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"CARE Program and Caring Behaviors Among Nurses of End-Stage Renal Disease Patients on Hemodialysis in a Government Training and Teaching Hospital in the Bicol Region, Philippines"

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The thesis attached hereto, entitled **"CARE Program and Caring Behaviors Among Nurses of End-Stage Renal Disease Patients on Hemodialysis in a Government Training and Teaching Hospital in the Bicol Region, Philippines"** prepared and submit by **MR. ALVIN L. MALATE,** in partial fulfillment of the requirements for the degree Master of Arts in Nursing with specialization in **Adult Health Nursing** is accepted.

DR. ARACELI O. BALABAGNO
Adviser

Accepted as partial fulfillment of the requirements for the degree of

MASTER OF ARTS IN NURSING

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APPROVAL SHEET

We, the members of the oral examination panel for **MR. ALVIN L. MALATE** unanimously approved the thesis entitled **"CARE Program and Caring Behaviors Among Nurses of End-Stage Renal Disease Patients on Hemodialysis in a Government Training and Teaching Hospital in the Bicol Region, Philippines"**. The thesis attached hereto which was defended on May 19, 2020 at UPOU Learning Center in Manila for the degree of **Master of Arts in Nursing** is hereby accepted.

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We therefore recommend that **MR. ALVIN L. MALATE** be awarded the degree of **Master of Arts in Nursing** from the **Faculty of Management and Development Studies**.

Very truly yours,

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"..whatever you do, do it all for the glory of God".

1 Corinthians 10:31

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ABSTRACT

Caring is the heart of the nursing profession and the patients and their health status are dynamic and need to be cared for as a unit of body and mind. The caring behavior of nurses needs to improve as the demand for caring is vital in meeting the different needs of the patient. It can be achieved through introduction of a program that is specifically designed to effectively enhance the caring behavior of the nurses. Transpersonal caring as a background conceptual framework was used to explain that an educational training will create an effect on caring behaviors of nurses. Through this, nurse-patient relationship will improve quality health care and increase patient safety in clinical practice. It can be achieved by conducting educational training to improve nurses caring behavior.

The CARE program was developed as an intervention for this study. The aim is to investigate the effectiveness of CARE program in improving the caring behavior of nurses caring for ESRD patients undergoing hemodialysis. A one group pre-test post-test design was utilized. Post-tests were done one week and after one month. Convience sampling was used to select participants for the said program. The study population were nurses working on the identified wards and special areas and who meet the inclusion and exclusion criteria. The CARE program for nurses caring for ESRD patients is the independent variable while the caring behavior of nurses is the dependent variable. Nurse variables such as age, sex, highest educational attainment, length of experience and training/s attended related to hemodialysis served as the modified variables. The CBI-24 nurse version was used as the research tool and results were interpreted using appropriate statistical treatment. There were thirty-nine (n=39) nurses who participated, majority were 21-30 years old (43.6%), mostly females, with BSN degrees (82.1%); and with

no trainings on hemodialysis (71.8%). Mean scores on caring behavior reported were at 5.31 (pre-test) and 5.66 after one month. The following domains showed: on assurance (pre-test 5.42, post-test 5.72), on knowledge and skills (pre-test 5.47, post-test 5.73), on respectful domain (pre-test 5.31, post-test 5.68), connectedness domain (pre-test 5.04, post-test 5.55). Connectedness was associated with education. The area on giving patient instructions or teaching the patient was highlighted in connectedness. The discussion addresses some possible reasons why the participating nurses prioritized certain caring behaviors. Technical skills and task-oriented are common practice here in the Philippine health setting. Nurses are likely to prioritize their duties due to labor shortage. A one (1) day educational program tailored to improve the caring behavior of nurses was conducted and had a positive result that benefited the participants. The caring behaviors of the participants improved, and the training program gained a positive feedback.

CHAPTER I: THE RESEARCH PROBLEM

Background of the Study

This study aims to assess the caring behavior of nurses caring for end-stage renal disease patient before and after the implementation of the training program. This training program is a one (1) day activity, with several methodologies to be used, such as lectures, a pre and post tests using a pre-developed research tool.

End Stage Renal Disease (ESRD), a life-threatening condition, is a progressive, terminal, and debilitating chronic illness in which the kidneys are permanently unable to remove wastes and water from the blood. For their survival, they need to undergo dialysis or kidney transplant (Gokal & Hutchison, 2002). Having a chronic condition such as ESRD is likely to have a significant burden on patients' everyday lives. This disease has limited survival, and treatment is quite expensive, draining financial resources. The delivery of care for these patients, pre and post dialysis, is less than at the most favorable level, ending in a high financial burden and unfavorable clinical result for patients as well as the healthcare system (Rastogi et al., 2008). Increase in hospital readmission (Matthew et al., 2015), a decrease in compliance to treatment & medication regimen (Bland et al., 2008) and high incidence of mortality are one of the many struggling problems of hemodialysis nurses working at Dialysis centers throughout the country.

International statistics shows that from 2006 to 2013, the prevalence of ESRD steadily increases in all countries in which Taiwan, the Jalisco region of Mexico, and the United States continue to report the highest incidence of treated ESRD (458, 421

and 363 per million population) as they have done for the past decade (USRDS Annual Report, 2015).

In the Philippines, chronic kidney disease (CKD) ranks ninth (9^{th}) in the leading cause of death (National Kidney and Transplant Institute, 2014). Likewise, the Philippines has been included among countries with the most significant increase in the incidence of treated ESRD, together with neighboring Asian countries such as Thailand, Bangladesh, Malaysia and the Republic of Korea (United States Renal Disease Statistics Annual Report, 2015).

As a hemodialysis nurse, witnessing the burden being carried off by the patient with end-stage renal disease in their everyday life and the magnitude of the problem reaching up to their family & relatives is frustrating. Nurses are expected to be loving, kind, and compassionate, providing comfort to patients in need and at the same time also competent and educated in all complex areas of nursing care.

According to Watson (2009), nurses are torn between the human caring values that attracted them to the nursing profession, and the technologically high paced heavy patient load, task-oriented institutional demands, and outdated industrial practice patterns they faced daily. Thus, technology and the complexity of the demands in patient care lead nurse's attention away from caring for the patient to caring for the technology. Nephrology nurses are dedicated to caring for the patient who has a renal problem, and most of whom are end-stage renal disease.

Although they might overcome the hindrance brought by this chronic illness when it reaches its limit, cure is impossible. The nurse’s role is of key importance in caring for and supporting the needs of these patients. Kuan (1993) stated that caring for Filipinos is more than being kind, because the idea of caring is being selfless and

prioritizing the needs of others, done in the best ability with love and devotion without counting the cost. Sasa (2012) further defined that the center of the Filipino caring model is family and love, whereas Martinez (2013) stated that the essence of caring among Filipino nurses is embodied by "oneness". He added that there is a need to discover further the understanding of the caring phenomenon in a different and unique context. For it is important that one should connect and understand first his own culture to fully grasp other people's cultures as well and, in the process, make them appreciate their uniqueness and complexities as Filipino nurses. With this, patients are to be showered with compassion, empathy, and caring, to lift their spirit and able to help them develop a positive outlook in life. The patients and their family members are always in need of care, guidance, training, and ongoing support provided by the health team from the hospital.

The result of this study will not just benefit the ESRD patients but also the nurses, this will deepen their empathy and compassion towards caring for patients. In today's scene, caring in the clinical setting is overlooked as an essential task of a nurse and serves as a challenge in this ever-changing medical technology, thus, technicalities in nursing work is being prioritized and not the caring behavior. Also, embracing the major role of nurses in assisting patients who become afflicted with chronic illness to maximize health adaptation to their disability and understanding, not just the physiologic needs to be meet but also the psychosocial processes related to the adaptation that the patients experience. Nephrology nurses should be able to identify and understand the magnitude of the problem encountered by the ESRD patients such as fluid overload resulting in edema, shortness of breath, ascites, hypertension, and worst is cardiac arrest.

This study can be used to expand the knowledge of the families/ relatives of the ESRD patient who have undergone hemodialysis in creating a caring environment and supportive atmosphere for the patients and assist them to meet the challenges that they might encounter in the future. It will be a big help for these families and relatives to provide support that is designed with the intention that the patient can maintain an everyday high quality of life as much as possible while considering into account the medical data of the patient (Thorne et al., 2004).

Observation and experience of caring for ESRD patients strengthened an interest to study more about them. The findings of such studies should now drive nurses and other allied health professionals to seek interventions and management that will improve their health condition and their caring attitude towards this patient.

When nurses caring behavior are evident to patients, they feel comfortable and confident about the care rendered (Berg & Danielson, 2007). There are two dimensions in which patient is satisfied with the nursing care provided: the nurse as a caring person and as a skilled and competent healthcare provider (Sulit et al., 2009). Patient reports positive experience and feeling of satisfied with the care given (Turkel, 2001).

Statement of the Problem

Caring is the heart of nursing and is a distinct attribute of a nurse. Caring has been shown to help patients cope and improve their quality of life. This research study was conceptualized due to the researcher's observation of the current situation of nursing care in these modern times, where caring is overlooked as an essential task of direct nursing care in the clinical setting. Boykin and Schoenhofer (2001) define caring as grounded on values and virtues, and the concept that human is

whole and complete in the caring moment. But nowadays, nursing work does not always include a caring moment. Johns (2005) stated in his study that nursing work is being prioritized, the technical tasks come first but not the caring behaviors. Today's direct care nurses are challenged with increased patient awareness (attending to their needs) and continuous evolution of medical technology. This can have a high possibility of turning the nurse's attention away from caring for the patient and focusing on the demands of the patient's illness and/or the technology. New plans and/or strategies should be developed to provide patient-centered and care in the technology-rich clinical setting.

Healing environment for self, colleagues and patients will not be attained if nurses will lose their focus on caring (Glembocki & Dunn, 2010). It is expected from all nurses to be compassionate, to give comfort to all patients and at the same time, be well-trained and competent in advance medical equipment. This will have a great impact to the nursing care being received by the patients and the caring behavior of the nurses towards them.

Specifically, the study sought to answer to the following questions:

1. What are the Caring behaviors of nurses before and after the CARE (Caring, Altruism, and Response of nurses to ESRD patients) program?

2. How effective is the theoretically based training program developed on improving nurses caring behavior for end stage renal disease patients?

3. What measures may be proposed in improving the caring behavior of the nurses towards the patients and clients?

Objectives of the study

1. Determine the demographic profile of nurses caring for ESRD patients in terms of:
    a. Age
    b. Sex
    c. Highest educational attainment
    d. Length of experience caring for ESRD patients
    e. Training/s attended related to hemodialysis
2. Identify the caring behavior of nurses caring for ESRD patients
3. Determine if there is a significant difference before and after the CARE Program
4. Determine the relationship between the profile of nurses and their caring behavior.
5. Recommend measures to improve the caring behavior of nurses towards ESRD patients.

Significance of the Study

This study aims to provide relevant data for future researchers about the caring behaviors of nurses taking care of ESRD patient and explore further for other interventions that can improve their caring behaviors and perspective in care.

In addition, the conduct of this research study will help the hospital administration address some issues in caring for ESRD patients and form basis for reviewing procedures to produce valid and reliable results that can guide nursing practice. Evidence of nurses caring behaviors to patients can make them feel

comfortable and confident of the nursing care they receive from nurses. This will result to a positive experienced and satisfaction of the care given.

Furthermore, this study can help the nurse managers create an environment with awareness in the science of caring and a strategy to enhance the perception and caring of nurses as well as the identification of their learning needs through the use of a training program tailored in the WatsonsTheory.

Lastly, this will be an additional contribution to the growth of the nursing literature in the Philippines specifically in providing current data on the profile and caring behavior of nurses caring for ESRD patients in hemodialysis in a training and teaching hospital. This will also serve as a relevant reference for further studies to explore the same and other related factors that can affect the caring behaviors of nurses caring for ESRD patients undergoing hemodialysis.

Scope and Delimitations of the Study

The population of the study is the nurses caring for end stage renal disease patients. All nurses who are assigned at the Hemodialysis Unit of Bicol Regional Training and Teaching Hospital Dialysis Center were highly encouraged to voluntarily participate in the said study.

Limitations are considered weakness or restrictions in the design, sampling, and data collection of the project that will make the findings less generalizable (Grove et al., 2013).

This study includes the following limitations:

1. The result of this research study cannot be generalized to the entire population since there are many dialysis centers scattered all over the

country and the participants are nurses from BRTTH only, specifically working at the Dialysis Center and other wards (such as Emergency Department, Philheathmix ward, , Philhealth medical ward, Surgery ward, Isolation ward, Private ward, Private Extension ward and Medical ward) and special areas (such as Coronary Care unit and Intensive Care Unit) in the hospital who are caring for ESRD patients.

CHAPTER II: THEORETICAL BACKGROUND

Review of Related Literature

This chapter reviews the related literature on nurses caring for patients undergoing dialysis. The synthesized knowledge gathered from the literature enabled the researcher to view the gap that need to be addressed and distinguish the contribution of this research from what has been done before. Knowledge of end-stage renal disease (ESRD) and its effects to the patient's physical and psychosocial aspect, the concept of caring and previous related studies was used to generate an understanding of the areas relevant to this study.

A computer-based literature search was conducted using EBSCO, ProQuest, and Cumulative Index to Nursing and Allied Health (CINAHL) scientific database. Different keywords from major headings was used to find relevant articles in each database. The keywords used are ESRD, caring, problems, issues, emotion, compassion, caring behavior, empathy, patient, hemodialysis, and chronic kidney disease, training program and caring behavior inventory. There was no restriction on the time placed on the searches because not much previously published information related to this study was found.

This chapter is arranged in the following manner: first, there is a discussion of the present situation of kidney disease in the international and local setting where a picture of the current status and problems of ESRD population across the globe is shown. Next is the discussion of kidney as a chronic disease; the problems encountered by the patient because of their medical condition and treatment undergone will be described. Last is the presentation of the reviewed published studies related to caring theory, caring intervention, and caring instrument.

End-Stage Renal Disease: A Global Challenge

Disease morbidity and mortality has a continuously changing pattern as much in the developed as well as in the emerging world. In the 20th century, death and disability resulted mainly from infectious diseases. However, in this century, non-communicable, non-infectious diseases are the main culprits behind mortality and morbidity. This change is reflected in the type of disease-causing chronic kidney failure and the manner of their presentation and progression (Atkins, 2005).

From a global view, the Unites States of America (USA), the European Union (EU) and Japan are among the three major geographical regions allocated to most of the dialysis patients. In fact, more than 50% of the global dialysis patient population are concentrated in these five nations, these are USA, Japan, China, Brazil, and Germany. The different values for the prevalence of dialysis in the five countries with the largest dialysis patient populations, ranging from as little as 150 in China to 2,370 per million population in Japan, indicate widely varied situations regarding dialysis treatment practices. In Japan, USA, and EU, dialysis patient population growth rates in the years 2010 and 2011 fell in the 1–4% range and, as such, were significantly lower than growth rates in the Asian continent, Latin American regions, Middle East countries and Africa. This variation in growth rates may be partially explained by differences in demographics and the maturity of dialysis programmes, i. e. increasing access to dialysis programs in developing countries (Fresenius Medical Care, 2011).

At the end of the year 2011, hemodialysis remained as the most common treatment modality, with approximately 1,929,000 patients undergoing hemodialysis (89% of all dialysis patients) and around 235,000 patients undergoing peritoneal

dialysis (11% of all dialysis patients). The global distribution and growth rate of hemodialysis patients strongly reflect the worldwide distribution and growth rate of dialysis patients in general. Most hemodialysis patients undergo treatment in dialysis centers. (Fresenius Medical Care, 2011). The latest figures in the United States Renal Data System approximate the number of patients treated for ESRD in the US in 2004 to be almost one-half million. By 2010, figures are expected to rise to about 40% (Kidney International, 2005).

In Nigeria, common problems encountered by dialysis are limitations to regular maintenance of hemodialysis due to few dialysis units in the country, absence of government funding or subsidy and health insurance to cover the high cost of dialysis. Also, units have multiple problems such as frequent breakdown of old machines, absence of technical support maintenance and availability of spare parts and frequent power outages. Another problem is the emigration of trained staff to the Middle East and the western world due to poor staff motivation and remuneration, and many of patients live far away from existing dialysis centers in which they need to travel long distances to receive dialysis. Consequently, they receive inadequate dialysis, and their work is disrupted, leading to loss of their job (Bamgboye, 2003).

A study done in Korea was partaken by 5,235 end-stage renal disease patient diagnosed with cancer in a seven-year observation period. The incidence and prevalence of cancer was assessed by conducting in-patient interviews with 5,235 participants of the prospective cohort of the CRS for End stage renal disease study. These study findings confirm previous reports of a specifically higher risk of urinary tract cancer, including bladder carcinoma and renal cell carcinoma, among patients

with ESRD receiving hemodialysis or peritoneal dialysis than among the general population. No screening program is available for these patients. Thus, this study recommends creating a specific screening program necessary for urinary tract cancer in Korean patients with ESRD emphasizing on female patients and patients with non-diabetic ESRD (Yoo et al., 2017). This patient needs more attention and care because of the double burden they are carrying in everyday of their life it seems hard for them to wake up in the morning thinking how they will live with their illness.

In the study of Stavroula et al. (2014), it was revealed that the most prevalent reported psychological concerns of people undergoing hemodialysis are limitations in vacations, food and fluid restrictions, frequent hospitalizations, changes in marital role, financial concerns, changes in social and marital relationships, limitations in leisure activities, physical fatigue, uncertainty about the future, limitation in physical activities, increased dependency on the artificial kidney machine, the medical staff and family environment, sleep disturbances, sexual problems, unemployment and changes in body appearance. Thus, these patients make efforts to develop defense mechanisms, exhibit psychiatric disorders, refusal of treatment, and disruption of interpersonal & family relationships.

Liang-Jen & Chih-Ken (2012) reported in their study that patients undergoing hemodialysis suffers great depression and is recognized as a substantial comorbid illness in these patients. Anxiety, feelings of fatigue, and decreasing quality of life are also major psychological symptoms and has relationship with one another. Reports also revealed that depression and anxiety is a major factor that increase the patients' suicide risk. In addition, evidence showed that these psychological effects are associated with adverse outcomes in hemodialysis patients with ESRD.

The Problem of Kidney Disease in the Philippines

The Philippines is included among the countries with a high-risk population when it comes to renal disease because of numerous causes that can lead to kidney malfunction and even heart attack. ESRD is a mainstay in the list of top leading causes of mortality. An estimated 1.2 million Filipinos are suffering from ESRD today, requiring whether dialysis or a kidney transplant for them to live.

According to the National Nutrition Health Survey (NNHeS) 2003-2004 Renal report, the population of Filipinos age 20 years old and above in 2005 was 46, 627, 172 and within this population, the prevalence of 2.6% means that 1, 212, 306 adult Filipinos have Chronic kidney disease. Furthermore, 20.7% of the population with kidney disease age 70 and above have stage 3 renal failure, 7.5% aged 60-69 have also stage 3 renal failure, but the most alarming fact in this report is that people diagnosed with CRF aged 40-49 have already in stage 5 renal failure.

In the 2001-2005, the new patient on dialysis registry in 2001 were 4, 363 diagnosed with kidney failure are undergoing dialysis and as time goes by it is continuously elevating reaching 5, 997 in 2005 (Philippine Renal Disease Registry, 2005). The Philippine Renal Replacement Disease Registry Data reports for 2011 reveals that 9,176 patients that started dialysis in 2010, 9,133 (94%) patients were on hemodialysis (HD) and the remaining were in peritoneal dialysis. There was an 8.9% increase in the number of patients on dialysis from 8, 922 in 2009 to 9,716 in 2010. In Bicol Region, 368 patients underwent hemodialysis, and there is still a considerable number of patients who do not submit themselves for treatment. Lifestyle-related disease such as Diabetes mellitus, Hypertension, and

Glomerulonephritis are the top three primary conditions causing ESRD. All of these are preventable when identified and managed at an early stage.

Everyday, patients undergoing hemodialysis carries the burden of costly treatment and the availability of organ donor. Cost of daily dialysis ranges from ₱25,000 to ₱46,000 per month or ₱300,000 to ₱552,000 annually. Ideally, if a patient can afford this lifelong burden of treatment, then the patient will be capable enough to return to his normal way of life and allocate time for dialysis treatment but in reality, majority of Filipinos cannot afford this financial draining treatment in the succeeding year. A study at the National Kidney and Transplant Institute (NKTI) showed that almost half of the patients who start dialysis are dead within a year, probably because they could not afford adequate dialysis. In addition, most Filipinos pay for their treatments without any funding from insurance. Philhealth covers about 51% of the annual cost of treatment if the maximum benefit is claimed. In fact, only 15% of the partially subsidized patients are Philhealth members. Thus, they must pay for most of the treatment and are dependent on government assistance to be able to pay for any treatment. On the other hand, the burden increases as these patients often have to give up or lose their role as providers because they experience a bunch of symptoms that are comorbid with another condition like chronic anemia, muscle wasting, extensive bone deterioration, and peripheral nerve damage debilitates them (Dañguilan, 2010).

Caring and Watsons Theory of Human Caring

Caring is an interpersonal human act that comes about within the fulfillment of human needs when shown effectively. In a high-quality healthcare setting, caring promotes well-being and person development and encourages an assistance-trust relationship through which sentiments can be communicated, seen, and

acknowledged. Over the past decades, caring has been a developing theme of interest in healthcare callings, especially in nursing, because caring is considered a basic nursing characteristic and the center of a holistic nursing process (Watson, 1979).

Nowadays, new generation of nurses may lack the caring behavior due to a lot of factors that hinder them to develop and show caring attitude towards their patients. In the study of Romero-Martin et al. (2019), nurses do not always seek patient perceptions on the importance of different dimensions of caring which means that they may develop a plan of care and implement it based only on their own assumptions.

The theory of Watson's Human Caring focuses on human and nursing paradigm. It asserts that human being is part of his or herself, environment, nature, and the larger universe and that caring is the moral ideal that entails mind-body-soul engagement with one another. According to Watson (1988), human life is a gift to be cherished, a process of wonder, awe, and mystery. Watson holds a view of the human as animportant person in and of him or herself to be cared for, understood, nurtured, respected, and assisted. The man is seen as greater than, and different from, the sum of his or her parts.

Watson (1988) states that the current environment of healthcare system makes the person split apart, and the soul is replaced with the narcissism of self or denied altogether. The human soul is further destroyed by a depersonalized, man-made environment, advanced technology, and robot treatment for cure delivered by strangers in a strange environment. She calls for a balance between high-tech and high-touch in the environment, and summons the nurse to be a scientist, scholar,

and clinician but also a humanitarian and moral agent that utilizes his/her person to transform the environment into one in which healing can occur (Ryan, 2005).

A case study was done by Ozan et al. (2015) that applied Watson's Theory of Human Caring to an infertile woman receiving in vitro fertilization treatment. The implementation of the ten carative factors of the theory was detailed. The study showed that the implementation of Watson's Human Caring Theory could enhance human health, most especially during stressful times of the patient. This theory-based nursing practice can build healing and love in stressful, physical, or emotional conditions and projects hope, respect, trust, and compassion to the patient.

An article written by Ryan (2005), describes the process of integrating Jean Watson's caring theory in the nursing practice of their hospital. According to the author, nurses realized their unique, essential role in healthcare, and it rekindles the spirit of nursing within those practicing the art and science of this profession. A common vision for and language of nursing was established, and it helped solidify and strengthen the nursing practice across the various entities of the system.

Goldin and Kautz (2010) wrote an article about applying Watson's Caring theory and Caritas process to ease life transitions. It describes how a nurse, confronted by major change, applied Watson's caring theory and Caritas process to her life that enables her to heal herself and thus has transformed her life. Her inspirational story proved that loving kindness starts with self and inspired others to consciously and deliberately use Watson's theory to improve their own lives.

In 2008, the professional nursing council of Chesapeake Regional Medical Center adopted Watson's Theory of Caring to help guide their practice. A workshop was developed which integrates the caring theory into the heartmath concepts and

tools. As a result, Care practice plans were built to integrate the keys and skills into their work and personal lives (Murphy, 2014).

The review of the literature shows that integrating Watson's Human Caring Theory to nursing practice led to new vistas and new possibilities. These indicate that further research should be done in an area like Emergency Department wherein broad ranges of patients with a different kind of illness are being cared for using Jean Watson's Theory of Human Caring. Results can be used to lead nurses in providing a quality standard of nursing care to a diverse group of patients. As a central construct in the nurse-patient relationship, caring purportedly enhances quality health care delivery and improves patient safety measures in clinical practice (Duffy, 2009).

Birk (2007) described the application of Watson Theory of caring to the culture of an acute hospital care. Afterwards, a pilot study was conducted to examine the caring behaviors of the nurses as perceived by the patients. The pilot study revealed an effect in the renewal of caring behavior of nurses as perceived by the patients (Birk, 2007). The researcher recommends that Watson's theory of caring be systematically implemented in the nursing service through an educational program in acute hospital care.

Caring Intervention

Chan et al., (2015) investigated the effects of care workshop on the ratings of nurse caring behaviors and patient satisfaction. An educational intervention was held for 178 registered nurses and licensed practical nurses who work in medical-surgical units and emergency rooms. The intervention consisted of three parts: 1) formal educational sessions, 2) mentorship activity, and 3) posts of exemplary caring

behaviors and testimonies at the hospital to inspire the hospital staff. Nurse caring behaviors and patient satisfaction were positively correlated, and results show that the scores of nurses caring, and patient satisfaction significantly increased between the pretest and the posttest. These findings show that the caring program effectively improved nurses' caring mindset and practice and improved the patient satisfaction.

A quasi-experimental study was conducted to measure caring and evaluate person-centered nursing and with a pre and post-test design used to measure the nurse's and patient perception of caring revealed that the nurses had a clear understanding of caring and the elements of caring contrary to the patient's perception of caring, which found to be variable and incongruent. The Caring Dimensions Inventory, the Nursing Dimension Inventory, and the Person-Centered Nursing Index were all used in the clinical setting to measure nurses and patient's perception of caring as it links to person-centered practice (McCance et al., 2008).

Adamski, Parsons, and Hooper (2009) conducted a research study that investigates whether clinical staff nurses would influence storytelling in student perception of care. A pre and posttest design was used applying Coates Caring Efficacy Scale. The result of the study shows no significant difference between the pretest and posttest scores. Adamski et al. (2009) also reported that the posttest scores were higher than the pretest scores, thus revealing a definite trend towards the increased perception of caring by nursing students.

Desmond et al., (2014) conducted a one-day educational seminar on Watson's Theory of Human Caring to see whether attending the activity would improve staff nurse perception of their competence in nurse-caring interactions and inpatient perception of care as measured by HCAHPS. The sample consisted of 10

nurses, from various hospital departments, who were chosen by their managers and directors to attend the seminar. Two weeks prior to the seminar, the 10 sample participants were given a copy of the Caring Nurse-Patient Interactions (CNPI-70N) scale and asked to complete and return to the primary investigator. The CNPI-70N is a 70-question Likert scale measuring importance, frequency, satisfaction, competency, and feasibility of Watson's ten carative factors (Desmond et al., 2014). The HCAHPS (the Hospital Consumer Assessment of Healthcare Providers and Systems) survey was used to compare patient perceptions of 10 nursing care pre and post educational seminar. The total scores for the CNPI-70N differed significantly across the testing periods. The feelings of the sample nurses' competence in caring behaviors and attitudes were statistically significantly higher than the pre-education seminar scores. Desmond et al. (2014) identified the educational seminar on Watson's carative factors helped nurses increase their level of competence in caring attitudes and behaviors. Positive impacts were made on the nurse-patient relationship for most of the nursing units regarding nurse courtesy, respect, and ability to listen to patients.

Owens (2013) studied and analyzed nurse perceptions of caring based on Theory of Human Caring by Jean Watson and her caritas processes. The aim of the study was to develop a profile of nurses who were effective in caring the patient within the scope of Watson's framework of the carative factors, or caritas. A total of 30 participants who are registered nurses on an adult telemetry unit participated in the study. A pre-test was done before the conduct of education presentation on Watson's caring theory. Following a two-week implementation using the key components of Watson's theory, a post-test was administered. The study revealed a significant 10.6-point increase from the pre to posttest surveys and an increase in

the nurse communication domain on HCAHPS from the 53rd percentile to the 98th percentile (Owens, 2013).

Caruso, Cisar, and Pipe (2008) described the approach, rationale, and outcomes of wide adoption of Jean Watson's Theory of Human Caring in the hospital and outpatient clinic using an innovative educational approach. The hospital setting compromised of 208 beds, 15 operating rooms, an emergency department, and outpatient clinic. Three groups of staff nurses were created to develop an educational program based on Watson's theory to drive their nursing practice, focused on clinical practice, research, and education, with the focus being on the specific elements of Watson's theory such as the caritas processes and the caring moment (Caruso et al., 2008). In addition, the focus also included the nurse-patient relationship and relationships between nurses and the impact on the work environment. The outcome of the educational sessions was that a base level of knowledge of the Theory of Human Caring was developed among all nursing staff within the organization. The research concluded that the use of an innovative educational approach while disseminating the theoretical perspective of the Theory of Human Caring proved to be valuable when adopting the nursing theory across an entire health system. By engaging nurses from a different area of practice in curriculum development and teaching, nurses throughout the healthcare system were reached, and the possibility of incorporating the Theory of Human Caring in the nurse's practice was emphasized (Caruso et al., 2008).

Hsu et al. (2015) studied the effectiveness of an online caring curriculum in enhancing nurses caring behavior. The study stated that reflective practice is a key

teaching strategy of the online education curriculum, and authentic nurse and patient experiences are used as teaching materials.

A systematic review was conducted by Blomberg et al. (2016) to identify, describe and analyze studies that assess interventions for compassionate nursing care; assess the interventions design, delivery, and theoretical framework and its effectiveness. The study shows that none of the studies reported intervention description in sufficient detail or presented substantial evidence of effectiveness to merit routine implementation into practice. The study concluded that the positive outcomes reported suggesting that further investigation should be made with high caution in exercising it.

According to the study of Calong Calong and Soriano (2018), relational care was rated the lowest by both the nurse and the patient. Thus, it is suggested that nurses should undergo seminars and trainings about the provision of care in order to recognize the value of caring in achieving the highest quality healthcare delivery to the patients whereas nursing education curriculum should stress the value of effective aspect of nursing care and not only on the knowledge and skills aspects. This study also reported that Filipino nurses evaluated themselves higher in terms of caring behavior as compared to the ratings of Filipino patients; however, patients were still satisfied in the care they received from the nurses in the hospital.

A quasi-experimental study of Bedier et al., (2016), showed that the development and implementation of educational program for nurses' caring of patients undergoing nasogastric tube feeding significantly improved the nurses' total level of practice. All available nurses' caring for patients undergoing nasogastric tube feeding in intensive care unit at Al-Azhar university hospital participated in the study.

It recommended that continuous educational programs about nasogastric tube feeding that would improve nurses' practice be carefully planned on a regular basis to attain high quality of care.

Jeihooni et al. (2018) revealed that the intervention group (n=60) showed a significant increase in the knowledge, perceived benefits, perceived severity and perceived susceptibility self-efficacy, cues to action and performance compared to the control group (n=60) after the implementation of the educational program. The educational program started by administering a pre-test questionnaire for both groups. The educational intervention consists of 8 training sessions with 55-60 minutes time allocation, including lecture, group discussion, question, and answer, as well as posters, pamphlet, videos and powerppoint presentation. The aim of this study is to determine the effect of educational program based on Health belief model (HBM) on the promotion and prevention of nosocomial infection in nurses.

Salim et al. (2019) studied the effect of a nursing in-service education program on nurses' knowledge and attitude towards pain management in a government hospital in the United Arab Emirates. Results show that in-service education proved to be effective on the nurse's knowledge and attitude towards pain management, so it is recommended to be implemented in daily nursing practice.

Alnazly (2018) concluded in his study that caregivers who have undergone an educational session has a direct impact in their caregiving outcomes to patients receiving hemodialysis. There were significant differences in caregiving outcome scores before and after the intervention. Thus, it is recommended that regular educational session be held regularly to ease caregiver burdens. This study was

participated by 169 participants with a minimum required sample size of 164 caregivers.

Lee et al. (2019) studied the effects of algorithm-based education program on the nursing care for children with epilepsy by hospital nurses. Results show that the nurses' knowledge and self-efficacy showed a statistically significant after participating in the education care program for epilepsy children. This study concluded that application of the said program for healthcare setting is expected to improve nurses caring abilities for epileptic children. 27 nurses working at pediatric neurological wards and a pediatric emergency room participated in the education program.

The Caring Instrument

The study of Porter et al. (2014) used the Caring behavior inventory – 24 item by Wu, Larabeen & Putnam, to measure the perception of 1,500 Registered nurses (RNs) towards caring behaviors who were working as clinical nurses (directly engaged in clinical practice). The purpose of this study was to describe each nurse's perception of their caring behaviors after the implementation of a new relationship centered care professional practice model that targeted key components of caring in the provision of direct patient care.

Kiliç, and Öztunç, (2015) conducted a descriptive study in the surgical clinics of a university hospital in Gaziantep, Turkey and used the Caring behavior inventory – 24 item by Wu, Larabeen & Putnam to measure the caring behavior of nurses caring for the patients who had surgical operation and comparing the result to the patients perception of nursing care.The participants were 379 patients and 70 nurses

who provided care to those patients. Result shows that level of patients' perception of nursing care is lower than those of nurses.

In the study of Papastavrou et al., (2012), they used the Caring behavior inventory to measure the perceived frequency of caring behaviours in clinical care and assuring human presence between patients and nurses. It used a convenience sample of 1,537 patients and 1,148 nurses from six European countries (Greece, Cyprus, Finland, Czech Republic, Hungary, and Italy) participated in this study during autumn of 2009. The findings revealed that statistically significant differences of nurses' and patients with regards to the perception of frequency on respect and human presence. These findings provide a better grasp of understading of caring behaviours that convey respect and assurance of human presence to persons behind the patients and may contribute to close gaps in knowledge regarding patients' expectations.

Keeley et al., (2015) used the CBI 24 item to determine the difference in patient satisfaction with overall nursing care and perceived nurse caring when a nursing staff standard of care protocol, which included caring activities, was implemented within a nursing department at a National Cancer Institute-designated comprehensive cancer center. The study is a pre-experimental pre-/post-test design with comparison group and a post-test-only design to test the effect of the caring protocol on patient satisfaction with nursing care and perceived nurse caring. 355 nurses participated the educational sessions and completed post-test materials that had been posted on the intranet. The findings revealed that the patient satisfaction with nursing care increased for some items, and perceived nurse caring was ranked highly immediately before discharge. The researcher suggested for additional

program evaluation studies involving a modified caring protocol that may improve satisfaction with nursing care in other settings.

Theoretical Framework

The Theory of Human Caring by Jean Watson is the theoretical framework used in this study. This theory suggests that caring is a different way of being human, intentional, present, conscious, and attentive. In Watson's Theory, nursing is fundamental around helping the patient reach a higher degree of harmony within body, mind, and soul, and this harmony is achieved through caring transactions involving a transpersonal caring relationship.

Dr. Jean Watson created the theory of human caring between 1975 and 1979. She intended to bring meaning and focus to nursing as an emerging discipline and distinct health profession that had its unique values, knowledge, and practices, and its ethic and mission to society. The human caring processes were developed and were named the "10 Carative Factors," which complemented conventional medicine but stood in stark contrast to "curative factors." At the same time, this evolving philosophy and theory of human caring pursued to balance the cure orientation of medicine, giving the nursing profession its unique disciplinary, scientific, and professional standing with itself and its public. Watson stated that when a person includes caring and love in one's work, and one's life is discovered and affirmed, nursing just like teaching, is more than just a job.

The original ten carative factors were transposed into "Clinical Caritas process." The carative factors were redefined as the Caritas processes, reflecting a deeper connection among nursing practice, the universal concept of love and caring science. Caritas nursing practice involves the integration of transpersonal caring and

love within the context of the nurse-patient relationship and interactions, resulting in a caring, healing relationship (Watson, 2005, 2008).

The Watson's 10 Caritas Processes are:

1. Practicing loving-kindness and equanimity within the context of caring consciousness.
2. Being authentically present and enabling and sustaining the deep belief system and subjective life world of self and one-being cared for.
3. Cultivating one's spiritual practices and transpersonal self, going beyond ego self.
4. Developing and sustaining a helping-trusting, authentic caring relationship.
5. Being present to, and supportive of the expression of positive and negative feelings.
6. Creatively using self and all ways of knowing as part of the caring process; engaging in artistry of caring-healing practices.
7. Engaging in genuine teaching-learning experience that attends to wholeness and meaning, attempting to stay within other's frame of reference.
8. Creating healing environment at all levels, whereby wholeness, beauty, comfort, dignity, and peace are potentiated.
9. Assisting with basic needs with an intentional caring consciousness, administering human care essentials, which potentiate alignment of mind-body-spirit, wholeness in all aspects of care.
10. Opening and attending to mysterious dimensions of one's life-death; soul care for self and the one-being-cared for; "allowing and being open to miracles."

In the above mentioned, Caritas 7 will be a major component in tailoring for the CARE training program for nurses caring for ESRD patients undergoing hemodialysis. According to Watson (2014), when nurses include caring and love in their work, nursing will become more than just a job. It will give a life-giving and life-receiving career for a lifetime of growth and learning. Watson considers her work more of a philosophical, ethical, intellectual blueprint for nursing' evolving disciplinary or professional matrix rather than a specific theory per se. If the theory is read at a carative factor level, it can be interpreted as a middle-range theory. If the theory is read at the transpersonal unitary caring science or transpersonal caring consciousness level, the theory can be interpreted as a grand theory located within the unitary-transformative context (Watson, 2014).

The theory seeks to develop caring as an ontological-epistemological foundation for a theoretical-philosophical-ethical framework for the profession and discipline of nursing and to clarify its mature relationship and distinct intersection with other health sciences. Holistic caring differs from biomedical practitioners because they use humanistic models to address the needs of patients. The greatest advances in the next decade will not come from technology but from the deeper understanding of what it means to be a human, spiritual being (Hagedorn, 2004). According to Watson, transpersonal caring acknowledges the unity of life and connections that move in concentric circles of caring, from an individual to others, to community, to world, to planet earth, to the universe. Also, Watson contends that caring science incorporates epistemological approaches to research, including clinical and empirical.

The caring/caritas model is consistently one of the nursing caring theories used as a guide in magnet hospitals in the United States and found to be culturally consistent with nursing in many other cultures, nations, and countries (Watson, 2014). Caring philosophy and theory can guide the nurses towards their approach to the patient, learnings of patients and students, and explanation as well as the use of research findings.

Conceptual Framework

In this study, the concepts of Watson's Caring Theory were utilized to develop a training program for nurses that will serve as the independent variable and derive a relationship in improving the caring behaviors of nurses as the dependent variables. Nurses variables such as age, sex, highest educational attainment, length of experience in caring for ESRD patients and training/s attended related to hemodialysis will be the confounding variables.

The conceptual framework explains how a caring program can have an effect in improving the nurses caring behavior and the delivery of quality care to the patient. The diagram as shown in Figure 1 describes the relationship of variables involved in the study as applied from the Watson Theory of Human Caring.

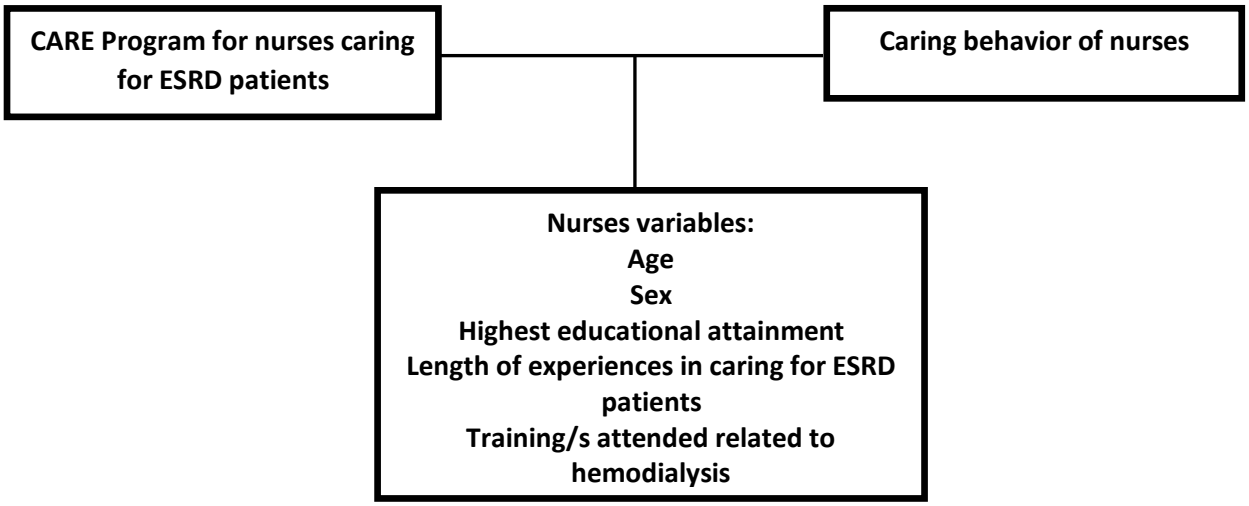

Figure 1. Conceptual Paradigm

Since the time of Florence Nightingale, nursing has been a profession that requires caring, compassion, and service. Key components of Nightingale's original descriptions of trained nurses included deliberate caring behaviors and holistic movements aimed towards creating and maintaining an atmosphere meant to support the natural healing process (Sitzman, 2007). Nurses should always maintain a significant responsibility for their assigned patients, which requires a genuine caring and compassion. But, because of the many changes in the healthcare delivery system across the globe, the tasks and workload of nurses have intensified and become more complex.

The Theory of Human Caring by Jean Watson was used in this study as framework where its caritas process aims to bring back again the nursing practice in the core of nursing. Incorporating this theory in an educational training and workshop will create an effect towards the caring behaviors of nurses to their patients.

In a study conducted by Caruso et al., (2008) it was concluded that the use of an innovative educational approach while teaching the theoretical perspective of the Watson Theory demonstrated to be valuable when accepting the nursing theory across an entire health system. By engaging nurses from different practice settings in training development and teaching, nurses throughout the healthcare system were reached and the probability of incorporating the Theory of Human Caring framework in the nurse's individual practice was heightened.

Nurses have a big role in helping the patient achieve a higher degree of harmony within the mind, body, and soul. This harmony is achieved through caring transactions involving a transpersonal caring relationship (the nurse and patient mutually search for meaning and wholeness). As a core construct in the nurse-

patient relationship, caring purportedly improves quality health care delivery and increases patient safety measures in clinical practice. A training program that is tailored in focusing the enhancement of the nurses caring behavior can have a positive effect and improve their caring behaviors. With its pre and post test design, this can be a tool to measure and evaluate the nurse's capability to care for patient and their perception of caring.

The delivery of care to the patient could be affected by some factors in the enhancement of giving quality health care to the patients such as age, sex, educational attainment, length of experience in caring for ESRD patients and training/s attended related to hemodialysis.

Operational Definition

For clarity and easy understanding of the terms used in this study, the following terms are conceptually and operationally defined and how they will be measured.

Dependent variable

1. Caring Behavior of Nurses - these are the behaviours of nurses caring for ESRD patients before and after the program/intervention. This will be assessed through the use of Caring Behavior Inventory (CBI)-24.This six-point Likert-type (1=never to 6=always) is a short version instrument of the CBI originally developed by Wolf (1986) to capture patients' perceptions of nurses' caring behaviors and is based on Watson's Ten Carative Factors. The CBI-24 is used to explore the perception of the frequency of caring behaviours as practised by nurses/received by patients (the higher the mean of responses, more frequently the caring behaviours are perceived). It has

been used in different clinical settings (oncology and surgical departments) and can be administered (the same version without changes) to both patients and nurses. The CBI measures four subscales of caring:

a. assurance of human presence (eight items), which deals with patients' needs and security;

b. knowledge and skills (five items), related to nurses' skills and educated persons;

c. respectfulness, deference to the other (six items), dealing with how nurses show interest in the patients; and

d. positive connectedness (five items), corresponding to the need for nurses to be ready to help the patients.

The possible range of scores is 24 to 144, with higher scores indicating more positive perceptions of one's own caring behavior. This instrument showed a moderate to high internal consistency or reliability and test-retest reliability, with a statistical value of 0.65 to 0.80 (Cronbach's α), as reported in a previous study (Wu, Larrabee, & Putnam, 2006). The α coefficient reported for this study was 0.92.

Independent variable

1. Caring, Altruism, and Response for ESRD patients (C.A.R.E. Program). This refers to the training program for nurses caring for hemodialysis patients. It was developed to improve the caring behavior of nurses caring for ESRD patient undergoing hemodialysis. Consisting of a one-day, eight-hour training, face-to-face instruction that will help nurses increase their level of competence in caring attitudes and behaviors/ nurse-patient relationship regarding nurse courtesy, respect, and ability to listen to patients.

Confounding variables

1. Nurses Variables
    a. Age - refers to the chronological age of the participant/nurse at the time of data collection/intervention.
    b. Sex - refers to the sexual attribute of the individual on birth; limited to male or female. Sexual preference is not considered.
    c. Highest Educational Attainment - refers to the actual number of years the participant/nurse spent acquiring formal education (ex. college 11 to 14 years, Master's degree 15 to 16 years and Doctorate degree 17 to 18 years.
    d. Length of experience – refers to the months/years started to work in BRTTH caring for ESRD patients as registered nurse.
    e. Trainings - refers to training that is related to knowledge, skills, and attitude on the hemodialysis procedure as registered nurse.

CHAPTER III: RESEARCH METHODOLOGY

This chapter discusses the research methodology used in the study including the study design, population, setting where the study was conducted, and the sampling design utilized. It also discusses the instrument used, the data gathering procedure, plan for data analysis and ethical consideration.

Research Design

Polit, Hungler, & Beck (2001) defines a research design as “the overall plan for collecting and analysing data, including specifications for enhancing the internal and external validity of the study."

This study used a quasi-experimental one group pre-test post-test design. A design map was conceptualized as shown below where O represents an observation such as collection of data on the dependent variable and x represents for the exposure to the intervention (CARE Program).

The design map for 1 group:

O_1	X	O_2	O_3
Pre-test	CARE Prog	Post-test	Post-test

O_1- one (1) day before the intervention

X – implementation of the CARE program

O_2- one (1) week after the intervention

O_3- one (1) month after the intervention

Evaluating intervention programs is at the central of many educational and clinical psychologists' research agenda (Malti et al., 2016; Achenbach, 2017). From a

methodological view, collecting data from several points in time is vital in checking the long-term strength of intervention effects once the treatment is completed, such as in classic designs including pretest, posttest, and follow up assessments (Roberts and Ilardi, 2003).

This design is appropriate in this study in which the caring training program will serve as the treatment, and the success of it will be determined by pre and post-test during the covered period of the said program. The study of Malik & Alam (2019) concludes that a pre-test/post-test design is more effective in achieving teaching goals in a lecture setting than post-test-only design. Mokkapati & Prashanth (2018) used a pre-test post-test design to evaluate the effectiveness of a development workshop in improving the knowledge of the participants.

Another post test will be given after 1 month to check the effectiveness of the program to the study group. According to Polit, Hungler and Beck (2004), an extended time observation strengthens the ability to attribute change to the intervention. Brown et al. (2008) suggest that repeating a post-test should be done somewhere between 3 to 6 weeks because the participants would have forgotten nearly all the pre-test questions and answers to replicate the same answers in the post-test. In addition, the advantage of using a follow-up post test allows the researcher to see if the program has a lasting effect and can provide valuable information about long-term impacts (Bennett, 1984).

Instructions and procedures in the study are standardized in all participants by delivering instructions using the same wording and manner to minimize extraneous variables that might influence participant groups to respond differently. The content

of the instructions was delivered by the researcher to ensure that the procedure for all participants is identical and appropriate.

Study Population

The target population of this study comprise of nurses caring for ESRD patients undergoing hemodialysis – they were to undergo a training program that aims to assess, improve or enhance their caring behaviors towards their patients.

The target population of the study were the nurses specifically working at the Dialysis Center and other wards (such as Emergency Department, Philheath mix ward, Philhealth medical ward, Surgery ward, Isolation ward, Private ward, Private Extension ward and Medical ward) and special areas (such as Coronary Care unit and Intensive Care Unit) in the hospital who are caring for ESRD patients of Bicol Regional Training and Teaching Hospital. They were determined through coordination with the Office of the Medical Center Chief through the Nursing Service Department and Nurse Supervisors. After coordinating with the executive, identifying the number of participants was determined by the total available nurses for each wards and special areas to allow participating in the said program so that staffing at each area will not be affected. Each supervisor and head were asked to identify the staffs who will participate in the said program. A total of 60 target participants who met the inclusion and exclusion criteria and who agreed to sign the Informed consent were identified and approved to be included in the said program.

Inclusion criteria:

- A registered nurse whether regular/casual/job order, working in BRTTH assigned at Hemodialysis unit and other wards (such as Emergency Department, Philheath mix ward, Philhealth medical ward, Surgery ward,

Isolation ward, Private ward, Private Extension ward and Medical ward) and special areas (such as Coronary Care unit and Intensive Care Unit) in the hospital who are caring for ESRD patients.

- Agree to participate in the training program.

Exclusion criteria:

- Nurses who had no direct care to the ESRD patients
- Those who will not be able to complete the 1-day training program.

Withdrawal Criteria:

- The participants may withdraw anytime in the study, the withdrawal will not affect their employment status nor promotion and performance rating.

Sampling Design

For this study, non-probability purposive sampling was used. According to De Vos (2000), purposive sampling is selected when there is good evidence that the sample is representative of the total population under study. Denzil and Lincoln (1994) stated that in purposive sampling, the researcher "seek out groups, settings, and individuals where the phenomenon being studied is likely to occur." The participant in this study were selected by the researcher to undergo the CARE program to see the difference before and after the conduct of the program in relation to the caring behavior of the nurses. The researcher anticipated difficulty in executing pure randomization of subjects due to the varied work shift hours and availability of the staff nurses in the hospital. Convenience sampling enabled the researcher to access and recruit more respondents for the said program. The researcher coordinated with the Nursing Service Department to gather an equal number of

nurses from all wards and special areas of the hospital for a fair and sufficient representation and homogeneity of results.

Setting

The Bicol Regional Training and Teaching Hospital (BRTTH) is one of the three DOH-retained hospitals in the Bicol Region. It was upgraded to its new status by virtue of R.A. 8051 of 1994 and materialized on July 1, 1997 when funding source and supervision of hospital operations were transferred to the Department of Health. It was formerly known as Albay Provincial Hospital devolved in 1982 to the Provincial Government of Albay. Due to its upgrading, the previously service-focused hospital had an additional mandate as a training, teaching, and research tertiary hospital. With it came the increase in resources to carry out its functions as a service hospital focused not only for the in-patients but also on the aspect of public health.

The BRTTH hemodialysis unit, being one of the special areas in the hospital, is primarily established to answer the call for renal replacement therapy in the form of hemodialysis for patients suffering from acute and chronic renal failure both in- and out-patients. Currently operating with 12 machines (two machines are allotted to infectious patient positive for Hepatitis), this area caters approximately 24 patients per day with two shifts and works on a pre-scheduled basis while all emergency patients are accommodated anytime. Particularly, it caters patients with end-stage renal failure requiring long-term dialysis assessed by nephrologist/internist/medical residents of this institution and in patients with acute renal failure needing dialysis temporarily.

The researcher selected the Hemodialysis Unit-Dialysis Center of Bicol Regional Training and Teaching Hospital Dialysis Center since it caters to patients

coming from the province of Sorsogon, Masbate, Catanduanes and some parts of Camarines Sur; and is readily accessible. The Hemodialysis Unit of BRTTH is a government Dialysis Center compose of six-bed capacity registered and accredited by the Department of Health, Health and Facility Management Bureau and Philippine Health Insurance Corporation. Many patients came here to undergo hemodialysis treatment since staff and facilities are complete, much cheaper, and medical assistance is available. In addition, the hemodialysis unit annual statistical reports revealed that from the time the hemodialysis unit started up to this present year, there is an alarming exponential increase of population of ESRD patients who undergo hemodialysis.

Data Collection

A. Research Instrument

The research instrument which is the Caring Behavior Inventory (CBI)-24 is composed of two parts: Part I includes the demographic profile of the participants while Part II is about the Caring Behavior Inventory (CBI)-24 which measures the caring behavior of nurses.

Caring Behavior Inventory (CBI)-24 (Nurse Version)

This six-point Likert-scale type (1=never to 6=always) is a short version instrument of the CBI originally developed by Wolf (1986) to capture patients' perceptions of nurses' caring behaviors and is based on Watson's Ten Carative Factors. The CBI-24 is used to explore the perception of the frequency of caring behaviours as practised by nurses/received by patients. It has been used in different clinical settings (oncology and surgical departments) and can be administered (the same version without changes) to both patients and nurses.

The CBI measures four subscales that represent the different nursing caring behaviors. First, is the assurance of human presence (items 1-8) that deals with patients' needs and security. This eight-item subscale asks patients if “the nurse has returned voluntarily, encouraging the patient to call, responding quickly to the patient’s call, and showing concern for the patient. Second is the knowledge and skills (items 9-13), related to nurses' skills and educated persons. This five-item subscaleis reflective of the technical aspects of care such as: “knowing how to give shots, being confident, managing equipment skillfully, and treating patient information confidentially. Third, is respectfulness, deference to the other (items 14-19), dealing with how nurses show interest in the patients. This subscale with six items ask patients if the “nurse listened attentively to them, treats them as an individual, and is empathetic with them; and lastly, positive connectedness (five items), corresponding to the need for nurses to be ready to help the patients. These five items ask patients if “the nurse spent time with the patient, gives instructions or teaches the patient, and was patient with them.”

The possible range of scores is 24 to 144, with higher scores indicating more positive perceptions of one's own caring behavior. This instrument showed a moderate to high internal consistency or reliability and test-retest reliability, with a statistical value of 0.65 to 0.80 (Cronbach's α), as reported in a previous study (Wu, Larrabee, & Putnam, 2006). The α coefficient reported for this study was 0.92. Permission to use the Caring Behavior Inventory will be sought for the author.

The tool will be interpreted based on the following weighted value seen below.

Scale	Range	Adjectival Rating
6	5.50-6.00	Always

5	4.50-5.49	Almost Always
4	3.50-4.49	Usually
3	2.50-3.49	Occasionally
2	1.50-2.49	Almost Never
1	1.00-1.49	Never

In this study, CBI-24 nurse version was used with a view to comparing nurses' self-evaluation on caring (Wolf, Giardino, Osborne and et al.,1994) and also used in order to evaluate the care provided before and after a procedure or intervention (Kilic & Oztunc, 2015).

B. Protocol/Procedures

For the outline of the flow on how the data collection/procedures were done; this is the step-by-step procedure:

1. For the preliminary step, the researcher wrote a letter of permission addressed to the Medical Center Chief and the Institutional Review Board informing the purpose of the study and asking for approval of the conduct of the study.
2. When permission has been granted, the recruitment of nurses was done by identifying the nurses who will participate in the study following a set of criteria. The researcher coordinated with the Nursing Service Department thru the Chief Nurse, the Nurse Supervisor of the Dialysis Center and the Head Nurse of the Hemodialysis Unit including the Superviosr/Head nurse of wards (such as Emergency Department, Philheath mix ward, Philhealth medical ward, Surgery ward, Isolation ward, Private ward, Private Extension ward and

Medical ward) and special areas (such as Coronary Care unit and Intensive Care Unit) in the hospital who are caring for ESRD patients.

3. A master list of identified nurses who qualified to participate in the study was created. The pre-test consisted of a questionnaire (Caring Behavior Inventory-24) to be answered. The participants were asked to sign an informed consent after which they were requested to accomplish the questionnaire that will take about 10-15 minutes to answer. The questionnaires were collected by the researcher. This was done one day prior to the conduct of the training program.
4. The training program was a one-day activity and conducted only once. The venue of the training program is the BRTTH specifically the Regional Heart Center Conference Hall to make sure that the participants are comfortable and free from distraction. Questions and clarifications can be asked from the speaker. A maximum of 60 participants were accommodated to make sure that the participants understand, and the speaker can assess each participant comprehension and accommodate questions and clarifications. Each participant was given a training kit to use to take down notes for each topic. The researcher had an assistant to help him in taking the attendance, giving customer satisfaction feedback, and other concerns. The researcher got three other speakers to help him discuss the program. These speakers were all qualified because of their credentials in the field of nursing care and experience.
5. Post-test: the post-test was done one week after the seminar and another post-test after one month. Same questionnaire was given to each participant. A certificate with CPD units was given to all the participants.

6. Collation of data was done after collecting the pre-and post-test.
7. Results were evaluated for data analysis. To minimize the Hawthorne effect, the researcher informed the participants that there is no pressure in participating in the study and he emphasized that whether they choose to participate or not, it will not change the current status of their work and will not affect their promotion or performance rating. In additon, the researcher used an extended time for the post-test (after one month) to see if there is inconsistency in the data that had been gathered after the intervention.

The Intervention

This is a one-day program activity designed for use as a caring discipline/guide for nurses caring for ESRD patients using the core framework of Watson Caring Theory to enhance their caring practice. Its purpose is to integrate caring science to their personal and professional lives using innovative learning-teaching methodologies. The participants were expected to learn how to synthesize, integrate, and apply the carative/caritas process in their self and improve their caring behaviors for ESRD patients after the intervention has been implemented.

Plan for Data Analysis

To summarize the collected data, the researcher used the frequency and percentage distribution and presented them in tables. Data was encoded and treated through the SPSS 17.0 program.

Objective number one was using frequency and percentage to determine the profile of nurses caring for ESRD patients in terms of age, sex, highest educational attainment, length of experience in caring for ESRD patients and trainings related to hemodialysis, if there is or none.

Objective number two was using paired sample t-test to evaluate the effect of the training program. This approach measured the nurses caring behavior before and after completing the program and analyze the differences. According to York (2015), if a study employs a one-group pre-test-postest with matching scores, the paired t-test will be appropriate to use.

This statistical treatment was also used in a study were the effectiveness of a teacher training workshop as an intervention was measured by means of comparing the score for the pre-test and post-test (Anuradha & Mada, 2018). Another study also used a paired t-test for the analysis of the pre-intervention and post-intervention scores. This study measures the impact of an educational interventional in caregiving outcomes in Jordanina caregivers of patients receiving hemodialysis with a single group pre and post-test design (Alnazly, 2018)

And, lastly Objective number three was using the chi-square to determine the relationship of the nominal categories (sex, highest educational attainment and training/s attended related to dialysis) of the profile of nurses and their caring behavior. Fowler et al. (2013) told that the classical method of analyzing nominal scales is the chi-square test. They defined chi-square test as a test for homogeneity, randomness, association, independence, and goodness of fit.

Pearson R was used to determine the relationship of the ordinal categories (age and length of experience caring for ESRD patients) of the profile of nurses and their caring behavior. David and Sutton (2009) told that Pearson r correlation can also be used in relationships of interval/ratio and ordinal variable. Bucco (2015) used correlation for the ordinal categories and the nurse caring behavior in her study. The objective of the study is to examine the relationship of the patient perception and

nurse perception towards nurse caring behavior and the patient satisfaction in the emergency room.

Ethical Considerations

The conduct of research requires not only expertise and diligence but also honesty and integrity. These are done to recognize and protect the rights of human subjects. To render the study ethically, the rights to self-determination, anonymity, confidentiality, and informed consent were observed.

This study was approved by the BRTTH Institutional Review Board prior to recruitment of research participants and subject for possible funding. Likewise, an informed consent was also signed by the same after the researcher fully explained the nature of the conduct of the study. No names appeared on the data gathering tool nor in the analysis of data.

The risk of participating in this study is negligible as the participants only answered the questionnaires composed of 24-items. If in any case that there will be discomfort, the participants may withdraw anytime from this study affecting their status of employment and performance. Some of the benefits includes awareness of the caring behavior of nurses caring for ESRD patients. Hence, improvement can still be done.

Anonymity and confidentiality were maintained throughout the study. Burns and Grove (1993) define anonymity as a state when subjects cannot be linked, even by the researcher, with his or her responses. In this study, anonymity was ensured by not disclosing the participants name in the data gathering tool and research reports and detaching the written consent from the questionnaire. Coding was also done.

When subjects are promised confidentiality, it means that the information they provide will not be publicly reported in a way which identifies them (Polit & Hungler, 1995). In this study, confidentiality was maintained by keeping the collected data confidential and not revealing the subjects' identities when reporting or publishing the study (Burns & Grove, 1993).

Participation in this study is voluntary. No compensation was given to the participants nor were the expenses shouldered in joining in the research.

The findings of the study were discussed with the hemodialysis staff and with the Nursing Service Department for possible use of the Caring Behavior Inventory-24 in the different clinical area. The researcher does not have any conflict of interest in this study.

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CHAPTER IV: RESULTS AND DISCUSSIONS

This chapter presents the results obtained from the data collection and provides a thorough discussion of pertinent data analysis and interpretation with support from related literatures and guided by the research study's objectives. This includes the description of demographic profile of study participants, identification of nursing caring behavior before and after the CARE Program, determination of the relationship between the profile of nurses and their caring behavior and discussion of the nurse's experience after the CARE program in terms of caring behavior through structured interview.

Results and Discussions

A total of 39 respondents participated in the study out of the initial target number of 60. The attrition noted was due to the unfavorable weather condition and schedule of duty during the conduct of the study. From the the total number of respondents, seven nurses came from the Hemodialysis Unit; four were from the Emergency Department; four were from the Medical ward; four were from the Intensive Care Unit; four were from the Private Extension ward; three were from the Isolation ward; three were from the OB ward; two were from the Coronary Care unit; two were from the Out-patient Department, two were from the PhilHealth Medical ward; two were from the Philhealth Mix ward; one came from the Private ward; and one from the Surgery ward.

1. Determine the demographic profile of nurses caring for ESRD patients in terms of age, sex, highest educational attainment, length of experience caring for ESRD patients and training/s attended related to hemodialysis.

Table 1. Frequency and percentage distribution of demographic variables.

Demographic Variables		f	%
Age	21-30 years old	17	43.6%
	31-40 years old	12	30.8%
	41-above years old	10	25.6%
	Total	**39**	**100%**
Sex	Male	10	25.6%
	Female	29	74.4%
	Total	**39**	**100%**
Highest educational attainment	Bachelor's degree in Nursing	32	82.1%
	Master's degree in Nursing	7	17.9%
	Total	**39**	**100%**
Length of experience caring for ESRD patients	Newly hired	8	20.5%
	1-10 years	17	43.59%
	11-20 years	7	17.95%
	Total	**39**	**100%**
Training/s attended related to hemodialysis	Yes	11	28.2%
	No	28	71.8%
	Total	**39**	**100%**

Analysis and Discussion

Based from the data on the demographic profile of nurse respondents, most nurses were from the age bracket of 21-30 years old at 43.6%, next is from the age bracket of 31-40 years old at 30.8%, and last is from 40 years old & above at 25.6%. Most of the participants are female; 29 at 74% and the rest are male, 10 at 25.6%. It is noted that all nurses in this study were female. In the study of Arnstein et al., (2017) and Zhang & Liu, (2016) female nurses were more sensitive than male nurses to patients' feelings ability to express emotion. Also, the women were more likely to form a trusting relationship with patients than men.

The vast majority of the nurse participants have Bachelor's degree in Nursing covering 32 at 82.1% of the total respondents and the remaining participants have a Master degree, seven at 17.9% which can be a very good way to promote the value

of pursuing continuing education and other opportunities for professional growth and competency development. Close to half of them have 1-10 years of clinical experience in caring for ESRD patients at 64.1%, other participants have none since they are just newly hired at 20.5% and the remaining participants have 11-20 years of experience in caring for ESRD patients at 15.4%. In terms of training/s attended related to hemodialysis, most of the nurses, 28 at 71.8% have no training at all and the rest, 11 at 28.2% have it.

2. Identify the caring behavior of nurses caring for ESRD patients.

Table 2. Weighted mean scores of caring behaviors in the assurance domain

	Caring Behaviors	Pre-test		Post-test		Post-test after one month	
		Wt. Mean	Inter	Wt. Mean	Inter	Wt. Mean	Inter
1.	Returning to the patient voluntarily.	5.00	AA	5.49	A	5.49	A
2.	Talking with the patient.	5.31	A	5.59	A	5.59	A
3.	Encouraging the patient to call if there are problems.	5.62	A	5.72	A	5.74	A
4.	Responding quickly to the patient's call.	5.23	A	5.69	A	5.85	A
5.	Helping to reduce the patient's pain.	5.54	A	5.69	A	5.74	A
6.	Showing concern for the patient.	5.64	A	5.82	A	5.87	A
7.	Giving the patient's treatments and medications on time.	5.36	A	5.64	A	5.67	A
8.	Relieving the patient's symptoms.	5.26	A	5.54	A	5.59	A
	Mean	5.42	A	5.67	A	5.72	A

1.00 - 1.82 Never (N) *3.49 - 4.31 Usually (U)*

1.83 - 2.65	*Almost Never (AN)*	*4.32 - 5.14*	*Almost Always (AA)*
2.66 - 3.48	*Occasionally (O)*	*5.15 - 6.00*	*Always (A)*

Analysis and Discussion

In summary for the Assurance domain, all items had a positive result with an always interpretation, the pre-test mean score of 5.42 and the post-test mean score of 5.67 showed a significant difference and had a consistent result in the post-test after one month with a mean score of 5.72.

Showing concern to the patient got the highest score with a pre-test mean score of 5.64 which showed a significant difference to the post-test with a mean score of 5.82 and post-test after one month with a mean score of 5.87. This result shows the Filipino core values of having *"malasakit"* or showing sincere concern, care, compassion, or empathy. Our Filipino value is connected to our faith as Christians where Jesus made an example to His believer. *"Kapwa"* is the foundational concept of *malasakit* which is translated as "other person". Filipinos use this word to refer not only for strangers, but it is applied to relatives, next-door neighbors, and friends were this word embraces all relationships. That is why they say *'kapwa-tao'* (fellow human being), '*kapwa manggagawa'* (fellow worker), and *'kapwa estudyante'* (fellow student). As noted, Filipinos love their family and this love is extended to relatives and friends, and other people they considered not strangers to them. It shows that Filipinos are naturally compassionate and this drives them to support others without asking for anything in return. In general, Filipinos are known for their heartfelt concern, nurturing spirit, and caring touch and this reflects employers worldwide preferred more Filipino oversees workers (Redona, 2018).

Assurance is a crucial role in the establishment of a nurse rapport to the patient in which nurses can demonstrate by showing that we are genuinely concerned of them. According to the Watson Caritas No. 3 “being sensitive to self and other by cultivating one’s own spiritual practices, moving beyond ego self to transpersonal presence explains that by being more responsive to the patient’s (person’s) needs and feelings, nurses are able to create a more trusting helping-caring relationship by demonstrates genuine interest in others, transform tasks into healing interactions, values the intrinsic goodness of one’s self and others as human being and practices from heart-center (Watson, 2018).

Table 3. Weighted mean scores of caring behaviors in the knowledge and skill domain

Caring Behaviors	Pre-test		Post-test after one week		Post-test after one month	
	Wt. Mean	Inter	Wt. Mean	Inter	Wt. Mean	Inter
1. Knowing how to give shots, IVs, etc.	5.77	A	5.89	A	5.89	A
2. Being confident with the patient.	5.49	A	5.69	A	5.69	A
3. Demonstrating professional knowledge and skill.	5.41	A	5.77	A	5.64	A
4. Managing equipment skillfully.	4.92	AA	5.51	A	5.56	A
5. Treating patient information confidentially.	5.77	A	5.87	A	5.85	A
Mean	5.47	A	5.73	A	5.71	A

1.00 - 1.82 Never (N)
1.83 - 2.65 Almost Never (AN)
3.49 - 4.31 Usually (U)
4.32 - 5.14 Almost Always (AA)

2.66 - 3.48 Occasionally (O) *5.15 - 6.00 Always (A)*

Analysis and Discussion

To summarize the knowledge and skills domain, all items had a positive result, the pre-test mean score of 5.47 and the post-test mean score of 5.73 showed a significant difference and a consistent result in the post-test after one month with a mean score of 5.71.

Of all the caring behaviors under the knowledge and skill domain, the highest score was “Knowing how to give shots, intravenous lines, etc.” This result is the same with the study of Mayer (2012) and identified as the most important caring behavior but the participants are patients. The principal investigator relates this result to what is earlier mentioned in this study that focuses on tasks and technical competency as a predominantly part of nursing profession. Nurses are prioritizing basic medical treatment, administering medication, and taking care of wounds (Nguyen et al., 2017). Nurses particularly the hemodialysis nurse, are focused on dialysis procedure and the technical aspect, where the essence of nursing is more on the machine rather than the patient. Factors that support the technologically focused care are the time constraints of an increased workload, an evolving shared culture of attitude that the nurses are in the unit to provide the dialysis and an unwillingness to take on new roles (Tranterab, Donoghueb & Bakerb, 2009).

Knowledge and skills are very important in caring for the patients, but it is not enough and we must be holistic in providing the needs of the patients. The Watsons caritas No. 8 states that “Creating healing environment at all levels (physical, non-physical, subtle environment of energy and consciousness), whereby authentic caring presence potentiates wholeness, beauty, comfort, dignity, and peace. This

caritas process aims to promote caring relationship as we created space for this patient to make their own wholeness and healing by means of anticipating their needs, pay attention to others when they are talking, participates in caring-healing consciousness, available to others and create caring intentions (Watson, 2018).

Table 4. Weighted mean scores of caring behaviors in the respectful domain

Caring Behaviors	Pre-test		Post-test after one week		Post-test after one month	
	Wt. Mean	Inter	Wt. Mean	Inter	Wt. Mean	Inter
1. Attentively listening to the patient.	5.56	A	5.79	A	5.79	A
2. Treating the patient as an individual.	5.36	A	5.69	A	5.77	A
3. Supporting the patient.	5.33	A	5.67	A	5.51	A
4. Being empathetic or identifying with the patient	5.13	AA	5.72	A	5.72	A
5. Allowing the patient to express feelings about his or her disease and treatment.	5.36	A	5.67	A	5.67	A
6. Meeting the patient's stated and unstated needs.	5.10	AA	5.51	A	5.59	A
Mean	5.31	A	5.68	A	5.68	A

1.00 - 1.82	*Never (N)*	*3.49 - 4.31*	*Usually (U)*
1.83 - 2.65	*Almost Never (AN)*	*4.32 - 5.14*	*Almost Always (AA)*
2.66 - 3.48	*Occasionally (O)*	*5.15 - 6.00*	*Always (A)*

Analysis and Discussion

In summary for the respectful domain, all items had a positive result; the pre-test mean score of 5.31 and the post-test mean score of 5.68 showed a significant

difference and had the same result in the post-test after one month with a mean score of 5.68.

Attentively listening to the patient got the highest score for this domain, which can be correlated to the attitude of nurses towards the patient. This result is the same as the result of the study of Mayer (2012) in which the nurse participants identified it as the most important behavior. As a nurse, listening attentively to their needs shows respect for their dignity as a person. Exercising the act of listening as part of an altruist attitude and devoting attention to other person can promote an opening in an interpersonal relationship. Having concentration and being always available is the key to listening to the patient well. When nurses are more likely to talk than listen, their good rapport with the patients are also interrupted (Penteado, 1993).

Interpersonal relationships and friendly atmosphere of the ward are important factors in the perception of caring by the patient. Nurses should take note that caring manifests itself in nursing functions through a nurse-patient relationship. It is recommended that nurses focus their attention on their relationship with the patient and adjust the ward atmosphere and interpersonal relationships (Liu et al., 2006).

Attentively listening to the patient's needs is a form of respect to the patients. Doing this can build a strong rapport with them and create a trust relationship as part of our caring process. This is reflected in the Watson Caritas Process No. 4 "developing and sustaining loving-trusting-caring relationships". An example of this is pursuing work from other's subjective frame of reference, answering others, align to others' lived experience, practicing authentic presence (brings full honest, genuine self to relationship, establishes sensitivity and openness to others, involves in I-Thou relationships vs. I-It relationships), showing awareness of one's own and other's

style of communications (verbal and nonverbal), seeking explanation as needed and entering into the experience to explore the possibilities in the moment and in the relationship (Watson, 2018).

Table 5. Weighted mean scores of caring behaviors in the connectedness domain

Caring Behaviors	Pre-test		Post-test after one week		Post-test after one month	
	Wt. Mean	Inter	Wt. Mean	Inter	Wt. Mean	Inter
1. Giving instructions or teaching the patient.	5.38	A	5.64	A	5.69	A
2. Spending time with the patient.	4.54	AA	5.36	A	5.33	A
3. Helping the patient grow.	5.13	AA	5.56	A	5.51	A
4. Being patient or tireless with the patient.	4.90	AA	5.62	A	5.56	A
5. Including the patient in planning his or her care.	5.26	A	5.62	A	5.67	A
Mean	5.04	AA	5.56	A	5.55	A

1.00 - 1.82	*Never (N)*	*3.49 - 4.31*	*Usually (U)*
1.83 - 2.65	*Almost Never (AN)*	*4.32 - 5.14*	*Almost Always (AA)*
2.66 - 3.48	*Occasionally (O)*	*5.15 - 6.00*	*Always (A)*

Analysis and Discussion

In summary for the connectedness domain, all items have a positive result with the pre-test mean score of 5.38 and the post-test mean score of 5.64 showing a significant difference and having the same result in the post-test after one month with a mean score of 5.69.

Giving instructions or teaching the patient got the highest score for this domain. Health education is an integral part of nursing care; it involves giving information and teaching the patient and other people connected to the patient on how to achieve a better health. As stated by Mackintosh (1996), “activities which raise an individual’s awareness, giving the individual the health knowledge required to enable him or her to decide on a particular health action”. Whitehead (2004) defined health education as “activities that seek to inform the individual on the nature and cause of health/illness and that individual’s level of risk associated with their lifestyle behavior.

Being connected to the patient helps nurses to assess and evaluate the learning process of the patient. As we give instructions or teach them by means of health education, nurses can help the patient to maintain or improve their health situation. The Watson Caritas Process No. 7 Engaging in (transpersonal teaching and learning experiences within the context of caring relationships; staying within other’s frame of reference—shift toward coaching model for expanded health/wellness) tells that we co-create caring relationship to encourage knowledge, growth, empowerment and healing processes and possibilities for patients (others) and for self. It can be done by actively listening to others telling their life experiences, speaking quietly, calmly, and respectfully, giving them full attention at the moment, seeking first to learn from others, understanding their worldview; then sharing, coaching, and providing information, tools, and options to meet others’ needs (works from others’ frame of reference), accepting others as they are and where they are with understanding, knowledge, readiness to learn, helping others understand how they are thinking about their illness/health, asking others what they know about their

illness/health, helping others formulate and giving voice to questions and concerns to ask health care professionals (Watson, 2018).

Table 6. Summary of the weighted mean scores of caring behavior inventory and its domains

Caring Behaviour Inventory Sub-Groups	Pre-test		Post-test after one week		Post-test after one month	
	Mean	Inter	Mean	Inter	Mean	Inter
Assurance	5.42	A	5.67	A	5.72	A
Knowledge and Skill	5.47	A	5.73	A	5.73	A
Respectful	5.31	A	5.68	A	5.68	A
Connectedness	5.04	AA	5.56	A	5.55	A
CBI-24 Inventory	5.31	A	5.65	A	5.66	A

Analysis and Discussion

The highest score domain is the knowledge and skill with a pre-test weighted mean score of 5.47 and the post-test weighted mean score of 5.73 which showed a significant difference, consistent with the result of the post-test after a month with a weighted mean score of 5.73. In the table above, it could be seen that the mean score of each domain and CBI-24 increase after one week and after one month which answers the proposition that CARE program improves the caring behavior of nurses. The program has a direct effect towards the caring behavior of nurses towards caring ESRD patient undergoing hemodialysis.

As stated earlier, technical skill and task-orientedness are the common practice here in the Philippine setting. Nurses are likely to prioritize their duties due to labor shortage, burnout of staff and reduced quality of care. Prioritization is a caring behavior related to other's experiences. According to Watson's theory,

prioritization is related to philanthropic-human values, development of self-sensitivity, and a relationship of trust and assistance (Alligood and Tomey, 2001). The study of Steffen (1988) suggests that only the patient's physical needs are met in which the overall level of staff and trained nurses is lower than the workload in each duty (Steffen, 1988); moreover, this can be expected in a task-oriented nursing system.

Other possible reasons for the high scoring may be related to nursing education. Expansion and commercialization of nursing education in the Philippines turned nursing schools into migrant institutions perpetuating the link between migrations and nursing education. These activities indirectly contribute to the declining quality of nursing education and produce future nurses that think only on earning a high salary and not on the true essence of this vocation. Nurses with secondary level education experienced that their knowledge and skills were technical and insufficient when caring about patients (Ha & Nuntaboot, 2016).

The lowest score domain is the connectedness with a pre-test weighted mean score of 5.04 and the post-test weighted mean score of 5.56 which showed a significant difference and consistency with the result of the post-test after one month with a weighted mean score of 5.55.

The low score may indicate the nurse’s lack of time. The study of Ha & Nuntaboot (2016) shows that the Vietnamese nurses are overloaded with the task because of the overcrowding of patients in the hospitals. Nurses find having a hard time to resist treating patients as objects when the healthcare system is organized in a way that leads to impersonal nursing. This structure can be a burden for the nurses to resist, and in a way to protect them from being burnt out they have no choice but to follow it (Masera & Guiterrez, 2012). The nurse-patient relationship is the most

important factor within healthcare based on the family members of the trauma patients. Caring and caring moments are done and expressed when nurses are attentively listening to the patient about their emotions and showing consideration and encouraging them. Also, when nurses give time and show engagement to the patient, they learn more about the patient and their family (Nantz & Hines, 2015). According to Watson (2012), a caring moment is defined when the patient and the nurse interact and contain a whole caring-healing-loving consciousness which gives both parties new possibilities. Another possible reason for the low result of this domain may be related to family-oriented culture, in which spending time with the patient and connecting with their family members is considered a responsibility.

The result of the study is congruent to the result of the studies of Palese et al., (2011); Karlou et al., (2018); Sarafis et al., (2016), in which the domain knowledge and skills ranked highest and connectedness ranked lowest. The result of the study by Wolf et al. (1994) has the same result in terms of rank but the participant is patient. These results suggest that regardless of country, culture, and whether the participants are patients or nurses, the results of using CBI-24 are the same. This result might be connected to the ongoing shortage of nurses and other healthcare personnel across the globe. The International Council for Nurses discussed this alarming fact of the rising shortage of nurses and other healthcare providers as a global issue that needs to be addressed which predicts that there will be a shortfall of approximately nine million nurses worldwide in 2030. Working overtime, personnel shortage, poor working conditions, and inadequate remuneration, among others plus the stress that is caused are the results why nurses leave their work (ICN, 2019). Flinkman, Isopahkala-Bouret, and Salanterä (2013) emphasize the issue of nurses quitting their job because of demanding working conditions, where very low salaries,

stressful environments, and the imbalance of the patient to nurse ratio, among others, were significant factors. In this connection, the South-East Asia has the highest shortage of healthcare personnel because of the large population that are still growing (World Health Organization, 2016). The population of Asia and the rest of the world is growing and aging (ICN, 2019). In short, the nursing caring behavior based on CBI-24 is about the nurse caring the patient proficiency and competence, with readily availability, attendance to the dignity of the patient and constant assistance with readiness (Wu, Larrabee & Putman, 2006). This worldwide issue with shortage of healthcare professionals makes the practice of caring behavior challenging for nurses all around the world. When nurses are facing stressful situations in a matter of being at least sufficient to help patients with their most basic needs, the consciousness and achievement of caring behavior may not seem important. Nurses focus on attending the physical needs of the patient because it demands less engagement in time and emotions, which maybe an easy work for nurses and which gives an ample of time to attend to more patients.The result, clearly shows that the caring behavior of nurses may be limited by not becoming burnout or cause unsafe healthcare, related to lack of time and personnel.

3. Determine if there is a significant difference before and after the CARE Program.

Table 7. Significance of difference in the caring behavior of nurses during pre-test and post-test

Caring Behavior	Pair comparison	Mean of diff.	Std dev of diff	t value	p value	Significance
Assurance	Pre-Post$_1$	0.28	0.4914	3.536	0.001	Significant
	Pre-Post$_2$	0.32	0.5138	3.923	0.000	Significant

Knowledge and skill	Pre-Post$_1$	0.26	0.4494	3.563	0.001	Significant
	Pre-Post$_2$	0.24	0.5107	2.885	0.006	Significant
Respectful	Pre-Post$_1$	0.52	0.6954	4.651	0.000	Significant
	Pre-Post$_2$	0.51	0.7031	4.555	0.000	Significant
Connectedness	Pre-Post$_1$	0.37	0.4078	5.626	0.000	Significant
	Pre-Post$_2$	0.37	0.4588	5.005	0.000	Significant
CBI-24 Inventory	Pre-Post$_1$	0.35	0.3991	5.425	0.000	Significant
	Pre-Post$_2$	0.36	0.4420	5.036	0.000	Significant

Note: Post$_1$ is the post test after one week and Post$_2$ is the post-test after one month of the conduct of the program, respectively.

Analysis and Discussion

To summarize the result, all the domains of the caring behavior (assurance, knowledge and skill, respectful and connectedness) had a significant result from pre-test to post-test and post-test after one month. This shows that all participants seemed to benefit from the CARE program. This finding was supported by a study were nurses was evaluated of the effectiveness of a one-day diabetes education program for registered nurse working on Jordanian hospital. A pre-test and post-test designs were used to evaluate the knowledge of the participants regarding diabetes. The study revealed a significant difference noted in the modified diabetes basic knowledge mean test scores before and after implementation of the education program in which it concludes that the diabetes education program had a positive effect on nurses' knowledge (Yacuob et al., 2015). Another study that supports this result is a study conducted to examine the differences in health care professionals' perceptions of perinatal loss situations before and after an educational program on perinatal bereavement. It is noted that scores were significantly higher (p = .000) on each of the post-test vignettes thus concludes that there was a significant increase in

the health care professionals' perceptions of the emotional care needs of families experiencing perinatal loss (Dimarco et al., 2002). Another study was conducted in which the objective is to evaluate the effectiveness of a structured education program for increasing caregiver knowledge of infants discharged on home oxygen therapy. The study used one-group pretest-posttest design and participated by eighteen primary caregivers of infants with bronchopulmonary dysplasia who were discharged from a tertiary-care center. The education program included a booklet, videotape, and practical sessions were the pre-test was administered immediately before the caregiver entered the program, and a post-test was administered immediately after the caregiver completion of the program. A delayed post-test was administered six weeks after the infant's discharge from the hospital. The result of the study showed that there is significant difference between the pretest and post-tests scores due to the effectiveness of the education program (Brown et al., 1994). Establishing an education program in the hospital may lead to decrease in medical-care cost and patient morbidity and implemented as part of mandatory training (Warren et al., 2004).

During the conduct of the program, some difficulties were experienced by the principal investigator such as the conflict of duties in their respective areas and the willingness of the participant to participate since it is voluntary. Therefore, the principal investigator did not achieve the target sample size and made some adjustments on the flow of the program. The principal investigator makes sure that the objective of each lecture is aligned to the goal of the program and that is to identify and improve their caring behaviors and the lecturer understands the goal of the study. Each activity conducted has been carefully conceptualize based on the

studies/journals and ensures that this are directed towards enhancing their caring behaviors.

During the conduct of the post-test after one month, the principal investigator interviewed the participants regarding the effect of the training program in relation to their caring behaviors. Some stated that the program helped them to reflect their caring attitude towards their patient and used the learning they got from the program in their day-to-day encounter not just for the ESRD patients but to all patients they care. The principal investigator asked the participants if they encountered difficulties or questions regarding the program and most of them have a positive feedback to the program such as it helps them to voice their concerns about caring the patients and learn some relaxation techniques whenever they encounter difficult patients. These feedbacks are same with the feedback written by the participants after the conduct of the program.

4. Determine the relationship between the profile of nurses and their caring behavior.

Table 8. Significance of relationship between the profile of nurses and their caring behavior one month after the training

Profile	Comp X^2 value	df	*p* value	Significance
Age				
Assurance	0.890	2	0.641	Not significant
Knowledge and skill	7.508	4	0.111	Not significant
Respectful	2.396	2	0.302	Not significant
Connectedness	6.704	4	0.152	Not significant
All	1.352	2	0.509	Not significant

Sex				
Assurance	1.537	1	0.215	Not significant
Knowledge and skill	1.537	2	0.464	Not significant
Respectful	1.978	1	0.160	Not significant
Connectedness	1.005	2	0.605	Not significant
All	1.978	1	0.160	Not significant
Educational attainment				
Assurance	0.150	1	0.698	Not significant
Knowledge and skill	1.848	2	0.397	Not significant
Respectful	0.016	1	0.898	Not significant
Connectedness	6.144	2	0.046	**Significant**
All	0.016	1	0.898	Not significant
Length of experience				
Assurance	3.668	2	0.160	Not significant
Knowledge and skill	4.318	4	0.365	Not significant
Respectful	2.447	2	0.294	Not significant
Connectedness	4.583	4	0.333	Not significant
All	2.074	2	0.354	Not significant
Trainings				
Assurance	1.751	1	0.186	Not significant
Knowledge and skill	1.751	2	0.417	Not significant
Respectful	2.253	1	0.133	Not significant
Connectedness	3.954	2	0.138	Not significant
All	2.253	1	0.133	Not significant

Analysis and Discussion

In terms of the relationship of the profile of nurses and the caring behavior, the result generally showed that there is no significant relationship between age and the four domains of caring behavior, same with the result of sex, length of

experience and training. However, in terms of educational attainment and caring behavior, there is a positive correlation in terms of the connectedness. Studies suggest that there is a relationship between the quality of care and safety and the educational background of nurses (Aiken et al. 2003; Giger & Davidhizar 1990; Johnson, 1988). Education and appropriate training of nurses is crucial to ensure high quality and safety of patient care. Hospitals with higher proportions of nurses educated at the baccalaureate level or higher experienced lower mortality and failure to rescue rate of patients (Aiken et al., 2003). In addition, the delegation of the patient according to the competency level is very important to ensure the delivery of quality nursing care (Hoban, 2003). Countries across the globe are determined to improve the education of nurses as directly proportional to improve the quality and safety of patient care (Van de Mortel & Bird, 2010).

According to Pratt et al. (1993), an inexperienced enrolled nurse worsens the workload of a registered nurse that can create a possible problem. Studies conducted in other nation have shown better patient outcomes where baccalaureate-prepared RNs were responsible for most of the patient care. This can possibly be attributed to the fact that nurses who had been trained at a baccalaureate level have stronger communication to the patient and problem-solving skills (Johnson, 1988) and a higher understanding in their ability to develop nursing diagnoses and evaluate the effectiveness of nursing interventions (Giger & Davidhizar, 1990). Hospitals that had more modern equipment available and adequate numbers of RN staff, showed improved performance on all processes related to patient care (Lucero, Lake & Aiken 2009). The education level of nurses appears to play a vital role in developing awareness, connectedness, and integration of professional values into practice of caring (Sibandze et al., 2017)

CHAPTER V: CONCLUSION AND RECOMMENDATIONS

This chapter summarizes all significant findings and conclusions that answered each research questions and provided relevant recommendations to further explore the caring behavior of nurses and the effectiveness of CARE program.

Summary

This study focused on providing the demographic profile, describing the caring behavior of nurses, the effectiveness of a one-day education program (CARE program) in improving the caring behavior of nurses caring for ESRD patients undergoing hemodialysis and determined if there is a relationship between the profile of nurses and their caring behavior.

The following were the significant findings derived from the study:

a) In the Assurance domain, all items had a positive result with an interpretation, the pre-test mean score of 5.42 and the post-test mean score of 5.67 showed a significant difference and had a consistent result in the post-test after 1 month with a mean score of 5.72. Showing concern to the patient got the highest score with a pre-test mean score of 5.64 which showed a significant difference to the post-test with a mean score of 5.82 and post-test after one month with a mean score of 5.87.
b) In the Knowledge and skills domain, all items had a positive result, the pre-test mean score of 5.47 and the post-test mean score of 5.73 showed a significant difference and a consistent result in the post-test after month with a mean score of 5.71. Of all the caring behavior under the knowledge and skill

domain, the highest score was “Knowing how to give shots, intravenous lines, etc.”

c) In the Respectful domain, all items had a positive result; the pre-test mean score of 5.31 and the post-test mean score of 5.68 showed a significant difference and had the same result in the post-test after 1 month with a mean score of 5.68. Attentively listening to the patient got the highest score for this domain, in which it can be correlated to the attitude of nurses towards the patient.

d) In the Connectedness domain, all items had a positive result which the pre-test mean score of 5.38 and the post-test mean score of 5.64 showed a significant difference and had the same result in the post-test after one month with a mean score of 5.69. Giving instructions or teaching the patient got the highest score for this domain.

e) The highest score for all the caring behavior domain is the knowledge and skill with a pre-test weighted mean score of 5.47 and the post-test weighted mean score of 5.73 which showed a significant difference and consistent with the result of the post-test after one month with a weighted mean score of 5.73. The lowest score domain is the connectedness with a pre-test weighted mean score of 5.04 and the post-test weighted mean score of 5.56 which showed a significant difference and consistent with the result of the post-test after one month with a weighted mean score of 5.55.

f) All domains of the caring behavior (assurance, knowledge, and skill, respectful and connectedness) had a significant result from pre-test to post-test and post-test after one month. This shows that all participants seemed to benefit from the CARE program.

g) In terms of the relationship of the profile of nurses and the caring behavior, the result generally showed that there is no significant relationship between age and the four domains of caring behavior. This is the same, with the result of sex, length of experience and training. However, in terms of educational attainment and caring behavior, there is a positive correlation in terms of the connectedness domain.

Conclusions

This study revealed the caring behavior of nurses caring for ESRD patients undergoing hemodialysis and the effectiveness of the CARE program in the improvement of their caring behaviors. All domains of the CBI 24 were significantly improved after one week and this continued after one month.

The education level of a nurse is an important component towards caring the patients and ensures delivery of a safe and quality care.

Therefore, the one-day education program developed was effective in improving the caring behavior of nurses in the aspect of assurance, knowledge and skill, respectful and connectedness.

Recommendations

1. In the aspect of nursing education, the principal investigator recommends utilizing the result of the CARE program and its content in improving the caring behavior of nurses to ESRD patient undergoing hemodialysis. This result is not just applicable for use by nephrology nurses, but by all nurses who needs to improve their caring behaviors towards their patients. This can be a drive effort to intensify core course in nursing as well as continuing education and learning.

2. In the aspect of research, the principal investigator recommends doing further studies on improving the caring behavior of nurses and the CARE program tailoring it to the needs of nurses towards caring the patients.
3. The principal investigator recommends utilizing the Watson Caritas process as a framework in the initiation, development, implementation, and evaluation of continuous quality improvement (CQI) that aims to seek improvement of the caring behaviors of nurses towards patients.

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APPENDICES

Appendix A

THE RESEARCH INSTRUMENT

Part I. Nurses Demographic Profile

Age:	**_____**
Sex:	☐ **Male** ☐ **Female**
Highest Educational Attainment:	☐ **Bachelor's Degree in Nursing** ☐ **Master's Degree in Nursing**
Length of experience caring for ESRD patients:	☐ **Newly hired** ☐ **1-5 years** ☐ **6-10 years** ☐ **11-15 years** ☐ **16-20 years** ☐ **More than 20 years**
Training/s attended related to hemodialysis:	☐ **Yes** ☐ **No**

Part II. Caring Behaviors Inventory-24
NURSE VERSION

Directions: Please read the list of items that describe nurse caring. For each item please ***circle*** the answer that stands for the extent that you made caring visible to ESRD patients on hemodialysis.
Remember, ***you*** are the ***nurse!***

1.	Attentively listening to the patient.	Never	Almost Never	Occasionally	Usually	Almost Always	Always
2.	Giving instructions or teaching the patient.	Never	Almost Never	Occasionally	Usually	Almost Always	Always
3.	Treating the patient as an individual.	Never	Almost Never	Occasionally	Usually	Almost Always	Always
4.	Spending time with the patient.	Never	Almost Never	Occasionally	Usually	Almost Always	Always
5.	Supporting the patient.	Never	Almost Never	Occasionally	Usually	Almost Always	Always
6.	Being empathetic or identifying with the patient	Never	Almost Never	Occasionally	Usually	Almost Always	Always
7.	Helping the patient grow.	Never	Almost Never	Occasionally	Usually	Almost Always	Always

8. Being patient or tireless with the patient.	Never	Almost Never	Occasionally	Usually	Almost Always	Always
9. Knowing how to give shots, IVs, etc.	Never	Almost Never	Occasionally	Usually	Almost Always	Always
10. Being confident with the patient.	Never	Almost Never	Occasionally	Usually	Almost Always	Always
11. Demonstrating professional knowledge and skill.	Never	Almost Never	Occasionally	Usually	Almost Always	Always
12. Managing equipment skillfully.	Never	Almost Never	Occasionally	Usually	Almost Always	Always
13. Allowing the patient to express feelings about his or her disease and treatment.	Never	Almost Never	Occasionally	Usually	Almost Always	Always
14. Including the patient in planning his or her care.	Never	Almost Never	Occasionally	Usually	Almost Always	Always
15. Treating patient information confidentially.	Never	Almost Never	Occasionally	Usually	Almost Always	Always
16. Returning to the patient voluntarily.	Never	Almost Never	Occasionally	Usually	Almost Always	Always
17. Talking with the patient.	Never	Almost Never	Occasionally	Usually	Almost Always	Always
18. Encouraging the patient to call if there are problems.	Never	Almost Never	Occasionally	Usually	Almost Always	Always
19. Meeting the patient's stated and unstated needs.	Never	Almost Never	Occasionally	Usually	Almost Always	Always
20. Responding quickly to the patient's call.	Never	Almost Never	Occasionally	Usually	Almost Always	Always
21. Helping to reduce the patient's pain.	Never	Almost Never	Occasionally	Usually	Almost Always	Always
22. Showing concern for the patient.	Never	Almost Never	Occasionally	Usually	Almost Always	Always
23. Giving the patient's treatments and medications on time.	Never	Almost Never	Occasionally	Usually	Almost Always	Always
24. Relieving the patient's symptoms.	Never	Almost Never	Occasionally	Usually	Almost Always	Always

Wu et. al (2006)(Copyright ©Zane Robinson Wolf. 1981; 1990; 1991; 10/91; 1/92; 3/92; 8/94; 12/95)

Appendix B

LETTER OF PERMISSION TO USE THE CBI-24 AND APPROVAL OF OWNER

University of the Philippines
Open University
Faculty of Management and Development Studies
Master of Arts in Nursing –Adult Health Nursing Program
University of the Philippines, Department of Information Communication & Technology Building Rm. 304
C.P. Garcia Avenue, Diliman, Quezon City, Metro Manila

September 24, 2019

ZANE ROBINSON WOLF, PhD, RN, FAAN
Dean Emerita and Professor
School of Nursing and Health Sciences
La Salle University
Philadelphia, PA 19141 USA

Dear Dr. Wolf,

I am a graduate student at the University of the Philippines Open University writing my thesis titled "CARE (Caring, Altruism and Response) Program and Caring Behaviors among Nurses of End-Stage Renal Disease Patients on Hemodialysis in a Government Training and Teaching Hospital in the Bicol Region".

I would like to ask your permission to use the Caring Behavior Inventory Nurse Version in my research study.
The objective of my study is:
1.) To determine the caring behavior of nurses before and after the Caring Altruism and Response of nurses to ESRD patients (CARE) program.
2.) To determine relationship between selected nurse's factors (age, sex, education, training on hemodialysis, length of exposure as hemodialysis nurses) and their caring behaviors.
For any question or concerns please feel free to contact my adviser:

ARACELI O. BALABAGNO, PhD, RN
Affiliate Faculty – Master of Arts in Nursing – Adult Health Nursing
UP Open University – Learning Center Manila
Chairman, Department of Research, Philippine Nurses Association
Tel.no.: +63 (2)523-1633 Telefax: +63 (2) 528-4014

Thank you very much!

Respectfull yours,

ALVIN L. MALATE, RN, CNN
MAN-Adult Health Nursing

Release Form
Caring Behaviors Inventory: CBI 42, 24, 16, and 6

Zane Robinson Wolf

You have my permission to use a version of the Caring Behaviors Inventory in your research or project. Completing, signing, scanning, and returning this form grants permission.

Please complete the items on the form and return by email. I am also asking your permission to share your name and email address with future colleagues interested in using a translated version of the instrument.

Name: ALVIN L. MALATE	Degrees and Certifications: BACHELOR OF SCIENCE IN NURSING REGISTERED NURSE CERTIFIED NEPHROLOGY NURSE
Address: P-3 BRGY. BAÑADERO, DARAGA, ALBAY, PHILIPPINES 4501	
Employer: BICOL REGIONAL TRAINING AND TEACHING HOSPITAL, LEGAZPI CITY PHILIPPINES	
University: UNIVERSITY OF THE PHILIPPINES, OPEN UNIVERSITY	
Phone-Cell:	Phone-Work:
Phone-Home, Land: 431-1989	Other Phone:
Email Address: vhinz_morpheus@hotmail.com	Second Email Address: Alvin.malate@upou.edu.ph

Version of the CBI that you are interested in administering:

Version	Please check
CBI 42	
CBI 24	✓
CBI 16	
CBI 6	

1. Very briefly describe your use of the CBI:

   The CBI-24 was used in this study to determine the caring behaviors of nurses taking care of end stage renal disease patient and look into the difference in their caring behaviors before and after the implementation of the C.A.R.E. (Caring, Altruism and Response for ESRD patients) Program.

2. Estimate how many subjects/participants/students, etc. will be involved in your use of the CBI.

   50-60 participants

3. If you translate the instrument, please identify the language of the translation: _____. If you translate the instrument, you own the copyright and will cite the CBI research literature.

   The study used the English version since all participants can understand the English language. English is the second language in the Philippines next to Filipino.

4. If your research study involves a thesis or dissertation, identify the major advisor's name and address:

Name: ARACELI O. BALABAGNO, RN, MAN, PhD	Degrees and Certifications: Bachelor of Science in Nursing Master of Arts in Nursing Doctor of Philosophy
Address UP Open University Faculty of Management and Development Studies Tel.no.: +63 (2)523-1633 Telefax: +63 (2) 528-4014	
Email: aobalabagno@up.edu.ph	

5. I plan to modify the instrument; please circle: No

6. I will translate and reverse translate the instrument; please circle: No

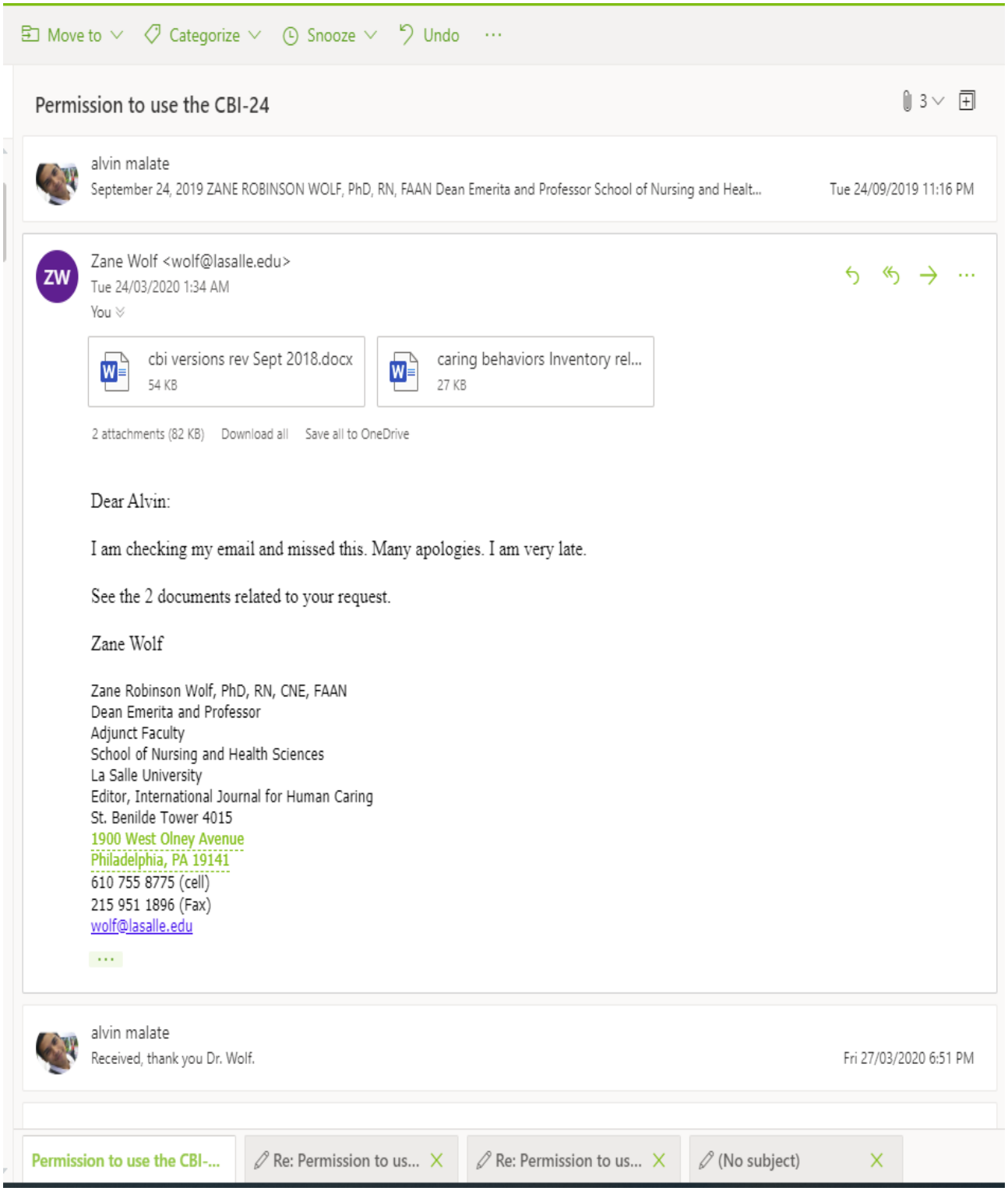
I will email the version that I administer to Dr. Wolf and will notify Zane Robinson Wolf when a publication results from administration of the CBI. I will send current postal and email addresses.

Alvin L. Malate, RN, CNN
Signature

Please retain one copy of this form for your records and send the original back as a scanned pdf.

Thank you for your interest in the Caring Behaviors Inventory. I own the copyright for the instrument.

Zane Robinson Wolf, PhD, RN, FAAN
27 Haverford Road
Ardmore, PA 19003 USA


Move to
Categorize
Snooze
Undo
Permission to use the CBI-24
3
alvin malate
September 24, 2019 ZANE ROBINSON WOLF, PhD, RN, FAAN Dean Emerita and Professor School of Nursing and Healt...
Tue 24/09/2019 11:16 PM
ZW
Zane Wolf <wolf@lasalle.edu>
Tue 24/03/2020 1:34 AM
You
cbi versions rev Sept 2018.docx
54 KB
caring behaviors Inventory rel...
27 KB
2 attachments (82 KB) Download all Save all to OneDrive
Dear Alvin:
I am checking my email and missed this. Many apologies. I am very late.
See the 2 documents related to your request.
Zane Wolf
Zane Robinson Wolf, PhD, RN, CNE, FAAN
Dean Emerita and Professor
Adjunct Faculty
School of Nursing and Health Sciences
La Salle University
Editor, International Journal for Human Caring
St. Benilde Tower 4015
1900 West Olney Avenue
Philadelphia, PA 19141
610 755 8775 (cell)
215 951 1896 (Fax)
wolf@lasalle.edu
alvin malate
Received, thank you Dr. Wolf.
Fri 27/03/2020 6:51 PM
Permission to use the CBI-...
Re: Permission to us...
Re: Permission to us...
(No subject)

Appendix C

LETTER TO THE MEDICAL CENTER CHIEF FOR APPROVAL TO CONDUCT STUDY

University of the Philippines
Open University
Faculty of Management and Development Studies
Master of Arts in Nursing –Adult Health Nursing Program
University of the Philippines, Department of Information Communication & Technology Building Rm. 304
C.P. Garcia Avenue, Diliman, Quezon City, Metro Manila

July 12, 2019

ROGELIO G. RIVERA, MD, MHA, CEO VI
Medical Center Chief II
Bicol Regional Training and Teaching Hospital
Legazpi City

Dear Dr. Rivera,

I am a currently taking my masters at the University of the Philippines Open University writing my thesis titled "CARE (Caring, Altruism and Response) Program and Caring Behaviors among Nurses of End-Stage Renal Disease Patients on Hemodialysis in a Government Training and Teaching Hospital in the Bicol Region".

I would like to ask your permission to conduct the study in your institution.

In connection with this, I would like to ask your good office to allow us to use your materials as one of my references and to conduct my survey and interview in your vicinity.

Rest assured that the data we will gather will remain absolutely confidential and to be used on academic purposes only. I believe that you are with me in my enthusiasm to finish this requirement as compliance for my graduation and to develop my well-being. I hope for your positive response on this humble matter. Your approval to conduct this study will be greatly appreciated.

For any question or concerns please feel free to contact my adviser:

ARACELI O. BALABAGNO, PhD, RN
Affiliate Faculty – Master of Arts in Nursing – Adult Health Nursing
UP Open University – Learning Center Manila
Chairman, Department of Research, Philippine Nurses Association
Tel.no.: +63 (2)523-1633
Telefax: +63 (2) 528-4014

Thank you very much!

Respectfully yours,

ALVIN L. MALATE, RN, CNN
MAN-Adult Health Nursing

Appendix D

LETTER REQUEST TO THE BRTTH INSTITUTIONAL REVIEW BOARD

University of the Philippines
Open University
Faculty of Management and Development Studies
Master of Arts in Nursing –Adult Health Nursing Program
University of the Philippines, Department of Information Communication & Technology Building Rm. 304
C.P. Garcia Avenue, Diliman, Quezon City, Metro Manila

July 12, 2019

MARLYN S. DAGUNO, RN, MAN, PhD
Chair, Institutional Review Board
Bicol Regional Training and Teaching Hospital
Legazpi City

Dear Dr. Rivera,

I am a currently taking my masters at the University of the Philippines Open University writing my thesis titled "CARE (Caring, Altruism and Response) Program and Caring Behaviors among Nurses of End-Stage Renal Disease Patients on Hemodialysis in a Government Training and Teaching Hospital in the Bicol Region".

I would like to ask your permission to conduct the study in your institution. In connection with this, I would like to ask your good office to allow us to use your materials as one of my references and to conduct my survey and interview in your vicinity.

Rest assured that the data we will gather will remain absolutely confidential and to be used on academic purposes only. I believe that you are with me in my enthusiasm to finish this requirement as compliance for my graduation and to develop my well-being. I hope for your positive response on this humble matter. Your approval to conduct this study will be greatly appreciated.

For any question or concerns please feel free to contact my adviser:

ARACELI O. BALABAGNO, PhD, RN
Affiliate Faculty – Master of Arts in Nursing – Adult Health Nursing
UP Open University – Learning Center Manila
Chairman, Department of Research, Philippine Nurses Association
Tel.no.: +63 (2)523-1633
Telefax: +63 (2) 528-4014

Thank you very much!

If these are acceptable terms and conditions, please indicate so by replying to me through e-mail: alvin.malate@upou.edu.ph

Respectfull yours,

ALVIN L. MALATE, RN, CNN
MAN-Adult Health Nursing

Appendix E

LETTER TO NURSE PARTICIPANTS AND INFORMED CONSENT

University of the Philippines Open University
Faculty of Management and Development Studies
Master of Arts in Nursing –Adult Health Nursing Program
University of the Philippines, Department of Information Communication & Technology Building Rm. 304
C.P. Garcia Avenue, Diliman, Quezon City, Metro Manila

Dear Participants,

My name is ALVIN L. MALATE. I am a certified nephrology nurse and taking my masters degree at the Univeristy of the Philippines Open University where I am studying the Caring behavior of nurses caring for End stage renal disease patients undergoing hemodialysis.

Little to no research has been done for these patients, and so I am inviting you to participate in my research study and have a chance to assess and improve your nursing caring behavior. To participate in this study, you must be a nurse that cares for ESRD patients and willing to participate in the study.

First, you will be asking to answer questions on two surveys:
a. Demographic Work Sheet which asks questions about your age, sex, highest educational attainment, length of experiences caring for ESRD patients, training/s attended related to hemodialysis if there is or none.
b. The Caring Behavior Inventory-24 (CBI-24)
c. It will take about 10–15 minutes to complete the survey.

There are no risks in participating in this research beyond those experienced in everyday life. All of the information that you provide will remain confidential. Although there are no benefits to you by participating in this study, it can result in awareness of caring behavior for ESRD patients. This improvement can be done to deliver quality healthcare.

Strict confidentiality will be ensured. The data will be stored andsecured at the HD office in a locked desk drawer to which I have the single key. The UPOU and the BRTTH Institutional Review Boardmay review records related to this research study. In the event of a publication or presentation resulting from the research, no personally identifiable information will be shared.

There will be no monetary payment for participation in this research; there is no cost to you to participate in this study. Your decision will be voluntary. You can stop at any time. You do not have to answer any questions you do not want to answer. Refusal to take part in or withdrawing from this study will involve no penalty to you and will not affect your job at BRTTH. You can withdraw anytime from the study as you decide.

Your identity will remain confidential and will not be shared with anyone. If you agree to take part in this research study and the information outlined above, please sign your name and indicate the date.

Your name on the consent form cannot be matched with your responses on the questionnaires, since the consent form does not have any numeric ID code and is returned separately from the questionnaires. Take note the numeric code numbers are used to facilitate the analysis of your responses.

Please keep in mind when completing the questionnaires, there are no right or wrong answers. Responses were analyzed and reported as data in the study. I am happy to share the overall findings with you after the study is completed. The process and form for requesting the findings of the study is included on the consent form.

After reading and signing the Informed consent, please place it in the white envelope, seal it and return it to the nurse researcher. After completing the questionnaires, please place them in the envelope, seal it and return to the nurse researcher.

Thank you for your participation.

ALVIN L. MALATE, RN, CNN
MAN – Adult Health Nursing

University of the Philippines Open University
Faculty of Management and Development Studies
Master of Arts in Nursing –Adult Health Nursing Program
University of the Philippines, Department of Information Communication & Technology Building Rm. 304
C.P. Garcia Avenue, Diliman, Quezon City, Metro Manila

INFORMED CONSENT FORM FOR NURSES CARING FOR END-STAGE RENAL DISEASE PATIENTS UNDERGOING HEMODIALYSIS

This Informed Consent Form has two parts:
- Information Sheet (to share information about the research with you)
- Certificate of Consent (for signatures if you agree to take part)

PART I: Information Sheet

Introduction

I am ALVIN L. MALATE, Master of Arts in Nursing majoring in Adult Health Nursing student of the University of the Philippines Open University. I am currently conducting my research entitled "CARE (Caring, Altruism and Response) Program and Caring Behaviors among Nurses of End-Stage Renal Disease Patients on Hemodialysis in a Government Training and Teaching Hospital in the Bicol Region"

I am going to give you information and invite you to be part of this research. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research.There may be some words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask me anytime.

Purpose of the research

Caring is the heart of nursing and is a distinct attribute of a nurse. Caring has been shown to help patients cope and improve their quality of life. The study aims to evaluate the influence of caring actions, given the design and development of a training program to enhance the caring behavior of the nurse and how this program can provide psychosocial support for the ESRD patient.

Type of Research Intervention

All voluntary participants will undergo a pre and post-test and participate in the one (1) day training program.

Participant selection

We are inviting you to participate in this research study to improve the nurses caring behavior in caring ESRD patients undergoing hemodialysis. We have decided to choose you as one of our participants because this study focuses on nurses and their caring behaviors.

Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. Whether you choose to participate or not, it will not change the current status of your work and will not affect your promotion or performance rating. You may change your mind later and stop participating even if you agreed earlier. Your participation will have a great impact in the success of this study but you have the right to decide to withdraw in the study at any of your convenience.

Procedures and Protocol

Pre-test: A master list of identified nurses who qualified to participate in the study will be created. The pre-test will consist of a questionnaire (Caring Behavior Inventory (CBI)-24) to be answered, and the venue will be at the BRTTH Regional Heart Center. The participants will be given an informed consent and following the questionnaire to be answered with no time limit. The questionnaire will be collected by the researcher. This will be done one (1) day prior to the conduct of the training program.

The training program will be a one (1) day activity and to be conducted only once. The venue of the training program will be at the BRTTH-Heart Center conference hall to make sure that the participants are comfortable and away from distraction. Maximum of sixty (60) participants can be accommodated to make sure that the participants understand and the speaker can assess each participant comprehension and accommodate questions and clarifications. Each participant will be given a kit to use in taking down notes for each topic/speaker. The researcher will have an assistant to assist him in taking the attendance, giving customer satisfaction feedback, troubleshooting, etc.

Post-test: the post-test will be done one (1) week after the seminar. Same questionnaire will be given to each participant with no time limit.

a. Risk - No risk/harm identified as you participate in this study, the researcher made sure that the confidentiality and anonymity of the participant is secured.

b. Benefit - Although there are no benefits to you by participating in this study, it can result in increased nursing knowledge which can help to improve nursing care for patient who are diagnosed with end stage renal disease. A certificate with CPD units will be given to you after you completed the training program. No fees will be collected in the whole duration of the study. This training program is free and certificate will be given at no cost.

c. Confidentiality - The information that willbe collected will be kept confidential. No names will appear in the data and shall use coding system. The data will be stored and secured in a locked file at the hemodialysis unit office to which the key is kept by the researcher.

d. Sharing the Results - The result of this study will be shared with you through unit meeting and in the Nursing Service Department. Publication can also be done so that interested people may learn from the result of our research.

e. Right to Refuse or Withdraw - You do not have to take part in this research if you do not wish to do so and refusing to participate is allowed at any time you wish to. It is your choice and all of your rights will still be respected.

Who to Contact

If you have any questions you may ask them now or later, even after the study has started. If you wish to ask questions later, you may contact any of the following:

ALVIN L. MALATE, RN, CNN
Researcher
Contactno:
E-mailadd:alvin.malate@upou.ed.u.ph

ARACELI O. BALABAGNO, RN, PhD
Affiliate Faculty – Master of Arts in Nursing – Adult Health Nursing
UP Open University Faculty of Management and Development Studies
Tel.no.: +63 (2)523-1633
Telefax: +63 (2) 528-4014

This proposal has been reviewed and approved by Bicol Regional Training and Teaching Hospital Institutionalized Review Board, which is a committee whose task is to make sure that research participants are protected from harm. If you wish to find about more about the IRB, contact:

MARLYN A. DAGUNO, RN, MAEd-NE, MAN, PhD
Chairman, Institutional Review Board
Bicol Regional Training and Teaching Hospital
Legazpi City
Tel. no.: 0919-3305-977

Disclaimer: This Informed consent is based on the Information consent form template given by the WHO: Research Ethics Review Committee. The Researcher used and make it briefly and short for the convenience of his study and the participants. The template is free of charge and does not require any permission to use.

PART II: Certificate of Consent

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate as a participant in this research.

Print Name of Participant_____
Signature of Participant _____

Date_____
Day/month/year

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands the Information sheet given.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.

Print Name of Researcher/person taking the consent_____

Signature of Researcher /person taking the consent_____

Date _____
Day/month/year

Appendix F

CARE PROGRAM

University of the Philippines
Open University
Faculty of Management and Development Studies
MASTER OF ARTS IN NURSING
Major in Adult Health Nursing

Title: **C**aring **A**ltruism and **R**esponse of nurses to **E**SRD patients (C.A.R.E. Program)
A Training Program for Nurses Caring for End-Stage Renal Disease (ESRD) patients

I. Rationale

A one (1) day program activity designed to use as a caring discipline/guide for nurses caring for ESRD patients using the core framework of Watson Caring Theory to enhance their caring practice. Its purpose is to integrate caring science to their personal and professional lives using innovative learning-teaching methodologies. The participants are expected to learn how to synthesize, integrate, and apply the carative/caritas process in their self and in caring for ESRD patients.

II. General Objective:

At the end of the program the participants shall be able to acquire the knowledge, skills, and attitude in developing a caring connection and relationship to the ESRD patients that will heal and restore their wholeness and dignity.

Specifically, to:

1. Define terms relevant to the caring behavior.
2. Discuss Caring Science and Theory of Human Caring.
3. Promote an interpersonal teaching and learning that will address each patient needs and personal learning styles.
4. Value the importance of the training.

III. **Learning Outcomes**

	Learning Outcomes	Learning Assessment
A	Definition of terms: - caring - caring science - caring behavior	Pre-test and posttest Question and answer
B	Watsons theory of human caring, the 10 caritas process and its application to nursing profession	Pre-test and posttest Question and answer
C	Activities related to interpersonal Teaching-learning	- interpretation on caring concepts through visual art (poster making) - participation during small group activity (group discussion) -assessing the comprehension of participants through open forum -identification of caritas processes through video presentation (learning activity) - exchange of ideas and opinions through debate -application of caring concepts through healing modalities (relaxation techniques)

IV. Contents

The learning outline comprise of the following:

1. Caring, Caring science and caring behavior

2. Watsons theory of human caring, the 10 caritas process and its application to nursing profession
3. Interpersonal Teaching-learning through the following activities:

- Interpretation on caring concepts through visual art
- Participation during small group activity
- Assessing the comprehension of participants
- Identification of caritas processes through video presentation
- Exchange of ideas and opinions
- Application of caring concepts through healing modalities

Methodology

Lecture
Lecture discussion with multimedia presentation
Pre and Post test
Postermaking
Group discussion

Open forum
Video presentation
Relaxation techniques

Procedure

1. The researcher will prepare a request letter to the Medical Center Chief to secure approval of the conduct of the training program.
2. Once approved, the researcher will coordinate to the Office of the Chief Nurse thru the Training Office for the venue and the participants.
3. The researcher hires 2 assistants to assist him in preparing the needed materials and facilitating the training program such as attendance, printing of certificates, distributing pre and posttest exam, certificates, and evaluation.
4. The researcher makes sure that the necessary materials to be used during the program is complete and ready, the participants and guest are informed, slides/lectures are prepared and the venue is set up one day prior to the conduct of the program.
5. On the day of the program, the researcher and the assistants come earlier to set up the venue and the materials. One assistant should be assigned to make sure participants had attendance. Each participant will be given a training kit including handouts, paper and ball pen.
6. The researcher will ask an IT staff for technical support and troubleshooting, making sure to minimize any interruption during the seminar program.
7. One (1) day before the program, a pretest will be given to each participant. This will assess the caring behavior of each participant and to have a baseline data for the researcher in preparing the comparative report.
8. During seminar, several lectures and activities will be given and done to make sure that each participant assimilates the topics very well.
9. A Poster making activity will be done after the topic on caring. They will be asked to express their view/s on caring through art and explain to the group their work. This activity will help the researcher to the see how deep the understanding of the participants is related to caring.
10. For Group Discussion, the researcher together with his assistants will group the participants and each group will be given a pen and a manila paper. The researcher will use the SWOT analysis to identify problems related to caring and create solutions and improve through reflecting oneself. When each group is done, one representative for each group will be asked to discuss their SWOT analysis to promote self-awareness,and learn all the necessary details about oneselfand providing a better picture of all pros and cons.This activity might help each participantto make effort to have positive changes which will lead to new opportunities.
11. For the Open Forum activity, the speaker will ask each one on how they will apply the theory in their day to day activity.
12. For the Learning Activity, the researcher will give a scenario (thru a video or slide presentation) and identify what caritas process was been applied. They will be also asked to select what caritas process and why they selected it. In this activity, the researcher will assess the comprehension of each participants on the 10 caritas processes and gave them the opportunity to express their beliefs.

13. For debate activity, each group will choose a spokesperson and the facilitator will give a certain issue that is currently happening or experiencing in terms of caring behavior and each one will defend or prove their sides. The judge will be the respondents of the activity, in case of a tie, the guest speaker will be the tie breaker. The winner group for all the activities will be given prizes.
14. At the end of the program, an evaluation will be given to each participant to rate the performance of the speaker, the lecture, and the venue.
15. The researcher will give an assignment to be done each day by the participant. He will give links to be viewed or read by the participants and make a reflection journal out of it. A total of five (5) reflection journals should be submitted to the researcher for the completion of the training program.
16. A post test will be given to the participants who submitted the five (5) reflection journals. The certificate will be given to the participant who completed the requirements of the training program (pre-test, complete attendance, five (5) reflection journal and post-test).

VI. Operational Details

Date and Venue	December 14, 2019 BRTTH Heart Center Conference Room	
Category of Participants	BRTTH Nursing Service Department	
Total Participants/batch: 55	Males:	Females:
Learning Service Providers (LSP)/Facilitators	3	
Support Staff	2	
Proposed Budget	Php 20,000.00	
Fund Source		

Expense item	Expense detail	Breakdown details	Cost
Supplies and Materials	Include costs of consumable and semi-expendable items to be used during the implementation of a research project or program. These include, but are not limited to office supplies etc.	Specialty paper 90/200gsm (certificate)	25/pack x3= P 75
		Pentel pen	60/piece x5= P300
		Ballpen	6/piece x35= P210
		Brown Envelope Short	3/piece x 35= P105
		Coupon band (A4)	180/ream = P180
		Manila paper 36/48 inches	10/piece x 5= P50

		Crayons	30/pack x 7 = P 210
		Total	P 1, 130
Printing Expenses	Include costs of producing and printing of certificates	Printing	P100
Personal Service	Honoraria, fees and other compensation to speakers. These personnel undertake specific activities that require expertise or technical skill.	Honoraria/token	P1,000/speaker x 3= P3,000
Registration expenses	Fees/payment for the processing for the registration of the Training program for CPD units.	Express pouch and postage stamp	P 150
		Documentary stamp	P 50
		Total	P 200
Food expenses	Food for the Speaker, participants and the facilitators	Lunch AM/PM snacks	P 200/pax x 60=P12,000
Miscellaneous	Reserve fund for unforeseen expenses		P 3,570
TOTAL			**P 20,000**

Logistical Requirement:

a. Training Kits (Reproduce needed number copies of the following, if applicable)
   - Training Schedule and Program
   - Final Evaluation Sheets
   - Certificates of Completion
   - Diploma Jacket
   - Extra sheets of paper

b. Registration Materials
   - Participants Attendance Sheet
   - Ball pens and pentel pens

c. Equipment
   - Laptop, 1 unit
   - LCD Projector, 1 unit
   - Printer, 1 unit

VII. Evaluation of Learning Design Intervention

Question and Answer
Pre-test and Posttest
Training Evaluation

EVALUATION SHEET

CARE Program

Date: _____ Venue: _____

Instruction: Please check (/) the items below that best describe your opinion/perception on the conduct of the **CARE Program**

1 – Poor 2 – Fair 3 - Good 4 – Excellent

CRITERIA	1	2	3	4	REMARKS
1. Objectives					
1.1. Relevance of objectives to the application of standard first aid					
2. Program Implementation & Content					
2.1. Relevance of topics, methodologies, and activities to the application of standard first aid					
3. Instructors' Ability					
Speaker 1: *Caring, Caring science and caring behavior*					
3.1.1. Clear discussion & demonstration					
3.1.2. Mastery of the subject matter					
3.1.3. Ability to motivate participants to value the importance of competency.					
Speaker 2: *Watson Theory of Human Caring*					
3.2.1. Clear discussion & demonstration					
3.2.2. Mastery of the subject matter					
3.2.3. Ability to motivate participants to value the importance of competency.					
Instructor 3: *Caritas Processes*					
3.3.1. Clear discussion & demonstration					
3.3.2. Mastery of the subject matter					
3.3.3. Ability to motivate participants to value the importance of competency.					
4. Knowledge & Skills of Participants					

4.1.	Knowledge & application of the participant **before** the training					
4.2.	Knowledge & application of the participant **after** the training					
4.3.	Capability to apply acquired knowledge and skills on caring ESRD patient on hemodialysis in actual work					
5.	**Technical Support/Assistance**					
5.1.	Venue					
5.2.	Food					
5.3.	Audiovisual materials					

Overall Comments/Suggestions and Recommendations:

_____

_____

_____

THANK YOU!

VIII. Program

Title: **C**aring **A**ltruism and **R**esponse of nurses to **E**SRD patients (CARE Program)

A Training Program for Nurses Caring for End-Stage Renal Disease patients

General Objective:

At the end of the program the participants shall be able to acquire the knowledge, skills and attitude in developing a caring connection and relationship to the ESRD patients that will heal and restore their wholeness and dignity.

Specifically to:

5. Define terms relevant to the caring behavior.
6. Discuss Caring science and theory of human caring.
7. Promote an interpersonal teaching and learning that will address each patient needs and personal learning styles.

COURSE OUTLINE AND PROGRAM

TIME	ACTIVITY	PERSON IN-CHARGE
January 25, 2020		
8:00 AM – 8:15 AM	Registration & Pre-Test	*Secretariat/Facilitator*
8:15 AM – 8:30 AM	**OPENING CEREMONIES** • Invocation and Philippine National Anthem • Welcome Remarks	**CECILIA E. DELA PENA, PhD, RN** *Nurse VII, Chief Nurse*
8:30 AM – 9:30 AM	**TOPIC 1: Caring, Caring science and caring behavior**	**JEANY B. BERDIN, CNN, RN** *Nurse III, DIALYSIS CENTER*
9:30 AM – 10:00 AM	Poster making activity Group Discussion	*Secretariat/Facilitator*
10-00 AM – 10:15 AM	Snack break	*Secretariat/Facilitator*
10:15 AM – 11:30 AM	**TOPIC 2: Watson Theory of Human Caring**	**HAROLD H. DURAN, PhD, RN** *Nurse III, PhilHealth Medical Ward*
11:30 AM – 12:00 NOON	Open forum	*Secretariat/Facilitator*
12: NOON – 1:00 PM	Lunch break	*Secretariat/Facilitator*
1:00 PM – 2:00 PM	**TOPIC 3: 10 Caritas Processes**	**MARLYN A.DAGUNO, PhD, RN Nurse VI, Training and Research***Nurse I, Hemodialysis Unit*
2:00 PM – 3: 30 PM	Learning Activity Debate	*Secretariat/Facilitator*

3:30 PM – 4:00 PM	Snack break	
4:00 PM – 4:30 PM	Relaxation Technique for Nurses (Taichi and breathing exercise)	**REPRESENTATIVE FROM PHYSICAL REHABILITATION & MEDICINE SECTION**
4:30 PM – 4:45 PM	Post test	
4:45 PM – 5:00 PM	**CLOSING CEREMONIES** • Evaluation • Awarding of Certificates • Closing Remarks	**MARLYN A.DAGUNO, PhD, RN** *Nurse VI, Training and Research*

Facilitators Guide

Pre-conduct of Training program

TIME FRAME	TASK/ACTIVITY
1 months before the schedule	Preparation of learning design, course outline, budgetary costingand speakers for the said activity.
1 month before the schedule	Follow-up for the approval of learning design, course outline and availability of speakers.
1 month before the schedule	Prepare for application for CPD program accreditation to the different councils, duly notarized by the Legal Officer.
1 month before the schedule	Inform lecturers of their assigned topics.
1 month before the schedule	Inform the Administrative staff for reservation of the venue.
1 month before the schedule	Write a letter addressed to unit heads inviting participants from different ward and units.
1 week before schedule	Finalize list of participants for issuance of special order.
1 week before schedule	Prepare the participants training kits.
A day before schedule	Prepare equipment and other training materials.
A day before schedule	Follow-up caterer for setting -up of the venue.

During Conduct of Training Program

TIME FRAME	TASK/ACTIVITY
7:00 -7:30 AM	Prepare the venue, bringing the equipment, the training kits and materials needed for the activities. Call the IHOMP Unit staff for technical assistance (sound system, connection of laptop and LCD projector). Ensure the venue is ready for the conduct of the said program.
7:30-8:00 AM	Registration and distribution of training kits
8:00 AM-5:00 PM	Facilitate conduct of the training program.

Post conduct of the training program

TIME FRAME	TASK/ACTIVITY
Within 1 week after the training program	Ensure that all participants submitted their 7 reflective journals. One journal per day. Participants who have incomplete journals cannot get their certificates.
	Tabulate and summarize the accomplished evaluation forms.
	Prepare the post-activity report with the following format: 1. Introduction of the training program, the LSPs and the facilitators and participants 2. House rules 3. Course outline and program 4. Documentation of activities 5. Summary of evaluation 6. Details of training expenses
	Submit the activity report, attendance sheets, and receipts of expenses incurred (if any) to the Supply office for liquidation and reimbursement (if applicable).
	Submit the completion report, together with the documentary requirements to the PRC.

Prepared by:

ALVIN L. MALATE, RN, CNN
Researcher

APPENDIX G

CERTIFICATE OF STATISTICIAN

June 11, 2020

C E R T I F I C A T I O N

This is to certify that the statistical computation of the thesis entitled, **"CARE (CARING, ALTRUISM AND RESPONSE) PROGRAM AND CARING BEHAVIORS AMONG NURSES OF END-STAGE RENAL DISEASE PATIENTS ON HEMODIALYSIS IN A GOVERNMENT TRAINING AND TEACHING HOSPITAL IN THE BICOL REGION",** prepared and submitted by **ALVIN L. MALATE** in partial fulfillment for the degree of **MASTER OF ARTS IN NURSING,** major in Adult Health Nursing were reviewed by me and found them to be correct.

I am, therefore, recommending for its approval

LUIS O. AMANO, PhD
Statistician

Appendix H

CERTIFICATION OF EDITING

ISO 9001:2015
TÜV Rheinland ID 910863351

Republic of the Philippines
BICOL UNIVERSITY
Legazpi City

June 19, 2020

CERTIFICATION OF EDITING

This is to certify that the undersigned has edited the thesis entitled, **"CARE (Caring, Altruism and Response) Program and Caring Behaviors among Nurses of End-Stage Renal Disease Patients on Hemodialysis in a Government Training and Teaching Hospital in the Bicol Region,"** prepared and submitted by **Alvin L. Malate** in partial fulfilment for the degree of Master of Arts in Nursing with specialization in **Adult Health Nursing**.

IRENE R. MORAL, Ed.D.
Faculty, College of Arts and Letters

Appendix I

CURRICULUM VITAE

ALVIN L. MALATE, RN, CNN

31 years old
October 23, 1988
Purok 3, Brgy. Bañadero, Daraga, Albay, 4501
431-1989/0921-57-93-449
vhinz_morpheus@hotmail.com

WORK EXPERIENCE

- Worked at the Quality Management Unit as Secretariat for the International Organization for Standardization (ISO 9001:2008) and (ISO 9001:2015) accreditation.
- Worked at the Public Health Unit as a Nurse coordinator for the DOH Malaria, Filariasis and Leprosy Control Program.
- Worked as cartoonist and content writer for the Bicol Regional Training and Teaching Hospital's newsletter.
- Worked at the Dialysis Center-Hemodialysis Unit as a Certified Nephrology Nurse.

EDUCATION

2008-2011 *Bachelor of Science in Nursing*
Academic Distinction Award
Bicol College
Daraga, Albay

2006-2008 *Bachelor of Science in Computer Science (units earned)*
Bicol University
Legazpi City

TRAININGS

2018 Research Utilization in Nursing Administration
(Non-Formal Course)
University of the Philippines, Open University

2019 End of Life Nursing Education Consortium Course
University of the Philippines, Open University

CERTIFICATIONS

2019 Certified Nephrology Nurse
Renal Nurses of the Philippines
4A Hosp. Bldg. Philippine Heart Center
East Avenue, Quezon City

Continous Renal Replacement Therapy certified

Basic Life Support Provider

Advanced Cardiac Life Support Provider

PROFESSIONAL MEMBERSHIP

Lifetime Member Philippine Nurses Association
1663 F.T. Benitez Street
Malate, Manila, 1004

Member Renal Nurses Association of the Philippines
East Avenue, Quezon City