing administration is also enhancing nurse autonomy by shared governance and nurses' participation in various hospital committees (Johnson et al., 2023). Ensuring adequate staffing levels is also essential through effective workload

management and the use of an evidence-based nurse-to-patient staffing ratio (Miller et al., 2021). Providing access to professional development opportunities is also a crucial investment for our nursing workforce, such as providing training on new technologies like Electronic Health Records, training in new equipment for positioning patients at risk for developing pressure injuries, and active mentorship programs to guide new nurses in their career progression (Garcia et al., 2022). The open-door practice is also an initiative by the Director of Nursing to promote positive, open communication and discussion among employees. It facilitates staff accessibility to all levels of leadership (Nguyen et al., 2021). This practice, in which staff have a structured opportunity to communicate concerns, safety issues, observations, and suggestions to a senior leader, which the direct line manager could resolve, involves strategic leadership that prioritizes open communication, recognizes nurse contributions, and cultivates a culture of safety and respect (Williams & Carter, 2020). Addressing workload, resources, and advancement enables organizations to foster a work environment where nurses can deliver safe, high-quality, and patient-centered care effectively, leading to improved nurse retention and enhanced patient safety (Ahmed et al., 2023).

Statement of the Problem

The provision of high-quality, patient-centered nursing care is essential; however, research indicates a need for improvement in nursing care quality in Saudi Arabian hospitals (Almalki et al., 2021). The nursing workforce is a critical component of the healthcare system, and its role in delivering patient-centered care is well-established (Brown et al., 2021). However, various factors, including job satisfaction from their practice environment, organizational commitment, and retention of nursing

staff, can impact the quality of care provided for their patients (Garcia et al., 2022). Saudi Arabia's nursing profession is not viewed as a highly desirable career choice, which can contribute to staffing shortages stemming from high turnover rates that adversely impact the quality of healthcare services, including patient satisfaction and outcomes (Alghamdi et al., 2022; Almalki et al., 2021). There is a paucity of studies that have specifically examined these relationships within the framework of the Saudi Arabian healthcare system (Alshammari & Aboshaiqah, 2021). Patient-centered care delivery within healthcare institutions located in Saudi Arabia is, in fact, at risk of being adversely affected by a complex and multifaceted array of factors, particularly the intricate dynamics that exist between the patient-centered care behaviors exhibited by nurses and the Nursing Work Index, which serves as a critical metric for evaluating the overall quality of their practice environment (Lee et al., 2023). This research initiative aims to thoroughly investigate and elucidate the relationship between how nurses in Saudi Arabia provide patient-centered care and the specific environments in which they are employed, with the overarching goal of addressing a significant gap in our current understanding of this vital topic. An in-depth and nuanced understanding of the intricate connection between patient-centered care and the nursing practice environment is not merely beneficial but fundamentally essential for advancing the field. Such comprehensive understanding can significantly inform the development of priority strategies that are designed to enhance the nursing workforce and ultimately lead to improved patient outcomes within the Saudi Arabian healthcare system, especially when one takes into account the considerable influence that local cultural values and societal expectations exert on both the nature of patient-centered care and the perceptions that nurses hold regarding their professional work environment (Alshammari et al., 2020; Almalki et al., 2021).

Objectives of the Study

The objectives of the study are delineated as follows:

1. To describe the demographic data and work-related variables (Nurse Characteristics) of the nursing staff working in a military hospital in Saudi Arabia in terms of:

- 1.1. Age
- 1.2. Gender
- 1.3. Nationality
- 1.4. Educational Level
- 1.5. Length of Nursing Experience
- 1.6. Job Position
- 1.7. Unit Assignment

2. To describe the staff nurses' perception of the practice environment in a military hospital in Saudi Arabia in terms of:

- 2.1. Nurse Participation in Hospital Affairs (NPHA)
- 2.2. Nursing Foundation for Quality of Care (NFQC)
- 2.3. Nurse Manager Ability, Leadership, and Support for Nurses (NMALS)
- 2.4. Staffing and Resource Adequacy (SRA)
- 2.5. Collegial Nurse-Physician Relations (CNPR)

3. To describe the perceived patient-centered care behaviors of nurses in a military hospital in Saudi Arabia in terms of:

- 3.1. Humanism/faith-hope/sensitivity
 - 3.2. Helping/trust
 - 3.3. Expression of negative/positive feelings
 - 3.4. Teaching/learning
 - 3.5. Supportive/protective/corrective environment
 - 3.6. Human needs assistance
 - 3.7. Existential/phenomenal/spiritual forces
4. To determine the relationship between staff nurses' practice environment and their patient-centered care behaviors.
5. To determine the relationship between staff nurses' practice environment and their demographic profiles (Age, Gender, Nationality, Educational Level, Length of Nursing Experience, Job Position, and Unit Assignment).
6. To determine the relationship between staff nurses' patient-centered care behaviors and their demographic profiles (Age, Gender, Nationality, Educational Level, Length of Nursing Experience, Job Position, and Unit Assignment).

Significance of the Study

This research aims to explore the correlation between the context of their professional environment and patient-centered care behaviors of nurses. The likely beneficiaries of this investigation include the following:

To Patient and their Family:

The operationalization of patient-centered care in Saudi Arabian hospitals, as examined in this study, has numerous benefits that enhance the patient experience

and align with the broader goal of improving healthcare quality. Patient-centered care emphasizes respect for individual needs, preferences, and values, leading to more personalized and effective healthcare. Enhanced communication between nurses, patients, and their families leads to a better understanding of treatment plans and increased adherence to them. When nurses demonstrate empathy and active listening, patients feel more valued and respected, resulting in a more positive hospital experience and higher levels of satisfaction. Engaging patients in decisions about their care leads to better adherence to treatment, which in turn results in improved health outcomes. Cultural sensitivity is crucial in Saudi Arabia, and this type of study can help improve the cultural sensitivity of nursing staff, greatly benefiting patients and their families. Transparent and efficient communication constitutes a fundamental element of quality patient care, and examining existing behaviors can facilitate enhancements in the communication dynamics among nursing personnel, patients, and their relatives.

Nurses in supportive environments with adequate resources deliver safer, more effective care, as sufficient staffing, positive nurse-physician relationships, and chances for professional development translate directly to improved patient outcomes.

To Nurses:

It will enhance the job satisfaction of nurses by identifying factors that improve the practice environment and ultimately reduce burnout among nurses. Additionally, the research outcomes can directly inform the creation and refinement of professional development initiatives. These programs need to focus on equipping nurses with the specific tools and understanding necessary to deliver patient-centered care. Secondly, identifying areas needing improvement in the practice environment can lead to positive changes in working conditions. Addressing these areas can foster a more supportive

and efficient atmosphere for nurses. Burnout from inadequate resources can lead to depersonalization, where nurses become detached or cynical towards patients, affecting their empathy and compassion. Addressing issues in their practice environment helps ensure that nurses can provide patient-centered, compassionate care, which is essential for achieving positive patient experiences and outcomes. Recognizing this connection is crucial for enhancing healthcare quality and improving patient outcomes within the Saudi Arabian context.

To Nurse Managers:

Nurse managers can significantly enhance patient-centered care within Saudi Arabian hospitals through their leadership, which, as this study suggests, requires further attention. Improving staff performance through targeted training and development allows managers to focus on specific behaviors that contribute to effective patient-centered care. Addressing the practice environment enables nurse managers to advocate for changes that improve working conditions, such as adequate staffing and resources, which can lead to increased patient satisfaction and enhanced staff retention. Data-driven decision-making, using the study's evidence, enables informed choices about staffing, training, and resource allocation, while also enhancing leadership skills to foster a culture of patient-centered care.

The findings from this study can guide nurse managers in implementing strategies that enhance staff engagement and optimize patient safety by actively managing staffing based on real-time patient needs through empowerment. This means they go beyond just counting beds; they utilize their clinical judgment and various tools to assess each patient's acuity, and the complexity of care required,

ultimately leading to improved organizational performance. Furthermore, investing in ongoing leadership development for nurse managers can empower nurses to navigate challenges effectively and implement evidence-based practices that elevate the nursing care standard. This investment not only benefits nurse managers but also contributes to a culture of continuous improvement within healthcare organizations, ultimately leading to enhanced patient care and safety outcomes.

To Nursing Administrators:

This study offers valuable data to inform the development and refinement of hospital-wide policies related to patient-centered care, ensuring they are evidence-based and aligned with best practices. Administrators can leverage the research to identify areas where additional resources, such as staffing, training, or equipment, are needed to support patient-centered care (Kovner et al., 2002). By understanding the factors that influence patient-centered care, administrators can design and implement targeted quality improvement initiatives, track their effectiveness, and adjust as needed. The study's findings can also inform staff recruitment and retention strategies, helping to attract and retain skilled nurses by fostering a positive practice environment. Performance metrics related to patient-centered care can be developed based on the study, allowing for the evaluation of nursing units and individual nurses. The information gained can be utilized in strategic planning to align hospital goals with the improvement of patient care and national healthcare objectives, such as Saudi Vision 2030 (Alotaibi et al., 2020). Ultimately, enhancing patient-centered care has the potential to mitigate the likelihood of patient grievances and adverse outcomes, thereby fostering greater patient safety and minimizing legal liabilities. The foundation for policies governing patient care should be rooted in nursing theories (Ortiz, 2021).

A study on the nursing practice environment for nurses is vital for nurse administrators, as it provides data to inform decisions on staffing and resources, and to justify requests for additional support. This research also enhances patient safety by linking positive environments to improved outcomes and enabling proactive risk management, while promoting a culture of safety. Furthermore, such a study helps attract and retain nurses by reducing burnout and turnover, identifying factors that boost morale and job satisfaction, and highlighting opportunities for professional development.

To Healthcare Organizations:

A positive practice environment in healthcare is essential for several reasons. It is directly linked to improved patient safety and better quality of care (Hallmarks of the Professional Nursing Practice Environment, 2002). By addressing shortcomings in the work environment, healthcare organizations can proactively reduce adverse events and medical errors. Furthermore, a positive environment fosters a culture of safety by encouraging staff to report incidents and learn from mistakes. This, in turn, helps optimize workforce management by attracting and retaining qualified nurses, reducing burnout and turnover, and boosting morale and productivity. Ultimately, investing in a positive practice environment leads to strategic resource allocation, an enhanced organizational reputation, and increased competitiveness.

Studying the relationship between nurses' practice environment and demographic data, such as nationality, is important for several reasons. It helps healthcare organizations develop strategies to improve nurse recruitment and retention by addressing challenges like language barriers and cultural differences.

This can lead to a more equitable and supportive work environment, increasing job satisfaction and reducing turnover. Ultimately, culturally competent care, as embodied in the essence of transcultural nursing, improves patient outcomes, increases patient satisfaction, and reduces healthcare disparities.

To Nursing Educators and Researchers:

The results of this research, which explores the correlation between patient-centered care practices and the Nursing Work Index within the clinical environment of a hospital in Saudi Arabia, have the potential to substantially improve nursing education by guiding the formulation and modification of curricula to prioritize the principles and methodologies of patient-centered care. Educators can utilize the research to identify specific skills, cultural competencies, and behaviors that need to be taught and reinforced, thereby creating culturally competent curricula tailored to the Kingdom of Saudi Arabia. Effective teaching strategies for promoting patient-centered care behaviors can be developed using case studies, simulations, and other learning activities that reflect real-world clinical scenarios. Furthermore, utilizing the study's findings, continuing education programs can be developed to keep practicing nurses informed about the most recent evidence-based methods in patient-centered care. This is particularly important, as safety in healthcare is a significant concern for the Saudi healthcare industry. Moreover, nursing education programs must help bridge the notable disparity between theoretical concepts learned and their practical applications, which can reflect the provision of high-quality, patient-centered care. Nurse educators and researchers play a crucial role in shaping the nursing practice environment (NPE) and improving the quality of patient-centered care (PCC). This is

particularly pertinent within the context of Saudi Arabia, where there exists a pressing need for a comprehensive approach to ensuring patient safety.

Ongoing evaluation of practice environments is paramount for ensuring that nursing education effectively prepares students for the complexities of future healthcare careers. Identifying and addressing specific areas for improvement within these environments fosters a culture of continuous improvement, thereby aligning nursing education with the realities of modern healthcare delivery. This critical alignment between nursing education and practice environments is essential for cultivating competent nurses who can meet the dynamic demands of contemporary healthcare systems. Such synergy not only enhances the skills of newly qualified nurses but also directly contributes to improved patient safety and higher quality care outcomes across diverse healthcare settings.

The study provides empirical evidence that targeted educational interventions are effective in enhancing cultural competence among nurses. This is crucial for nursing educators who need to justify and advocate for the inclusion and robust delivery of such programs in their curricula. Furthermore, cultural competence education programs can improve nurses' self-assessment of their cultural competence. (Lin & Hsu, 2020).

Ultimately, a robust and well-designed practice environment serves as the bedrock for cultivating highly skilled nursing professionals who are adept at delivering safe and effective patient care in various contexts. Enhancing these environments is vital not only for nurse retention but also for ensuring the continued relevance and

effectiveness of nursing education in addressing the evolving challenges within the healthcare sector.

Scope and Limitations of the Study

This research concentrated on staff nurses employed at a single healthcare institution in Saudi Arabia, along with representatives from one governmental ministry, as they constituted vital healthcare providers within the vicinity. The study investigated the relationship between the demographic characteristics of staff nurses and their perceptions of patient-centered care practices, as well as the working conditions in their respective environments.

This research will rely on individual-reported data from nurses, which may be influenced by response bias, as nurses tend to contribute responses that they perceive as desirable rather than reflecting their actual experiences. The cross-sectional sampling design will only provide a snapshot of the relationships between the variables at a single point in time between April and May of 2025.

Chapter II

THEORETICAL BACKGROUND

Review of Literature

Nurses play a pivotal role in delivering superior care, and their overall well-being and job satisfaction have a direct impact on the quality of care they provide. This literature review examines the current body of research that investigates the correlations between staff nurses' perceptions of patient-centered care behaviors, their practice environments, and their demographic characteristics.

The literature used was sourced from Google Scholar, PubMed, Sage Journals, ScienceDirect, Wiley Online Library, ResearchGate, Mendeley, and various nursing online journals.

The combination of keywords like "patient-centered care," "caring behaviors," "Practice Environment," "Nursing-Work Index," "PES-NWI," "demographic profile," "Saudi Arabia" was used.

Practice Environment in Nursing

The context within which nursing practice transpires is recognized as a critical determinant impacting the caliber of care delivered by nursing practitioners. The (PES-NWI) is a well-validated instrument utilized for evaluating the characteristics of the nursing practice environment (NPE) (Falguera et al., 2021; Warshawsky & Havens, 2010). This instrument was initially conceived following the structural characteristics of Magnet hospitals, which are renowned for their outstanding standards of nursing

and patient care. The Nursing Work Index (NWI) encompasses organizational traits that are rooted in the pioneering Magnet hospitals (Lake, 2002).

The nursing professional milieu and its impact on patient-centered care are essential factors within the healthcare sector. Research suggests that a supportive work environment, characterized by organizational characteristics such as nurse autonomy, nurse-physician collaboration, and adequate staffing, is a key determinant of improved patient outcomes and high-quality care. (Copanitsanou et al., 2017). Magnet Recognition from the ANCC is awarded to hospitals that demonstrate a supportive work environment for nurses, which is linked to improved nurse retention and excellent nursing services. Nurses working in Magnet hospitals perceive their care quality as superior to that in non-Magnet facilities (Wolf et al., 2008). A positive practice environment empowers nurses, fostering job engagement, reducing burnout and turnover, and increasing job satisfaction and self-reported care quality. These positive work environments can motivate nurses to perform at a higher level (Johnston et al., 2020).

The scoping review conducted by Ota et al. (2022) elucidates that nursing executives play a pivotal role in fostering a Culture of Civility, which significantly enhances the practice environment for nurses. Through the establishment of a collective vision, engaging in continual education for themselves and their peers, promoting accountability, and offering support, nurse leaders can adeptly address workplace incivility. These approaches not only bolster the well-being of nursing professionals but also contribute to a safer and more collaborative healthcare environment, ultimately benefiting patient care and organizational performance.

The practice environment of nurses can be positively affected by effective nursing leadership, particularly through robust communication, which is instrumental in significantly improving the nursing practice environment. One intervention is that an open-door policy constitutes one of the strategies employed by organizations to foster improved communication with personnel, augment trust and motivation, and mitigate the necessity for unionization, albeit it presents significant challenges and complexities in its implementation. Highlights that a primary challenge resides in the employees' perceptions of the barriers that exist between themselves and the management; further impediments encompass both behavioral and organizational factors. (Shenhar A., 1993).

The involvement of nursing professionals has a significant impact on both nurse satisfaction and nursing staff retention. The implementation of shared governance, an empirically supported practice, has been shown to enhance nurse engagement through collaborative decision-making, resulting in increased job satisfaction. Al-Ruzzieh, M. A. (2022). Her research findings indicate that the involvement of nursing professionals in shared governance councils is correlated with an enhanced perception of their professional practice work environment. Additionally, the efficacy of these councils fosters a favorable work environment for nurses engaged in such participatory structures.

The nursing work environment, encompassing elements such as job satisfaction, workload, and the phenomenon of burnout, has been empirically demonstrated to have a correlation with the quality of nursing care delivered to patients (Alharbi et al., 2022). A cross-sectional investigation conducted in 2018, involving approximately 549 nurses in the Philippines, unveiled substantial correlations between

nurse and organizational characteristics and the nursing practice environment, as assessed by the PES-NWI (Falguera et al., 2020). These challenges have been exacerbated by the COVID-19 pandemic, with nursing professionals reporting heightened workloads, increased rates of absenteeism, and an intensified need for leave to manage the physical and psychological demands of the crisis (Rodriguez et al., 2022). Confronting these urgent matters is crucial for the well-being of nursing personnel and the delivery of high-quality patient care.

For a considerable time, nursing practitioners have contended that their specific occupational settings substantially hinder their capacity to provide patient-centered care (PCC) that is not only safe but also of exceptional quality (McHugh et al., 2011). The extent of patient contentment regarding the quality of nursing care represents a pivotal outcome that is significantly shaped by the nursing work environment. As articulated by Brešan et al. (2021), a substantial correlation exists between the nursing work environment and the quality of care provided to patients by nurses. Elements such as nurses' working hours, shift configurations, and general job satisfaction play a critical role in this relationship.

The Institute for Healthcare Improvement champions the concept of "Joy in Work" as a countermeasure to burnout within healthcare, advocating for a proactive approach to cultivate positive work environments. New nurse leaders can leverage the Institute for Healthcare Improvement's model to pinpoint and address obstacles that hinder joy in their workplaces, which in turn can foster work-life balance (Chunta, 2020). Additionally, by prioritizing workforce safety, healthcare organizations can lay the groundwork for an environment where joy and meaning are not only possible but actively cultivated, enabling healthcare workers to continually improve the care they

provide (Morath et al., 2014). Creating a safe and supportive work environment is essential for both workforce and patient safety, fostering joy and meaning in the workplace that drives continuous improvement in care. Healthcare leaders must cultivate cultures characterized by respect, transparency, accountability, learning, and quality care, where disrespectful and harmful behaviors are not tolerated. Healthcare professionals are increasingly facing burnout and higher staff turnover due to growing demands on their time, resources, and energy, combined with poorly designed daily work systems. However, joy in work is more than just the absence of burnout or a matter of individual well-being; it is a fundamental characteristic of the entire organizational system. Whether joy is present or absent, it significantly influences not only staff engagement and satisfaction but also patient experience, quality of care, patient safety, and overall organizational performance (Perlo et al., 2017).

In summary, the nursing practice environment and its influence on patient-centered care behaviors constitute a significant domain of scholarly inquiry. Enhancing the quality of nursing practice settings has been shown to yield benefits, including increased professional satisfaction, safer working conditions, enhanced autonomy, improved psychological and physical health, improved staff retention, and elevated standards of care (Pereira et al., 2024). Examining the correlation between patient-centered care behaviors and the Nursing Work Index within a hospital in Saudi Arabia may yield valuable insights into the determinants of patient safety culture.

Practice Environment for Enhanced Outcomes

This cross-sectional survey, conducted in 2018 by Falguera et al. (2021) in the Philippines, involving 549 hospital nurses, examined the correlation between the

nursing practice environment and various work outcomes. Employing the (PES-NWI) to evaluate the work setting, alongside self-reported metrics to gauge job satisfaction, burnout, stress, and perceived quality of care, the research unveiled noteworthy associations. Through multiple linear regression analysis, it was established that both nurse and organizational characteristics were associated with the practice environment. More significantly, multivariate regression analysis revealed a considerable positive relationship between a favorable work environment and perceived quality of care, in contrast to a negative correlation with job burnout and stress. These results underscore the crucial importance of a supportive practice environment in mitigating burnout and stress while enhancing the quality of patient care. In light of the substantial rate of nurse migration, fostering a positive work environment becomes an essential strategy for retaining a proficient nursing workforce in the Philippines. The study advocates for hospital administrators to prioritize the enhancement of supportive nursing practice environments to improve professional work outcomes and ensure superior patient care.

Over the past two decades, patient safety has emerged as a paramount concern within the healthcare sector. Numerous studies and prominent health organizations consistently assert that nurses and their respective work environments play a crucial role in advancing patient safety. In a research endeavor conducted by Midhawi et al. (2020), the objective was to investigate how the nursing work environment, as assessed by the (PES-NWI), influences the nurses' perceptions of patient safety as measured by the Overall Perceptions of Patient Safety subscale derived from the Hospital Survey of Patient Safety Culture (HSPSC). The researchers solicited responses from 570 nurses employed in both public and private healthcare

institutions through comprehensive surveys. The study analyzed nurses' perceptions of patient safety utilizing a standardized questionnaire while concurrently evaluating their work environment through the PES-NWI research instrument. Among the 350 respondents (approximately 65%), only about one-third expressed confidence in the adequacy of patient safety measures. The findings indicated that perceptions of enhanced patient safety were associated with sufficient staffing, the availability of necessary supplies, effective communication among nurses, and their active involvement in hospital improvement initiatives. Essentially, the study concluded that nurses' perceptions of patient safety are intrinsically linked to their work environment. To optimize patient outcomes, healthcare facilities must prioritize initiatives such as maintaining adequate staffing levels, facilitating nurses' participation in decision-making processes, and ensuring effective communication across all levels of care. Healthcare institutions are inherently hazardous environments, potentially even more so than specific industrial workplaces. By focusing on the nursing work environment, healthcare leaders can mitigate errors, reduce costs, and improve the safety of hospitals for all stakeholders involved.

This empirical investigation, executed by Alhamdan et al. (2016), employed a quantitative, descriptive, cross-sectional survey methodology. Data were procured through self-administered questionnaires circulated to 650 registered nurses across three healthcare institutions in Jordan. The survey instrument consisted of the Practice Environment Scale of the Nursing Work Index (PES-NWI), the McCain Intent to Stay scale, Quinn, and Shepard's (1974) Global Job Satisfaction survey, and demographic questions. Descriptive statistics were used to summarize demographic characteristics, while multivariate linear regression models tailored to unit type were employed to

analyze the relationships between the nursing work environment, job satisfaction, and the intent to remain. This study aimed to investigate the interconnections among the nursing work environment, job satisfaction, and the intent of nurses to persist within three distinct healthcare settings in Jordan. The investigation revealed that the nursing work environment was a significant predictor of job satisfaction and the intention to remain, thereby successfully addressing the research question posed by the study.

Nurses operating in high-demand Intensive Care Units (ICUs) during the peak of the COVID-19 pandemic frequently encountered the necessity to defer or forgo critical aspects of their professional responsibilities or the provision of essential care. A study conducted by Bruyneel et al. (2024) aimed to investigate the prevalence of this phenomenon within Belgian ICUs and to ascertain whether there exists a correlation between a challenging work environment and the resultant feelings of burnout among nurses, as well as potential detriment to patient care. The researchers conducted a comprehensive survey encompassing 75 ICUs in Belgium, soliciting feedback from nurses regarding their work environment using the Professional Evaluation Scale – Nursing Work Index (PES-NWI), their perceptions of patient safety, and their levels of burnout, which were evaluated using the Maslach Burnout Inventory. The primary issue identified was a deficiency in staffing and resources. Furthermore, it was revealed that an increase in the volume of tasks left incomplete corresponded with heightened concerns regarding patient safety and an increased likelihood of experiencing burnout. Consequently, it appears that the existence of unfulfilled care obligations significantly contributes to the adverse impact of a suboptimal work environment, particularly in terms of staffing and on nurses' feelings of being overwhelmed and their apprehensions regarding patient care. Thus,

monitoring the extent to which nurses are compelled to leave tasks incomplete could serve as a valuable metric for identifying issues related to staffing levels, nurse well-being, and overall patient safety.

A descriptive, analytical, and cross-sectional study conducted by Lucas et al. (2023) aimed to clarify the relationship between the nursing practice environment and the quality of care, as well as patient safety, within Primary Health Care (PHC) contexts, using a sample size of 1,059 participants. Utilizing multivariate and correlation analysis techniques for data interpretation, the research employed the Nurse Survey Instrument to assess care quality and the PES-NWI to gauge the nursing practice environment. The sociodemographic and professional characteristics reveal that 1.1% of the nurses hold a Bachelor of Science in Nursing (BSN), representing the most basic level of nursing education in the Portuguese context. In comparison, 54.7% are recognized as nurse specialists. In the domain of Portuguese primary health care, nurses predominantly perceive an unfavorable practice environment, characterized by a blend of both advantageous and disadvantageous elements. While they acknowledge a commendable quality of care and acceptable levels of patient safety and safety culture, the dimensions of collegial relationships between nurses and physicians, as well as fundamental aspects of nursing related to quality of care, receive the most positive evaluations. In contrast, nurses express concerns regarding their participation in organizational decision-making, the adequacy of staffing and resources, as well as the competencies, leadership, and support provided by nurse managers. Their perceptions suggest a notable correlation between the nursing practice environment, safety culture, and the quality of care and patient safety.

Another investigation conducted by Sonmez et al. (2020) aimed to analyze the interrelationship among the nursing work environment, staff nurses' perceptions of decent work, job satisfaction, and their mental and physical health. This research was executed as a cross-sectional and correlational study involving a total of 311 registered nurses across two hospitals in Türkiye. Statistical data were amassed between July and December 2020 utilizing Google Forms, a method necessitated by the prevailing COVID-19 pandemic. The instruments employed for data collection encompassed: the Participant Information Form, the Practice Work Environment Scale of the Nursing Work Index, the Decent Work Scale, the Health-Related Quality of Life-4, and a Job Satisfaction Global Item (Mwita, 2022; Taherdoost, 2021; Wahyudiyanto & Roniwijaya, 2018). Researchers employ a variety of methodologies, tools, or techniques to gather empirical evidence in their investigative endeavors (Mwita, 2022). Questionnaires represent a prevalent technique utilized to extract information from respondents. This study, grounded in the Person-Environment Fit theory, scrutinized the correlation between the nursing work environment and Decent Work, as well as the influence of Decent Work on nurses' job satisfaction, physical health, and mental health. The theoretical framework posits that employees experiencing Decent Work tend to report an enhanced sense of well-being as their fundamental needs are adequately fulfilled. The findings indicated that nurses' perceptions of Decent Work were significantly correlated with most subscales of the Practice Environment Scale of the Nursing Work Index, except for nurse participation in hospital affairs.

Furthermore, Decent Work exhibited a statistically significant association with physical and mental health, albeit not with job satisfaction. In contrast to initial hypotheses, the Practice Environment Scale-Nursing Work Index did not demonstrate

a direct, significant relationship with job satisfaction, physical health, or mental health (the same held for the subscale concerning staffing and resource adequacy). Nevertheless, the subscales on nurse manager ability, leadership and support for nurses, staffing and resource adequacy, and collegial relationships between nurses and physicians were found to have an indirect correlation with physical and mental health through the lens of Decent Work.

A research investigation conducted by Almadani (2023) aimed to evaluate the nursing practice environment within primary healthcare facilities throughout Saudi Arabia, employing a cross-sectional methodology alongside the Practice Environment Scale of the Nursing Work Index. The study garnered responses from 519 nurses, revealing that a majority perceived their workplace as having an adequate number of personnel and resources; however, it also underscored notable discrepancies in perceptions and insufficient staff and resource availability in several primary healthcare centers (PHCs), which substantially affects nurses' job satisfaction and performance. The findings demonstrate a positive association among all variables within the framework, suggesting that enhancements in one domain of the nursing work environment may have a beneficial impact on other domains. This underscores the profound influence of the work environment on nursing practice, indicating that strengthening a single element of the organization could have favorable repercussions on others, ultimately enhancing nursing productivity. Therefore, addressing challenges related to staff and resource sufficiency in Primary Health Care centers in Saudi Arabia may lead to improvements in the quality of services provided.

This scholarly investigation, conducted by Ali et al. (2024) within a public healthcare facility in Saudi Arabia, aims to explore the quality of care and the nursing

practice environment in the region, highlighting the significant impact of the practice environment on healthcare quality, particularly in nursing. Employing the Nursing Work Index Scale, the research evaluated the Practice Environment Scale, along with its respective subscales, revealing an overall mean score of 2.94. The most favorable ratings were assigned to Nursing Foundations for Quality of Care (NFQC) and Collegial Nurse–Physician Relations (CNPR). In contrast, the lowest score was recorded in Staffing and Resource Adequacy (SRA). The findings underscore the crucial importance of a supportive work environment in promoting positive nursing outcomes and enhancing the quality of healthcare, thereby advocating for targeted interventions within Saudi hospitals to foster a conducive nursing practice. This study elucidates various aspects of the nursing practice environment and its effects on performance and interpersonal dynamics. It emphasizes the essential role of nursing foundations in providing quality care, as critical to enhancing nurse performance as indicated by the Practice Environment Scale.

Furthermore, the results indicate significant differences in performance between female and male nurses, with female nurses generally demonstrating superior performance, although the sample size for male nurses is smaller. Additionally, the research indicates that nurses aged 31–40 and those possessing a BSN degree tend to attain higher mean scores in the Nursing Foundations for Quality of Care (NFQC) subscale. Addressing the disparities between male and female nurses and improving the perception of nursing education in Saudi Arabia are vital initiatives. Given that nursing is sometimes perceived as an "image profession" in the Kingdom of Saudi Arabia, enhancing its reputation and motivating local Saudis to pursue nursing qualifications could alleviate the reliance on expatriate nurses and elevate the

overall quality of healthcare (Alluhidan et al., 2020; Mutair et al., 2022). Strategic initiatives and interventions are paramount for fostering a nurturing nursing practice environment, which ultimately benefits patients, nurses, and the broader healthcare team. The Nurse Professional Competence Scale can be used to identify areas that require further improvement, which is crucial for ensuring culturally congruent healthcare in KSA (Halabi et al., 2021).

Practice Environment Domains

The PES-NWI achieves reliability and standardization in measuring the nursing practice environment and applying these findings to improve this specific area of patient care. When the focus is on the factors that support and empower nurses, the PES-NWI leads to better patient outcomes and a more engaged, sustainable nursing workforce.

The PES-NWI is based on the premise that the work settings of nurses significantly impact their ability to deliver effective and high-quality care. It aims to encapsulate the organizational factors that promote and support competent nursing practice, particularly in relation to nurse engagement in hospital governance, the essential nursing foundations for quality care, and the adequacy of resources (Rivaz et al., 2017). Dr. Linda Aiken, along with her associates at the University of Pennsylvania, has played a pivotal role in the development and validation of the PES-NWI. Their academic research highlighted the critical importance of a supportive practice environment as a key factor in both attracting and retaining nursing professionals, while also enhancing patient safety and the standard of care provided. The PES-NWI identifies five core domains that define the nursing practice environment and are crucial for delivering high-quality, patient-centered nursing care. The PES-

NWI subscale includes five dimensions. Firstly, the Nurse Participation in Hospital Affairs dimension assesses the degree to which nurses are engaged in decision-making processes and contribute to hospital governance. Secondly, the Nursing Foundations for Quality-of-Care dimension emphasizes the adequacy of resources, such as staffing levels and support services, which are crucial for delivering quality nursing care. Thirdly, the Nurse Manager Ability, Leadership, and Support of Nurses dimension evaluates the quality of nursing leadership and the extent to which nurse managers provide support and guidance to their staff. Fourthly, the Staffing and Resource Adequacy dimension examines the availability of adequate staffing levels and resources necessary to meet patient needs. Lastly, the Collegial Nurse-Physician Relations dimension appraises the quality of communication and collaboration between nurses and physicians.

The Nurse's Participation in Hospital Affairs

The active involvement of nurses in hospital affairs, such as participating in decision-making, significantly contributes to a positive nursing work environment, fosters job-related satisfaction, and enhances the quality standards of patient care. Moisoglou et. al (2025) conducted a cross-sectional study in Greece that examined how the nursing work environment affects professional behavior, specifically quiet quitting, and work engagement among nurses. The investigation revealed that an unfavorable nursing work environment, characterized by diminished nurse involvement in hospital governance, weaker collegial ties with physicians, inadequate nursing frameworks for delivering quality care, and insufficient support from nursing management, was associated with elevated levels of quiet quitting among nurses. Furthermore, the study revealed a positive relationship between proficient leadership,

support from nurse managers, strong collegial relationships with physicians, and solid nursing frameworks for quality care, all of which were associated with increased work engagement among nurses.

AlDossary (2023) set out to investigate how the environment where nurses work influences the safety of patients in Saudi hospitals. A cross-sectional study was conducted to investigate the nursing professional environment and its implications for patient safety. Data were collected from nursing staff using two validated questionnaires: the Practice Environment Scale of the Nursing Work Index and a Hospital Patient Safety Culture Survey. Statistical analysis (t-tests and Pearson's correlation) of 357 completed surveys, collected from 96 Saudi Arabian hospitals, revealed significant correlations. Notably, nurse participation in hospital management (2.46) and leadership showed a strong relationship with both work area and supervisor/manager approaches. Optimizing patient safety requires a focused effort on improving the nursing work environment, specifically in areas such as nurse participation in hospital affairs, management effectiveness, nursing care delivery, interdisciplinary teamwork, and resource sufficiency.

AlKorbi et al. (2022) conducted a quantitative, descriptive, cross-sectional study in Makkah City, Saudi Arabia, to assess the impact of the nursing work environment on job performance. Using a convenience sample of 437 nurses (an 83.68% response rate), they employed an electronic questionnaire that included the PES-NWI and IWPQ. The study revealed a significant positive correlation between the nursing practice environment and job performance, with "Nurse Participation in Hospital Affairs" significantly predicting job performance ($\beta = 0.105$, $F = 4.827$, $p < .05$), accounting for 10.50% of the variance.

Bum-Kim and Hee Lee (2019) conducted a path analysis study in South Korea to investigate the factors influencing nurses' intent to stay in their positions. Utilizing a cross-sectional questionnaire distributed to 631 nurses across seven hospitals, they examined the impact of the nursing work environment, supervisory support, nurse characteristics, and burnout. The study, analyzed using STATA, found that increased nurse participation in hospital affairs positively affected intent to stay by enhancing autonomy and job engagement, supporting the concept that a positive and supportive work environment is vital for quality care.

Yang et al. (2023) conducted a cross-sectional study to investigate the influence of nursing work environment and occupational career factors on work engagement among 149 Chinese nurses working in Japan. These nurses, with an average age of 28.4 years and 3.8 years of experience, reported low to medium work engagement. The study revealed a significant positive correlation between work engagement and both the nursing practice environment ($\beta = 0.46$, $p < .001$) and occupational career factors ($\beta = 0.42$, $p < .001$), with nurse participation in hospital affairs and strong interpersonal relationships being the strongest predictors.

Dalky et al. (2022) demonstrate that the research findings reveal a significant positive correlation between the nursing work environment and the practices of medical error reporting. The aspect of 'nurse involvement in hospital operations' demonstrated the most substantial effect on the medical error reporting behaviors of nurses, as this is the lowest mean in their practice environment. According to the regression analysis, the nursing work environment accounted for 65.1% of the variability in nurses' medical error reporting practices. Additionally, it was observed

that medical error reporting practices exhibited statistically significant differences based on marital status and the type of hospital in which the error occurred.

The Nursing Foundations of Quality Care

Alenazy et al. (2020) carried out a cross-sectional, correlational study to examine relationships between the practice environment, job-related satisfaction, and intention to resign among critical care RNs in Hail, Saudi Arabia. The research took place at King Khalid Hospital, a public hospital with 272 beds and a diverse nursing staff (64% international). The study focused specifically on the 160 nurses working in the critical care units, who met the criteria of direct patient care and English proficiency. The average PES-NWI score was 2.89, with "Nursing Foundations for Quality of Care" and "Collegial Nurse-Physician Relations" scoring highest, and "Nurse Participation in Hospital Affairs" scoring lowest.

Ali et al. (2024) found that the practice environment has a considerable effect on the quality of healthcare, particularly within the nursing discipline. A descriptive, cross-sectional study was conducted using a self-administered questionnaire distributed among 573 staff nurses in a public hospital (with a 1,200-bed capacity) operated by the Ministry of Health. The overall mean score for the PES-NWIS was 2.94 (SD $\pm$ 0.753), with all five subscale scores exceeding the midpoint value of 2.5. The highest scores were noted in "Nursing Foundations for Quality of Care" (3.02, SD $\pm$ 0.753), followed by "Collegial Nurse–Physician Relations" (2.99, SD $\pm$ 0.822) and "Nurse Manager Ability, Leadership, and Support" (2.98, SD $\pm$ 0.819). The subscale with the lowest score was "Staffing and Resource Adequacy" (2.56, SD $\pm$ 0.993). A robust work environment exerts a favorable influence on nursing outcomes and the overall quality of healthcare. Fostering a supportive nursing practice environment

yields advantages for patients, nurses, and the broader healthcare team, underscoring the necessity for targeted interventions in hospitals across Saudi Arabia.

Ayed et al. (2024) investigated the impact of the intensive care unit's work environment on nurses' professional quality of life. From March to August 2024, a survey-based study was conducted with 162 ICU nurses in the southern West Bank. The study, designed to be representative through stratified random sampling, gathered data on demographics, work environment (using the PES-NWI), and professional quality of life (using the ProQoL scale). Analysis using SPSS revealed that the majority of participants were young and male. The highest mean was observed in two subscales: the first is Nursing Foundations for Quality Care, with a mean of 2.8 (SD = 0.3), and the second is Nurse Manager's ability, leadership, and support of nurses, with a mean score of 2.8 (SD = 0.4). Findings showed that a reasonably positive work environment significantly correlated with reduced burnout and increased compassion satisfaction.

Tamayo et al. (2022) investigated the relationship between the nursing practice environment and care rationing, as measured by BERNCA, in a public hospital in Manila. A study of 147 nurses revealed that, while the overall practice environment was rated above average (PES-NWI mean score of 2.87), with strong foundations of quality care (M = 3.30, SD = 0.63), leadership, and nurse-physician collaboration, a better overall score was significantly correlated with less rationing of care.

AbuAlRub et al. (2023) conducted an exploration of the implications of the work environment and structural empowerment on the levels of stress and job satisfaction among nursing professionals in Oman, employing a descriptive correlational research design. A convenience sample comprising 1,796 nurses from hospitals located

throughout all 11 governorates participated by completing a self-administered questionnaire, which encompassed the PES-NWI, CWEQ-II, and a query regarding job satisfaction. The aggregate mean score for the PES-NWI was recorded at 2.80, with the dimension "Foundations for Quality of Care" achieving the highest score (mean 3.0), followed by "Collegial Nurse-Physician Relationship" and "Nurse Manager's ability, leadership, and support" (both with a mean of 2.9). It highlights that a positive work environment has a significant influence on job satisfaction, which in turn affects nurses' intention to remain in their positions.

The Nurse Managers' Ability, Leadership, and Support of Nurses

Taketomi et al. (2024) conducted a survey-based, cross-sectional study to explore whether a positive nursing practice environment influences nurses' psychological empowerment. Using data from 7,849 nurses in 23 Japanese hospitals, they examined the relationship between PES-NWI scores and psychological empowerment. The study found that a perceived positive work environment, with "Nurse Manager's ability, leadership and support" scoring highest (mean 2.76), was associated with increased psychological empowerment.

Ebrahim and Ahmed (2022) investigated the impact of work practice environment and workplace civility on staff nurses' intention to leave the nursing profession. A descriptive correlational study of 165 nurses at Beni-Suef University Hospital revealed a generally poor work environment, with low overall mean scores. Notably, while managerial support was rated relatively higher, nurse-physician relationships were perceived poorly. The study strongly indicated that both the work environment and workplace civility significantly influence nurses' decisions to leave, highlighting the need for managers to improve these areas to reduce turnover.

Chang-Jun and Young-Su (2022) explored the influence of nurses' grit and their work environment on their intention to leave general hospitals in Korea. Analyzing data from 130 experienced nurses, the study found that both grit and a positive nursing work environment significantly reduced turnover intention, explaining 51% of the variance. The highest rated aspect of the work environment was managerial support. The authors recommended developing programs to enhance grit and improve the work environment, as well as implementing supportive policies.

Malinowska-Lipień et al. (2023) conducted a multicenter, cross-sectional study of 1,509 Polish nurses to identify factors influencing their intent to leave their positions. The study found that a positive work environment significantly reduced turnover intentions. Specifically, satisfaction with educational opportunities, managerial support, participation in hospital management, and support for high-quality care were each associated with a statistically significant decrease in the odds of nurses leaving. This underscores the importance of a supportive work environment in reducing nurse attrition.

Skela-Savič et al. (2023) study examines the influence of nurses' job characteristics on their perception of the hospital work environment, utilizing the Practice Environment Scale of the Nursing Work Index in a Slovenian context. To boost nurse satisfaction and engagement, hospitals should prioritize fostering positive collegial relationships. This includes improving interactions between nurses and physicians, as well as between nurses and leadership, which can lead to increased nurse participation in management and professional growth. Similar benefits arise from strong leadership and support from nurse managers.

Ogata et al. (2017) studied the characteristics of the nursing practice environment related to creating a work environment for nurses, showing that the prominence of leadership considerably improves the nursing practice milieu by promoting genuine leadership from nurse managers. This prominence enables managers to extend vital support to nursing staff, thereby positively influencing their well-being and job retention rates. When nurse managers are actively involved and visible, it cultivates a more supportive environment, ultimately enhancing the overall health of the work setting for nurses. Consequently, the presence and engagement of leadership are crucial for enhancing the comprehensive practice environment within the nursing profession.

Staffing and Resource Adequacy

Nurse staffing adequacy is a critical factor associated with coworker incivility in hospitals. Smith et al., (2017) shows that the research indicated that the prevalence of incivility among nursing colleagues is notably linked to insufficient nurse staffing levels and suboptimal leadership from nurse managers, with the perception of nurse manager leadership exhibiting a more pronounced negative correlation ($\beta = -0.47$) with coworker incivility in comparison to staffing adequacy ($\beta = -0.19$). The findings imply that both the leadership of nurse managers and the adequacy of staffing are alterable components of the nursing work environment that can be enhanced to mitigate coworker incivility, suggesting that targeted interventions to improve these domains may yield more favorable outcomes for nurses as well as patients.

Yilmaz and Kocak (2023) employed a cross-sectional methodology, and their reporting adheres to the STROBE recommendations. Their study aims to understand how the practice environment where nurses work, and how empowered they feel,

affects the way they provide care. Using a descriptive and correlational approach, researchers surveyed 584 nurses in Türkiye from January to June 2023. Questionnaires were used to gather data on their demographics, work environment, psychological empowerment, and caring behaviors. Statistical analysis revealed the relationships between these variables. The Practice Environment Scale of the Nursing Work Index (PES-NWI) yielded an overall mean score of 2.59 (SD = 0.56), with the Staffing and Resource Adequacy subscale demonstrating the highest average score at 2.91 (SD = 0.69). Nurses reported a strongly positive perception of their practice environment, exceeding moderate levels, a finding consistent with prior research. The study results highlight the importance of the nursing work environment and psychological empowerment in influencing nurses' caring behaviors. Nursing service managers play a crucial role in understanding this relationship and creating working conditions that foster psychological empowerment, thereby improving these behaviors.

Sariköse and Göktepe (2022) conducted a descriptive, correlational, and cross-sectional study with 370 nurses in Türkiye to investigate the impact of individual, professional, and work environment factors on their job performance. The study revealed that adequate staffing and resources, as measured by the Practice Work Environment Scale of the Nursing Work Index, were associated with increased job performance. This finding aligns with existing literature indicating that nursing and support staff shortages can lead to decreased job performance, resulting in burnout and lower quality of patient care. The researchers concluded that having enough nurses and support staff reduces workloads, increases time for patient care, and ultimately enhances job performance.

Other scholarly works have indicated that a deficiency in nursing and ancillary personnel adversely impacts the performance levels of nurses, leading to manifestations of burnout and a decline in the quality of patient care (Cho & Han, 2018). In the context of the unit-level nursing professional milieu, nursing personnel indicated that the competencies of nurse managers, their leadership qualities, and the provision of support for nursing staff were perceived as the most favorable attributes. In contrast, staffing levels and available resources were regarded as the least satisfactory. Based on these findings, a sufficient staffing level of nurses and support personnel may alleviate workloads and extend the time dedicated to patient care, which is also correlated with enhanced performance levels in job-related tasks.

Lake et al. (2024) conducted a comprehensive meta-analysis to establish global benchmarks for the Practice Environment Scale of the Nursing Work Index. The analysis's findings indicated that, while constructs such as Nursing Foundations for Quality of Care and Collegial Nurse-Physician Relations received high evaluations, the dimensions of Staffing and Resource Adequacy consistently exhibited low scores, remaining below the neutral midpoint. This observation suggests a widespread concern among nursing professionals regarding the adequacy of staffing levels, resources, and support systems, which are essential for creating a conducive work environment. As indicated by the meta-analysis, this concern is not an isolated phenomenon but rather a recurring issue prevalent in nursing practices worldwide. This conclusion, corroborated by numerous reviews and studies, including those conducted in Latin America, underscores a widespread concern among nurses regarding the adequacy of staffing levels, resources, and supportive services (de Oliveira Riboldi et al., 2021). The components encompassed within this subscale

(SRA) namely, having adequate personnel to fulfill work obligations, sufficient registered nurses to ensure the delivery of quality patient care, supportive services that enable nurses to allocate time for patient interaction, and opportunities to engage in discussions regarding patient care challenges with fellow nurses are essential to establishing a healthy work environment.

Kraaij et al.'s longitudinal study (2019-2023) across 19 Dutch hospitals examined how differentiated nursing practices affected work environments and turnover intentions. Data from digital surveys, collected before and after implementation, were analyzed using the PES-NWI to measure the nursing work environment. The study found that while differentiated practices led to improvements in staffing, resource adequacy, collegial relationships, and participation in hospital affairs, they did not significantly change turnover intentions. This suggests that improving specific aspects of the work environment alone may not be sufficient to impact nurse retention, indicating that other complex factors are at play.

Collegial Nurse-Physician Relationship

Alrefaei et al.'s 2022 cross-sectional study, conducted in the Al-Madinah Region of Saudi Arabia, investigated the relationship between the nursing practice environment and innovative behaviors (IB) among 330 bedside nurses. Utilizing the Practice Environment Scale of the Nursing Work Index, the study revealed a generally favorable NPE with a mean score of 2.62 (SD = 0.50). However, staffing and resource adequacy were perceived as unfavorable, with a score of 2.35 (SD = 0.65), contrasting with more positive perceptions of collegial nurse-physician relations. While nurses demonstrated a moderate level of IB (mean score of 3.53 (SD = 0.56), the study found that staffing and resource adequacy did not significantly correlate with key aspects of

IB, such as idea search and overcoming obstacles. The authors recommended that healthcare organizations prioritize work innovation and healthy nursing work environments through strategic management.

Alhalal et al.'s (2024) study examined the impact of nurses' perceptions of authentic leadership in their managers on their well-being and perceived quality of care. The study also considered the mediating roles of the nursing practice environment and nurses' psychological capital. A random sample of 415 nurses was selected from acute care hospitals in Saudi Arabia. The study found that the total PES-NWI score was 2.81 (SD = 0.49), with the Nurse-Physician relationship having the highest mean (M = 3.01, SD = 0.52), followed by Foundations for Quality of Care (M = 2.90, SD = 0.48). While authentic leadership by nurse managers directly improves nurses' perceptions of quality of care, it does not directly impact their well-being. Instead, the nursing practice environment and psychological capital function as intermediaries, fully explaining the link between authentic leadership and well-being. For quality of care, the nursing practice environment plays a partial mediating role.

Dalky et al. (2022) conducted a cross-sectional survey to examine the correlation between the nursing work environment and the reporting of medical errors among 334 nursing professionals from private, teaching, and public healthcare institutions in Amman, Jordan. The research, utilizing a standardized questionnaire derived from previous studies, evaluated demographic variables, the nursing work environment (as assessed by the Practice Environment Scale-Nursing Work Index), and practices related to medical error reporting. The data analysis was performed using SPSS version 26. The findings indicated that 'Collegial nurse-physician relationship' and 'Nursing foundations for quality of care' achieved the highest mean

scores within their respective subscales, whereas 'Staffing and resources adequacy' and 'Nurses' participation in hospital affairs' recorded the lowest scores. These outcomes are consistent with those reported in other contemporary studies. In light of the investigations conducted in Saudi Arabia by Alrefaei et al. (2022) and Alhalal et al. (2024), a recurrent theme is evident: although collegial relationships and foundations for quality of care are frequently perceived in a favorable light, the adequacy of staffing and resources continues to pose a significant concern for nursing professionals. This underscores the imperative for healthcare organizations to address these challenges in order to enhance the overall nursing work environment and improve patient safety, as emphasized by Dalky et al.'s exploration of medical error reporting.

Hu et al.'s 2023 investigation, conducted in Shandong Province, China, examined the impact of the professional environment on the well-being and job satisfaction of healthcare providers specializing in geriatric care. The study evaluated the correlation between diverse components of the occupational setting (involvement in facility governance, nursing foundations that underpin quality of care, leadership effectiveness of managers, adequacy of staff and resources, and collegial interactions), job satisfaction, and subjective well-being among 229 personnel employed in geriatric nursing facilities. The aggregate score on the Practice Environment Scale of the Nursing Work Index (PES-NWI) was recorded at 3.13 (SD = -0.43, with the category 'Collegial Nurse-Physician Relationship' exhibiting the highest mean (M = 3.24, SD = 0.49), trailed by 'Nursing Foundations for Quality of Care' (M = 3.20, SD = 0.44). Correlational analyses revealed a favorable association between an enhanced workplace environment and the subjective well-being and job satisfaction of employees. Multiple linear regression analysis revealed that job

satisfaction, the number of seniors under care, and the quality of the working environment were significant determinants that increased the likelihood of subjective well-being. Registered nurses demonstrated comparatively lower levels of subjective well-being compared to other caregiving professionals. The authors inferred that ameliorating the working conditions for caregivers of the elderly might alleviate job dissatisfaction while simultaneously fostering enhanced well-being.

Patient-Centered Care Behaviors of Nurses

The centralization of the patient in healthcare decision-making processes has become progressively vital. Patient-centered care emphasizes the unique requirements, preferences, and values of each patient. It underscores the importance of patient engagement in decision-making, effective communication, respect for patient choices, emotional support, integrated care, physical comfort, and the involvement of family and friends. As pointed out by Sarkhosh et al. (2022), nurses must exhibit behaviors that promote patient-centered care, as it is a fundamental aspect of their professional practice. Nursing leadership has acknowledged the necessity of cultivating a culture of compassion within healthcare organizations, wherein nurses prioritize the needs and preferences of their patients (Carter et al., 2008). Patient-centered care is widely regarded as a pillar of high-quality healthcare. It is broadly acknowledged as a critical factor influencing healthcare quality, frequently referred to as individualized or person-centered care (Najafizada et al., 2021).

Patient-centered care, as promoted by the Institute for Healthcare Improvement, places the patient at the core of all healthcare decisions and actions (Zhang & Lu, 2018). The Institute of Medicine (IOM) has proposed a highly

influential framework outlining six key aims for the healthcare system. These aims are designed to ensure optimal patient care and system performance. Firstly, healthcare should be safe, meaning it actively avoids any harm to patients from the care they receive. Secondly, it must be effective, delivering services grounded in scientific knowledge to those who will benefit while avoiding unnecessary interventions for those who will not. Thirdly, care should be patient-centered, respecting and responding to individual patient preferences, needs, and values, with these values guiding all clinical decisions. Fourthly, the system needs to be timely, minimizing waits and delays for both patients receiving care and providers delivering it. Fifth, healthcare ought to be efficient, eliminating waste of equipment, supplies, ideas, and energy. Ultimately, it should be equitable, ensuring that the quality of care remains consistent regardless of personal characteristics, such as geographic location or socioeconomic status. (ARHQ, 2025).

Patient-centric care is recognized as an essential approach for enhancing coordination, accessibility, and the overall quality of healthcare (Sharma et al., 2015). The practical realization of this model requires nurses to engage proactively with patients, attentively consider their concerns, and tailor interventions to meet their distinct needs and preferences. This methodology emphasizes the importance of fostering robust therapeutic alliances, demonstrating empathy, and actively engaging patients in the decision-making process. By adopting a person-centered framework, nurses can enhance the patient experience, yield superior health outcomes, elevate patient satisfaction, and trust, and ultimately augment staff contentment.

Albougami et al.'s 2019 study, "Cultural competence and perception of patient-centered care among non-Muslim expat nurses in Saudi Arabia," highlights the crucial

link between nursing, health policy, patient-centered care, and cultural competence. A key recommendation from the study is that future research should include patient perspectives. Given the demonstrated effectiveness of culturally sensitive care in Saudi Arabia, the study highlights the importance of training expatriate nurses in both cultural competence and patient-centered care practices.

A qualitative study was done by Mashael Alamrani (2024) with a title "Understanding person-centered care within a complex social context". Nurses were interviewed to share their perspectives on delivering high-quality nursing care and the challenges they encounter in doing so. They described significant attempts to deliver individualized, empathetic, and developmentally appropriate care, reflecting patient-centered principles. However, these efforts were intertwined with patient-specific challenges across organizations and wider regional levels. These included staffing and medical supply shortages, poor regional care coordination, insufficient language translation, differences in cultural perspectives on health communication, coupled with discriminatory practices targeting foreign workers. Despite these obstacles, nurses employed resourceful strategies to uphold professional nursing values. This research reinforces the notion that patient-centered care is inextricably linked to the social and organizational context in which it is delivered.

Research consistently demonstrates that patient-centered care results in improved patient satisfaction, increased adherence to treatment plans, enhanced recovery rates, reduced healthcare costs, and improved health outcomes. However, implementing patient-centered care can be challenging due to time constraints, staff shortages, limited resources, organizational culture, and patient-related factors. (Kwame et.al.,2021). Nurses, as frontline healthcare providers, play a crucial role in

delivering patient-centered care. This involves practicing effective communication through active listening, clear explanations, and respectful dialogue (Sassen, 2023). Nurses should prioritize shared decision-making by providing comprehensive information, eliciting patient preferences, and facilitating informed choices (Kirk, 2020). Respect for patient preferences and values is paramount, encompassing cultural sensitivity, individualized care, and maintaining privacy and dignity. Emotional support is vital, demonstrated through empathy, active presence, and building rapport. Nurses also ensure coordination and integration of care through collaboration, advocacy, and patient education. Caring behaviors are essential for the successful implementation of patient-centered care (Porter et. al, 2014).

Factor 1: Humanism/faith-hope/sensitivity

Youssef et al. (2013) investigated entitled "A Medical-Surgical Nurse's Perceptions of Caring Behaviors among Hospitals in Taif City." Caring constitutes an essential human requirement, serves as a foundational concept within the nursing discipline, and represents a pivotal aspect of high-quality nursing care. Although existing literature has examined nurses' perceptions of caring behaviors, these investigations are predominantly concentrated on Western societies. This research endeavor sought to elucidate the perceptions of caring behaviors held by medical-surgical nurses in Taif City, Saudi Arabia. Utilizing a convenience sample comprising 90 nurses from two prominent hospitals, the researchers gathered data via a demographic questionnaire and the Caring Behavior Assessment instrument. The findings indicated that nurses prioritized items associated with humanism, faith/hope, and sensitivity as the most significant caring behaviors.

In contrast, items related to helping/trust were deemed of lesser importance. Statistically significant associations were identified between nurses' educational qualifications and their perceptions regarding the expression of positive/negative emotions, the establishment of a supportive environment, and the demonstration of humanism/faith/sensitivity.

Furthermore, years of professional experience were found to correlate with perceptions regarding a supportive environment and the expression of feelings. The study concludes that nurses within this context place a high value on caring behaviors and that Watson's theory of caring appears to be relevant within Middle Eastern cultural frameworks. Recommendations include the development of a more concise and comprehensive instrument for measuring caring, as well as the necessity for further research investigating patients' perceptions of caring within this particular context.

Factor 2: Helping/Trust and Factor 3: Expression of Positive and Negative Feelings

O'Connell and Landers (2008) explored the importance of critical care nurses' caring behaviors as perceived by both nurses and relatives. This study found that nurses and relatives largely agree on the importance of critical care nurses' caring behaviors. These findings can help critical Care nurses better understand how their actions are perceived, and incorporating relatives' perspectives can contribute to more patient-centered care. The responses of critical care nurses to the Caring Behaviors Assessment revealed that the humanism/faith–hope/sensitivity subscale had the highest median score. Key caring behaviors within this subscale, such as competence, respect, individualization of care, reassurance, kindness, consideration, and

maintaining composure, were ranked among the top 10 most important by nurses. While relatives ranked the humanism/faith-hope/sensitivity subscale second in importance among the seven subscales, they identified Factor 1, "treat the patient as an individual," as the most important caring behavior within that subscale. This indicates that relatives value individualized nursing care for their loved ones in critical care settings. Relatives rated the Factor 6 "human needs assistance" subscale highest on the Caring Behaviors Assessment, likely because these actions are most visible. This subscale emphasizes the technological aspects of care, such as administering injections/IVs and operating equipment, reflecting the importance of technological care in critical care settings. This focus on technological care aligns with previous research and studies involving parents of critically ill children. Nurses also prioritized the action-oriented aspects of care (Factor 6), ranking "knowing when to call the doctor" and "closely monitoring patient condition" among the top 10 most important behaviors. This, along with their top ranking of the humanism/faith-hope/sensitivity subscale, supports the idea that critical care nursing involves balancing human and technological aspects of care.

Both nursing professionals and family members evaluated the articulation of emotions (Factor 3) and spiritual influences (Factor 7) as having minimal significance, alongside actions associated with addressing patient aggression and appreciating historical experiences, which were also ranked among the lowest. The helping/trust subscale (Factor 2) ranked fourth for both groups, with "visiting the patient after transfer" being the least important for nurses and "asking preferred name" being the second least important for relatives. The low ranking of subscales related to interpersonal relationships (Factors 2, 3, and 7) may indicate that these aspects are

not prioritized in critical care, possibly due to barriers such as nurse experience and patient responsiveness. Nurse-relative relationships may often supersede nurse-patient relationships in this setting. However, this low ranking might also be explained by Maslow's Hierarchy of Needs, where physiological stability, a basic safety need, takes precedence. This suggests the Caring Behaviors Assessment may not be suitable for intensive care, where different caring behaviors have varying levels of importance, and further validation of the instrument is needed. Identifying the least and most important caring behaviors, as perceived by either nurses or relatives, can facilitate discussion and provide critical care nurses with valuable insights into how others view their actions.

Factor 4: Teaching/Learning and Factor 7: Existential/Spiritual Forces

In a scholarly investigation by Omari et al. (2013) entitled "Perceptions of nurses and patients towards nurse caring behaviors in coronary care units in Jordan," researchers conducted a survey involving 150 patients diagnosed with coronary artery disease and 60 critical care nurses, gathering demographic information and evaluating caring behaviors through the Caring Behavior Assessment Scale. The patients emphasized the significance of physical and technical caring behaviors, while the nurses placed greater importance on educational initiatives. Notable discrepancies were identified between the perceptions of patients and nurses across the four subscales of the assessment instrument, underscoring the need to acknowledge these divergent viewpoints when delivering care to individuals with coronary artery disease. The patients in this investigation exhibited a preference for physical and technical nursing interventions, which is consistent with preceding research and Maslow's hierarchy of needs. Nevertheless, the factor "considering my spiritual needs" was

assigned the highest priority, likely reflecting the predominantly Muslim demographic of Jordan, wherein spirituality is inextricably linked to religious observances. The low ranking of teaching behaviors may be attributed to the possibility that patients' educational requirements were adequately addressed during prior hospital stays or that they perceived physicians as the principal providers of medical knowledge. The behaviors deemed least significant were categorized under the Helping/Trust subscale, corroborating findings from other investigations. Certain patients expressed that actions such as post-transfer visits and personal dialogues were deemed inappropriate, given the transient nature of the nurse-patient relationship, and favored professional competence over personal rapport. Cultural considerations, including frequent familial visits, further influenced the diminished valuation of these behaviors. Nurses identified five items within the Helping/Trust subscale as the least essential caring behaviors. This may stem from their perspective of the nurse-patient relationship as ephemeral and therapeutic, thereby reducing the necessity for personal connections.

Furthermore, personnel shortages and demanding workloads may constrain nurses' available time for patient interactions. In this research, nurses assessed teaching behaviors, which represent a cognitive dimension of care, as the ten most critical caring behaviors. This stands in contrast to the findings of O'Connell and Landers, who found that nurses prioritized emotional dimensions. Psychological factors, such as respect and attentive listening, were similarly accorded high importance, aligning with Rosenthal's conclusions. This focus on psychological care within coronary care units may be attributed to the acute nature of coronary artery disease and the psychological distress it engenders.

Factor 5: Supportive/Protective/Corrective Environment

Ayed et al.'s 2024 research article, titled "Insights into the relationship between professional values and caring behavior among nurses in neonatal intensive care units," investigates the intricate relationship between the professional values held by nurses and their corresponding caring behaviors within the specialized milieu of neonatal intensive care. The nursing professionals participating in this investigation demonstrated a pronounced sense of professional dedication, achieving an average score of 91.1 out of a potential maximum score. Their caring behavior was similarly rated highly, with a mean score of 99.7. Notably, within the evaluation of caring behavior, the domain characterized by "supportive, protective, and corrective environment" emerged with the highest mean rating (22.8). A marginal positive correlation was identified between this particular domain and the professional values of nurses, as well as between the overall caring behavior and the professional values. This finding implies that elevated levels of professional values are generally correlated with superior scores in fostering a supportive environment and exhibiting overall caring behaviors, albeit the association is not robust. The results demonstrate a favorable relationship between nurses' professional values and their caring behaviors, particularly in creating a supportive environment. Nonetheless, there exists potential for enhancement in both dimensions. Bolstering professional values and refining caring behaviors could reinforce their advantageous connection, ultimately facilitating improved care for neonates and their families.

Basit et al. (2022) conducted a study aimed at exploring the interrelation between nurses' professional value systems and their application in patient-centered care. Using the CBAN-SF scale, nurses demonstrated strong caring behaviors, with a

supportive work environment (Factor 5) being rated as most important and the expression of feelings as least important (Factor 3). Nurses' professional values positively influence their assessment of care behaviors. Education and work experience also play a role, with higher education linked to better care assessment and more experience leading to stronger values. Further research with diverse methods is needed.

A study by Alamdari et al. (2024) aimed to examine the connection between knowledge, attitudes, and practices regarding older adult abuse and caring behaviors using the CBAN-SF. This cross-sectional exploratory study surveyed 250 nurses from medical education centers in Ardabil, Iran. Data collected between August and October 2024 included demographics, knowledge, attitudes, and caring behavior practices assessed via a three-part questionnaire and analyzed using statistical methods. Nurses in this study consistently demonstrated high levels of caring, particularly in establishing a protective and supportive environment, as well as fostering trust and facilitating effective communication. Although there were differences in scores across various care aspects, revealing areas for improvement, overall scores were lower than those reported by Akgün et al. (2020). This highlights nurses' strengths in trust and support, while also emphasizing the importance of targeted training to enhance their educational interactions with patients. Results showed nurses had moderate knowledge of elder abuse, and significant positive correlations were found between knowledge, attitudes, and caring behaviors. Higher education levels were associated with improved care. However, patient-centered care behaviors scores were lower than anticipated, suggesting that barriers such as excessive workload and inadequate training may be present. The study concludes that

educational interventions focused on enhancing knowledge and fostering positive attitudes are essential for improving caring behaviors and creating a more supportive healthcare environment for older adults. Addressing practical barriers through continuous training and support is also vital.

Factor 6: Human Needs Assistance

Shalaby et al.'s 2018 descriptive study with correlational analysis, titled "Assessing the caring behaviors of intensive or critical care nurses," explored the perceptions of 277 nurses working in critical care at King Khalid Hospital in Jeddah regarding their caring behaviors. Most nurses were between the ages of 31 and 50 years, with 6-10 years of experience in the ICU, and two-thirds lacked prior training in caring behaviors. Results showed a high perception of caring behaviors and a positive correlation between nurses' perspectives in the workplace environment, workload, job-related satisfaction, education, and patient characteristics. The study concludes that promoting knowledge and the enactment of caring behaviors requires consideration of work environment, education, job satisfaction, and patient needs. Further qualitative research is recommended to explore these factors in greater depth within specialized critical care units. The nurses' caring behaviors related to Human Needs Assistance were observed most frequently, followed by those related to Environment. Teaching and learning were the least observed categories.

Watson's Model Theory on Care Behaviors of Nurses

Elsayed et al.'s 2023 study investigated the "Effect of Applying Watson's Model Theory on the Caring Behaviors of Nurses working in Pediatric Intensive Care Unit." A quasi-experimental study conducted among 60 nurses from two Egyptian hospitals

demonstrated that implementing a program based on Watson's theory significantly improved nurses' caring behaviors. Data were collected using a socio-demographic questionnaire, structured interviews, the Caring Behavior Assessment Scale, and an observational checklist that focused on barriers to caring behaviors. The study recommends ongoing in-service education programs to promote caring behaviors in all healthcare settings.

Caring Behavior Assessment Scale (CBAS)

In their 2018 study, Shalaby et al. examined the caring behaviors of critical care nurses, how RNs working in critical care perceived their caring behaviors (CB), and the factors that influence these behaviors. The descriptive-correlational study involved 277 nurses working in the critical care units of one hospital in Jeddah, Saudi Arabia. Data was gathered using the (Critical Care Nurses Caring Behavior Perception) questionnaire, which explored perceived caring behaviors and related influencing factors. The results of the study showed that most nurses perceived high levels of caring behaviors and revealed a positive, statistically significant relationship between nurses' perceptions of caring behavior and factors such as the Critical Care RNs' work environment, work volume, job-related satisfaction, academic or educational background, and patient characteristics. The researchers concluded that promoting caring behaviors requires considering the critical care unit environment, nurses' education, job satisfaction, and the specific needs of critically ill patients. They also suggested conducting further qualitative research to gain a deeper understanding of these influencing conditions.

Caring Behavior Assessment Scale (CBAS) is rooted in Watson's Theory of Human Caring, which emphasizes “caring” as central to Nursing and highlights

"carative factors" that promote healing and well-being (Watson's Caring Science & Theory, 2024). Initially established in 1988 by Cronin and Harrison to operationalize Watson's theory by measuring perceived caring behaviors in nurses, the CBAS has since been adapted into a shorter, more practical form, known as the CBAN-SF or Caring Behaviors Assessment Tool Nursing Version-Short Form. Watson's Caring Science integrates the science and art of nursing with concepts from philosophy, ethics, ecology, and mind-body-spirit medicine. The CBAN-SF maintains the core principles of the original CBAS while offering a more efficient tool for broader use.

Patient-Centered Care Behaviors and Practice Environment of Nurses

Patient-centered care has become increasingly important in healthcare, underscoring the crucial role nurses play in its delivery. Existing evidence and research support the idea that person-centered care enhances coordination and facilitates access to healthcare (Sharma et al., 2015). This highlights the vital role of nurses in creating a collaborative and empowering atmosphere, ensuring patients feel actively engaged in their healthcare journey. Nurses can serve as the cornerstone of patient-centered care, facilitating open communication, shared decision-making, and a comprehensive approach that addresses the individualized care needs and preferences of every individual patient.

Arsat et al.'s 2022 research explored the connection between nurses' work environments, and their patient care practices in Sabah, Malaysia. Analyzing survey data from 3,532 nurses in public health institutions, the study revealed that nurses who showed positive nursing participation in hospital decisions (NPHA), strong foundations for quality care (NFQC), capable nursing managers, supportive leadership (NMALS), and good nurse-physician relationships (NPCR) tended to demonstrate better caring

behaviors. Encouraging shared decision-making at all organizational levels is crucial for creating an empowered work setting. A supportive and structured work environment enables nurses to fully use their knowledge and skills in patient care, leading to greater job satisfaction and improved care quality, as also noted by Dutra & Guirardello (2021). Studies have linked strong nursing foundations to quality care, resulting in reduced burnout and lower turnover rates, suggesting that better practice environments are crucial for achieving optimal nursing care. Copanitsanou et al. (2017) also found that a good work environment is a determinant factor for high care quality and improved outcomes for nurses. For nurses to exhibit quality caring behaviors, they need a solid nursing foundation that includes a strong nursing philosophy, a nursing model of care, clinical competence, a quality assurance program, staff development, continuing education, and consistent nursing care using nursing diagnoses and care plans.

In their 2024 descriptive and correlational cross-sectional study, Yilmaz and Kocak examined 584 nurses at a Turkish university hospital. The researchers collected data between January and June 2023 using questionnaires to assess demographics, work environment, psychological empowerment, and caring behaviors. Subsequently, the researchers conducted a comprehensive analysis of the data employing descriptive statistics, Spearman's rank correlation coefficient, and multiple linear regression techniques. This research demonstrated that the perceptions held by staff nurses of their practice environment, including overall and staffing levels, significantly impacted their care behaviors. This result sharply contrasts with the findings from Arsat et al. (2022). However, the same results align with Oluma and Abadiga (2020), who found that collaborative care and management satisfaction have

an influence on care. It is well established that adequate staffing is crucial for maintaining a positive practice environment. When resources and personnel are insufficient, nurses' perceived ability to provide quality care diminishes, negatively affecting patient outcomes. Thus, ensuring adequate resources is essential for nurses to work effectively. A positive work environment reduces burnout and enhances job commitment, ultimately improving nurses' care behaviors through effective institutional practices.

Wang et al. (2024) investigated the impact of the occupational environment on the compassionate behavior of Chinese hospice nurses, with a specific focus on the roles of psychological capital and empathy within this context. The results of this study substantiate that a favorable nursing work environment positively enhances caring behaviors, consistent with the notion that nurses actively engage with their professional environment. The authors contend that a nurturing environment, defined by sufficient staffing, managerial support, and constructive interpersonal relationships, cultivates a sense of responsibility to deliver high-quality care. Furthermore, a conducive environment mitigates fatigue and elevates job satisfaction, which is vital for nurturing relationships, particularly in the domain of hospice care. In light of the distinct challenges encountered by hospice nurses, the study recommends that hospital administrators prioritize the allocation of resources, safeguard nurses' rights, and refine the compensation structure to alleviate workload and stress levels. Ultimately, establishing a supportive environment is crucial for fostering the compassionate care of these nursing professionals.

Dehghani-Tafti et al. (2019) conducted a cross-sectional descriptive study, published in 2021, examining the interrelationships among ethical leadership,

psychological empowerment, and compassionate conduct among a cohort of 200 nursing professionals. The research employed a stratified random sampling technique for participant selection and utilized questionnaires to evaluate these constructs. The data were subsequently analyzed through a synthesis of descriptive and inferential statistical techniques, including Pearson correlation, regression analyses, and t-tests. The research outcomes revealed that substantial positive correlations exist between ethical leadership and both psychological empowerment ($P < 0.001$, $r = 0.24$) and compassionate conduct ($P < 0.001$, $r = 0.25$). Furthermore, a notable correlation was detected between psychological empowerment and compassionate conduct or caring behavior ($P = 0.002$, $r = 0.21$). The regression analysis demonstrated that ethical leadership and psychological empowerment serve as significant predictors of nurses' compassionate conduct. The authors concluded that nursing leaders who adopt an ethical leadership paradigm can effectively enhance nurses' psychological empowerment and compassionate behaviors, thereby ultimately improving the quality of patient care. To support this outcome, the study advocates for the formulation of guidelines at both team and organizational tiers, coupled with initiatives such as workshops and ongoing counseling aimed at promoting ethical leadership among nursing personnel.

Relationship of Practice Environment and Demographic Profile

Contemporary investigations are progressively increasing attention to the milieu of nursing practice, as evidenced by studies such as Pereira et al. (2024), which elucidate the advantageous outcomes associated with enhancing its quality. These advantages encompass heightened professional contentment, secure practice

environments, increased autonomy, improved physical well-being, enhanced workforce stability, and elevated standards of care.

The perceptions held by nursing staff regarding their practice environment may also be shaped by demographic variables such as age, experience, ethnicity, or nationality. For example, senior and more experienced nurses may perceive a higher quality of care, possibly due to their increased responsibilities and expectations, as noted by Jarrar et al. (2021). Conversely, younger, and less experienced nurses may be more sensitive to organizational factors affecting their job satisfaction and retention.

Hinno, S. (2012) investigated that scrutinized the professional practice milieu of registered nurses (RNs) in Finland, Estonia, and the Netherlands. It was ascertained that the existence of supportive leadership, efficient collaboration among team members, sufficient resources, and the guarantee of high-quality care represented substantial characteristics across these countries. Participants from Finland expressed more critical perspectives regarding their practice environment compared to their Dutch and Estonian peers. The study highlights the influence of national identity on RNs' evaluations of their professional work environment and its connection to occupational satisfaction and patient outcomes.

Adis and Arnibal's (2020) research revealed that the occupational milieu for nursing professionals within a public healthcare facility located in Negros Occidental was predominantly favorable, with nurses evaluating the quality of their work environment as exceptionally high. Nursing personnel from various demographic segments, including age, gender, tenure, employment classification, educational qualifications, and departmental assignments, predominantly expressed a positive sentiment regarding their occupational environment. Nevertheless, specific disparities

were noted, particularly concerning the dimensions of the physical milieu and personal health resources, which were correlated with the parameters of employment status.

AlShayeb et al. (2024) undertook a cross-sectional study involving a cohort of 346 nursing practitioners, employing a non-probability convenience sampling strategy. In this study, data were collected using the Arabic version of the revised Practice Environment Scale of the Nursing Work Index. The results revealed a significant relationship between the work environment of psychiatric nurses and their socio-demographic characteristics. Specifically, the study demonstrated that both age and professional experience significantly influenced nurses' perceptions of their work environment, with younger nurses and those with less experience indicating higher levels of job satisfaction in more favorable working conditions.

Taketomi et al. (2024) investigated the proposition that a conducive work environment enhances the psychological empowerment of nursing professionals. Upon controlling for potential confounding factors, the statistical analysis disclosed a significant, albeit weak, positive relationship between the scores derived from the Practice Environment Scale of the Nursing Work Index and those from the Psychological Empowerment Instrument. Although the professional obligations of nurses may increase with advancing age and accrued experience, the Practice Environment Scale of the Nursing Work Index, which encapsulates the attributes of magnet hospitals, highlights a distinct role for nurses in the governance of healthcare institutions. This construct, delineated by the “Nurse Involvement in Hospital Governance” subscale, encompasses active involvement in institutional management and committee engagement, as exemplified by statements such as “Registered nurses are involved in the internal governance of the hospital” and “Registered nurses are

granted the opportunity to engage in committees of the hospital and nursing department.”

Nunez et al. (2020) investigated the measurement invariance of the Practice Environment Scale–Nursing Work Index within a sample of the United States, yielding empirical findings regarding the differences between Asian and White populations. Polychoric correlation analyses revealed moderate to strong item correlations within both the White and Asian/Pacific Islander registered nurse (RN) groups. For RNs-White, correlations ranged from 0.45 to 0.81 for Hospital Affairs, 0.39 to 0.74 for Quality Care, 0.63 to 0.83 for Management and Leadership, 0.67 to 0.88 for Staffing and Resources, and 0.78 to 0.85 for Nurse-Physician Relationship. Similarly, RNs-Asian/Pacific Islander exhibited correlation ranges of 0.57 to 0.84 for Hospital Affairs, 0.54 to 0.82 for Quality Care, 0.65 to 0.81 for Management and Leadership, 0.68 to 0.87 for Staffing and Resources, and 0.77 to 0.84 for Nurse-Physician Relationship. Building upon Schwartz et al.'s theory that individuals prioritize values for social cohesion, Nunez et al.'s study suggests that measurement invariance may be attributed to the shared professional values inherent in the nurse identity. Strong correlations were observed between the subscales, with polychoric correlation values between factors ranging from 0.51 to 0.91 for RNs-White and 0.73 to 0.95 for RNs-Asian/Pacific Islander. Notwithstanding the demographic diversity present within the Asian/Pacific Islander collective and the differences in hospital and unit classifications, a shared basis of professional nursing principles, focused on patient care within a societal framework, might elucidate the noted measurement invariance.

Relationship of Patient-Centered Care Behaviors and Demographic Profile

Research on caring behavior has frequently examined its relationship with various demographic characteristics of both the individuals providing care and those receiving it. Age has been considered a potentially influential factor. Studies have explored how the age of nurses, for example, might correlate with their demonstrated caring behaviors, as well as how patients of different age groups might perceive the care they receive (Erol & Turk, 2019). Gender is another demographic variable that has received significant attention in caring research. Investigations have examined whether disparities exist in caring behaviors contingent upon the gender of the caregiver (e.g., a nurse) or the care recipient (e.g., a patient), and how gender roles and societal expectations may influence these disparities (Allari, R.S., & Hamdan, K., 2023). The education level of care providers, such as nurses or faculty members, has also been examined concerning their caring behaviors, with studies seeking to understand whether higher levels of education are associated with different approaches to caring behaviors.

Vujanić et al. (2020) noted that vocational education and training (VET) nurses reported a higher frequency of applying caring behaviors within the subscales "hope," "problem-solving," and "environment" compared to Bachelor of Science (BSc) nurses. Moreover, nursing professionals with over three decades of professional experience exhibited a greater frequency of caring behaviors in the subscales "sensitivity," "expression of emotions," "problem-solving," and particularly in "humanism" and "spirituality," indicating that professional experience significantly influences the enactment of caring behaviors. The investigation revealed that nursing professionals evaluated the frequency with which they enacted caring behaviors during nurse-patient interactions, with the subscale "needs" being the most frequently enacted (M

= 4.7) and the subscale "sensitivity" being the least frequently enacted ($M = 3.8$). This observation suggests a propensity among nursing professionals to prioritize task-oriented competencies over the demonstration of empathy and the cultivation of interpersonal relationships.

Arsat et al. (2022, 2023) conducted a comprehensive investigation into the impacts of occupational setting or milieu and demographic attributes on the caregiving behaviors exhibited by nurses, while also assessing whether these behaviors varied among nurses employed in public hospitals and those in public health services. The conclusions of their investigation demonstrated that the occupational environment had no statistically meaningful effect on the caregiving behaviors of nurses, nor was a significant interaction found between workplace context and demographic characteristics. Rather, demographic variables such as age, educational attainment, socioeconomic status, professional position, and clinical experience emerged as the principal determinants of nurses' caregiving behaviors. As a result, their original hypothesis was only partially substantiated.

Shalaby et al. (2018) presented divergent results, suggesting no statistically significant correlation between the caring behaviors of nurses and demographic variables, including gender, age, and marital status. Nevertheless, they identified a noteworthy relationship between nurses' caring behaviors and both their professional experience and workload across all dimensions of care. Additionally, they established a significant positive correlation between the educational attainment of nurses and aspects such as emotional expression, environmental considerations, and support for human needs within the caring framework. Subsequent research also suggests that variables such as age and experience may influence the perception of caring

behaviors (Fikre et al., 2022). These outcomes highlight the complex interplay between various demographic and occupational factors that influence the caring behaviors exhibited by nurses.

Basit et al. (2022) investigated the relationship between nurses' personal and professional characteristics and their evaluations of care behavior. Their results showed that gender, age, position, workplace, work style, training, and experience were not significantly associated with professional values and caring behaviors. Nevertheless, a noteworthy disparity was observed concerning educational attainment. Similarly, the research by Youssef et al. revealed no overall link between demographic variables and CBAN-SF scores, but significant differences were present in specific subscales. Specifically, nurses' education levels significantly correlated with subscales measuring the expression of feelings, the provision of a supportive environment, and the demonstration of humanism. Additionally, years of work experience have a significant impact on the expression of feelings and the creation of a supportive environment.

Synthesis

Although patient-centered care is increasingly emphasized, there is a limited understanding of how the practice environment empowers nurses and influences their patient-centered caring behaviors in Saudi Arabia. Studies have shown that nurses in Saudi Arabia often face challenges in delivering patient-centered care due to factors such as communication barriers, a lack of empowerment and an unsuitable nursing work environment, leading to a high turnover rate.

Examining the correlation between PES-NWI and CBAN-SF scores can help highlight the strong connection between the work environment and caring behaviors within a given setting. Furthermore, exploring potential moderating or mediating variables, such as the demographic profile of nurses, could provide a more nuanced understanding of this relationship. For instance, examining demographic factors (e.g., age, experience, nationality) could identify subgroups of nurses who experience the work environment and enact caring behaviors differently. This methodology enables a more precise approach to enhancing both the workplace environment and the quality of patient care. The caring behaviors exhibited by nurses are complex and influenced by numerous factors that shape their perceptions and execution of care. Understanding these determinants is essential for fostering a nurturing and culturally sensitive practice environment.

Women have historically dominated the nursing profession, and the impact of gender on caring behaviors remains a subject of ongoing research. Some studies suggest potential differences in how male and female nurses express caring (Tong et al., 2023), while others indicate no significant difference. These differences may be related to societal and cultural expectations (Sharma et al., 2016). The work environment itself can also play a moderating role, influencing how gender dynamics manifest in practice.

Cultural background has a profound influence on cultivating a nurse's comprehension and expression of caring, as it influences their perceptions, communication styles, and interactions with patients. A culturally diverse nursing workforce can enhance patient care by incorporating a range of perspectives and approaches, leading to more personalized and effective healthcare services. This

diversity, however, also presents challenges that require careful management to ensure culturally competent care.

This study aimed to investigate the correlation between the practice environment and patient-centered care behaviors among staff nurses in a Saudi Arabian military hospital, while also considering their demographic characteristics. The research employed a cross-sectional survey methodology and encompassed a cohort of nursing personnel from the designated healthcare facility.

Theoretical Framework

The Theory of Human Caring, as articulated by Jean Watson, emphasizes the importance of compassion in nursing practice and the transpersonal connection that develops between the nurse and the patient (Watson, 2007). Watson's framework asserts that healthcare professionals play a crucial role in the social, moral, and scientific advancement of humanity, whereby the ideals of caring upheld by nurses facilitate human growth and development. In this regard, caring encompasses more than mere patient assistance; it also involves self-care, promoting "caring moments" that surpass the individual experiences of both the nurse and the patient (Watson's Caring Theory, 2010).

The theory focuses on carative factors, now evolved into caritas processes, such as instilling faith and hope, developing helping and trusting relationships, and promoting interpersonal teaching and learning. These processes serve as a guide for professional practice and a framework for the science of caring (Watson, 2007). Watson's theory is highly compatible with patient-centered care, offering a valuable perspective on how the practice environment affects nurses' capacity to implement

their caring principles. The theory highlights the values, knowledge, and practices associated with human caring, with a focus on internal healing and the patient's personal experience. This perspective calls for specialized caring-healing techniques and a framework known as "carative factors" that enhances traditional medical practices (Watson's Caring Science & Theory, 2024).

Jean Watson's Theory of Human Caring provides a strong foundation for improving the nursing practice environment by prioritizing a holistic, relationship-centered approach over task-oriented care. By prioritizing caring interactions, nurses cultivate a more supportive and compassionate work environment where empathy and compassion are encouraged, fostering a healing environment at all levels. This approach can reduce burnout and increase job satisfaction as nurses find greater meaning in their work, promoting self-care and professional fulfillment. Furthermore, Watson's theory fosters a culture of mutual respect and collaboration among healthcare professionals, enhancing communication and teamwork. By empowering nurses to use their judgment and creativity in providing individualized care and encouraging continuous learning, the theory elevates the value of nursing and acknowledges the unique contributions of nurses. Hospitals can integrate Watson's caritas processes into policies, nurse leaders can model caring behaviors, nurses can incorporate caring practices, and educational programs can emphasize the importance of caring (Gunawan et al., 2022; McMillan, 2017). By shifting the focus from a task-driven model to a more comprehensive, relationship-based approach, Jean Watson's Theory of Human Caring offers a solid basis for enhancing the nursing practice environment.

Watson's Theory of Human Caring is directly related to nurses' caring behaviors by emphasizing carative factors (now referred to as *caritas* processes) as key principles. These factors, including the development of a human-altruistic value system, inspiring faith and hope, and nurturing sensitivity towards oneself and others, shape nurses' interactions with patients. This translates into concrete caring behaviors such as actively listening, communicating with empathy, offering comfort, respecting patient autonomy, and fostering a therapeutic presence. The theory prioritizes the therapeutic nurse-patient relationship, emphasizing that caring is a relational approach, which drives nurses away from task-oriented actions and toward behaviors that foster trust, connection, and mutual respect. Watson's theory encourages nurses to view patients holistically, considering their physical, emotional, and spiritual needs, which prompts a broader range of caring behaviors that address the whole person. In Saudi Arabia, caring behaviors grounded in Watson's theory were appreciated by patients, even when their cultural backgrounds differed from those of their caregivers (Suliman et al., 2009). This highlights the universality of Watson's theory in diverse cultural settings.

Figure 1. The Human Science Perspective on Caring and Relationship-based Care.

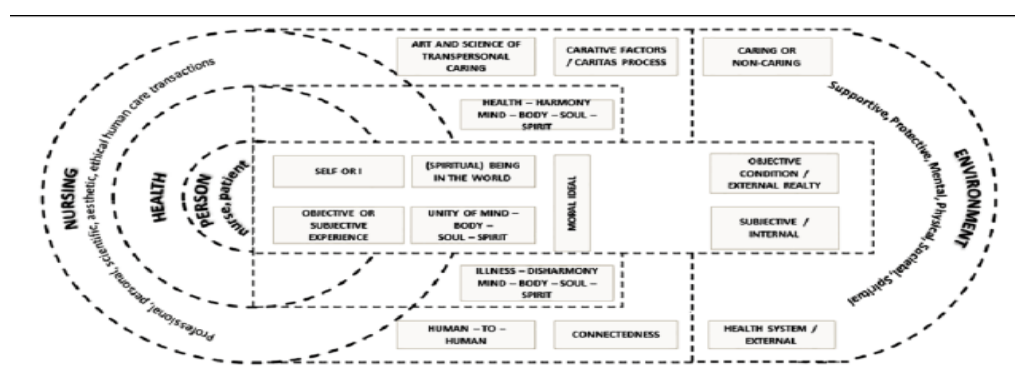
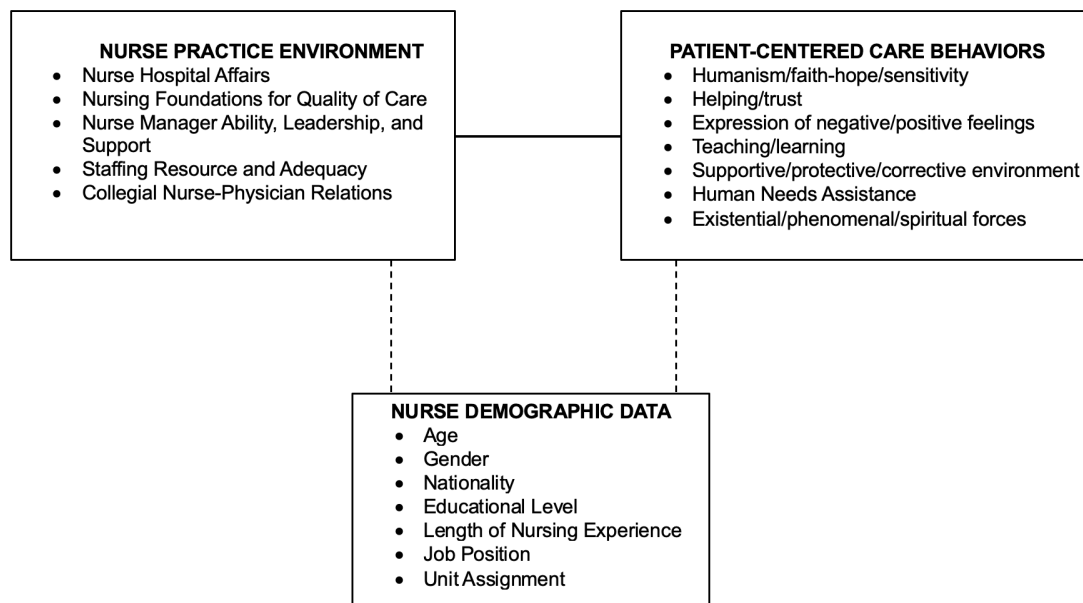


Figure 1 illustrates the interconnectedness of the Theory of Human Caring and Relationship-based Care, as theorized by Watson, highlighting the importance of the nurturing rapport between the healthcare professional, who is the nurse, and the individual receiving care. The model emphasizes key elements, including holistic care, empathy, and individualized attention, all of which contribute to a healing environment. The figure depicts how these components work together to promote patient well-being and enhance the quality of nursing practice, reflecting a commitment to humanistic and patient-centered care.

Watson asserts that the concepts of care and nursing have permeated all cultures throughout history. Nevertheless, an intrinsic caring attitude is not genetically transmitted; instead, it is cultivated through the cultural framework of the nursing profession, demonstrating a unique adaptation to various contexts (Alikari et al., 2022; Lusk, 2017). This highlights the importance of professional culture in conjunction with a constructive practice environment in fostering and sustaining caring behaviors among nursing practitioners. By emphasizing the essential significance of caregiving, interpersonal dynamics, and comprehensive care methodologies, nursing professionals create a more supportive, gratifying, and effective work environment, ultimately facilitating enhanced patient outcomes and a more robust nursing workforce. The implementation of these principles can produce a distinctly positive impact on nurses' overall well-being, job satisfaction, and their ability to deliver high-quality, compassionate care.

Conceptual Framework

Figure 2: Relationship of the Nurse's Practice Environment to the Patient-centered Care Behaviors of Staff Nurses Considering their Demographic Data.



In this study, the Practice Environment of Nurses is the independent variable, while the Patient-Centered Care Behaviors of Staff Nurses are the dependent variable, with demographic data of Staff Nurses as intervening variables between Nurse Practice Environment and Patient-centered Care Behaviors.

The practice environment of nurses plays a crucial role in shaping patient-centered care (PCC) behaviors. When leaders and managers openly communicate, provide resources, and empower nurses to make informed decisions, it creates a better environment for patient-centered care. Adequate staffing levels and manageable workloads are essential. Overburdened nurses may struggle to address patients' emotional and psychological needs, which are essential for patient-centered care. Conversely, the optimization of personnel allocation and the strategic management of workload are correlated with enhanced patient satisfaction and superior quality of care. Nursing professionals have consistently reported that their

occupational environments are not conducive to delivering patient-centered care that ensures safety and maintains high standards of quality (McHugh et al., 2011). Collaboration and transparent communication amongst healthcare practitioners are fundamental in improving the work environment. Nurses in collaborative environments are more likely to provide coordinated, patient-focused care. In Autonomy and Decision-Making, granting nurses greater autonomy in their practice empowers them to tailor healthcare interventions to the specific patient needs and inclinations of each patient, leading to better outcomes. However, bureaucratic obstacles and a lack of control over their work environment can limit nurses' autonomy. Access to adequate resources, including equipment, training, and educational opportunities, is crucial for delivering high-quality, patient-centered care. Nurses in resource-rich environments are better equipped to provide individualized care. Bringing in demographic data as intervening variables adds significant depth and rigor to the study, serving two crucial roles. Firstly, these characteristics can act as moderators, potentially altering *how strongly* the practice environment influences patient-centered behaviors; for instance, the positive impact of a supportive environment might be amplified for nurses with higher education, or less experienced nurses might be more susceptible to the adverse effects of poor conditions, providing insights valuable for tailoring interventions. Secondly, demographics can function as confounders, as factors such as years of experience might be independently associated with both the tendency to work in better practice environments and the inherent skill level in patient-centered care.

Statement of Hypothesis

Ho₁: There is no significant relationship between the staff nurses' practice environment and patient-centered care behaviors.

Ho₂: There is no significant relationship between the staff nurses' practice environment and their demographic data.

Ho₃: There is no significant relationship between the staff nurses' patient-centered care behaviors and their demographic data.

Operational Definition of Terms

The following are the operational terms to define and aid the reader to understand and clarify unfamiliar words in this context:

Nurse Practice Environment (NPE): It refers to the structural and process components, which encompass the organizational and management aspects of the environment where nurses practice, which is measured collectively with its subscales:

1. **Nurse Participation in Hospital Affairs (NPHA):** This aspect pertains to the extent to which nursing professionals engage in decision-making processes within hospitals and possess influence over institutional policies and procedures that impact their professional duties.
2. **Nursing Foundations for Quality of Care (NFQC):** This dimension reflects nurses' perceptions regarding the organization's dedication to delivering exemplary patient care and the resources allocated to achieve that objective.

3. **Nurse Managers' Ability, Leadership, and Support (NMALS):** This component involves nurses' evaluations of their managers' proficiency, availability, and capacity to advocate on behalf of their personnel.
4. **Staffing and Resource Adequacy (SRA):** This facet refers to nurses' perceptions of the sufficiency of staffing levels and the accessibility of essential resources that enable them to fulfill their professional obligations within their practice setting proficiently.
5. **Collegial Nurse-Physician Relations (CNPR):** This element signifies nurses' perceptions of mutual respect, collaborative efforts, and effective communication channels with physicians.

Patient-Centered Care Behaviors (PCC): This refers to providing care that respects and responds to each patient's unique preferences, needs, and values, ensuring that these values guide all treatment decisions. It is measured collectively, and its subscales include:

1. **Humanism/faith-hope/sensitivity:** It refers to demonstrating respect for patients' values, beliefs, and cultural backgrounds; conveying hope and optimism; and exhibiting sensitivity to patients' emotional needs.
2. **Helping/trust:** It refers to aiding and support to patients, building trust through reliable and consistent care, and reassuring patients about their care and well-being.
3. **Expression of negative/positive feelings:** It refers to creating a sense of connection with patients by sharing feelings, emotions, and experiences, while validating patients' feelings and offering empathy.

4. **Teaching/learning:** It refers to providing education and information to patients and their families while also attending to their physical needs, such as comfort, hygiene, and nutrition.
5. **Supportive/protective/corrective environment:** It refers to creating a safe and caring environment for patients; providing clear explanations and rationale for treatments and procedures.
6. **Human needs assistance:** It refers to anticipating and addressing patients' needs before they express them and providing timely and effective care.
7. **Existential/phenomenal/spiritual forces:** It refers to recognizing and addressing patients' spiritual and existential concerns; holistically providing support and comfort.

Demographic Data refers to the statistical characteristics of the sampled population.

1. **Age:** The nurse's age in years.
2. **Gender:** The nurse's gender is either male or female.
3. **Nationality:** It will be defined as the country indicated on the individual's passport or official government-issued identification.
4. **Educational Level:** It refers to the highest level of educational attainment in the nursing practice. It can be a Diploma, a bachelor's degree, a master's degree, or a PhD.
5. **Length of Nursing Experience:** This definition focuses on the total time a person has been employed in a role requiring licensure as a Registered Nurse as Competent, Proficient, Expert, and Long-Term Expert.

6. **Job Position:** This refers to the job title used by the organization's human resources, which is categorized as Staff Nurse 1, Staff Nurse 2, and Charge Nurse.
7. **Unit Assignment:** This refers to the official allocation of a staff nurse to a unit, as documented by nursing management or administration.

Chapter III

RESEARCH METHODOLOGY

This chapter outlines the methodological framework of the study, encompassing the research design, sampling techniques, research environment, data collection procedures, instruments used, data analysis strategies, and ethical considerations.

Research Design

A descriptive-correlational design is used in this study. It described the staff nurses' demographic data, nurse practice environment, and patient-centered care behaviors. This study also investigated the relationships between the nurse practice environment and patient-centered care behaviors among staff nurses and also explored how their demographic data relates to both.

A cross-sectional study provided valuable insights into these relationships within a specific period. The data was obtained at a specific point in time, which offered an insight into the relationships among these variables rather than tracking their progression within a temporal framework.

Sampling Technique

Following the calculation of the required sample size, a total enumeration was employed for the study. The sample was selected based on the following inclusion and exclusion criteria.

Inclusion Criteria:

1. Registered nurses (RNs) are currently licensed to practice with a direct patient care role.
2. Working full-time for 48 hours/week.
3. Able to understand and complete the study materials in English.
4. All RNs with Specific Experience in nursing with a minimum of 2 years of experience.
5. All RNs' educational backgrounds are included. (Diploma, Bachelor, Master's, PhD).

Exclusion Criteria:

1. Hold primarily administrative, educational, or research roles.
2. Registered nurses who are working in an outpatient unit with a regular working schedule, such as in clinics.
3. Nursing interns, nursing students, and those on a probationary period.

Research Setting

This military hospital has a 200-bed capacity and is accredited by the Joint Commission International (JCI) as well as regionally recognized by the Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI). The military hospital is also a proud member of NDNQI for the Magnet Journey membership. The inpatient and emergency units consist of Male and Female Adult Medical and Surgical Ward, Isolation Ward, Pediatric Ward, Adult Intensive Care Unit, Pediatric Intensive Care Unit, Day Surgery Unit, and Obstetrics and Gynecology Ward. The relevance of these units to Patient-Centered Care is the increased patient interaction. Inpatient units and specialized areas (e.g., ICU, PICU) involved close and continuous interaction with

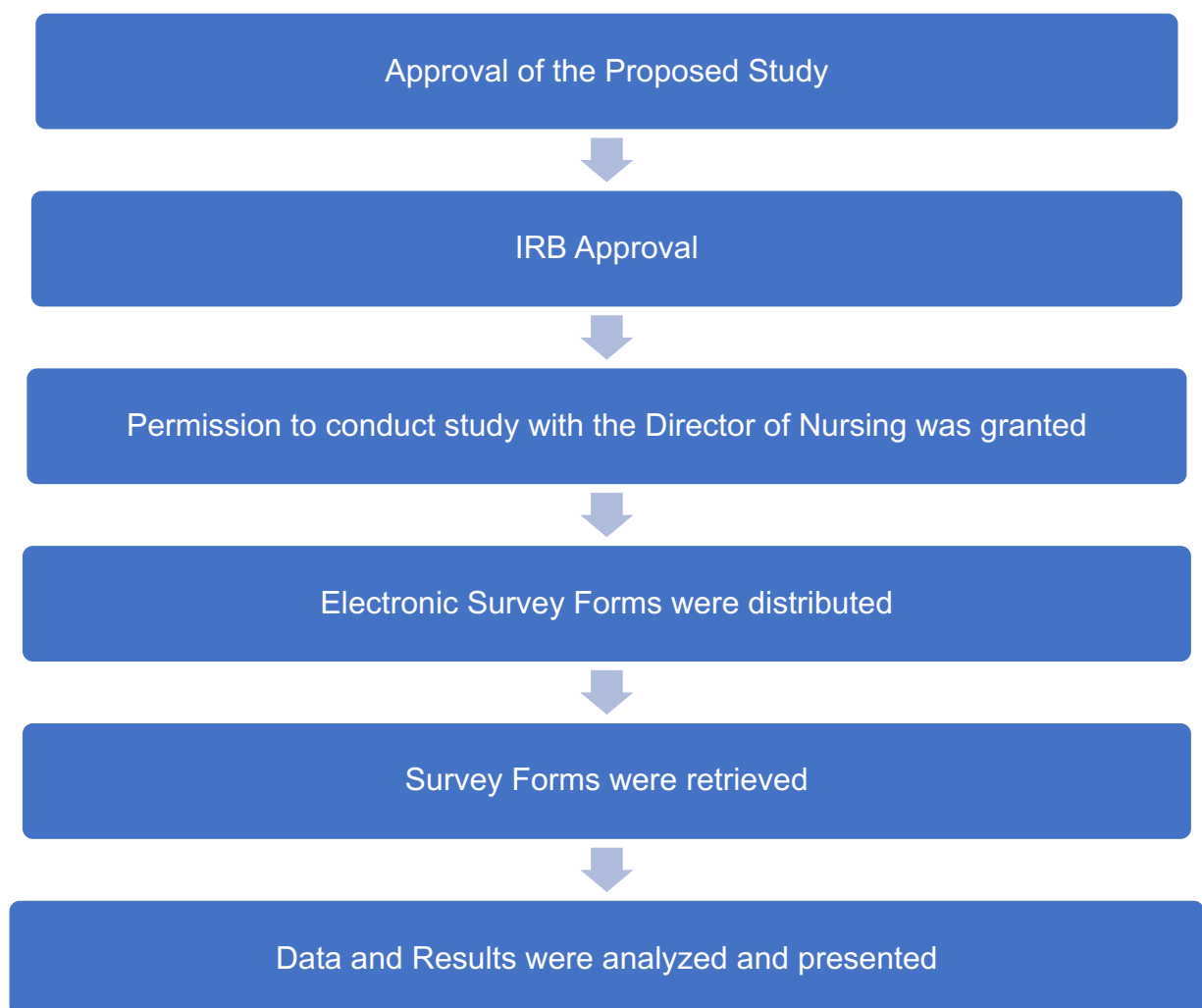
patients. This provides a rich context for observing and measuring patient-centered care behaviors among nurses. Additionally, patients in these settings often have complex and acute care needs, requiring nurses to demonstrate strong patient-centered communication, empathy, and individualized care planning. A lot of decision-making and autonomy occur in these units, where nurses in inpatient and specialized areas often have more autonomy and decision-making authority in patient care due to the critical nature of the patients' conditions. This allows for the exploration of how the practice environment manifests in these specific contexts. There is collaboration and teamwork in inpatient and specialized units that require a strong interprofessional partnership. These units present unique challenges, as nurses in these areas often contend with high acuity, ethical dilemmas, and emotional stress, all of which could influence their perceptions of the practice environment and their coping mechanisms. Inpatient units and specialized areas often face significant challenges in their practice environment, characterized by high staff turnover rates resulting from demanding workloads and stressful work environments. Focusing research efforts on these areas enables the identification of key elements that both contribute to and influence nurses' practice environments and patient-centered care behaviors.

Selecting a military medical facility in Saudi Arabia to investigate the nursing practice environment provides valuable insights due to its unique blend of military and cultural characteristics. This setting provides access to a distinct patient population with specialized care needs, influencing high acuity demands and strict protocols. The hierarchical military organizational culture profoundly shapes leadership, autonomy, and interprofessional dynamics, while these well-funded facilities are often characterized by abundant resources and advanced technology. Furthermore, the

diverse nursing workforce, comprising both national and expatriate professionals, introduces unique cultural dynamics and challenges, making it an ideal location to explore how these factors, along with an emphasis on continuous professional development, collectively impact nurses' practice environment, job satisfaction, and ethical considerations.

Data Collection

Figure 3. Schematic Diagram of Data Collection Procedure.



The investigator formulated a comprehensive research proposal that subsequently received endorsement from the UPOU thesis committee. The

investigator successfully secured Institutional Review Board (IRB) approval from the Ministry of Defense Health Services, submitting the Investigator's Undertaking Form along with the Department Approval for the Execution of a Research Study. The investigator maintained a direct professional relationship with the Director of Nursing and was responsible for managing the nursing database, calculating vacancy rates, assessing staff attrition rates, administering the NDNQI staff satisfaction survey, and overseeing projects and initiatives aimed at enhancing patient experience.

Upon receiving ethical approval, the researcher proceeded to recruit eligible nurses for participation in the study. Recruitment methods included electronic and online survey distribution, telephone contact, and messaging via social media platforms. Following confirmation of participant eligibility, the investigator formally presented a solicitation correspondence to the eligible nurses. This letter detailed the process of obtaining informed consent, ensuring a comprehensive understanding, and emphasized that participation in the research study was entirely self-determined and voluntary. Then, the link was shared via email or WhatsApp messaging with the eligible nurses in the hospital, while ensuring privacy and confidentiality of their responses.

A validated survey instrument was used to measure nurses' self-reported patient-centered care behaviors, practice environment, and demographic data. Upon completion of the questionnaires, the researcher collected all responses from the participating nurses. Subsequently, as a token of appreciation for their time and effort, respondents were given a small gift and refreshments. Data was collected from the last week of April through the first week of May 2025.

Research Instruments

The investigator employed a comprehensive survey methodology as the primary means to systematically collect and analyze the data pertinent to the research objectives. In the context of this particular scholarly inquiry, a trio of distinct instruments was utilized, each specifically designed to measure various parameters of interest, thereby enhancing the overall robustness and validity of the findings drawn from the study.

Demographic Data Questionnaire

The demographic data is a self-reported tool used to collect information about the nurse characteristics of the respondents, including age, gender, nationality, and academic or educational background. Work-related characteristics are also inquired about, including the length of nursing experience, job position, and unit assignment.

PES-NWI

The Practice Environment Scale of the Nursing Work Index is recognized as an instrumental tool for evaluating and enhancing the nursing work environment. Its recognition as a national quality benchmark within the United States by the National Quality Forum, as well as by Health Promotion Switzerland, underscores its significance. The components are systematically categorized into five discrete subscales, with each concentrating on a particular facet of the nursing work setting. These subscales encompass: Nurse Participation in Hospital Affairs, comprising 9 items; Nursing Foundations for Quality of Care, which consists of 10 items; Nurse Manager Ability, Leadership, and Support of Nurses, measured by 5 items; Staffing and Resource Adequacy, evaluated through 4 items; and Collegial Nurse-Physician Relations, which is addressed by 3 items, albeit some references may denote slightly

different item tallies for these subscales. The discrepancy in item counts across various sources highlight the importance of consulting the specific iteration of the instrument used. Responses to the items are typically provided on a 4-point Likert-type scale, ranging from strongly disagree to strongly agree. The scoring process of PES-NWI involves computing mean scores for each of the five subscales and a composite mean score derived from all 31 items. These mean scores furnish a quantitative assessment of nurses' perceptions across diverse dimensions of their practice environment. A composite score exceeding 2.5 is generally interpreted as indicative of a favorable practice environment, suggesting that nurses, on average, concur that the characteristics assessed by the instrument are prevalent in their workplace. Conversely, a composite score below 2.5 typically indicates an unfavorable practice environment, indicating areas where enhancements may be warranted. Furthermore, a three-category variable may be constructed based on the number of subscales means that surpass 2.5: favorable (four or more subscales), mixed (two or three subscales), and unfavorable (zero or one subscale). This classification provides a more comprehensive overview of the overall favorability of the nursing practice environment within a particular context.

A meta-analysis study done by Zangaro and Jones (2019) examining the reliability generalization of the PES-NWI across 51 studies, representing a total of 80,563 participants, provides strong evidence for the instrument's internal consistency. The mean score reliability for the PES-NWI, based on 38 of these studies ($n = 68,278$), was reported as 0.922 ($p < 0.05$). This high average Cronbach's alpha demonstrates a very strong degree of internal consistency across a large number of studies conducted in diverse geographical locations, including both the United States and non-

US countries. Notably, the meta-analysis found a slightly higher mean score reliability for studies conducted in the United States (0.946) compared to those in non-US countries (0.907). While both values indicate excellent reliability, this minor difference suggests that cultural factors have a subtle influence on the consistency of responses to the instrument.

A research investigation conducted by Ogata et al. (2018), which concentrated on Japanese hospital nursing professionals, also evaluated the dependability of a translated variant of the PES-NWI (PES-NWI-J). This study reported Cronbach's alpha coefficients fluctuating between 0.78 and 0.86 for the five subscales of the PES-NWI-J, with an overall alpha of 0.79 for the aggregated score. These figures were deemed acceptable and comparable to the reliability coefficients identified in earlier studies utilizing the PES-NWI translated into various languages, thereby further substantiating the instrument's adequate reliability within a non-Western cultural framework.

Caring Behaviors Assessment Tool Nursing Version-Short Form (CBAN-SF)

The Caring Behaviors Assessment Tool Nursing Version-Short Form (CBAN-SF) is based on the Theory of Human Caring to assess nurses' perceptions of caring behaviors. The short version of the Caring Behaviors Assessment Tool for Nurses was tested, and the results showed that it is a reliable and valid tool. The CBAN-SF demonstrated high reliability, with a Cronbach's alpha of 0.974, as reported in a study by Akgun et al. (2020). Research has indicated good fit indices for the CBAN-SF in terms of structural validity ($\chi^2/df = 2.914$, RMSEA = 0.075, CFI = 0.984, NNFI = 0.983, NFI = 0.972, SRMR = 0.054). These indices suggest that the tool's factor structure aligns well with the theoretical framework of Watson's Theory of Human Caring.

Furthermore, the seven subfactors had consistently high Cronbach's alpha scores, ranging from 0.793 to 0.904, indicating acceptable internal consistency at the subscale level as well. The content validity index (CVI) for the items of the CBAN-SF was found to be high, with values ranging from 0.972 to 1.00 and an average CVI of 0.994 for the entire instrument. This high content validity suggests that experts in the field agree that the CBAN-SF comprehensively covers the domain of caring behaviors as perceived by nurses. Item-total score correlations for the CBAN-SF ranged from 0.648 to 0.829, and factor loadings were between 0.455 and 0.769, providing further support for the tool's construct validity. The robust structural validity, internal consistency, and content validity of the CBAN-SF collectively support its use as a reliable and valid instrument for assessing nurses' perceptions of caring behaviors, particularly within the theoretical context of Watson's work.

The 63-item Arabic iteration of the CBA exhibited a remarkably high reliability coefficient ($\alpha = 0.91$), whereas the overall Cronbach's alpha for the corresponding 63-item English iteration was not disclosed. A reliability coefficient of nearly 1 is considered adequate for this measurement scale. Subject matter experts concurred that the items encompassed within the scale possessed considerable relevance, as evidenced by elevated Content Validity Index scores. The structural integrity of the scale was also substantiated, signifying that it accurately measures the constructs it purports to assess. The internal consistency, which reflects the degree to which the items function cohesively, was found to be exemplary, as indicated by high values of Cronbach's alpha, Spearman-Brown, and Guttman split-half coefficients. Furthermore, each subsection of the scale demonstrated satisfactory internal consistency. Ultimately, the individual items exhibited strong correlations with the total score, and

the factor loadings were robust, thereby further validating the scale's efficacy. The assessment of the CBAN-SF confirmed its reliability and validity as an instrument for measuring nurses' caring behaviors. The CBAN-SF comprises seven subscales within a 27-item questionnaire, specifically designed to evaluate nurses' perceptions of their caring behaviors in relation to the Theory of Human Caring. It assesses seven distinctive subfactors: Humanism/faith-hope/sensitivity (items 1, 2, 3, 4), Helping trust (items 5, 6, 7, 8), Expression of positive/negative feelings (items 9, 10, 11), Teaching/learning (items 12, 13, 14, 15), Supportive/protective/corrective environment (items 16, 17, 18, 19, 20, 21), Human needs assistance (items 22, 23, 24), and Existential/phenomenological/spiritual forces (items 25, 26, 27).

The Caring Behaviors Assessment Tool Nursing Version-Short Form (CBAN-SF) is a significant instrument in this domain, comprising 27 items specifically designed to evaluate the perceived importance of various caring behaviors from the nurses' perspective. The development of the CBAN-SF is firmly rooted in Jean Watson's Theory of Human Caring, with its items carefully aligned with the theory's ten *caritas* processes. This theoretical grounding provides a strong conceptual foundation for the tool, ensuring that it measures constructs considered central to the concept of caring within nursing. The CBAN-SF is structured into seven subfactors, each corresponding to specific *caritas* processes, thereby offering a theoretically driven framework for understanding nurses' internal perspectives on caring. Notably, the CBAN-SF places a greater emphasis on assessing the frequency and perceived importance of nurses' caring behaviors rather than focusing on their technical accuracy. This aligns with Watson's emphasis on the humanistic and relational aspects of nursing care. Examples of the items included in the CBAN-SF, such as "I

treat patients as individuals," "I encourage my patients to believe in themselves," and "I know when patients have 'had enough' and act accordingly," illustrate the tool's focus on the interpersonal and patient-centered dimensions of care. The nurse-specific perspective offered by the CBAN-SF provides valuable insights into how nurses themselves prioritize and understand caring behaviors, which may differ from the perceptions held by patients. The Caring Behaviors Assessment Tool - Short Form employs a five-point Likert scale, ranging from 1 (least important) to 5 (most important), across 27 items. The total scores range from 27 to 135. Each subscale's mean was interpreted as follows: Least important in the point range of 1.00-1.80, Slightly important 1.81-2.60, Moderately important 2.61-3.40, Important 3.41-4.20, and Most important is 4.21-5.00.

Plan for Data Analysis

Table 1

Variables in the Study

Objectives	Tools	Level of Measurement	Statistical Test
1. To describe the demographic data and work-related variables of staff nurses working in a military hospital in	Demographic Data Questionnaire	Age- Ordinal Gender-Nominal Nationality- Nominal Educational Level- Ordinal Length of Nursing Experience-	Descriptive (Frequency) Mean SD

Saudi Arabia in terms	Ordinal	
of:	Job position- Ordinal	Range
1.1. Age	Unit assignment- Nominal	
1.2. Gender		
1.3. Nationality		
1.4. Educational Level		
1.5. Length of Nursing Experience		
1.6. Job Position		
1.7. Unit Assignment		

2. To describe the staff nurses' perception of the practice environment in a military hospital in Saudi Arabia in terms of:	PES-NWI	1= Strongly Disagree 2= Disagree 3= Agree 4= Strongly Agree Ordinal Data	Descriptive (Frequency) Central Tendency- Mean Standard Deviation (SD)
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2.1. Nurse

Participation in

Hospital Affairs

2.2. Nursing

Foundations of

Quality Care

2.3. Nurse Manager

Ability, Leadership,

and Support

2.4. Staffing and

Resource Adequacy

2.5. Collegial Nurse-

Physician Relations

3. To describe the perceived patient- centered care behaviors of nurses in terms of:	CBAN-SF	1=Least Important (not important at all)	Descriptive (Frequency)
		2=Slightly Important (a little important)	Central Tendency- Mean
		3=Moderately Important (somewhat important)	
3.1. Humanism/faith- hope/sensitivity		4=Important	

3.2. Helping/trust		5=Most important	Standard Deviation (SD)
3.3. Expression of negative/positive feelings		Ordinal Data	
3.4. Teaching/learning			
3.5. Supportive/protective /corrective environment			
3.6. Human needs assistance			
3.7. Existential/phenomenal/spiritual forces			

4. To determine the relationship between staff nurses' practice environment and patient-centered care behaviors.	PES-NWI and CBAN-SF	Mean of Practice Environment and CBAN-SF Ordinal Data	Central Tendency-Mean Standard Deviation (SD)
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			Spearman's rank correlation coefficient (ρ)
5. To determine the relationship between staff nurses' practice environment and their demographic data.	Demographic Data and PES-NWI	IV- Demographic Data Age- Ordinal Gender-Nominal Nationality- Nominal Educational Level- Ordinal Length of Nursing Experience- Ordinal Job position- Ordinal Unit assignment- Nominal DV: PES-NWI 1. Nurse Participation in Hospital Affairs- (Ordinal Data) 2. Nursing Foundations of Quality Care- (Ordinal Data) 3. Nurse Manager Ability, Leadership, and Support- (Ordinal Data)	Inferential Statistics Spearman's rank correlation coefficient(ρ) Chi-square Test

		4. Staffing and Resource Adequacy- (Ordinal Data)	
		5. Collegial Nurse-Physician Relations- (Ordinal Data)	
6. To determine the relationship between perceived patient-centered care behaviors and demographic data.	Demographic Data and CBAN-SF	IV: Demographic Data	Inferential Statistics
		Age- Ordinal	Spearman's rank correlation coefficient (ρ)
		Gender-Nominal	
		Nationality-Nominal	
		Educational Level- Ordinal	Chi-square Test
		Length of Nursing Experience- Ordinal	
		Job position- Ordinal	
		Unit assignment- Nominal	
		DV: Patient-centered Care Behaviors of Nurses	
		1. Humanism/faith-hope/sensitivity- (Ordinal Data)	
		2. Helping/trust- (Ordinal Data)	

3. Expression of negative/positive feelings- (Ordinal Data)

4. Teaching/learning- (Ordinal Data)

5. Supportive/protective/corrective environment- (Ordinal Data)

6. Human needs assistance- (Ordinal Data)

7. Existential/phenomenal/spiritual forces- (Ordinal Data)

Ethical Considerations

Upon receiving study approval, the research proposal underwent an ethics review by the Ministry of Defense Health Services. This investigation was conducted in accordance with ethical principles that encompass respect for individuals, beneficence, and justice. Prior to their involvement, participants provided informed consent, indicating their understanding of the study's objectives, methodologies, potential benefits, and their right to withdraw without repercussions. To ensure the confidentiality of participants, the data were anonymized or coded, securely stored, and any identifying information was eliminated prior to analysis.

The study's objective was to provide valuable insights into nurses' perceptions of caring behaviors, ultimately benefiting the nursing profession. Findings were

disseminated to the nursing community and other relevant stakeholders through peer-reviewed publications, conference presentations, and reports to improve patient care. The results were presented in a clear and accessible manner, emphasizing their implications for nursing practice and policy. Participation was entirely voluntary, and nurses were guaranteed that their decision would not impact their employment or professional standing. Data integrity was maintained throughout the study, and any potential conflicts of interest were disclosed and addressed. The collected data were stored on a flash drive, accessible only to the researcher. Robust data management systems and protocols were implemented to prevent errors and ensure the reliability of the findings until data analysis was finalized.

Chapter IV

RESULTS AND DISCUSSION

Results

In this designated chapter, a thorough examination and clarification of the evaluations and interpretations are rigorously detailed. The outcomes derived from the statistical methodologies employed are systematically highlighted in a tabular format, which is meticulously aligned with the sequence of the research inquiries outlined in Chapter 1.

Response Rate

A cumulative total of 233 responses was obtained through comprehensive enumeration sampling. Each of the responses was thorough and deemed valid.

Table 2

Demographic Data and Work-related Variables

Characteristics	Frequency	Percentage
	N-233	%
Age		
19-40	188	80.68%
(Young Adulthood)		
41-65	45	19.32%
(Middle Adulthood)		
Gender		
Male	8	3.43%

Female	225	96.57%
Nationality		
Filipino	123	52.79%
Indian	80	34.33%
Saudi	21	9.01%
Others	9	3.87%
Educational Level		
Diploma in Nursing	35	15.02%
Bachelor of Science in Nursing	193	82.83%
Master's Degree in Nursing	5	2.15%
Length of Nursing Service		
2-5 years (Competent)	36	15.45%
6-10 years (Proficient)	82	35.19%
11-20 years (Expert)	96	41.20%
21+ years (Long-Term Expert)	19	8.15%
Job Position		
Staff Nurse 1	82	35.19%
Staff Nurse 2	132	56.65%
Charge Nurse	19	8.15%
Unit Assignment		
Emergency Department	65	27.90
Obstetrics and Gynecology	44	18.88%
Adult and Pediatric Intensive	25	10.73%

Care Unit		
Female Medical-Surgical	25	10.73%
Male Medical-Surgical	25	10.73%
Day Case Unit	20	8.58%
Pediatric Ward	16	6.87%
Isolation ward	13	5.58%
Total	233	100%

The characteristics of the respondents, including their age, gender, nationality, educational level, nursing service duration, and job position, are presented in Table 2.

The average age of the participants is 36.36 years (SD = 7.36). The standard deviation of 7.36 signifies a moderate dispersion of ages around the mean. This indicates that, although the mean age approximates 36, there exists a considerable degree of variability in the ages of the participants, with specific individuals being younger and others older than the mean by 7.36 years. The most junior participant in the study is 24 years old, whereas the most senior participant is 60 years old. The age group Young Adulthood (19-40 years) constitutes the vast majority of the population represented, with 188 individuals, accounting for a dominant 80.68%. This indicates a strong presence of younger adults within the observed group, likely because young adults often face pressures such as establishing a household and saving for the future, which strongly incentivizes them to be employed. In contrast, the Middle Adulthood group (41-65) is significantly smaller, comprising 45 individuals, which accounts for 19.32%. This distribution is further influenced by external factors, such as the maximum employment age of 60 for expatriates in Saudi Arabia, and the tendency for

individuals in middle adulthood to opt for early retirement or return to their countries of origin to be with family.

The female demographic comprised 96.57% of the participants, or 225 individuals, representing a significant majority of the survey participants. In Saudi Arabia, the nursing workforce has traditionally shown a high female representation, often linked to societal norms that favor women in caregiving roles. In contrast, the male demographic comprised 8 individuals, or 3.43% of the overall respondent pool. While the number of male nurses in Saudi Arabia has been rising, especially among Saudi nationals their overall representation in the broader nursing population, which includes a large number of expatriates, remains a minority.

The cohort of Filipino respondents constitutes the most substantial demographic among the participants, comprising 123 individuals, which accounts for 52.79% of the overall sample. Filipino nurses are widely recognized for their high standards of training, dedication, and proficiency in the English language, making them a cornerstone of the expatriate healthcare workforce in Saudi Arabia. Following this, the second most populous group comprises Indian respondents, totaling 80 individuals, thereby representing 34.33%. Similar to their Filipino counterparts, Indian healthcare practitioners, comprising a significant contingent of nursing personnel, are essential in providing human resources for the Kingdom's medical establishments. Saudi nationals constitute the subsequent largest demographic, with a representation of 21 individuals, equating to 9.01%. Their participation provides invaluable local perspectives on the healthcare system, reflecting the ongoing nationalization (Saudization) efforts within various sectors, including healthcare, and the unique experiences of local professionals working alongside a diverse expatriate

workforce. The other remaining nationalities exhibit lesser representation, accounting for nine individuals (Malaysian, Sudanese, Jordanian, and Egyptian), which equates to 3.87%, yet is an important segment of the diverse healthcare community.

The majority of individuals involved have attained a Bachelor of Science degree in Nursing, with 193 individuals constituting a substantial 82.83%. This overwhelming majority is highly reflective of the current global and Saudi Arabian standards for professional nursing practice. With increasing emphasis on evidence-based care and advanced clinical reasoning, the BSN degree has become the preferred, and often required, entry-level qualification for registered nurses in the Kingdom's hospitals and healthcare institutions. A lesser contingent holds a Diploma in Nursing, with 35 nurses embodying 15.02%. While the trend in Saudi Arabia, like many other countries, has shifted towards baccalaureate-level education, nurses with diplomas still form a valuable part of the active workforce, particularly those who have been practicing for a longer duration. The most diminutive fraction of the cohort has obtained a master's degree in Nursing, with merely five persons, representing 2.15% of the aggregate. The small number of master's-prepared nurses reflects the advanced and specialized nature of this qualification.

The survey respondents represent a diverse range of experience levels, collectively offering a comprehensive perspective. The largest cohort, comprising 41.20% (96 individuals), consists of Experts with 11 to 20 years of experience, where the healthcare sector often relies on experienced expatriate professionals to maintain high standards of care. Following closely are the Proficient respondents, accounting for 35.19% (82 individuals), who possess 6 to 10 years of experience, representing a vital segment of the nursing workforce that has

moved beyond foundational skills to demonstrate a solid understanding and practical application of advanced nursing care. A smaller but significant segment, 15.45% (36 individuals), is categorized as Competent, with 2 to 5 years of experience, due to many hospitals in Saudi Arabia requiring a minimum of two years of post-graduate experience for international recruits, as well as for Saudi nationals, making this a common entry point for many. Finally, Long-Term Experts, with 21 or more years of experience, make up 8.15% (19 individuals) of the respondents. These individuals often hold specialized or leadership roles, contributing to the development of policy and the continuous improvement of nursing services.

The predominant category of respondents comprises Staff Nurse 2, encompassing 132 individuals, which constitutes a notable 56.65% of the overall sample in which many expatriate nurses entering the Kingdom are often employed at this level after meeting initial experience requirements, making them a vital part of daily hospital operation and functions in direct patient care. Following this, the subsequent most prevalent role is that of Staff Nurse 1, occupied by 82 respondents, accounting for 35.19% of the total population surveyed typically refers to more senior or highly experienced registered nurses, often with specialized skills or greater autonomy in their roles being a team leader. Conversely, the Charge Nurse position constitutes the smallest demographic in terms of job title, represented by 19 individuals, or 8.15% of the overall cohort, who ensure the proficient provision of medical services throughout the various healthcare facilities within the Kingdom.

The Emergency Department presently exhibits the most substantial representation of nursing respondents, as Emergency Departments in the Kingdom's hospitals are typically high-volume and high-acuity environments. This is followed by

the Obstetrics and Gynecology Unit, which has a high birth rate and a strong focus on family well-being. OB/GYN units are central to hospital operations. Conversely, the Isolation Ward reflects the minimal count of respondents designed for specific infectious disease management or highly sensitive patient conditions. The Adult and Pediatric Intensive Care Unit, along with the Female Medical-Surgical Ward and Male Medical-Surgical Ward, demonstrate an equivalent number of respondents from the backbone of inpatient services, serving both male and female patients, and managing a broad spectrum of critical and non-critical conditions.

Table 3

Staff Nurse's Perception of the Practice Environment in a Military Hospital in Saudi Arabia

Subscale in the Practice Environment	Mean	SD	Interpretation
Nurse Participation in Hospital Affairs	3.04	0.629	Favorable
1. Career development/clinical ladder opportunity.	3.10	0.733	
2. Opportunity for staff nurses to participate in policy decisions.	2.94	0.789	
3. A chief nursing officer who is highly visible and accessible to staff.	3.21	0.794	
4. A chief nursing officer is equal in power and authority to other top-level executives.	3.07	0.785	
5. Opportunities for advancement.	3.07	0.718	
6. Administration that listens and responds to employee concerns.	2.93	0.825	
7. Staff Nurses are involved in the internal governance of the	2.96	0.762	

hospital (e.g., practice and policy committees)

8. Staff nurses have the opportunity to serve on hospital and nursing committees. 3.08 0.741

9. Nursing administrators consult with staff on daily problems and procedures. 3.02 0.777

Nursing Foundation for Quality of Care	3.15	0.579	Favorable
1. Active staff development or continuing education programs for nurses.	3.12	0.719	
2. High standards of nursing care are expected by the administration.	3.21	0.707	
3. A clear philosophy of nursing that pervades the patient care environment.	3.11	0.698	
4. Working with nurses who are clinically competent.	3.24	0.684	
5. An active quality assurance program.	3.08	0.727	
6. A preceptor program for newly hired RNs.	3.24	0.725	
7. Nursing care is based on a nursing, rather than a medical model.	3.11	0.708	
8. Written, up-to-date nursing care plans for all patients.	3.18	0.692	
9. Patient care assignments that foster continuity of care, i.e., the same nurse cares for the patient from one day to the next.	3.05	0.750	
10. Use of nursing diagnoses.	3.16	0.713	
Nurse Manager Ability, Leadership, and Support for Nurses	3.17	0.659	Favorable

1. A supervisory staff that is supportive of the nurses.	3.18	0.746	
2. Supervisors use mistakes as learning opportunities, not criticism.	3.06	0.777	
3. A nurse manager who is a good manager and leader.	3.21	0.760	
4. Praise and recognition for a job well done.	3.20	0.736	
5. A nurse manager who backs up the nursing staff in decision-making, even if the conflict is with a physician.	3.20	0.710	
Staffing and Resource Adequacy	2.85	0.754	Favorable
1. Adequate support services allow me to spend time with my patients.	2.92	0.800	
2. Enough time and opportunity to discuss patient care problems with other nurses.	3.04	0.759	
3. Enough registered nurses to provide quality patient care.	2.73	0.934	
4. Enough staff to get the work done.	2.71	0.920	
Collegial Nurse-Physician Relations	3.16	0.652	Favorable
1. Physicians and nurses have good working relationships.	3.18	0.690	
2. A lot of teamwork between nurses and physicians.	3.13	0.704	
3. Collaboration (joint practice) between nurses and physicians.	3.16	0.692	
Overall:	3.07	0.654	Favorable

All five subscale constructs (NPHA, NFQC, NMALS, SRA, and CNPR) exhibit a mean score exceeding 2.5, with the corresponding interpretation classified as "Favorable" across the board. This suggests that, on average, the participants express favorable perceptions regarding these dimensions of the staff nurses' practice environment.

NMALS (Nurse Manager Ability, Leadership, and Support) continues to exhibit the highest evaluative rating (3.17), thereby underscoring robustly favorable perceptions regarding the competencies and support rendered by nurse managers. This is evidenced by item 3 under NMALS, which has the highest mean, indicating that nurses perceive their nurse manager as a good manager and leader. It is backed up by open-door communication and high visibility in the unit through leadership's purposeful rounds, in which they can hear firsthand what is going well and what issues need to be addressed immediately (Ogata et al., 2017). The lowest item in the NMALS is item 2. However, it still shows that nurses perceived their supervisors as somewhat, but not consistently, utilizing mistakes for learning due to a lack of promotion of psychological safety. Nurse leaders in military hospitals are trained to employ a transformational leadership style and are included in their annual appraisals. This is often cited as a key leadership style for empowering nurses. Nurse managers who exhibit transformational leadership inspire and motivate their staff, fostering a shared vision and encouraging them to achieve their full potential. They function as role models, promoting professional growth and a sense of purpose. Taketomi et al. (2024) found that "Nurse Manager's ability, leadership and support" scored highest, with a mean of 2.76, and was associated with increased psychological empowerment. The researcher's study mean score of 3.17 is higher than their mean of 2.76. Additionally,

the researcher's mean score under NMALS is higher than of South Korean study ($M = 2.95$, $SD = 0.49$) (Chang-Jun & Young-Su, 2022) and of Polish study made by Malinowska-Lipień et al. (2023) ($M = 2.27$, $SD = 0.73$). This suggests that the nurses surveyed in a military hospital perceive their nurse managers' ability, leadership, and support even more positively than the nurses in the Japanese, South Korean, and Polish study. Ebrahim and Ahmed (2022) found that the same subscale had the highest value, ($M = 2.31$, $SD = 0.46$). However, they interpreted it as unfavorable and determined a statistically significant association among their professional practice milieu, the climate of civility within the workplace, and the propensity to depart from the organization.

CNPR (Collegial Nurse-Physician Relations) achieves a score that is marginally lower than NMALS (3.16), indicating that collegial interactions with physicians are also viewed in a highly positive light. This discovery is of paramount importance, as the existence of constructive interprofessional relationships is crucial for enhancing patient care quality and establishing a conducive work environment, as evidenced by the highest item for physicians and nurses having a good working relationship, ($M = 3.18$, $SD = 0.690$). Physicians working in a military hospital show great respect for nurses; however, there is still room for improvement. Efforts from the hospital and medical administration were made through town hall meetings with nurses, and nurses felt the impact through the standardization of positive collaborative practices and the provision of communication training for physicians. Alrefaei et al. (2022) found that the most favorable subscale for nurses' practice environment in Medinah, Saudi Arabia, is CNPR, with a mean of 2.87 ($SD = 0.59$). The researcher's mean is higher than that of this Saudi Arabian and Jordanian study. Alhalal et al. (2024) study, which found that

the Nurse-Physician relationship had the highest mean of 3.01 (SD = 0.52), suggests that a supportive practice environment may have potential positive implications for interdisciplinary relationships, including those with physicians. Dalky et al.'s (2022) study has the highest mean of the subscale CNPR, with a mean of 2.71 (SD = 0.81), and the highest mean item, which is item no. 3 (joint practice between nurses and physicians). The researcher's item no. 3 (M = 3.16, SD = 0.692), which is higher than that of the Jordanian study.

NFQC (Nursing Foundation for Quality of Care) maintains a commendable score (3.15), thereby reinforcing the belief in a solid foundation that underpins the delivery of quality nursing care. The military hospital offers active preceptorship, mentoring, and coaching programs for both new nurses and experienced staff, as evidenced by item no. 6 having the highest mean within the subscale. Staff nurses also have a positive perception regarding item no. 4, in which they are working with clinically competent nurses. Nurses support the active quality assurance program in the military hospital due to its commitment to clinical excellence, as demonstrated by international and local accreditations. The nursing excellence in the military hospital effectively communicates the strategic and operational plans of the nursing administration to staff nurses in a consistent manner, as evidenced by a high mean score in the item. 2. Frequent training sessions were given to staff nurses with the involvement and provision of resources from hospital administration. This signifies a strategic investment in the nursing workforce, recognizing that well-trained nursing staff are essential to delivering quality patient care, ensuring patient safety, and enhancing overall hospital efficiency. Ali et. al (2024), the highest subscale in a Saudi Arabian context from the Ministry of Health is NFQC (M = 3.02, SD = 0.753), which is

slightly lower than that of the military hospital in Saudi Arabia. The research highlights the importance of a supportive nursing practice environment in enhancing the delivery of high-quality care. Alenazy et al. (2020) argued that the enhancement of the practice environment may yield higher levels of job satisfaction and lower intentions to depart among critical care nursing professionals in a hospital setting in Saudi Arabia with the highest mean score in regards with their NFQC ($M = 2.92$, $SD = 0.45$) in which the military hospital has higher score in this subscale with majority of expatriates respondents. Tamayo et al. (2022) study on the practice environment of nurses in Manila shows a higher mean score in NFQC ($M = 3.30$, $SD = 0.63$) than that of the military hospital. Ayed et al. (2024) and AbuAlRub et al. (2023) found that the highest subscale in their practice environment shows favorable results for aspects of NFQC, and the results in a military hospital in Saudi Arabia are higher than those of the Jordanian study.

NPHA (Nurse Participation in Hospital Affairs) has a mean score of 3.04 ($SD = 0.629$); the respondents tend to agree with positive statements or aspects related to their participation in hospital affairs. The highest item under this subscale is item no. Figure 3 illustrates the significance of evident leadership, particularly in its purposeful rounds. The nursing administration maintains career development through yearly promotions and succession planning. These strategies not only recognize and reward exceptional performance but also cultivate future leaders within the nursing ranks. Formal succession planning and mentorship programs are critical for nursing because they help identify and groom top talent, thereby ensuring leadership continuity (Graystone, 2019). Item no. 8 shows favorable results due to their involvement in hospital committees, including the Patient Safety Committee, Nursing

Civility Committee, Unit-Based Councils, Patient Experience Champion Committee, and Recruitment and Retention Committee. Through this, they are granted the opportunity to interact with the hospital during accreditation processes and efforts focused on quality enhancement. The ANCC does not yet accredit this organization through its shared governance process. Achieving shared governance accreditation is a critical step towards maintaining Magnet status, which significantly enhances an organization's reputation. The lowest item indicates that staff nurses perceived the higher administration as not listening to and responding to their concerns, particularly regarding staffing issues stemming from mandatory overtime, as well as patient complaints. Higher administration should conduct regular walk-arounds or gemba walks, spending time on units to observe operations, engage in informal conversations with staff, and directly witness daily challenges.

On the other hand, the potential for nursing personnel to engage in the formulation of policy decisions needs improvement. Currently, charge nurses and team leaders are primarily responsible for these tasks at this military hospital, and the majority of the respondents are staff nurses. Given their demanding bedside responsibilities and high patient workload, we are actively working to shield nurses from additional administrative tasks. Our priority is to ensure they can dedicate their time and energy to providing exceptional patient care. A study examining the Practice Environment Scale of the Nursing Work Index (PES-NWI) in Greek nurses (Moisoglou et al., 2025) reported a mean score of 1.64 (SD = 0.67) for NPHA, indicating a lower score. Alkorbi et al. (2022) in the Makkah Region show that the NPHA mean score of 2.12 (SD = 0.44), which positively contributed to their work performance. The military hospital in Saudi Arabia has a higher mean score in comparison to the same Saudi

Arabian settings. In a South Korean study by Kim and Lee (2023) concerning the nursing work environment, the involvement of nurses in hospital governance mean score of 2.50 (SD = 0.40) and the collaborative relationships between nurses and physicians mean 2.72 (SD = 0.46) exhibited notable direct positive influences on Intention To Stay, in contrast to other dimensions of the nursing work environment. Yang et al.'s (2023) study shows that the NPHA mean of 2.61 (SD = 0.35) among the subscales has the strongest effect on work engagement, which is lower compared to the military hospital NPHA mean score. The degree of engagement exhibited by nursing personnel within a military healthcare facility in Saudi Arabia not only highlights the critical role of nursing contributions in healthcare administration but also demonstrates the potential for enhanced cooperation and improved patient outcomes when nurses participate proactively in hospital governance.

Domains warranting further scrutiny are the SRA (Staffing and Resource Adequacy), which continues to possess the lowest mean score (2.85), indicating that this area remains a point of relative concern. In conclusion, the analysis of the Staffing and Resource Adequacy (SRA) reveals a critical area that requires focused attention within healthcare settings. The mean score of 2.85 reflects a concerning trend, indicating that while there exists a consensus among nursing professionals concerning the sufficiency of personnel and available resources, the proximity of this score to neutrality suggests underlying issues that may not be adequately addressed. Item no. 4, 'enough staff to get work done,' has the lowest mean due to the majority of respondents working in the highest census areas of the hospital, specifically the ED and OBS-Gyne. It is a deeply rooted concern driven by their dedication to ensuring patient safety and delivering high-quality healthcare, in conjunction with the everyday

experiences encountered in managing increasingly complex demands with what they perceive as insufficient human resources. Addressing this requires a holistic approach that goes beyond just numbers, focusing on workload, resources, a culture of psychological safety, and meaningful nurse involvement in decision-making. The highest item is item no. 2, where nurses agree to have sufficient time and opportunity to discuss patient care problems with other nurses, facilitated by the practice of ISBAR and shift huddles. The consistent implementation of the ISBAR framework has been pivotal in enhancing communication efficacy during patient transitions and intra-nurse dialogues. This standardized communication instrument ensures that essential patient data is transmitted in a clear, concise, and comprehensive manner in every instance.

Yilmaz and Kocak (2023) report that the subscale of Staffing and Resource Adequacy (SRA) yields the highest mean score of 2.91 (SD = 0.69), with a minimal differential of merely 0.06, which is insignificant in practical contexts. This observation underscores the need for further investigation and the implementation of targeted enhancement strategies to improve the adequacy of staffing and resources, ultimately ensuring optimal outcomes for both healthcare professionals and patients. Addressing these issues is essential for cultivating a conducive work environment, which can lead to enhanced job satisfaction and improved quality of care. Sariköse and Göktepe's (2022) results in SRA, with a mean of 2.51 (SD = 0.46), demonstrated that the practice environment can enhance job performance levels. The same findings were reported by Cho and Han (2018), who found that sufficient personnel and resources within nursing units correlate positively with improved stress regulation and an elevated perception of nursing performance quality. This suggests that enhancing working

conditions may improve both the well-being of nurses and the quality of care delivered to patients.

Enhancing the adequacy of staffing and resources is critical not merely for augmenting nurses' job satisfaction but also for guaranteeing superior patient care outcomes within healthcare settings. Neglecting the issues of staffing and resource adequacy may lead to elevated levels of burnout among healthcare practitioners, which can adversely affect patient safety, and the quality of care delivered.

Table 4

Perceived Patient-Centered Care Behaviors of Nursing Staff in a Military Hospital in Saudi Arabia

Caring Behavior Assessment	Mean	SD	Interpretation
Humanism/faith-hope/sensitivity	4.33	0.759	Most Important
1. I treat patients as individuals.	4.42	0.863	
2. I encourage my patients to believe in themselves.	4.35	0.828	
3. I praise the efforts of the patients.	4.36	0.814	
4. I know when patients have 'had enough' and act accordingly (for example: limiting visitors).	4.17	0.849	
Helping/trust	4.33	0.748	Most Important
1. I introduce myself to patients.	4.49	0.783	
2. I answer quickly (go to their rooms) when patients call for me.	4.42	0.822	
3. I touch my patients when they need comfort.	4.10	0.964	

4. I do on time what I say to patients I will do.	4.30	0.862	
Expression of negative/positive feelings	4.36	0.799	Most Important
1. I encourage my patients to talk about how they feel.	4.39	0.844	
2. I help patients understand their own feelings.	4.32	0.857	
3. I maintain my care even when my patients are difficult to get along with.	4.39	0.797	
Teaching/learning	4.33	0.751	Most Important
1. I encourage patients to ask questions about their illness and treatment.	4.29	0.851	
2. I answer patients' questions clearly and inform them.	4.38	0.795	
3. I help patients set goals for their health/disease.	4.29	0.804	
4. I help patients plan ways to meet those goals.	4.31	0.787	
Supportive/protective/corrective Environment	4.49	0.678	Most Important
1. I offer things (for example: changes in sleeping positions, blankets, back rub, lighting) to make patients more comfortable.	4.39	0.781	
2. I explain safety precautions to patients and their families.	4.52	0.726	
3. I encourage patients to do what they can for themselves.	4.44	0.741	
4. I respect the modesty of patients (for example, by keeping them covered).	4.55	0.730	

5. I consider the spiritual needs of patients.	4.51	0.743	
6. I treat patients kindly and genially.	4.52	0.726	
Human Needs Assistance	4.50	0.694	Most Important
1. I help them with their care until they can do it for themselves.	4.41	0.766	
2. I give the patient medications and treatments on time by knowing how to give injections, intravenous solutions, etc.	4.54	0.737	
3. I check their condition very closely.	4.55	0.719	
Existential/phenomenal/spiritual forces	4.34	0.716	Most Important
1. I sense how patients feel.	4.33	0.759	
2. I help patients see that their past experiences are important.	4.26	0.796	
3. I help patients feel good about themselves.	4.42	0.740	
Overall:	4.38	0.735	Most Important

The composite means for all seven dimensions of caring behavior are quite high, ranging from 4.33 to 4.50. This consistently high level across all dimensions suggests a strong perception or demonstration of caring behaviors within the context of this data.

Human needs assistance has the highest mean for the most important perceived caring behavior among nurse respondents. These actions often have a direct and immediate impact on the patient's comfort and physical well-being, making

them highly visible and easily recognizable as essential care behaviors. Similar findings are noted by Shalaby et al. (2018), who observed that critical care nurses frequently reported human needs for assistance. Nurses likely view these interventions as foundational to delivering quality care and maintaining patient stability. Item no. 3 shows the highest mean and highlights the importance of closely monitoring patients, in addition to administering their medical treatment promptly, as well as providing physical assistance when needed. The Service Excellence Training includes care that is culturally congruent with the Saudi Arabian culture, which plays a crucial role in improving this subscale. Training programs focused on service excellence often emphasize the importance of adopting a patient-centered approach, where understanding and fulfilling patient needs are of paramount importance. This approach inherently necessitates the consideration of their essential physical and physiological requirements.

The second-highest ranking of "Supportive/Protective/Corrective Environment" emphasizes the crucial role nurses see themselves playing in creating a context that promotes safety, comfort, and healing. The highest item is no. 4, in which nurses are giving most importance to the patient's privacy, not just because it is a rule, but because it is deeply ingrained in their professional identity, essential for building therapeutic relationships, a fundamental human right, and a critical component of safe, ethical, and effective healthcare delivery. It highlights a holistic and proactive approach to care that extends beyond direct patient interactions, underscoring the significance of the environment as an essential element of caring behavior. Ayed et al. (2024) found that the domain of "supportive, protective, and corrective environment" received the highest rating within caring behavior. A slight positive correlation was found between

this domain and professional values, as well as between comprehensive caring behavior and professional values. The same subscale from Basit et al.'s (2022) study shows that this domain is the most important among respondents, and it is concluded that professional values positively influence nurses' assessment of care behaviors. Alamdari et al.'s (2024) investigation revealed that nurses consistently demonstrated high levels of caring, particularly in establishing a protective and supportive environment, as well as fostering trust and effective communication.

Expression of negative and positive feelings ranked third, indicating the staff nurses' ability to effectively manage and facilitate the expression of feelings, which is considered a vital aspect of caring behavior. The staff places significant emphasis on empathetic communication, actively encouraging patients to articulate their feelings, and upholding unwavering professionalism, particularly with challenging patients, as evidenced by a high mean score in 3 items. This underscores the belief that emotional support and communication are central to providing holistic and effective care.

Existential/phenomenal/and spiritual forces, with a high mean score (4.34) and "Most Important" interpretation for this subfactor, highlight the significant value placed on these intangible yet profoundly impactful aspects of nursing care. The score of item no. 3, being the highest, indicates a well-established connection between a person's psychological state and their physical health. When patients feel good about themselves, they tend to have a more positive outlook, which can boost their immune system, reduce stress hormones, and even improve their body's ability to heal. It suggests that individuals perceive a nurse's capacity to engage with and support a patient's existential, phenomenal, and spiritual well-being as crucial for delivering truly

holistic and compassionate care. This extends beyond the mere treatment of physical manifestations to engage with the patient's most profound sense of identity and their journey. The vast majority of patients addressed by the nursing staff were adherents of Islam. The data strongly suggests that both healthcare providers and patients in Saudi Arabia recognize that truly effective and compassionate nursing care extends beyond the physical and psychological to embrace the profound spiritual dimensions of the human experience, as shaped by Islamic faith.

Humanism/faith-hope/sensitivity, helping/trust, teaching/learning, a mean score of 4.33. A profound appreciation for human life and the individual's subjective experiences is essential for nurses. I treat patients as individuals, which yields the highest mean score, demonstrating an understanding of patient-centered care. What works for one patient may not work for another. Individualized care enables nurses to tailor treatment plans, interventions, and educational approaches to the patient's specific condition, learning style, and life circumstances, resulting in improved adherence and more positive outcomes. The lowest score is for item no. 4; however, it remains an important behavior for nurses, as they function as patient advocates. When they notice a patient is fatigued, they step in to protect the patient's need for rest. This empowers the patient by ensuring their needs are met. O'Connell and Landers (2008) of critical care nurses' responses to the Caring Behaviors Assessment showed that the humanism/faith–hope/sensitivity subscale had the highest median score. Youssef et al. (2013) show that nurses ranked the four items as the most important caring behaviors. This observation corresponds with the extensive comprehension of nursing as a vocation fundamentally based on compassion, wherein

the interpersonal dynamics between nurse and patient, along with the affective aspect of care, are of utmost significance.

The Helping/Trust behavior indicates that without trust, patients may withhold information, resist treatment, or feel isolated. A helping/trusting relationship empowers the patient to participate in their care, express concerns, and feel safe in a vulnerable state. In any healthcare setting, particularly where cultural norms may influence direct communication, establishing trust can help overcome potential barriers and significantly improve patient outcomes and satisfaction. From Service Excellence Training, the first step they need to take when encountering their patient is to introduce themselves and their role, which is the highest item on this subscale. Responding to call bells is a fundamental behavior among nurses and a vital tool for proactive patient advocacy, ensuring continuous, responsive, and safe care. The lowest item is no.3 in the intention of comfort touch, which is universally recognized in nursing as a powerful therapeutic tool. Application in Saudi Arabia requires significant cultural sensitivity and awareness to avoid misunderstanding or discomfort for the patient.

For teaching/learning, patient education is crucial for promoting self-management, preventing complications, and ensuring continuity of care after discharge. All items are most important to the respondents because part of the Service Excellence Training involves sharing information with patients. When individuals comprehend their medical condition and the corresponding therapeutic interventions, they exhibit a greater propensity to comply with prescribed regimens, experience a sense of empowerment, and attain an enhanced overall quality of care. In a healthcare system where patients often have limited time with physicians, nurses become the primary educators, making this role indispensable for providing adequate care and

empowering patients. Omari et. al.'s (2013) study shows that individuals receiving care in intensive care units emphasized physical and technical actions as the paramount expressions of caregiving. In contrast, nursing professionals operating within critical care environments regarded educational interventions as the foremost manifestations of compassionate care.

The consistent "Most Important" interpretation for all these subfactors suggests that a holistic and human-centered approach to nursing, deeply rooted in Watson's caring philosophy, is highly valued by the surveyed population, which considers matters related to nationality. Filipino nurses often exhibit strong cultural values that emphasize respect, compassion, and a deep sense of obligation to care, which significantly influence their caring behaviors in practice. These values are deeply rooted in Filipino culture and play a crucial role in shaping the dynamics of the nurse-patient relationship. Filipino nurses often prioritize harmonious relationships, which can lead to excellent communication, empathy, and a gentle demeanor that reassures patients and their families. Majait et. al (2021) highlighted that the caring behaviors of Filipino nurses, such as attentiveness to physical care and respect, are predictive of the quality of nursing care. Cultural values among Indian nurses, such as respect for elders and a strong sense of duty, similarly influence their caring behaviors, and enhance patient relationships in healthcare settings. The aforementioned cultural values not only enhance the nursing profession but also promote the provision of patient-centric care, as demonstrated by the findings of this investigation. Saudi nursing staff are influenced by a rich cultural heritage that emphasizes hospitality, respect, and a strong sense of duty towards others. These cultural values significantly shape their caring behaviors, impacting how they interact with patients and deliver

healthcare services. In Saudi Arabia, the concept of caring is deeply intertwined with Islamic principles, which advocate for compassion, empathy, and respect for human dignity. This cultural framework informs the attitudes and practices of Saudi nurses, fostering a nurturing environment for patient care. (Al Wahbi et. al, 2014)

Relationship between nurses' practice environment and their patient-centered care behaviors.

Table 5

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	Df	Sig.
Practice Environment	.104	233	<.001	.923	233	<.001
Caring Behaviors	.177	233	<.001	.805	233	<.001

Lilliefors Significance Correction

The Kolmogorov-Smirnov test was used to assess the normality of the variables "perceived practice environment" and "patient-centered caring behaviors." The results indicated a statistically significant deviation from normal distribution, $D(233) = 0.104$, $p < .001$, and $D(233) = 0.177$, $p < .001$. The investigator rejects the null hypothesis, positing that the data do not adhere to a normal distribution. The weighted mean values exhibit a substantial divergence from the characteristics of a normal distribution.

The investigator employed non-parametric statistical methods to address the subsequent research questions, including Spearman's rho correlation, the Chi-square test, and Fisher's exact test, to examine the potential associations among the variables of interest.

Table 6

Relationship Between Practice Environment And Patient-Centered Behaviors Among Nursing Staff

For the interpretation of correlation, the following arbitrary scale was followed:

0 to 0.2: Very weak/Negligible

0.2 to 0.4: Weak

0.4 to 0.6: Moderate

0.6 to 0.8: Strong

0.8 to 1.0: Very strong

Correlations

			Practice Environment	Caring Behaviors
Spearman's rho	Practice	Correlation	1.000	0.513
	Environment	Coefficient		
		Sig. (2-tailed)	.	<.001
N			233	233

Caring Behaviors	Correlation	.513	1.000
	Coefficient		
	Sig. (2-tailed)	<.001	
	N	233	233

A Spearman's rho correlation analysis was conducted to examine the relationship between the practice environment and patient-centered care behaviors. The findings demonstrated a moderate positive correlation between the two variables, $r_s(233) = 0.513$, $p < .001$, which was statistically significant. The results of this study indicate a moderate and statistically significant positive relationship between the features of the practice environment for staff nurses and the degree to which staff nurses engage in patient-centered care behaviors.

Quantitative analysis revealed a medium to strong positive correlation between the two variables ($r_s = 0.513$, $p < 0.01$), indicating that nurses who perceive their work settings as well-resourced, collaborative, and supportive are more likely to exhibit caring behaviors such as individualized attention, patient advocacy, emotional support, and active listening. These outcomes are consistent with the conclusions drawn from the research of Alharbi, Jackson, and Usher (2020), which demonstrated that constructive practice settings in Saudi hospitals were strongly linked to increased self-reported caring behavior. The results also aligned with the Turkish study made by Yilmaz and Kocak (2023). The study's findings reveal that these factors, such as nurses' professional and individual traits, their work environments, and their psychological empowerment, indeed have an effect on the care behaviors they exhibit.

The Nursing Work Index Practice Environment Scale (PES-NWI) was utilized to evaluate environmental factors across five essential domains: (1) the involvement of nurses in hospital governance, (2) the foundational aspects of nursing that underpin care quality, (3) the capabilities, leadership, and support provided by nurse managers, (4) the adequacy of staffing and resources, and (5) collaborative relationships between nurses and physicians (Lake, 2002). Among these domains, the subscales of leadership in nursing and staffing adequacy emerged as the most significant predictors of caring behaviors observed in the current study. Nurses who reported substantial support from leadership and manageable workloads also indicated a higher frequency of engaging in caring interactions with patients. Nurse leaders play a crucial role in fostering a conducive and efficient healthcare environment by influencing the caring behaviors exhibited by staff nurses. Their roles are diverse, involving communication approaches, mentorship initiatives, and leadership development programs. These factors not only elevate the standard of patient care but also enhance job satisfaction, work engagement, and overall organizational performance. Transformational leadership, characterized by a clear vision, empathy, and motivation, is particularly effective at fostering caring behaviors. Leaders who articulate a collective vision and promote transparent communication empower nurses to assume responsibility for their roles and provide superior care (Alluhaybi et al., 2024).

Incorporating cultural competence training into nursing education is essential, as it equips nurses with the skills and competencies needed to navigate the complexities of caring for patients from diverse cultural backgrounds (Soriano et al., 2019). These elements are considered essential for delivering truly effective and compassionate care. The findings emphasize that service excellence in nursing is not

solely about clinical competence or efficiency. While essential, these are baseline expectations. True excellence, as perceived by the surveyed population, extends deeply into the interpersonal, emotional, and spiritual domains of care.

The consistent focus on DEI (Diversity, Equity, and Inclusion) has demonstrably strengthened the practice environment itself. Nurses report feeling more supported, experiencing greater psychological safety, and witnessing enhanced collegiality among team members regardless of nationality. This is because DEI principles, embedded through the yearly competency, cultivate a workplace where differences are celebrated, unconscious biases are challenged, and equitable opportunities are pursued. Such an inclusive environment naturally reduces interpersonal friction and fosters a sense of belonging, allowing nurses to dedicate their full energy to patient care. Diversity, equity, and inclusion (DEI) are essential for optimizing the professional environment for nursing practitioners by fostering a culture in which all healthcare professionals perceive themselves as valued and supported. The 2023 Magnet® Application Manual underscores the significance of incorporating DEI initiatives, which may result in augmented collaboration within the interprofessional team, enhanced patient health results and outcomes, and a more affirmative workplace environment. By emphasizing DEI, organizations can cultivate an environment that not only benefits nursing personnel but also enhances the overall quality of healthcare provision (Bryant et al., 2022).

A more in-depth investigation reveals that the environments in which nursing occurs not only affect the efficiency of clinical outcomes but also the relational and emotional components of patient care. These findings align with Watson's Theory of Human Caring, which posits that a conducive environment is essential for fostering

genuine, patient-centered care (Watson, 2008). In an authentically supportive environment, communication transpires in an open and forthright manner. Healthcare professionals experience a sense of backing when confronted with demanding cases, understanding that their apprehensions will be acknowledged and resolved. A collective sense of mission and reciprocal respect is cultivated, thereby enhancing teamwork and collaborative efforts. Such a constructive milieu mitigates stress and professional exhaustion, enabling nurses to engage with their responsibilities infused with revitalized vigor and empathy. Ultimately, when nursing personnel receive adequate care, they are more proficiently prepared both psychologically and professionally to provide the utmost standard of patient care. This creates a virtuous cycle: a favorable occupational environment, grounded in a principle of care, directly correlates with an enhanced experience for both healthcare staff and patients.

The current research, therefore, validates that reinforcing the nurse practice environment is a strategic necessity for advancing the quality of nursing care. It emphasizes the importance for policymakers and hospital administrators to implement staff reforms that enable the professional practice of nurses, prioritizing the workplace apart from staff retention, as a means to protect the humanistic essence of nursing.

In conclusion, the practice environment displayed a pivotal role in shaping nurses' caring behavior. A positive and supportive work environment, characterized by strong leadership, adequate resources, and collaborative relationships, fosters an atmosphere where nurses can engage in patient-centered care. Interventions that address these environmental factors, combined with educational programs that foster professional identity and psychological capital, are crucial for enhancing caring behavior among nurses.

Table 7

Relationship Between Staff Nurses' Practice Environment And Their Demographic Data

Dependent Variable	Independent Variable	Correlation coefficient	Phi coefficient/ Cramer's V	Relations hip	p-value
Nurses' Practice Environment	Age	$r_s = -0.041$		Very weak, negative	0.538
	Gender	$\chi^2 = 4.067$	$\phi = 0.583$		
	Nationality	$\chi^2 = 41.191$	$\phi = 0.420$		0.022
	Educational Level	$r_s = -0.077$		Very weak, negative	0.239
	Length of Nursing Experience	$r_s = -0.027$		Very weak, negative	0.676

Job Position	$r_s = 0.034$	Very	0.607
		weak,	
		negative	

Unit	$\chi^2 =$	$\varphi =$	0.056
Assignment	49.247	0.460	

The current research identified a statistically substantial correlation between country of origin and nurses' views on their practice environment $\chi^2 = 41.191$, $\varphi = 0.420$, p -value of 0.022, indicating that cultural background and nationality can impact how nurses perceive and assess workplace conditions. The findings are particularly essential in multicultural healthcare environments, such as those in Asia and the Middle East, where nursing staff may comprise expatriate staff from diverse nationalities.

The majority of the respondents are Filipino nurses; they tend to be cooperative, adaptable, and respectful in their interactions, which minimizes conflict and promotes a collaborative work environment. It is reinforced by Valdez et. al.'s (2024) study, which concludes by highlighting the resilience, adaptability, and proficiency of Filipino nurses across various global healthcare settings, emphasizing their indispensable role in the global healthcare system. This can also be influenced by the "Nurse Manager Ability, Leadership, and Support," as nurse managers prioritize relational leadership, and the majority of the nurse managers are Filipino. This indicates that the institution actively recognizes, values, and leverages these cultural competencies. The DEI training fortifies, legitimizes, and offers a structured approach for articulating these principles

within a professional healthcare environment, thereby reconciling any conceivable cultural disparities with patients or fellow personnel.

Data analysis in other studies revealed a significant difference in the Practice Environment Scale of the Nursing Work Index (PES-NWI) scores among various nationalities ($p < 0.05$). Western nurses (e.g., those from the United States, the United Kingdom) tended to have more favorable attitudes toward leadership support, autonomy, and nurse-physician collaboration than did nurses from the Indian subcontinent or Southeast Asia (Dorfman et al., 1997). This resonates with previous research that emphasizes how cultural beliefs, expectations, and experiences of healthcare influence nurses' perceptions and reactions to their work settings. For instance, AbuAlRub et al. (2012) discovered that Jordanian nurses viewed their practice environments more positively than non-Jordanian nurses within the same environments, attributing this to differences in levels of inclusion in decision-making and incorporation of culture. Likewise, Al-Abri (2007) highlighted that expatriate nurses in Oman experienced issues with communication, cultural isolation, and discrimination, which negatively impacted their job satisfaction and work dedication.

The present findings suggest that nationality may be a mediating variable concerning nurses' evaluations of staffing adequacy, leadership availability, and professional development opportunities. Hinno's (2012) study serves as a strong reminder that understanding the nuances of national identity is essential when analyzing nursing practice environments. It reinforces the notion that these environments are not just about tangible resources or policies, but also about the subjective experiences of nurses, which are deeply intertwined with their cultural backgrounds and identities.

Expatriate nurses, particularly those hired on contract or for temporary work, tend to suffer from restricted autonomy and job insecurity, which may translate into poorer ratings of the practice environment. This is attested by Shen et al. (2014), who stated that migrant nurses in East Asia face increased stress and reduced satisfaction due to cultural and linguistic differences. To rectify this, ensuring fair and transparent processes for promotion, professional development, and access to resources for all nurses is recommended. Filipino nurses often embody strong values of collectivism by organizing regular social gatherings or team-building events that foster "pakikisama," allowing nurses to bond outside of clinical duties, which the hospital administration supports. For other nationalities, clear policies against discrimination and harassment, with effective reporting mechanisms, are essential to create a safe and respectful environment for everyone. Organizations should establish clear procedures for managing complaints, including timelines for investigation and resolution, to maintain trust in the process (Salabay et al., 2024).

In conclusion, the results underscore that nationality is among the most significant determinants of nurses' attitudes towards their workplaces, and initiatives aimed at enhancing nursing practice environments need to be culturally adapted and inclusive. Eliminating these disparities is essential not only for fostering workplace cohesion but also for enhancing the overall standard of patient care within multicultural healthcare environments.

Table 8

Relationship Between Nurses' Caring Behaviors And Their Demographic Data

Dependent Variable	Independent Variable	Correlation coefficient	Phi coefficient/ Cramer's V	Relationship	p-value
Nurses' Caring Behavior	Age	$r_s = -0.048$		Very weak, negative	0.466
	Gender	$\chi^2 = 7.023$	$\phi = 0.172$		0.377
	Nationality	$\chi^2 = 34.410$	-		0.265
	Educational Level	$r_s = -0.143$		Very weak, negative	0.029
	Length of Nursing Experience	$r_s = 0.014$		Very weak, positive	0.826
	Job Position	$r_s = -0.047$		Very weak, negative	0.471
	Unit Assignment	$\chi^2 = 47.249$	-		0.267

There is a statistically significant, albeit very weak, negative relationship between a nurse's educational level and their caring behavior. This suggests that nurses with higher educational levels might exhibit slightly less caring behavior $r_s = -0.143$, p value=0.029, but the effect is minimal. Nurses who acquired higher education

tend to have higher responsibilities than Diploma nurses. The emotional demands of nursing, coupled with heavy workloads, can lead to burnout and compassion fatigue. When nurses are emotionally exhausted, their capacity for expressing overt caring behaviors may diminish, even if their underlying intention to care remains. (Shah et al., 2021)

A study made by (Vujanić et. al., 2020) concluded that VET nurses (nurses with basic training) reported applying caring behaviors more frequently in the subscales "hope," "problem-solving," and "environment" compared to BSc nurses, indicating a difference in the application of caring behaviors based on education level. This suggests that higher education may not necessarily correlate with a greater frequency of certain caring behaviors, as the focus appears to be more on task execution rather than on demonstrating compassion and building relationships in nurse-patient interactions.

Contrary to the study by Basit et al. (2022), nurses with advanced degrees exhibited elevated perceptions regarding the evaluation of caregiving behaviors. This discrepancy can be elucidated by the notion that advanced educational experiences facilitate nurses' growth, comprehension, and assimilation of caregiving behaviors. The respondents are comprised of 71% BSN nurses and 29% post-graduate nurses. The study's respondents, who are nursing staff working in a military hospital in Saudi Arabia, consist of only five post-graduate respondents. Any correlation found involving the master's degree group ($n = 5$) would be complicated to generalize to a larger population of nursing master's degree holders. The characteristics of just 5 individuals may not be representative. With such a small sample size, random chance can make it appear as though a correlation exists, even if there is no underlying relationship.

In this investigation, no notable correlation is found among other demographic variables, in contrast to the findings presented by Arsat et al. (2023). Their study furnished empirical evidence indicating that demographic factors such as gender, age, educational attainment, economic background, professional role, and experience were shown to exert a significant impact on the caring behaviors exhibited by nurses, thereby emphasizing the variances in caring practices predicated on these factors among nursing professionals in public hospitals and public health services within Sabah, Malaysia.

Consequently, although it is indisputable that theoretical knowledge holds significant importance within the field of nursing education, it is imperative that such educational programs continuously emphasize, nurture, and develop the inherent virtues of empathy, compassion, and a patient-centered approach to care, in order to guarantee that the achievement of advanced educational qualifications effectively translates into an elevated and more refined standard of holistic caring behaviors that are essential in the provision of healthcare services despite the challenging nature of nursing profession.

Chapter V

CONCLUSIONS AND RECOMMENDATIONS

The critical relationship between a nursing practice environment, the patient-centered care behaviors of staff nurses, and their demographic profiles has been a subject of extensive global research, with significant insights emerging from countries such as Saudi Arabia. One particular study honed in on this dynamic within a single military hospital in Saudi Arabia.

The primary objective of this research was twofold: to thoroughly assess the current nursing practice environment within the hospital, breaking it down into five key subscales. This would provide a detailed snapshot of the conditions in which these nurses operate on a daily basis. To correlate this practice environment with the patient-centered care behaviors exhibited by individual staff nurses. Essentially, did a more favorable practice environment lead to better patient-centered care?

Furthermore, the study sought to determine if the demographic profiles of the staff nurses and nurse characteristics like age, gender, educational background, years of experience, or nationality (especially relevant in Saudi Arabia with its diverse workforce) held any significant relationship with either their perceptions of the practice environment or their actual patient-centered care behaviors.

Summary of Findings

A cumulative total of 233 nursing staff members participated in the survey, which was administered through Google Forms sent to their phone numbers and social media accounts. All respondents met the established inclusion criteria for this study.

With 233 respondents, this study employed a robust sample size, particularly commendable for a single-military hospital setting. The predominant composition of the nursing staff is female (96.57%), with a significant concentration within the young adult demographic, particularly in the 19-40 age range (80.68%). Concerning nationality, Filipino nurses represent the largest contingent (52.79%), followed by Indian nurses (34.33%), while Saudi nurses account for a smaller proportion (9.01%). A negligible fraction is attributed to other nationalities (3.87%). About educational qualifications, an overwhelming majority possess a Bachelor of Science in Nursing (82.83%), with a smaller segment holding a Diploma in Nursing (15.02%) or a master's degree (2.15%). The nursing staff generally exhibits considerable durations of professional service, with the predominant cohort possessing 11-20 years of experience (41.20%, classified as "Expert"), alongside a significant subset with 6-10 years of experience (35.19%, categorized as "Proficient"). Concerning occupational roles, the workforce is chiefly comprised of Staff Nurse 2 (56.65%) and Staff Nurse 1 (35.19%), with Charge Nurses constituting a smaller fraction (8.15%). Ultimately, the nurses are allocated across various unit assignments, with the Emergency Department highlighting the highest representation (27.90%), followed by Obstetrics and Gynecology (18.88%). Additional units such as Adult and Pediatric Intensive Care, Female Medical-Surgical, and Male Medical-Surgical each account for approximately 10.73% of the workforce.

The staff nurses' practice environment is also described using the PES-NWI by Eileen Lake (2002). Staff nurses in a Saudi Arabian military hospital generally agree or are in favor of the positive aspects of their practice environment, which includes all subscales NPHA, NFQC, NMALS, SRA, and CNPR. Staff nurses in a Saudi Arabian

military hospital generally expressed the highest agreement regarding Nurse Manager Ability, Leadership, and Support for Nurses with mean score of 3.17 (SD = 0.659), closely followed by Collegial Nurse-Physician Relations with mean score of 3.16 (SD = 0.0652), and Nursing Foundation for Quality of Care with mean score of 3.15 (SD = 0.0579). They also reported agreement on a favorable practice environment with Nurse Participation in Hospital Affairs, with a mean score of 3.04 (SD = 0.629). The lowest level of agreement, although still indicating general assent, was observed for Staffing and Resource Adequacy, with a mean score of 2.85 (SD = 0.754) within their practice environment. It is highly common for Staffing and Resource Adequacy (SRA) to rank lowest among positive aspects of the nursing practice environment, not just in Saudi Arabian military hospitals, but across healthcare systems worldwide. This is, unfortunately, a reflection of pervasive and long-standing global nursing challenges such as burnout and increased nurse turnover.

This study also describes the patient-centered care behaviors of staff nurses, as measured by the CBAN-SF. The CBAN-SF comprises seven subscales within a 27-item questionnaire. It assesses seven distinctive subfactors: Humanism/faith-hope/sensitivity, Helping trust, Expression of positive/negative feelings, Teaching/learning, Supportive/protective/corrective environment, Human needs assistance, and Existential/phenomenological/spiritual forces. All the caring behaviors listed are considered very important, with scores above 4.21. This indicates that in the military hospital setting, these behaviors are essential for delivering patient-centered care. The focus is on meeting patients' needs, building trust, and creating a supportive environment. In a military hospital in Saudi Arabia, nurses' perceived patient-centered care behaviors revealed a clear hierarchy of importance, with Human Needs

Assistance emerging as the most prominent, boasting a composite mean score of 4.50 (SD= 0.694). Closely following was a supportive, protective/corrective Environment, demonstrating its critical role with a mean of 4.49 (SD = 0.678). The Expression of negative/positive feelings was also highly valued, with a mean score of 4.36 (SD = 0.799), indicating the significance of emotional communication in patient care. While slightly lower in composite mean, Existential/phenomenal/spiritual forces with a mean score of 4.34 (SD = 0.716), Humanism/faith-hope/sensitivity (M = 4.33, SD = 0.759), Helping/trust (4.33, SD = 0.748), and Teaching/learning all with a mean of 4.33 (SD = 0.7591) were still considered "Most Important" highlighting the multifaceted nature of patient-centered care and the consistent high regard for these fundamental aspects of nursing practice per Watson's theory within this military healthcare setting.

A fundamental aim of this research was to investigate the relationship between the nursing practice milieu and the patient-centered care behaviors exhibited by nurses. To achieve this, a Spearman's rho correlation was performed, analyzing data from 233 participants. The findings revealed a moderate positive correlation between these two critical variables, with a correlation coefficient of $r_s(233) = 0.513$. This result was also found to be statistically significant ($p < .001$), indicating that the detected correlation is highly improbable to arise from mere random variability. This noteworthy moderate positive correlation suggests that as the quality of the nursing practice environment improves, there is a corresponding increase in the degree to which nursing professionals exhibit patient-centered care behaviors. This discovery highlights the significant impact of organizational and environmental factors on the care nurses provide. The backing from nurse managers, involvement in hospital operations, and the establishment of positive working relationships with physicians

collectively demonstrate that a supportive work environment is not only beneficial for staff welfare but is also intrinsically linked to the delivery of high-quality, patient-centered care. Therefore, initiatives aimed at enhancing patient-centeredness should also consider addressing the structural and cultural elements of the nursing practice environment.

The secondary aim of this investigation is to elucidate the correlation between the practice environment of nursing staff and their demographic characteristics (Age, Sex, Nationality, Educational Level, Length of Nursing Experience, Job Position, and Unit Assignment). Based on this analysis, nationality is the sole demographic factor that shows a statistically significant relationship with nurses' practice environment ($\chi^2=41.191$, $\phi = 0.420$, $p\text{-value} = 0.222$). This suggests that a nurse's country of origin or citizenship may be a significant predictor of their experience in the work environment. All other demographic factors (Age, Gender, Educational Level, Length of Nursing Experience, Unit Assignment, and Job Position) do not illustrate a statistically significant relationship with the nurses' practice environment in this study. These findings suggest that interventions aimed at improving the nursing practice environment might need to consider nationality as a key variable. At the same time, other demographic factors may be less critical in this context.

Lastly, one aim is to determine the relationship between staff nurses' patient-centered care behaviors and their demographic profiles (Age, Gender, Nationality, Educational Level, Length of Nursing Experience, Job Position, and Unit Assignment). Among all demographic data analyzed, only Educational Level shows a statistically significant, albeit very weak and negative, relationship, ($r_s = -.143$, $p\text{-value} = 0.029$).

This implies that while higher education might be associated with slightly lower reported caring behaviors, this connection is not strong.

Conclusions

1. The study's sample size of 233 nurses is commendable for a single-military hospital setting, allowing for a detailed exploration of the practice environment and patient-centered care behaviors.

2. The majority of respondents are female, with a significant representation of Filipino and Indian nurses. Historically, and to a large extent still, Saudi Arabia heavily relies on expatriate nurses to staff its healthcare facilities. Studies indicate that non-Saudi nurses comprise a substantial majority (approximately 60-70%) of the total nursing population in the Kingdom. Within this expatriate workforce, nurses from the Philippines and India consistently form the largest groups, which contributes to the association of the staff nurses' nationality with their favorable practice environment. Notably, nationality significantly influences the perception of the practice environment, suggesting cultural factors play a role in how nurses experience their work setting. Cultural backgrounds and associated expectations likely play a significant role in shaping how these nurses experience their work environment.

3. Most hold a Bachelor of Science in Nursing and are considered experts based on the length of nursing experience, indicating a generally experienced workforce. The Bachelor of Science in Nursing is widely recognized internationally as the gold standard for entry-level professional nursing practice. Nurses with a BSN possess a comprehensive theoretical foundation, critical thinking skills, and a broader scope of practice compared to those with diplomas or associate degrees. This aligns with Saudi

Arabia's efforts to elevate the quality and safety of patient care across its healthcare facilities, many of which are modern and technologically advanced. The relationship between educational level and perceived patient-centered care behaviors has a weak, negative correlation, likely due to overlapping nursing responsibilities.

4. The practice environment, as measured by the PES-NWI, generally reflects positive perceptions among nurses, particularly in areas related to nurse manager support and collegial relationships. However, staffing and resource adequacy ranked lowest, highlighting a common challenge in nursing practice environments worldwide, which may contribute to issues such as burnout and turnover.

5. The findings indicate that staff nurses predominantly regard all of their patient-centered care practices as critically significant. This heightened perception can be primarily ascribed to the profound influence of service excellence training programs, in conjunction with the unwavering support rendered by Nurse Managers and Leaders (NMALS) within their clinical settings. This integrated strategy, combining specialized education with strong leadership advocacy, is remarkably effective in enhancing and prioritizing patient-centered care among nursing professionals, ultimately fostering a culture of service excellence.

6. The study identified a hierarchy of patient-centered care behaviors, with "Human Needs Assistance" being the most valued. This underscores the importance of meeting patients' fundamental needs and fostering trust within the care environment.

7. A moderate positive correlation was found between the quality of the nursing practice environment and nurses' patient-centered care behaviors. This implies that improvements in the practice environment can enhance the extent to which nurses

exhibit caring behaviors, emphasizing the need for supportive organizational structures by prioritizing robust staffing and ample resources.

8. Most demographic factors, including age, sex, and length of nursing experience, did not significantly influence nurses' caring behaviors. The only exception was educational level, which showed a weak negative correlation, indicating that higher education might be associated with slightly lower reported caring behaviors. The ongoing examination and proactive mitigation of nurse burnout serve as a clear demonstration of healthcare institutions' unwavering dedication to the welfare of their most vital asset: their personnel.

9. The findings propose that strategies designed to improve the nursing practice environment should prioritize addressing issues related to staffing and resources while considering the influence of nationality on nurses' experiences. Additionally, the relationship between educational level and caring behaviors warrants further exploration to understand its implications for nursing practice.

Recommendations

To Nurses:

To address the low number of post-graduate respondents in military hospitals, it is recommended that Saudi Arabia formally recognize and develop a career progression pathway that includes expatriates. This recognition can enhance career progression opportunities, motivating nurses to pursue master's degrees. Additionally, aligning nursing education and practice with international standards, as envisioned in Vision 2030, will help overcome historical barriers and attract more nurses into advanced nursing roles, ultimately addressing the nursing shortage. Develop a clear

regulatory framework to define, legislate, and regulate advanced practice nursing roles, ensuring they are recognized and integrated into the healthcare system (Almutairi et al., 2020; Hibbert et al., 2017).

To improve nurses' perceptions of their involvement in decision-making processes, it is essential to establish structured platforms for their voices to be heard. Regular meetings, committees, or forums can facilitate open dialogue, allowing nurses to share insights and suggestions regarding hospital policies and practices. Additionally, addressing identified barriers such as workplace culture and power dynamics is crucial. By cultivating an environment that promotes inclusivity and prioritizes the contributions of nursing professionals, organizations can enhance engagement and empower nurses in the development of staffing policies.

It is recommended that a well-structured shared governance framework ensures that nurses' voices are heard and valued, promoting a culture of mutual respect and shared responsibility (Pereira et al., 2024). The impact of shared governance extends beyond individual nurses, influencing organizational performance and patient outcomes, such as their caring behaviors. Nurses play a critical role in enhancing the quality of care by applying their expertise and utilizing resources that foster innovative thinking in the optimization of care delivery (Shepherd et al., 2014). Nurses' direct involvement in decision-making processes enhances their sense of professional fulfillment and encourages a commitment to continuous improvement. Nurses play a significant role in creating a shared vision of care, which involves aligning with patients' needs (Young et al., 2017).

Implementing policies that foster a harmonious balance between life and work, such as flexible and modified self-scheduling and robust mental health support, is

crucial for reducing burnout among nurses. The research emphasizes the integration of mental health awareness and supportive practices to enhance nurses' physical, emotional, and social well-being. It is recommended to have easy access to licensed therapists and counselors specializing in issues affecting healthcare workers, and to conduct these sessions confidentially; they are available via video or phone. Structured online discussion forums and virtual communities provide a platform for nursing professionals to interact, share experiences, and offer reciprocal support within a safe and monitored environment. This encompasses specialized groups tailored for various nursing roles or specific areas of practice. By emphasizing these elements, healthcare leadership can cultivate a more conducive work atmosphere, thereby enhance job satisfaction, and promote patient-centered care practices. Holistic approaches, which include mindfulness and peer support, can further facilitate this beneficial transformation within the nursing community.

To Nurse Managers:

The findings emphasize the need for leadership training for nurse managers to enhance their ability to support staff effectively. Recommendations include implementing structured training programs focused on communication skills and fostering a positive work environment. Additionally, establishing regular feedback mechanisms will help identify areas for improvement in managerial support, ensuring that nurse managers are equipped to respond to the evolving needs of their teams. This strategy aligns to enhance the overall competency and effectiveness of clinical nurse managers.

A nurse manager must demonstrate proficiency in regulating staffing ratios, which is essential for fostering a conducive practice environment and promoting compassionate care among nursing staff. This involves ensuring adequate staffing to meet patient needs, optimizing the skill mix to match patient requirements, and implementing flexible staffing models to accommodate fluctuations in census and acuity. Equitable workload distribution is crucial to prevent overburdening staff, while promoting work-life balance through flexible scheduling and predictable hours reduces stress and enhances well-being. Fostering an environment that prioritizes transparent communication, collaborative efforts, and opportunities for professional growth significantly enhances the empowerment of nurses and increases overall job satisfaction.

Ensuring nurses have adequate resources, such as sufficient logistics and supplies for patient care and support, is crucial for their empowerment. Advocating for appropriate staffing levels is paramount to prevent overwork and maintain quality care. Nurse managers must effectively advocate for their team's needs to upper management and ensure access to the necessary equipment and technology to support efficient and effective performance. Nurse managers can further empower their teams by demonstrating accountability and professionalism through a strong work ethic and ethical conduct, while also maintaining visibility and accessibility to foster trust and open communication. Opportunities for ongoing learning, workshops, conferences, and specialized certifications to keep their skills current, adapt to new technologies, and expand their areas of expertise, advocating for the nursing profession by championing nurses' roles and contributions, and highlighting their value within the healthcare system.

To Nursing Administrators:

To address the critical issue of Staffing and Resource Adequacy (SRA), it is fundamental for nurses to advocate for hiring more staff, improving resource allocation, and implementing flexible staffing models. These strategies will help ensure adequate coverage and support, ultimately enhancing the work environment. Align workforce planning with the organization's strategic goals and patient care objectives. Utilize historical patient volume trends, anticipated patient acuity changes, technological advancements such as EMR systems (Cerner), and changes in healthcare regulations to project future staffing needs. Through gathering monthly data and statistics, it can systematically compare the current workforce supply with future demand to identify specific shortages or surpluses in different units or specialties. Prioritize addressing gaps that have the most significant impact on patient care and organizational performance.

Nursing professionals should engage in training programs focused on cultural sensitivity to effectively navigate the significant impact of nationality on their interpretations of the practice environment. These initiatives emphasize the promotion of understanding and collaboration among nurses hailing from varied backgrounds. By advancing cultural sensitivity, nurses can establish a more inclusive workplace that aligns with the principles of cultural humility, diligent practice, and trust cultivation, ultimately enhancing the quality of patient care. Diversity, Equity, and Inclusion (DEI) competencies in cultural sensitivity training transform it from mere awareness to actionable change, fostering genuinely inclusive and equitable environments. While traditional cultural sensitivity focuses on recognizing and appreciating diverse cultures, DEI competencies equip individuals with the skills to move beyond passive

understanding. This includes cultivating self-awareness of one's own biases and privileges, actively valuing diverse perspectives beyond simple tolerance, understanding societal inequities and systemic barriers, developing practical interaction skills for cross-cultural communication and conflict management, and ultimately empowering individuals to foster equity and inclusion by identifying and addressing disparities and advocating for fair practices. This sense of affiliation, an essential result of efficient Diversity, Equity, and Inclusion (DEI) initiatives, has a direct influence on psychological and emotional health by alleviating sensations of solitude, lessening the adverse consequences of discrimination and prejudice, and cultivating a milieu in which individuals are empowered to present their genuine identities in the workplace without apprehension of criticism.

It is highly recommended that Open-door communication, practiced consistently across all levels of nursing leadership, is not merely a policy; it is a fundamental philosophy that cultivates trust, transparency, and a vibrant culture of collaboration within nursing teams. When nurse administrators and leaders at every tier genuinely embrace and model this approach, they create an environment where nurses feel safe, heard, and valued, ultimately leading to improved patient care and a more resilient workforce.

To cultivate a thriving and effective nursing workforce, healthcare organizations must prioritize the creation and implementation of strategies designed to facilitate the consistent and thorough assessment of the practice environment. This anticipatory strategy enables the identification of potential stress-inducing factors, areas for improvement, and opportunities to create a more supportive and empowering environment for nurses. The Press Ganey/NDNQI RN Satisfaction Survey - PES-NWI

can provide valuable data on aspects such as nurse autonomy, leadership support, and interprofessional relationships. It will be conducted on an annual basis and will implement unit-level action plans for improvement based on the survey results, codeveloped with Staff Nurses.

Another approach involves executing an Organizational Health Assessment. Organizational Health pertains to the efficacy with which leaders administer an organization, including their decision-making processes, resource allocation, day-to-day operations, and team leadership. The Organizational Health Index functions as an evaluative instrument that assesses critical elements of a high-performance culture within an organization across nine distinct dimensions (Accountability, Direction, Coordination and Control, External Orientation, Leadership, Innovation and Learning, Capabilities, Work Environment, and Motivation). The overarching objective is to achieve consistent high performance, both now and in the near future.

The research highlights the significance of continuous professional development as a critical enabler of nurse engagement in patient-centered care (PCC). To address the weak correlation between educational level and caring behavior, healthcare institutions should implement persistent professional development opportunities, such as workshops, seminars, and continuing education programs, in addition to effectively addressing nurse burnout. These initiatives can reinforce the significance of PCC and enhance nurses' caring behaviors, ultimately leading to improved patient outcomes and satisfaction.

Developing recognition programs can significantly enhance job satisfaction and professional engagement among nurses. These programs should celebrate individual

and team achievements, fostering a culture that values contributions to patient care. By implementing initiatives that recognize nurses' dedication and impact, nursing administration can enhance morale, foster innovation, and create a supportive professional work environment. This commitment to meaningful recognition ultimately leads to improved patient outcomes and increased nurse retention.

To Healthcare Organizations:

Physician promoting interdisciplinary training is essential to encourage teamwork and collaboration between nurses and other healthcare professionals. Clarifying team roles can enhance understanding and communication, ensuring that each member contributes effectively to patient care. Implementing policy reforms to empower the nursing workforce can significantly enhance collaborative practices between nurses and physicians by clearly defining roles and responsibilities for each profession. These reforms should delineate specific tasks and responsibilities based on each group's expertise, training, and scope of practice, ensuring that both nurses and physicians are working to their full potential. By establishing clear guidelines and expectations, these policy reforms can reduce ambiguity, minimize overlap, and promote effective communication between nurses and physicians, thereby increasing their collegial relationship. By cultivating a milieu that prioritizes interdisciplinary collaboration, healthcare organizations can enhance patient outcomes, satisfaction levels, and continuity of care, ultimately leading to a more holistic approach to patient management.

To enhance person-centered care in Saudi Arabian hospitals, healthcare policies should prioritize cultural competence training for all staff, addressing the unique challenges faced by international migrant nurses. Policies must also ensure

adequate staffing, improve language translation services, Arabic language classes, and foster regional care coordination. Additionally, addressing discrimination against expatriate workers is crucial. By fostering an inclusive environment that acknowledges a multitude of cultural beliefs and diverse communication modalities, healthcare institutions can enhance their support for nursing professionals in delivering superior, tailored care to patients.

Promoting a non-punitive reporting culture (Culture of Safety) where nurses can openly report errors or near misses without fear of blame is vital. This fosters trust, encourages learning from mistakes, and establishes an environment in which nursing professionals feel empowered to advocate for safety. Including nurses in patient safety committees and decision-making processes empowers them and validates their expert perspective. This cultivates an enhanced perception of accountability and stewardship, resulting in increased levels of occupational contentment. Occupational health and safety (OHS) goes beyond just physical hazards; it encompasses the psychological and social well-being of nurses. Fostering civility is a critical component of OHS in nursing. To promote civility (Culture of Civility) and address incivility, healthcare organizations should implement zero-tolerance policies against incivility and harassment from all sources. Education and training programs for nurses and leaders should be provided, focusing on recognizing, addressing, and preventing uncivil behaviors, including conflict management and communication techniques. Anonymous and confidential reporting systems should be established for incidents, ensuring no retaliation for reporting, with prompt investigation and resolution. Leaders must consistently model respectful and civil behavior to set a positive tone for the workplace. Fostering a culture of respect and psychological safety is essential, one

that values open communication, mutual respect, and trust, where nurses feel safe expressing concerns without fear of retribution. Recognizing that civility promotes caring behaviors, while incivility can lead to emotional exhaustion and decreased empathy, negatively affecting patient care, is crucial. These strategies align with creating a supportive environment, similar to the importance of authentic leadership and comprehensive organizational health assessments in shaping nurses' perceptions of their workplace.

To effectively improve the practice environment and promote patient-centered behaviors through service excellence training, healthcare organizations should prioritize a clear vision and values by defining "service excellence" in alignment with their mission, emphasizing empathy, respect, effective communication, and responsiveness. A comprehensive curriculum should encompass patient-centered care, emotional intelligence, conflict resolution, and team collaboration, utilizing engaging, blended learning methods tailored to various roles, with leaders actively involved. Sustained implementation requires "hardwiring" best practices, robust feedback mechanisms, empowerment of frontline staff, recognition programs, and regular measurement of key performance indicators. This is a shared responsibility, primarily led by senior leadership and management, to foster a culture of continuous improvement.

Nursing Educators:

Establishing mentorship initiatives where experienced nurses guide newer staff is crucial for enhancing professional development and fostering a sense of belonging. The evidence-based mentorship program outlined in the paper emphasizes the

importance of intentional professional relationships, which can empower both mentors and mentees. Through the incorporation of seasoned nursing professionals into the organizational ethos, the initiative aims to reduce attrition rates and enhance staff retention, thereby benefiting the overall nursing workforce and ensuring a skilled composition that prioritizes patient safety.

Nurse educators play a crucial role in shaping the trajectory of the nursing profession's evolution. They can significantly enhance the practice environment and foster caring behaviors in nurses by intentionally designing and implementing effective teaching and learning experiences, establishing robust mentoring programs, and promoting specific skills for career advancement. To foster caring behaviors and a positive practice environment, nurse educators can integrate experiential learning and reflection through simulations, narrative pedagogy, and service-learning opportunities. Simulations and role-playing should emphasize communication, empathy, and ethical dilemmas, followed by debriefing sessions. Narrative pedagogy can involve reflections and patient narratives to process emotions and develop self-awareness. Service-learning opportunities expose students to diverse populations and healthcare challenges. Finally, nurse educators must consistently model caring behaviors and professionalism in their interactions.

The integration of emotional intelligence (EI) training into nursing education is crucial for enhancing nurses' abilities to express and manage emotions effectively. Such training can significantly improve patient-nurse interactions, communication, and trust; consequently, this results in enhanced patient satisfaction and improved overall outcomes. Additionally, continuing education and mentoring initiatives can further augment nurses' EI, foster a supportive care environment, and strengthen

relationships with patients. Developing targeted training programs will be crucial in promoting compassionate, collaborative, and patient-centered care.

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Appendices

APPENDIX A

Informed Consent

To Our Valued Staff Nurses:

Dear Colleagues,

I am writing to invite you to participate in a research study being conducted at our hospital with a research title of **“Practice Environment and Patient-Centered Care Behaviors Among Staff Nurses Working in a Military Hospital in Saudi Arabia.”**

The purpose of this study is to determine the relationship between the nurses’ practice environment and patient-centered care behaviors in a military hospital in Saudi Arabia.

If you choose to participate, you will be asked to complete a questionnaire. This questionnaire will take approximately 10-15 minutes to complete. Please be assured that your participation is entirely voluntary. You have the right to choose not to participate, and you can withdraw from the study at any time without any negative consequences.

Your privacy is important to us. All information you provide will be kept confidential. Your name will not be linked to your responses. The questionnaire is anonymous, and we will not collect identifiable personal information. Your responses will be stored securely and only accessible to the research team. In reports, individuals will not be identified, and data will be presented as a group.

If you have any questions about this study, please do not hesitate to contact me at my extension number 1164 and mobile number 0557045400.

Thank you for your participation in this important research. Your contribution can make a significant difference in our efforts to continuously improve our nursing practice and patient care. Your time and insights are highly valued.

Sincerely,

Mary Grace T. Mendoza (Researcher)

Agreement to participate in this study:

☐ I have read and understood the information provided in the letter regarding this research study. I have been given the opportunity to ask questions, and my questions have been answered to my satisfaction. I voluntarily agree to participate in this study.

☐ I do not agree to participate in this study.

APPENDIX B

Hospital's Investigator's Undertaking

 تعهد الباحث (إجراءات العمل الموحد رقم 29) Investigator's Undertaking (SOP 29)	
I, Dr/Mr/Ms MARY GRACE TAPIRO MENDOZA, Investigator from the Department of NURSING Hospital/University/College of UPOU hereby declare that I will shoulder all the responsibilities pertaining to the Research Project No., entitled " THE PRACTICE ENVIRONMENT AND PATIENT-CENTERED CARE BEHAVIORS OF NURSING STAFF WORKING IN A MILITARY HOSPITAL IN SAUDI ARABIA. " in my capacity as principal/co-investigator. This undertaking includes the following duties and responsibilities: 1. I will be jointly responsible for all technical, ethical and administrative aspects of the research involving human subjects, and humane treatment of laboratory animals if required to be used during the course of this research project. 2. I will furnish the Director of Scientific Research Center, MSD for Armed Forces with a report on the progress of the research project once every six months. 3. Upon completion of the research project, I will submit a summary of the results, objectives achieved and benefits which the Kingdom of Saudi Arabia shall gain from this research project. MARY GRACE TAPIRO MENDOZA, CN, Name: 5050935 Signature: <i>Mary Grace Tapiro Mendoza</i> Date: April 15, 2025 Contact No. 0557045400, EXT. 1164 E-mail: ggggtapiro@gmail.com	بهذا أتعهد أنا، السيد / السيدة الباحث بقسم مستشفى / جامعة / كلية بأنني سوف أتحمل كافة المسؤوليات المتعلقة بالمشروع البحثي رقم بعنوان " بصفتي باحث رئيس / باحث مشارك. يشمل هذا التعهد الواجبات والمسؤوليات التالية: 1- تحمل المسؤولية المشتركة عن كافة الجوانب الفنية، والأخلاقية والإدارية للبحث بما في ذلك العينات البشرية والمعاملة الإنسانية لحيوانات التجارب إذا دعت الضرورة لاستخدامها أثناء فترة تنفيذ هذا المشروع البحثي. 2- تزويد مدير مركز الأبحاث العلمية بالإدارة العامة للخدمات الطبية للقوات المسلحة بتقرير حول تقدم سير العمل في إنجاز المشروع البحثي مرة كل ستة أشهر. 3- تقديم ملخص بالنتائج والأهداف المحققة عند الانتهاء من المشروع البحثي وتحقيق الأهداف والفوائد التي سوف تجنيها المملكة العربية السعودية من هذا المشروع البحثي. الاسم : التوقيع: التاريخ: رقم الاتصال : البريد الإلكتروني:



موافقة القسم على إجراء دراسة بحثية (إجراءات العمل الموحدة رقم 30)

Departmental Approval for Undertaking a Research Study (SOP 30)

Title of the Proposal: THE PRACTICE ENVIRONMENT AND PATIENT-CENTERED-CARE BEHAVIORS OF NURSING STAFF WORKING IN A MILITARY HOSPITAL IN SAUDI ARABIA	عنوان المقترح البحث:
Investigator's Name: MARY.GRACE.TAPIRO.MENDOZA	إسم الباحث:
Date: April 15, 2025	التاريخ:
To The Chairman of Research Ethics Committee	إلى : رئيس لجنة أخلاقيات البحث
Greetings,	السلام عليكم ورحمة الله وبركاته :
We consent for the above mentioned research study to be conducted in our section/department. Please be advised that Dr/MrDR.ALI HASSAN GUZU..... will be the administrative supervisor of the above investigator.	نود إفادتكم بموافقتنا على إجراء الدراسة البحثية المذكورة أعلاه في القسم / الإدارة التابعة لنا. يرجى الافادة بأن الدكتور / السيد تم تعيينه مشرفا إداريا على الباحث المذكور أعلاه .
Best regards,	وتقبلوا تحياتنا
The abovementioned research study is not feasible to be conducted in our section/department due to the following reasons:	يرجى الافادة بعدم جدوى إجراء الدراسة البحثية المذكورة أعلاه في القسم / الإدارة التابعة لنا وذلك للأسباب التالية :
.....	
.....	
.....	
Name of Director/Head: Ms. Jessy Thomas, A/DON	إسم مدير الإدارة / رئيس القسم:
Signature: 	التوقيع:
Department/Section: Nursing Department	الإدارة / القسم:

APPENDIX C

Institutional Review Board Approval



KINGDOM OF SAUDI ARABIA
MINISTRY OF DEFENCE & AVIATION
MEDICAL SERVICES DEPARTMENT

المملكة العربية السعودية
وزارة الدفاع والطيران والمفتشية العامة
الخدمات الطبية للقوات المسلحة

المستشفى العسكري بالمؤسسة العامة للصناعات الحربية بالخرج
AL KHARJ MILITARY INDUSTRIES CORPORATION HOSPITAL

Al Kharj 11942
PO Box 318
Phone: 015448300
Fax : 015486097

الخرج 11942
ص.ب 318
تليفون: 015448300
فكس: 015486097

Date: April 27 2025

To : Assistant Armed Forces Hospitals Director for Academic Affairs/AlKharj

From: Dr. Ali Guzu, Chairman, Research and Ethics Committee, AKMICH

RE: Practice Environment and Patient-centered Care Behaviours of Nursing Staff in a Military Hospital in Saudi Arabia

Thank you for submitting the above research project for ethical review, **this project number (64)** was considered by the Research and Ethics Committee, and has determined that your proposed project employs surveys that pose no more than minimal risk to the participants and has granted ethical approval of this research project.

The nominated participating site/s in this project are:

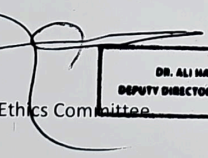
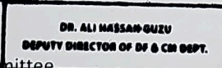
1. **MaryGrace Tapiro Mendoza**

IRB Approval No: 64
Approval Date: April 22 2025
Sites: AKMICH

Approval conditions:
Abide by rules and regulations of KSA
Approval will be for a period of 6 months, at the end of this period you are required to submit a final report to the committee

Best regards,

DR. ALI GUZU
Chairman
Research and Ethics Committee
AKMICH

Copy to: Research & Ethics Committee File
Brig. Gen. Dr. Abdullah Al Shehri, A/Hospital Director, AKMICH
Dr. Sultan Al Shehri, Director of Medical Administration, AKMICH
Col. Bader Al Dawish, Head of Security Department, AKMICH

APPENDIX D

Study Questionnaires

Practice Environment and the Patient-Centered Care Behaviors of Nursing Staff Working in a Military Hospital.

Dear Participant,

I invite you to participate in a research study exploring the relationship between the Practice Environment mini and the Patient-Centered Care Behaviors of Nursing Staff Working in a Military Hospital. This study aims to describe the characteristics of the practice environment and the reported patient-centered care behaviors of nursing staff in a military hospital in Saudi Arabia and to explore any potential associations between these two factors.

If you choose to participate, you will be asked to complete a questionnaire. This questionnaire will take approximately 10-15 minutes to complete. Please be assured that your participation is entirely voluntary. You have the right to choose not to participate, and you can withdraw from the study at any time without any negative consequences.

Your privacy is important to us. All information you provide will be kept confidential. Your name will not be linked to your responses. The questionnaire is anonymous, and we will not collect identifiable personal information. Your responses will be stored securely and only accessible to the research team. In reports, individuals will not be identified, and data will be presented as a group.

By accessing and completing the following Google Form, you acknowledge that you have read and understood this invitation and voluntarily consent to participate in this research.

I greatly appreciate your time and willingness to contribute to this research.

* Indicates required question

1. I voluntarily agree to participate in this study. *

Check all that apply.

☐ Yes

Part 1: Demographic Data and Work-Related Variables

2. Age in years *

6. Length of Nursing Experience *

Mark only one oval.

- ☐ 2-5 years
☐ 6-10 years
☐ 11-20 years
☐ 21 years and above

7. Job Position *

Mark only one oval.

- ☐ Charge Nurse
☐ Staff Nurse 1
☐ Staff Nurse 2

8. Unit Assignment

Mark only one oval.

- ☐ Emergency Department
☐ Day Case Surgery
☐ Male Medical-Surgical Ward
☐ Female Medical-Surgical Ward
☐ Isolation Ward
☐ Adult and Pediatric Intensive Care Unit
☐ Obstetric and Gynecology Unit (Labor Ward, Nursery, OBS&Gyne Ward)
☐ Pediatric Ward

Part 2: Practice Environment

Your experiences as a nurse are vital to understanding and improving the places where care is delivered. This brief survey explores various aspects of your **practice environment**, including teamwork leadership support, resources, and opportunities for professional growth.

3. Gender *

Mark only one oval.

- ☐ Male
☐ Female

4. Nationality *

Mark only one oval.

- ☐ Saudi
☐ Filipino
☐ Indian
☐ Sudanese
☐ Egyptian
☐ South African
☐ Malaysian
☐ Others

5. Educational Level *

Mark only one oval.

- ☐ Diploma in Nursing
☐ Bachelor of Science in Nursing
☐ Master's Degree in Nursing
☐ PhD

Nurse Participation in Hospital Affairs

Kindly choose:

- 1- Strongly Disagree
2- Disagree
3- Agree
4- Strongly Agree

9. 1. Career development/clinical ladder opportunity. *

1 2 3 4
☆ ☆ ☆ ☆

10. 2. Opportunity for staff nurses to participate in policy decisions. *

1 2 3 4
☆ ☆ ☆ ☆

11. 3. A chief nursing officer who is highly visible and accessible to staff. *

1 2 3 4
☆ ☆ ☆ ☆

12. 4. A chief nursing officer is equal in power and authority to other top-level executives. *

1 2 3 4
☆ ☆ ☆ ☆

13. 5. Opportunities for advancement. *

1	2	3	4
☆	☆	☆	☆

14. 6. Administration that listens and responds to employee concerns. *

1	2	3	4
☆	☆	☆	☆

15. 7. Staff Nurses are involved in the internal governance of the hospital (e.g. practice and policy committees)

1	2	3	4
☆	☆	☆	☆

16. 8. Staff nurses have the opportunity to serve on hospital and nursing committees. *

1	2	3	4
☆	☆	☆	☆

17. 9. Nursing administrators consult with staff on daily problems and procedures. *

1	2	3	4
☆	☆	☆	☆

Nursing Foundations for Quality of Care

Kindly choose:

- 1- Strongly Disagree
2- Disagree
3- Agree
4- Strongly Agree

18. 1. Active staff development or continuing education programs for nurses. *

1	2	3	4
☆	☆	☆	☆

19. 2. High standards of nursing care are expected by the administration. *

1	2	3	4
☆	☆	☆	☆

20. 3. A clear philosophy of nursing that pervades the patient care environment. *

1	2	3	4
☆	☆	☆	☆

21. 4. Working with nurses who are clinically competent. *

1	2	3	4
☆	☆	☆	☆

22. 5. An active quality assurance program. *

1	2	3	4
☆	☆	☆	☆

23. 6. A preceptor program for newly hired RNs. *

1	2	3	4
☆	☆	☆	☆

24. 7. Nursing care is based on a nursing, rather than a medical model. *

1	2	3	4
☆	☆	☆	☆

25. 8. Written, up-to-date nursing care plans for all patients. *

1	2	3	4
☆	☆	☆	☆

26. 9. Patient care assignments that foster continuity of care, i.e., the same nurse cares for the patient from one day to the next.

1	2	3	4
☆	☆	☆	☆

27. 10. Use of nursing diagnoses. *

1	2	3	4
☆	☆	☆	☆

Nurse Manager Ability, Leadership, and Support

Kindly choose:

- 1- Strongly Disagree
2- Disagree
3- Agree
4- Strongly Agree

28. 1. A supervisory staff that is supportive of the nurses. *

1	2	3	4
☆	☆	☆	☆

29. 2. Supervisors use mistakes as learning opportunities, not criticism. *

1	2	3	4
☆	☆	☆	☆

30. 3. A nurse manager who is a good manager and leader. *

1	2	3	4
☆	☆	☆	☆

31. 4. Praise and recognition for a job well done. *

1	2	3	4
☆	☆	☆	☆

32. 5. A nurse manager who backs up the nursing staff in decision-making, even if the conflict is with a physician.

1	2	3	4
☆	☆	☆	☆

Staffing and Resource Adequacy

Kindly choose:
1- Strongly Disagree
2- Disagree
3- Agree
4- Strongly Agree

33. 1. Adequate support services allow me to spend time with my patients. *

1	2	3	4
☆	☆	☆	☆

38. 2. A lot of teamwork between nurses and physicians. *

1	2	3	4
☆	☆	☆	☆

39. 3. Collaboration (joint practice) between nurses and physicians. *

1	2	3	4
☆	☆	☆	☆

Part 3: Caring Behavior Assessment Nurse Version Short Form

The CBAN-SF aims to evaluate how nurses perceive and prioritize different caring behaviors in their practice. It helps in understanding the quality of care from the nurses' perspective.

Factor 1: Humanism/faith-hope/sensitivity

Kindly choose:
1- Least Important
2- Slightly Important
3- Moderately Important
4- Important
5- Most Important

40. 1. I treat patients as individuals. *

1	2	3	4	5
☆	☆	☆	☆	☆

34. 2. Enough time and opportunity to discuss patient care problems with other nurses. *

1	2	3	4
☆	☆	☆	☆

35. 3. Enough registered nurses to provide quality patient care. *

1	2	3	4
☆	☆	☆	☆

36. 4. Enough staff to get the work done. *

1	2	3	4
☆	☆	☆	☆

Collegial Nurse-Physician Relationship

Kindly choose:
1- Strongly Disagree
2- Disagree
3- Agree
4- Strongly Agree

37. 1. Physicians and nurses have good working relationships. *

1	2	3	4
☆	☆	☆	☆

41. 2. I encourage my patients to believe in themselves. *

1	2	3	4	5
☆	☆	☆	☆	☆

42. 3. I praise the efforts of the patients. *

1	2	3	4	5
☆	☆	☆	☆	☆

43. 4. I know when patients have 'had enough' and act accordingly (for example: limiting visitors).

1	2	3	4	5
☆	☆	☆	☆	☆

Factor 2: Helping/trust

Kindly choose:
1- Least Important
2- Slightly Important
3- Moderately Important
4- Important
5- Most Important

44. 1. I introduce myself to patients. *

1	2	3	4	5
☆	☆	☆	☆	☆

45. 2. I answer quickly (go to their rooms) when patients call for me. *

1	2	3	4	5
☆	☆	☆	☆	☆

46. 3. I touch my patients when they need comfort. *

1	2	3	4	5
☆	☆	☆	☆	☆

47. 4. I do on time what I say to patients I will do. *

1	2	3	4	5
☆	☆	☆	☆	☆

Factor 3: Expression of positive/negative feelings

Kindly choose:

- 1- Least Important
- 2- Slightly Important
- 3- Moderately Important
- 4- Important
- 5- Most Important

48. 1. I encourage my patients to talk about how they feel. *

1	2	3	4	5
☆	☆	☆	☆	☆

53. 3. I help patients to set goals for their health/disease. *

1	2	3	4	5
☆	☆	☆	☆	☆

54. 4. I help patients to plan ways to meet those goals. *

1	2	3	4	5
☆	☆	☆	☆	☆

Factor 5: Supportive/protective/corrective environment

Kindly choose:

- 1- Least Important
- 2- Slightly Important
- 3- Moderately Important
- 4- Important
- 5- Most Important

55. 1. I offer things (for example: changes in sleeping positions, blankets, back rub, lighting) to make patients more comfortable.

1	2	3	4	5
☆	☆	☆	☆	☆

56. 2. I explain safety precautions to patients and their families. *

1	2	3	4	5
☆	☆	☆	☆	☆

49. 2. I help patients to understand their own feelings. *

1	2	3	4	5
☆	☆	☆	☆	☆

50. 3. I maintain my care even when my patients are difficult to get along with. *

1	2	3	4	5
☆	☆	☆	☆	☆

Factor 4: Teaching/learning

Kindly choose:

- 1- Least Important
- 2- Slightly Important
- 3- Moderately Important
- 4- Important
- 5- Most Important

51. 1. I encourage patients to ask questions about their illness and treatment. *

1	2	3	4	5
☆	☆	☆	☆	☆

52. 2. I answer patients' questions clearly and inform them. *

1	2	3	4	5
☆	☆	☆	☆	☆

57. 3. I encourage patients to do what they can for themselves. *

1	2	3	4	5
☆	☆	☆	☆	☆

58. 4. I respect the modesty of patients (for example: by keeping them covered). *

1	2	3	4	5
☆	☆	☆	☆	☆

59. 5. I consider the spiritual needs of patients. *

1	2	3	4	5
☆	☆	☆	☆	☆

60. 6. I treat patients kindly and genially. *

1	2	3	4	5
☆	☆	☆	☆	☆

Factor 6: Human Needs Assistance

Kindly choose:

- 1- Least Important
- 2- Slightly Important
- 3- Moderately Important
- 4- Important
- 5- Most Important

61. 1. I help them with their care until they can do it for themselves. *

1	2	3	4	5
☆	☆	☆	☆	☆

62. 2. I give the patient medications and treatments on time by knowing how to give injections intravenous solutions, etc.

1	2	3	4	5
☆	☆	☆	☆	☆

63. 3. I check their condition very closely. *

1	2	3	4	5
☆	☆	☆	☆	☆

Factor 7: Existential/phenomenological/spiritual forces

Kindly choose:

- 1- Least Important
- 2- Slightly Important
- 3- Moderately Important
- 4- Important
- 5- Most Important

64. 1. I sense how patients feel. *

1	2	3	4	5
☆	☆	☆	☆	☆

65. 2. I help patients to see that their past experiences are important. *

1	2	3	4	5
☆	☆	☆	☆	☆

66. 3. I help patients to feel good about themselves. *

1	2	3	4	5
☆	☆	☆	☆	☆

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