

Exploring nurses' caring behavior from dual perspectives: A phenomenological study

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ABSTRACT

Introduction: Caring is fundamental to nursing and ensures an optimal patient experience. However, the complex nature of caring phenomena requires deeper exploration. Therefore, this study aimed to explore nurses' caring behaviors from the perspective of nurses as care providers and patients as care recipients.

Methods: A hermeneutic phenomenological qualitative study was conducted in two major public hospitals in Malaysia, involving nurses (n = 16) and patients (n = 14). Participants were recruited through purposive sampling. Qualitative data were collected through focus group discussions and semi-structured interviews, aligned with institutional restrictions, and continued until data saturation was reached. To maintain data accuracy, this study used Lincoln and Guba's framework of trustworthiness throughout the data collection and analysis. All data were audio-recorded, transcribed, and analyzed using thematic analysis.

Results: Both groups identified caring as the essence of nursing. Nurses perceive caring as a professional obligation to ensure patient safety and acknowledge the importance of empathy. Meanwhile, patients define nurses' care as being authentic, with emotional presence and meaningful communication. Systemic and organizational constraints, such as staff shortages and administrative burdens, impose an emotional toll, leading to conflict between nurses' professional obligations and the clinical realities that sustain caring behavior.

Conclusions: Continuous education and structured training may benefit nurses by enhancing and sustaining caring behavior and harmonizing professional responsibilities with psychological needs. Future interventional studies to measure their effectiveness are a way forward in this context.

Keywords: empathy, caring, nurse-patient relationships, nursing, professional practice

Introduction

Caring is the cornerstone of nursing practice, significantly improving patient satisfaction and promoting positive outcomes. Conceptually, caring is defined through the nurse-patient relationship, protection and support, and integrated psycho-biological interventions (Keresi, Carlsson and Lindberg, 2019; Vujani, 2020). However, the concept of caring in contemporary practice faces significant challenges that require re-contextualization. Moreover, the nursing profession values cultural diversity alongside healthcare globalization. Kumra *et al.* (2020) state that caring and

cultural diversity are connected by overlapping similarities, reinforcing the importance of building self-confidence and enhancing team-building skills when caring for a diverse group of patients through self-care and a caring presence. As nurses grow, they assume numerous nursing responsibilities through expanded and extended roles in their clinical expertise. Similar to the global trend, the intensified demand for quantity and quality in the Malaysian healthcare system has paradoxically led to an increase in task-oriented behavior and poor nurse-patient relationships.

Nevertheless, technological advancements require nurses to be technically competent in handling medical

equipment and electronic documentation systems. Several studies have recognized that caring encompasses technical proficiency, compassion, and empathetic behavior (Hye and Shin, [2025](#); Varghese and Khakha, [2025](#)). According to Ghanbari-afra, Adib-hajbaghery and Dianati ([2022](#)), technical proficiency alone is insufficient, as relational and emotional dimensions are central to caring in complex clinical circumstances to provide holistic care. Scholarly evidence shows that caring concepts in nursing practice are multifaceted and dynamic (Lukmanulhakim, Afriyani and Haryani, [2019](#); Sundararajan, Subramaniam, Hanson-Easey, *et al.*, [2026](#); Sundararajan, Subramaniam, Phelan, *et al.*, [2026](#); Weni *et al.*, [2026](#)). Although the definition of caring may evolve, its importance remains significant in contemporary professional nursing and requires further research.

Nurses' caring behavior is frequently associated with acts of respect, preservation of patients' dignity, and provision of physical comfort and emotional support, which improve patient satisfaction and foster positive health outcomes (Alikari *et al.*, [2023](#); Irgens *et al.*, [2024](#); Mohammed *et al.*, [2024](#)). However, due to certain circumstances, nurses were found to be less able to sustain their caring behavior, which impacted patient care and the overall patient experience. The identified barriers and challenges included increased workload, time pressure, extensive documentation, and insufficient training, all of which contribute to compassion fatigue (Waterfield, Specialist and Barnason, [2022](#); Ashagere *et al.*, [2023](#); Ku and Yu, [2024](#)).

The diverse perceptions of care providers and recipients have further complicated caring issues. The definition of caring was found to be incongruent between the two groups, leading to further questions about how this behavior could shape the dynamic healthcare landscape (Bakar *et al.*, [2024](#); Ningtyas, Fitriana and Dewi, [2025](#); Ramadhan *et al.*, [2026](#)). While nurses prioritize technical competence and respect, patients place more importance on nurses' respect and confidentiality (Jafari *et al.*, [2020](#); Alikari *et al.*, [2023](#)). Moreover, patients' perceptions of care were found to be influenced by their demographic backgrounds and prior experiences (Arsat *et al.*, [2023](#); Ku and Yu, [2024](#)). Nonetheless, significant relationships have been observed between patient satisfaction and nurses' caring behavior, as well as between patient experiences and perceived nursing care quality (Ahmed *et al.*, [2022](#); Mohammed *et al.*, [2024](#)). Perceptual gaps were evident, and addressing them is necessary. Different perceptions can further influence the development of nurse-patient relationships, contributing to overall patient satisfaction and care experience.

Despite the emerging evidence of nurses' caring behavior, local studies are limited. A study by Arsat *et al.* ([2023](#)) in Malaysia reported that nurses' caring behaviors varied by work setting and demographics, but they

consistently influenced patients' experience of care quality. In addition, nurses' lack of empathy and task-oriented behavior have led to poor nurse-patient relationships, which have been significant sources of public dissatisfaction, resulting in complaints and expressed frustration on the web and social media platforms. This study attempts to address this critical concern through a comprehensive qualitative inquiry. This study may provide valuable insights into the status of caring behavior among nurses in the region from the perspectives of nurses and patients. This study aims to explore nurses' caring behavior, examine how this behavior is adapted to dynamic clinical environments, and increase professional demand informed by the lived experiences of healthcare populations. The current study also aimed to discover the perceived barriers and challenges influencing this behavior in professional nursing practice.

Materials and Methods

This study employed a hermeneutic-phenomenological qualitative design to move beyond descriptive accounts and uncover the interpretive essence of nurses' caring behavior as a lived relational experience (van Manen, 2016). This methodological approach allows for the exploration of nurses' caring behaviors from the dual perspectives of care providers (nurses) and care recipients (patients), enabling a deep thematic exploration of the caring phenomenon within the clinical context. Two major public hospitals serving as regional centers in Malaysia were chosen because they offer tertiary care. Both hospitals reflect the local healthcare environment, which is multicultural and aligns with the national healthcare priorities.

Population and sampling

This study involved two heterogeneous populations of nurses and patients to offer dual perspectives on nurses' caring behaviors, providing divergent paradigms and a deeper understanding across various clinical contexts. Purposive sampling was used to recruit potential participants to capture their lived experiences and provide meaningful insights into nurses' caring behavior. The study included nurses with at least 5 years of clinical experience to ensure adequate professional exposure and accumulated experience in patient care. Eligible patients were adults with prior hospitalization and medically fit to participate. Data saturation was reached after two FGD sessions with 16 nurses and 14 patients. At this point, from the continuous, concurrent data analysis, the dataset was sufficient to provide a robust understanding of the caring phenomena, ensuring that further recruitment with informational redundancy would not add significant value to the study.

Data collection

Data collection commenced after the respective institutions granted ethical approval in June 2021. However, the data collection phase was on hold due to the COVID-19 pandemic and resumed from December 2022 to March 2024. Data were collected through two approaches: Focus Group Discussions (FGD) with nurses and individual interviews with patient samples, in line with institutional protocols and restrictions. All sessions were conducted using a set of guided questions developed from the literature and guided by the study objectives. To ensure that the methodological orientation met the requirements of hermeneutic phenomenology, the interview guide was framed around van Manen's four lifeworld existential themes to capture the essence of the caring phenomenon. Relationality was addressed by investigating the nurse-patient connection and corporeality through descriptions of caring behaviors. In addition, spatiality was identified from questions about environmental factors, and temporality was addressed through questions about future-oriented improvements that shape the evolving essence of caring encounters. Mock FGD and interview sessions were conducted to test the clarity, flow, and comprehensiveness of the guiding questions before data collection. The study utilized Lincoln and Guba's (1985) framework of trustworthiness throughout data collection by employing data and method triangulation, "member checking" with participants' validation and peer debriefing, maintaining an audit trail and a code-recode strategy for dependability and confirmability, and providing thick contextual descriptions to support transferability. This process ensured data authenticity, reflecting the participants' contributions and the credibility of the findings, which represent their original ideas, thereby fostering a dual-dimensional caring perception rather than a single perspective. All data from the discussions and interviews were audio recorded and transcribed verbatim.

Data analysis

Qualitative data were analyzed using thematic analysis assisted by NVivo 12.0. The analysis commenced with transcript familiarization to facilitate data immersion. The first researcher then conducted systematic inductive coding across the entire dataset to identify descriptive codes representing caring perceptions, such as caring and uncaring behavior, barriers, and challenges. The identified codes were organized to identify significant patterns of shared meaning between nurses and patients and to develop potential themes. All themes were reviewed and refined to create a coherent thematic map. Consequently, all the developed themes were further refined through peer debriefing with all the researchers to ensure that the

analysis was deeply grounded in the participants lived experiences.

Ethical considerations

This study strictly adhered to the ethical principles outlined in the Declaration of Helsinki and Malaysian Good Clinical Practice Guidelines. Study approval was granted by two ethical committees: the UniSA Human Research Ethical Committee (UHREC) (UnisZA/UHREC/2021/204) and Medical Research Ethics Committee (MREC) / National Medical Research Registry (NMRR) (ID: NMRR-21-657-57919). All participants were aware of the study's purpose, process, and costs based on the information provided and gave their full consent. To prevent potential risks to professional judgment or moral distress among nurses and to address the fear of retaliation or emotional vulnerability among patients, the data were collected with strict anonymity and voluntary participation, and sessions were conducted in a neutral, safe environment. The collected data were protected from collection to publication. All data were securely stored in a password-protected computer, and access was strictly limited to the researchers. Participants were given full autonomy throughout the study phase, and confidentiality was maintained by ensuring anonymity. The collected data were protected from collection to publication. All data were securely stored in a password-protected computer, and access was strictly limited to the researchers.

Results

The Demographic Characteristics of Participants

[Table 1](#) presents the demographic characteristics of the participants. Overall, the distribution signifies diverse demographic backgrounds that may strengthen the depth of the qualitative analysis in the current study.

Sixteen nurses participated in two focus group discussions (n = 8 per group). Most nurses were aged 31-40 years (62.5% in both groups) and were predominantly female (n=13, 81.3%), although FGD1 included a male participant (37.5%). The group was ethnically homogenous, with a Malay majority (93.8%). Participants were equally drawn from the medical and surgical wards. Professional experience was observed in both groups. Most nurses in FGD2 had over 10 years of experience (75%), while in FGD1, the distribution was more even, with 5 and more than 15 years each. Patient participants (n=14) were widely varied in age, with most aged 50 years or older (37.5%). The patients were predominantly male (57.14%). The ethnic background is diverse, with Malays being the majority (71.43%), followed by Chinese (14.3%) and Indian (14.3%). Prior interaction with the healthcare system was observed,

Table 1. Demographic characteristics of nurse participants

Variables	Nurses		Patients, n=14	
	FGD1, n=8	FGD2, n=8		
Age (years)	21 to 30	1 (12.50)	1 (12.50)	2 (14.29)
	31 to 40	5 (62.5%)	5 (62.5%)	3 (21.43)
	41 to 50	2 (25.00)	2 (25.00)	4 (28.57)
	Above 50	-	-	5 (35.71)
Gender	Male	3 (37.5%)	0 (0.00)	8 (57.14)
	Female	5 (62.50)	8 (100.00)	6 (42.86)
Ethnicity	Malay	7 (87.50)	8 (100.00)	10 (71.43)
	Chinese	-	-	2 (14.29)
	Indian	1 (12.50)	0 (0.00)	2 (14.29)
Ward	Medical	4 (50.00)	4 (50.00)	8 (57.14)
	Surgical	4 (50.00)	4 (50.00)	6 (42.86)
Working experience	5 to 10 years	3 (37.5%)	2 (25.00)	n/a
	11 to 15 years	3 (37.5%)	4 (50.00)	n/a
	More than 15 years	2 (25.00)	2 (25.00)	n/a
History of hospitalization	< 2 times	n/a	n/a	4 (28.57)
	2 to 5 times	n/a	n/a	6 (42.86)
	> 5 times	n/a	n/a	4 (28.57)

*n/a=not applicable.

with 42.9% of patients reporting between two and five previous hospital admissions.

The Nurses’ Caring Behavior from Nursing Perspectives

The results from the FGD sessions used an integrative approach, as both involved a similar group of nurses, and the findings yielded identical patterns of themes and subthemes. Overall, the thematic analysis yielded five overarching themes, each reflecting distinct dimensions of how nurses perceive, experience, and enact care in their professional practice (Figure 1).

The first theme illustrates the nurses’ understanding of caring in their practice. Nurses viewed caring in their

practice as both empathetic and compassionate, going beyond clinical tasks. For example: *"Caring is more towards empathy... addressing their emotion during our care provision"* (FGD1: P1, P2, P8; FGD2: P2, P3). Nurses believe caring is their professional duty involving nursing procedures and support of patients' basic needs, *"It is our duty and responsibility to be caring as a nurse and ensure patient safety."* (FGD1: P4; FGD2: P5, P6). Meanwhile, one of the participants emphasized that their caring can be seen from what they do: *"...We are caring since we provide care according to their problem that we have identified including their basic needs."* (FGD2: P6). Caring was recognized as fundamental to nursing and essential for

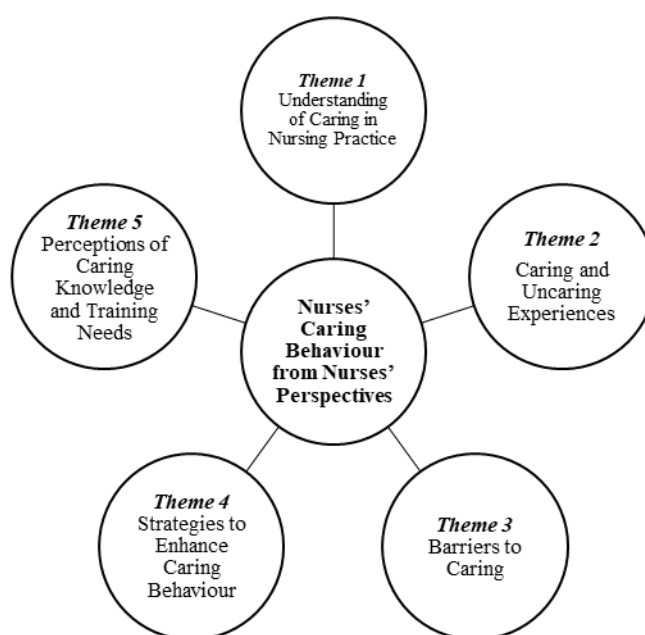


Figure 1. The emerging themes of nurses’ caring behaviour from FGDs

Table 2. Themes, Subthemes and Codes from FGD Analysis

Theme	Subtheme	Codes
Understanding of Caring in Nursing Practice	Caring as Empathy and Emotional Support	Empathy, showing concern, care and love, emotional support
	Caring as Professional Duty and Responsibility	Professional obligation, nursing responsibility, patient safety
	Caring as Patient Care Provision	Daily nursing tasks, procedural care, meeting basic needs
	The Importance of Caring	Foundation of nursing, building trust, strengthening nurse-patient relationship, enhancing well-being
Caring and Uncaring Experiences	Positive caring moments	Emotional presence, patient advocacy, professional competence, holistic care, recognition and gratitude
	Uncaring experiences	Communication breakdown, ignoring dignity, disrespectful behavior, interpersonal conflict
	Compassion fatigue and burnout	Exhaustion, workload pressure, task orientation, reduced attention to detail
Barriers to Caring	Organizational barrier	High nurse-patient ratio, heavy workload, staff shortage, time pressure
	Personal and interpersonal factors	Knowledge/experience, emotional wellbeing, personal stressors, patient/family attitudes
Strategies to Enhance Caring Behavior	Personal effort	Self-awareness, attentiveness, empathy, knowledge enhancement
	Professional growth	Training needs, Reflection
	Supportive environment	Staffing levels, paperwork, peer support, managerial support
Perceptions of Caring Knowledge and Training Needs	Current knowledge of caring	Limited knowledge, perceived need for improvement, knowledge decline
	Need for structured reference	Guidelines, Standardization
	Preferred medium for guidelines	E-learning, Accessibility

building trust and positive nurse-patient relationships. "For me, caring is a foundation for nurses... it is easier to treat our patient when we are caring." (FGD1: P1, FGD2: P1)

The theme "caring and uncaring experiences" describes how nurses valued their caring moments as positive experiences. Emotional presence, professional competence, and advocating for patients were viewed as important expressions of caring.

"...I spend some time with the patients while doing the procedures, ask about them, and sometimes make jokes with them so that they feel happy" (FGD1: P8; FGD2: P4).

"When my patient can walk after being bedbound under my care, I feel competence is also a form of caring. He thanks me, and he looks so happy" (FGD2: P6).

However, they also recognized moments when they were less caring, such as when patients were disrespectful and too demanding. Some nurses mentioned feeling uncomfortable or avoiding patients who tried to take advantage of them during the examination.

"Normally, it is hard for me to consistently being caring if the patient is fussy, arrogant, and demanding" (FGD1: P4, P5, P8; FGD2: P5).

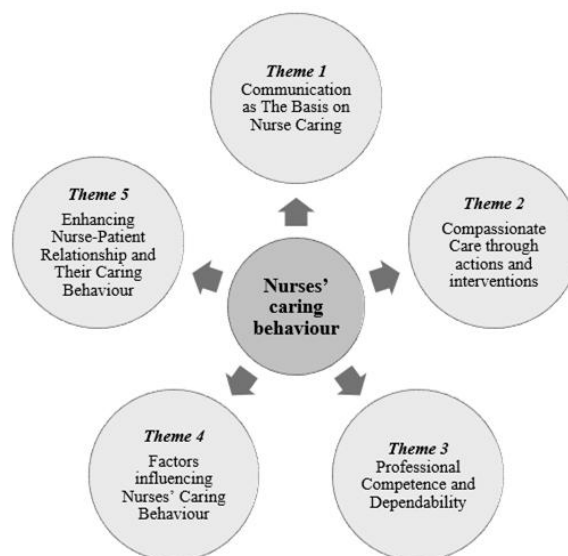


Figure 2. The emerging themes from patients' perspectives on nurses' caring behavior

Table 3. Themes, Subthemes and Codes from Semi-structured Interviews

Theme	Subtheme	Codes
Communication as The Basis of Nurse Caring	Verbal and non-verbal interactions	Warm greeting, polite speaking, respectful tone, providing information
	Attentively listen to patient	Focused listening, grasp the worries, appropriate response, avoid distractions
	Providing emotional reassurance	Address concerns, non-judgmental behavior, comforting phrase, praise and compliment, encouraging words
Compassionate Care through actions and interventions	Physically and emotionally present	Regular checks, bedside care, effort to listen, portraying empathy
	Gentle and touch	Handling with care, assisting in basic needs, touching to show concern
	Going beyond the nursing task	Meaningful gestures, show concerns in non-medical problems, family issues
Professional Competence and Dependability	Technical skills and proficiency	Accurate and timely intervention, procedural skills, equipment handling, result interpretation
	Confidence and decisiveness	Prompt and appropriate action, clear explanation on treatment and management plan, knowing limits and when to refer
	Consistency in care	Care without delay, follow-ups on patients' need, keep the promise
Factors Influencing Nurses' Caring Behavior	Working environment	Heavy workload, staff shortages, teamwork, supportive environment
	Personal factors	Family / marital issues, emotional status, personal values, professional readiness
	Organizational factors	Institutional policies and protocols, availability of resources
Enhancing Nurse-Patient Relationship and Their Caring Behavior	Improve communication and caring skills	Training, Spending time with patients, provide adequate info when needed
	Portrays empathy and respect	Protects dignity and privacy, treating patients as individuals, expressing care and concern
	Build trust and continuous caring attitude	Honest, authentic, continuity in relationship

The subtheme of compassion fatigue was justified by the participant as a reason for being less caring, even if it was unintentional. They noticed that under certain conditions, even though they wanted to convey caring, they were unable to do so because of workloads that led to time constraints.

"When I am tired, having lots of work, I cannot spend much time with my patient" (FGD1: P7; FGD2: P2, P4, P6).

"At times, we become task-oriented, just to finish everything off" (FGD1: P4, P5, P7).

While participants valued caring as central to their practice, they also shared barriers that limited their ability to express caring behavior. High nurse-patient ratios and staff shortages were frequently mentioned as leading to heavy workloads and limited time for caring moments, such as meaningful patient interactions.

"When the number of patients is high, lots of work needs to be done, and at the same time, with a limited number of staff, we need to prioritise our care causing less nurse-patient interaction" (FGD1: P5, P6; FGD2: P1, P7).

Nurses described that stress or family related issues sometimes left them emotionally unstable and less able to sustain compassion in caring for patients.

Some factors that could interfere with our own emotions are the family-related problems, and our sick children at home" (FGD1: P3; FGD2: P2).

In addition, nurses noted that the attitudes of patients and family members sometimes discouraged them from being caring. They explained that in situations where patients or relatives became verbally aggressive, they often chose avoidance rather than risk escalating conflict that could further worsen their relationship.

"Some patients like to burst in anger without any reason, causing us to avoid and try to have less interaction with them" (FGD1: P5, P6; FGD2: P7, P8).

Nurses in the current study identified several strategies that may enhance their caring behavior, including personal effort, professional growth, and supportive environments. Developing self-awareness during patient care was perceived as a way for nurses to become more alert to the patient's psychological needs. Additionally, nurses admitted the need to improve their knowledge of caring practices, despite having gained years of professional experience.

"We need to be alert and aware of the condition and patients' needs to show our caring toward them" (FGD1: P3; FGD2: P1, P2).

"Nurses should improve our knowledge about caring and to apply it in practice" (FGD1: P4, FGD2: P4).

Nurses acknowledged the importance of improving their communication skills and knowledge of care by attending related courses. They believe that they can improve their nurse-patient interactions in the future,

indicating the perceived importance of communication in shaping perceptions towards caring behaviors in nursing practice. Moreover, they suggest the need to perform regular self-reflection to critically examine their caring behaviors to identify areas for improvement.

"We can improve our caring behaviour by attending courses to enhance our communication skills and caring skills" (FGD1: P2, P5; FGD2: P7, P8).

"We need to reflect on ourselves about our communication and how we care for patients so that we know what to improve" (FGD2: P6).

Nurses also emphasized strategies to improve their clinical environment, especially related to staffing issues and administrative burdens, which they identified as significant factors limiting opportunities for caring interactions with patients. Concerns were expressed about excessive administrative tasks, particularly redundant paperwork, which they felt consumed valuable time that could be used to improve nurse-patient interaction.

"The staff needs to be added in wards so that nurses can have adequate time to spend with patients" (FGD1: P1, P2, P7; FGD1: P1, P3, P6).

"Hospital needs to revise the abundant paperwork... Too many documents limit our caring moment" (FGD1: P6, P8; FGD2: P2, P3).

The need for peer and managerial support was acknowledged in the analysis, as such support was believed to assist nurses experiencing personal challenges and needing encouragement.

Nurses in this study recognized their limited and declining knowledge of caring concepts, accompanied by a desire to improve. Due to prolonged years of working experience with limited time for learning, many felt that they had forgotten the theories and strategies learned during their nursing education, and some were uncertain about whether they had applied this knowledge in practice.

"I have forgotten some of the caring theories and strategies I learned in nursing school" (FGD1: P4; FGD2: P2).

"I have limited knowledge about caring, and I am not sure whether I have applied what I learned before" (FGD2: P1, P2).

"I think I need to improve my caring knowledge to enhance my caring behaviour" (FGD1: P5, P6; FGD2: P2, P4).

Nurses emphasized the importance of structured references, such as standard guidelines or protocols, that could serve as reminders and provide consistency in care practices.

"We need clear guidelines to remind us how to show caring in practice" (FGD2: P3, P7; FGD2: P5, P8).

"It is best to have written material to guide us in caring for patients" (FGD1: P1; FGD2: P4, P6).

Interestingly, the participants expressed varied preferences for the formats of the guidelines and training resources. While some favored online resources for their convenience, others preferred physical materials that could be easily accessed during daily practice.

"It would be easier if we had online modules to refresh our caring knowledge" (FGD1: P1, P5; FGD2: P2, P3, P7).

"I prefer a physical medium because it is easier to refer to" (FGD1: P2, P3, P4; FGD2: P1, P4, P5).

"It would be good to have a module that is easily accessible, whether physical or online" (FGD1: P6, P7, P8; FGD2: P6, P8).

The Nurses' Caring Behavior from Patients' Perspectives

The interview sessions revealed that all patients perceived nurses as caring, but there were numerous descriptions of the nurses' caring behavior, and there is room for improvement. [Figure 2](#) summarizes the results of the thematic analysis derived from the interview transcripts.

The emerging themes from the interview sessions were therapeutic communication as the basis for nursing care, compassionate care through actions and interventions, professional competence and dependability, factors influencing nurses' caring behavior, and strategies that can be applied to enhance nurse-patient relationships and their caring behavior. All themes, subthemes, and codes are summarized in [Table 3](#).

Participants consistently identified communication as the basis of nurses' caring behavior. Feeling cared for was closely associated with nurses spending time communicating with patients, even in busy environments. Warm verbal and nonverbal interactions characterized by a polite and respectful tone were considered essential. An example of this is the quote, "Some nurses need to reduce their tone so that we do not feel like being scolded..." (P4; P6). Moreover, participants valued focused listening, appropriate and informative responses, and the nurses' ability to avoid interruptions. Interruptions were perceived as disinterest: "I wonder if they really want to know because they sometimes interrupt what I am saying" (P4; P7). Visible signs of listening were interpreted as expressions of care: "...show some signs telling me that they are listening and care for me" (P3; P8). In addition, the participants described caring as providing emotional support and reassurance. Participants look for positive reassurance behaviors, such as nonjudgmental attitudes and encouraging and comforting words from nurses. For instance, "I am worried that the nurses judge me when I tell them everything" (P2; P9), and nurses' encouragement was perceived as a meaningful act: "It is

quite common to hear encouragement, but it would be greater if it comes from my nurse" (P1).

Compassionate care through actions and interventions emerged as a theme reinforcing nurses' authentic care. Participants in the study were not fond of nurses who were task-oriented with limited interaction, which caused them to feel discomfort: "...I do not like it when nurses do the procedure on me without talking to me at all, it is so discomfort" (P4; P12). Participants valued when nurses always checked on them, engaged in small talk, and listened to their worries, which were not limited to medical-related issues only. They believe that nurses should be more physically and emotionally present to make patients feel at ease, have a sense of comfort, and foster an emotional connection between nurses and patients. For example, "...I feel appreciated when they listen to my worries, about my kids... I feel like home" (P3, P11, P14).

Patients who participated recognized nurses' clinical knowledge and skills as key aspects of caring. While nurses were generally described as skilled and proficient, nurses who performed procedures in a rush led to the feeling of distress: "Sometimes nurses are too rushed in doing the procedures, it caused me pain and discomfort" (P2; P6). The participants highly valued the nurses' gentle touch and assistance in meeting their basic and daily needs. For instance, "Nurses always keep me clean, they respect my body and want me to feel comfortable" (P5; P12). Moreover, participants acknowledged small yet meaningful gestures, such as adjusting their pillows and ensuring that their privacy was always protected. They believed that compassionate nurses spontaneously express their caring through their actions: "Some nurses will come and adjust my pillow to make sure that I am comfortable" (P9).

Likewise, professional competence and dependability were the themes considered as core elements of caring perceived by participants. Timely and accurate interventions were expected, and delays were interpreted as a lack of concern from nurses: "When nurses delay our treatment or not attend to my calling... I feel like they do not care much about us" (P4; P8). Some participants perceived that nurses who have difficulties in handling equipment or explaining patients' results as being less competent: "Sad to see the nurses struggling to handle some equipment" (P1). Conversely, competent nurses who administered care on time and explained treatments were highly appreciated, as evidenced by comments such as, "I am impressed to witness how skilful are some nurses" (P10). Meanwhile, participants in the current study described nurses as being caring when nurses are confident, decisive, and have good clinical judgment. Most of the participants agreed that nurses who are caring will be able to recognize changes in patients' conditions and act appropriately: "They know that something is not right, what action to take" (P1; P3; P6). Participants at the same highlight that nurses should be consistent in being caring so that patients will not be frustrated. They emphasized

the importance of follow-up and keeping promises to show that nurses really care. However, the unmet expectations of the patients caused disappointment among them. "She promised to come and check on me later, but she left afterwards" (P1; P4; P5).

Participants identified the influencing factors of nurses' caring behavior as heavy workloads, staff shortages, poor teamwork, and limited resources. Most of them expressed empathy toward nurses who looked exhausted when they were struggling with abundant work and many patients, while also noting that understaffing reduced nurse-patient interaction. For instance, "Nurses are tired... they cannot cope with the abundant tasks" (P7, P13, P14). Participants also highlighted the issue of personal stress and attitudes that might influence nurses' caring behaviors, with professionalism identified as fundamental. Moreover, participants highlighted organizational constraints, such as policies on the number of staff and insufficient supplies, as barriers rather than nurses' personal intention not to care.

Participants in the current study provided few suggestions for enhancing nurses' caring behavior, highlighting the need for continuous training in communication and caring skills. Nurses who spend more time with patients and have better information sharing may increase their caring perception. For example, "Nurses need to spend more time with patients, talk to us more so that we know that they really care" (P4; P9). Additionally, empathy, respect, privacy, and dignity were highlighted as crucial elements of caring. Participants also stressed the need for nurses to build trust, be authentic, and consistently care to sustain positive nurse-patient relationships. "It is very important to built trust, it will brings to a good relationship between nurses and patients" (P2; P6).

Discussions

Nurses' Self-Perception of Caring Behavior

It is vital to thoroughly examine perceptions of nurses' caring behavior from a nursing perspective, as this shapes the quality of care provided by nurses, affecting patient satisfaction and healthcare outcomes (Handayani et al., 2022; Irgens et al., 2024; Karlou et al., 2018; Mohammed et al., 2024). In the present study, caring perception was explored among nurses currently working in the Malaysian public healthcare system, which may offer valuable insight into how caring behaviors are currently perceived and portrayed.

Most of the nurses who participated in the study had more than 10 years of work experience, indicating a caring perspective from nurses with extensive professional experience. Greater clinical experience leads to a deep understanding of caring from frequent nurse-patient engagement, where nurses integrate clinical tasks with relational and ethical dimensions in delivering care

(Labrague, 2024). Studies have shown that nurses with extended clinical experience demonstrate significant emotional sensitivity and emotional expression, problem-solving skills, engage in a humanistic approach in nurse-patient interactions, and exhibit higher scores in caring behavior (Vujani, 2020; Arsat *et al.*, 2023). These findings suggest that the nurses' professional maturity in this study contributed to the depth of discussion regarding their caring behavior.

The nurses who participated in the study were predominantly female, with an all-female composition in the second focus group, consistent with the characteristics of the nursing workforce in Malaysia and internationally. Traditionally, care has been socially constructed as a feminine attribute. However, contemporary nursing scholars emphasize caring as a professional and moral practice rather than a gendered trait (Boykin & Schoenhofer, 2001; Watson, 2008). Interestingly, male nurses' participation in the first focus group discussion may have indirectly influenced the current findings by shaping diverse caring expressions, or it may not have, emphasizing the view that caring behaviors are shaped by professional identity and organizational culture rather than gender alone (Vianney *et al.*, 2020). In addition, nurses were from medical and surgical wards, and this equal distribution may have enhanced the transferability of the findings by capturing caring behaviors across different clinical demands, as caring perceptions are diverse and context dependent (Ekman, 2021). While medical ward settings often require continuous nurse-patient engagement due to longer patient stays, surgical settings are commonly described as task-focused with time pressures and shorter hospital stays. Nevertheless, caring remains a core professional value in all clinical areas, regardless of the nature of low-acuity or emotionally oriented environments, as well as within high-intensity, task-oriented contexts (Babapour, Mozaffari and Kazemi, 2022; Maghsoud *et al.*, 2022; Ntshingila, Africa and Ntshingila, 2022).

The current study explored how nurses conceptualized caring. Generally, the overarching themes indicate that nurses perceive caring as essential to their professional nursing practice. They strongly emphasized empathy, professional responsibility, and task-focused behavior, which aligns with the existing literature, suggesting that both humanistic values and professional demands influence nurses' perceptions of caring. In another study, nurses acknowledged that empathy, respect for human dignity, and the nurse-patient connection were central to their caring behaviors (Karlou *et al.*, 2018). The varying descriptions of the relational and emotional aspects of nurses' caring behavior in this study suggest a limited understanding of patient-centered care, which requires relational care characterized by mutual respect and emotional

engagement (Babaii, 2021; Irgens *et al.*, 2024). However, at the same time, nurses in this study valued attentive listening, addressing patients' emotional needs, and treating patients as family members, indicating their understanding of caring behavior and moral and ethical commitment.

The nurses who participated in this study frequently described caring as performing clinical tasks to fulfill their professional duties and responsibilities and ensure patient safety. They believed that performing procedures accurately and effectively meant being caring. However, these descriptions depict caring as being task-focused. Similarly, numerous studies have reported that nurses often highlight their strength in technical care, perceived as core caring behavior, compared to relational and emotional care (Assefa *et al.*, 2022; Özparlak *et al.*, 2025; Vujani, 2020). The findings suggest that nurses define their caring behavior through visible and measurable actions, especially in clinically challenging environments where workload and accountability are increased. Although nurses in the current study valued the relational aspect of caring, a theory-practice gap was identified. The clinical realities they face have led to an instrumental interpretation of caring, in which tasks become the dominant expressions of care.

Compared with previous studies, nurses in the current study reported several circumstances that diminished their caring behaviors. Despite acknowledging the importance of caring, nurses struggle to remain caring when they are emotionally exhausted, face heavy workloads, and deal with demanding interactions. In a few studies, nurses were reported to be less caring because of situational influences and system-driven factors, such as heavy workload, stress, and organizational constraints on relational care (Ekman, 2021; Ahmed *et al.*, 2022; Arsat *et al.*, 2023). In addition, although nurses consistently value caring, time pressures restrict their emotional connection, and respectfulness often leads to task-oriented behavior (Maghsoud *et al.*, 2022). A study suggested that emotional well-being is a prerequisite for sustainable caring behavior, and self-compassion has been linked to higher levels of caring behavior (Özparlak *et al.*, 2025).

Importantly, nurses expressed the need to strengthen their caring knowledge and communication skills. Nurses in this study welcomed structured, practical resources, such as modules, that could serve as guidelines for their daily routines. This finding highlights the importance of ongoing reinforcement of caring concepts in professional nursing practice, as caring, caring knowledge, and care quality may diminish under the routine-driven demands of clinical practice (Karlou *et al.*, 2018; Vujani, 2020).

Perceived Nurses' Caring Behavior among Patients

Patients' perspectives on nurses' caring behaviors are critical indicators in the clinical environment. Patients who are care recipients can directly observe and

experience nurses' behavior during clinical encounters, which shapes their perceptions and overall care experience. Generally, patients value nurses as their care providers, and most nurses possess good caring behaviors. Patients further associate caring with nurses' technical competence, emotional care, approachability, responsiveness, and reliability, which are comparable to other studies across diverse healthcare settings (Compton et al., 2018; Algıları, 2020; Albathali et al., 2022).

The heterogeneity of the participants' demographic backgrounds enhanced the depth and contextual understanding of the findings. Older patients emphasized reassurance, attentiveness, and technical competence, whereas younger patients stressed communication, emotional support, and information sharing. This finding reflects the need for safety and continuity of care during hospitalization, as well as variations in the perceptions of nurses' caring behavior across life stages (Jafari et al., 2020; Alikari et al., 2023). In addition, the inclusion of both sexes and various ethnic groups contributes to perceptions of nurses' caring behavior within the local context, where professionalism, respect, and assurance are highly valued (Yau et al., 2019).

The fundamental element of caring perceived by the patients in this study was communication. Clear communication, attentive listening, and respectful engagement were valued through both verbal and non-verbal behaviors. At the same time, patients appreciate warm greetings, calming voice tones, and timely explanations as nurses' authentic behavior in care, while rushed interactions and limited communication are interpreted as uncaring nurses' behavior (Cheruiyot & Brysiewicz, 2019; Leong et al., 2023). These findings yielded a similar pattern of caring perceptions, with patients reporting lower ratings for the relational and connectedness aspects of care than for technical competence (Algıları, 2020; Dawood et al., 2020).

Nevertheless, patients in this study described caring as basic actions that communicated compassion, genuine presence, and small gestures. They explained that they were touched by meaningful actions, including gentle touch, regular checks, and assistance with basic needs, which raised feelings of being valued and emotionally supported, emphasizing the need for relational and humanistic dimensions of care (Cheruiyot & Brysiewicz, 2019). Equally, task-oriented behavior among nurses and hurried care were believed to be contributed by high workload and time pressures, but they may interfere with patients' caring experience, resulting in feelings of neglect (Jember et al., 2023; Leong et al., 2023).

Patients in the current study acknowledged the factors associated with nurses' caring behaviors, believing that both interpersonal interactions and organizational conditions influenced the behavior. The

findings suggest that patients care about nurses and rationalize uncaring moments. As stated in previous studies, patients evaluate how care is delivered, especially during their vulnerable moments of hospitalization (Cheruiyot & Brysiewicz, 2019; Leong et al., 2023). Patients acknowledged that nurses' personal issues, which may affect their emotional state, and workload pressures may influence caring encounters. Instead of attributing the less caring behavior of nurses, including rushed interactions and task-oriented care, to personal intention, they often link it to being overworked and other uncontrollable circumstances. Similarly, the homogeneous populations in other studies recognized systemic constraints, such as staffing shortages and time pressure, as barriers to nurses' caring behavior among nurses (Algıları, 2020; Jember et al., 2023). These constraints eventually erode patients' sense of emotional support and value.

Convergence and Divergence in Caring Perspectives

The main contribution of this study is the identified perceptual gaps in nurses' caring behaviors. The findings demonstrate a crucial understanding of how care is conceptualized, experienced, and prioritized by the care providers and recipients. Collectively, nurses and patients agreed that technical competency and effective communication are fundamental elements of caring. This finding supports Jean Watson's (2008) caring theoretical assumption, which holds that caring is a combination of technical and interpersonal skills necessary for a holistic care approach. However, concurrently, the finding reveals a divergence in how caring was conceptualized, highlighting a critical gap between caring intention and caring experience. Nurses prioritize their clinical competency and task completion, rooted in patient safety and sense of professional responsibilities. In contrast, patients highly value emotional support and authentic presence as primary indicators of nurses' caring behavior. The findings further indicate that both groups acknowledge the systemic barriers to caring, indicating the detrimental effects of high workloads, time constraints, and organizational demands, which shift caring practices toward task-oriented care. Overworked nurses, under systemic pressure, unintentionally became less caring, and patients rationalize these circumstances as a systemic deficiency rather than an individual lack of compassion. However, these perceived barriers do not ignore the need to address caring practices among nurses, calling for a strategic realignment of nurses' caring behavior that harmonizes clinical efficiency with patient expectations to bridge this gap.

A significant strength of this study is the dual perspective validation of caring as a shared, person-centered phenomenon. The perceptual gaps in nurses' caring behavior were grasped through the hermeneutic-phenomenological approach, which reflects the holistic, real-world alignment between nursing intentions and

patient perceptions. However, the findings could be limited by social desirability bias and the Hawthorne effect among nurses, which may result in descriptions of idealized caring behavior compared to their actual clinical practice to meet professional expectations. Similarly, patients may have exhibited gratitude bias, filtering their responses to avoid appearing ungrateful or risking a perceived decline in the quality of their future care.

Conclusion

This study provides crucial insights into nurses' caring behaviors within the Malaysian healthcare landscape. Overall, nurses and patients perceived caring behavior as fundamental to professional nursing practice, encompassing technical competence, emotional presence, compassion, and therapeutic communication. While nurses defined caring as their professional obligation, rooted in empathy and a sense of responsibility, patients interpreted caring as nurses' authentic behaviors observed through communication, respect, meaningful acts, consistency, and emotional engagement. However, nurses' caring intentions are often suppressed by systemic and organizational factors, including staffing shortages and administrative burdens, which influence how caring is conveyed and affects patients' overall care experience. To address this, short communication skills courses and educational interventions with structured guidelines are recommended. These strategies may enrich nurses' knowledge, helping them integrate caring theories and relational skills into their ongoing professional development to enhance caring perceptions and improve patients' care experiences. Moreover, structural reforms to promote a conducive working environment are essential for fostering sustainable caring behavior. While limited by potential social desirability bias and the retrospective nature of participants' experiences, these findings offer a foundation for intervention studies aiming to develop caring guidelines and measure their effectiveness in enhancing nurses' caring behavior in professional nursing practice.

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Declaration Of Generative Artificial Intelligence (AI) Use

In accordance with ethical publishing standards, the authors declare that the use of AI was strictly limited to language editing and grammatical enhancement to

ensure clarity. The AI was not used to generate data, analyze results, create original ideas, or draw scientific conclusions. The authors assume full responsibility and accountability for the accuracy and integrity of the final manuscript.

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Availability of data and materials

The data for this study not publicly available due to the ethical restrictions but may be made available from the corresponding author on reasonable request and with permission from ethical boards.

Authors' contributions

First author, NS developed the study concept, literature search, collected data and performed qualitative analyses. The second author, ZMS provided the supervision for the whole study process and assist in the qualitative data interpretation. Third author, AA assisted in data collection and thematic analysis. All the authors have read and approved the final version of the manuscript

Declaration of Interest

The authors declare no potential conflict of interest for the conducted study.

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