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Strengthening Caring Character Education for Prospective Nurses: An Action Research in Nursing Education

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Abstract. Caring is an essential factor of a nurse's character. Therefore, it is necessary for nursing educational institutions to integrate caring values into their curriculum. This study investigated the process of formulating a structured approach to instil caring values as a foundational component of nursing education. To achieve the research objectives, action research was employed as research design by delineating three research stages. First, pre-action analysis was undertaken to map out the caring character problem; second, action implementation was carried out to implement actions to achieve what is desired, and third, action evaluation was done to assess all actions taken to achieve the desired goal. The study involved 30 nursing students from a prominent university in West Java Province, Indonesia. Data collection was carried out using survey techniques, observations and semi-structured interviews, while the data were analysed using two approaches, namely quantitative and qualitative. The findings resulted in a comprehensive framework consisting of seven stages for nurturing the caring character, encapsulated in the acronym "PELOPOR" (Promoting, Elaborating, Learning, Organizing, Project Learning, Observing, Reflecting). This study concludes that these seven stages have a significant impact on enhancing the caring character of aspiring nursing professionals. In addition, this study adds valuable insights to the creation of effective learning approaches for prospective nurses by focusing on the cultivation of a caring character. It suggests further investigations to extend the seven identified steps in this study towards crafting learning models applicable to various health professions.

Keywords: character education; caring; nursing education; learning

1. Introduction

Issues pertaining to poor caring behaviour within the nursing profession persist. This is evident through ongoing discussions surrounding caring behaviour, which remains a prominent and significant topic of interest for both academics and nursing practitioners. These discussions are widely addressed in scientific education and are recurrent themes at various conferences (Figueiredo et al., 2022; Firmansyah et al., 2019; Gaber et al., 2022; Greenfield, 2008). In their study, they focus on how caring behaviour affects service satisfaction. However, they overlook the fact that inadequate caring behaviour in nurses stems from values. Addressing these value issues requires a dedicated process of value education (Fakhruddin, 2014). The results of an initial survey of 15 nursing education lecturers showed that they did not have a special didactic design in promoting the instilling of caring values in the courses they taught. Cultivating the spirit of caring in nurses is not a quick or spontaneous process. It demands models, methods, and techniques to instil and reinforce caring values systematically. Additionally, it is crucial to integrate the strengthening of these values into the entire nursing education journey. Thus, this study aims at uncovering practical steps to instil caring values during the learning and education process for nursing students.

To support the research objective, studies related to caring in an educational context were investigated. Romero-Martín et al. (2022) explored the crucial aspect of nursing students' needing exposure to caring experiences in their educational setting to develop effective patient care skills. Their research outlined a model illustrating faculty members' caring behaviour towards nursing students, examining it from both student and faculty perspectives. Using a cross-sectional, descriptive, observational survey involving 286 students and faculty, the study concluded that students' concerns were expressed through behaviours boosting their self-confidence, creating a supportive learning environment, helping them understand life's meaning, demonstrating flexibility, and encouraging professional autonomy. These findings offer valuable insights for enhancing nursing education by providing insights on the interpersonal relationships developed by the students during their study.

Furthermore, Hu et al. (2022) compared the caring abilities of nursing students before and after their internship. The research involved 305 nursing student interns in Changsha, China, who completed their internships at a hospital from 2018 to 2020. Caring abilities were assessed using the Caring Ability Inventory (CAI) before and after the internship period. The study concluded that while the CAI of undergraduate nursing students in China was relatively low, there was a significant improvement after the internship. This suggested a positive correlation between internships and enhanced caring abilities. In other words, it underscores the need for nursing educators and clinical nurses to prioritize the development of caring skills in internship planning and encourage students to engage actively with patients.

Lastly, Guo et al. (2018) explored the professional identity and caring nature of Chinese nursing graduate students. The results of their findings indicated that the nursing students believed that they had a loving personality but low professional identity. The result showed that the Nursing Care Character Assessment Tool and

the Nursing Student Professional Identity Scale were positively correlated. They concluded that the professional identity of graduate nursing students was unsatisfactory and that internalizing caring into the educational process would be beneficial.

In contrast to the previous studies above, this study focuses on efforts to seek practical steps in instilling caring values in prospective nurses. Therefore, this study seeks to answer one research question: What practical steps can be used as a guide for nursing lecturers in promoting caring character values for prospective nurses in the learning process? This study contributes by offering clear steps and stages in the learning process in the learning process to instil caring values.

2. Theoretical Framework

2.1. Caring Concept

The ability to care for other people is a basic human trait that is related to the way a person thinks, feels and acts towards other people (Rahayu et al., 2013). Many philosophical and ethical frameworks have been applied to the study of caring in the field of nursing (Rahayu et al., 2013; Smith et al., 2012; Wolf, 2003). The essence of caring is interpreted as "helping others grow" (Mayeroff, 2011). Important components of this caring include awareness of self and others, patience, honesty, trust, humility, optimism about possibilities, and courage (Nasr Isfahani, 2019; Saks, 2022). Thus, nursing as a noble profession does not merely focus on the application of technical knowledge and abilities, but also on the representation of human values in clinical practice (Aisyah et al., 2022; Guo et al., 2018).

There are at least ten criteria determining the caring nature of nurses. These criteria include forming a humanistic-altruistic value system, instilling confidence and hope, developing awareness of self and others, fostering a sense of mutual trust and help, increasing and accepting positive and negative feelings, using systematic problem-solving methods in decision making, improving interpersonal teaching and learning, offering a mental, sociocultural, and spiritual environment, helping meet basic human needs, and increasing the phenomenological component of existential strength (Sitzman et al., 2019). However, caring is not exclusive to the nursing profession because other health professions also regard it as an intrinsic aspect of knowledge and skills that they must possess (Aisyah et al., 2022).

2.2. Values of Caring

Values are a behavioural tendency originating from psychological symptoms, such as desires, motives, attitudes, needs and beliefs that individuals have until they form unique behaviour (Supriadi et al., Supriyadi, & Abdussalam, 2022; Timms, 2018). In addition, values are understood as "principles and fundamental beliefs that act as general guidelines for behaviour" and as "standards by which certain actions are judged to be good or desirable" (Halstead & Taylor, 2005, p. 169). In contrast to what was stated by Sitzman et al. (2019) regarding the 10 criteria above, there are 18 values reflecting the caring behaviour of a nurse (Aisyah et al., 2022). These values are classified into two character components, namely moral character and performance character (Davidson et al., 2008). Moral character consists of religious beliefs, compassion, responsibility, discipline, empathy, politeness, friendship, honesty, humanism, and patience; while

performance character performance components include being communicative, educative, collaborative, responsive, loyal, creative, and family and friendly-oriented (Aisyah et al., 2022).

2.3. Caring as Value Education

Values occupy a crucial position in education. This can be inferred from the main education goal to produce people who are intellectually, emotionally and spiritually mature. The essential components of human personality are values and virtues (Supriadi et al., 2022). Therefore, education, wherever it takes place, must give top priority to imbuing life values, as well as explaining its implications for the quality of life of society (Mulyana, 2004). The prevalence of nursing practices lacking a caring aspect ultimately stems from values issues. Addressing these recurrent values challenges in the environment demands a solution through values education (Supriadi, Supriyadi, Abdussalam et al., 2022).

Values education and moral education are sometimes used interchangeably in the literature. British scholars such as Taylor (2006) and several educational researchers from the Nordic countries such as Johansson et al. (2016), Thornberg (2016) and lastly, Lovat et al. (2010) from Australia, observed values education as a comprehensive concept comprising moral education, character education, ethics education, and citizenship education. Values education, especially caring values for prospective nurses, is a necessity considering that education is not only a transfer of knowledge but also a transfer of values (Muhtar et al., 2020; Suherman et al., 2020). To instil and grow values in learning practices, it is necessary to involve methods, techniques and materials so that the goals of values or character education are achieved (Lickona, 2009; Sim, 2012).

3. Method

3.1. Design and Procedure

In determining steps to instil caring values in the learning process, an action research (AR) design was used in this study. It is based on the consideration that AR is the appropriate design for finding a solution to a problem (Creswell & Creswell, 2017). This study seeks the solution for the problem of instilling caring values in prospective nurses. Moreover, AR provides plenty of opportunity for researchers to produce new formulations to achieve desired changes according to circumstances and needs (Darwis, 2016). In addition, AR design has also been widely used by academics in solving pedagogical problems (Julia & Isrokatun, 2019; Mazouak et al., 2019; Supriyadi et al., 2020).

This study underwent three fundamental stages within the framework of AR: the pre-action analysis stage, the action implementation stage, and the action evaluation stage. In the pre-action analysis stage, the identification of all issues related to caring values is important in formulating the subsequent action steps. Consequently, the formulated steps serve as predictors for effective actions, grounded in the identified problem needs. The second stage, action implementation, involves the administration of measures or steps designed to instil caring values in prospective nurses. Each step is complemented by critical reflection activities which foster improvements in the subsequent stage of implementation. The third stage, action evaluation, serves as a platform to

measure the success of all interventions and facilitates a comparative analysis of caring values before and after the implemented actions

In addition to the aforementioned activities of problem identification and formulation, there are concerted efforts to foster collaboration. This aligns with the collaborative nature inherent in the AR design (Netcoh et al., 2017; Sigurdardottir & Einarsdottir, 2016). In this study, collaboration was established by involving three experts in the field of character or values education, nursing care, and pedagogy who contributed to all stages of this study.

3.2. Collaboration Aspect

The characteristic of action research design is collaboration (Julia & Isrokatun, 2019). In this study, the research objectives aimed at formulating a methodological approach to instil caring values by involving academics as the key contributors. This team comprised three lecturers from the nursing study programme and one character education expert holding an academic position of professor. Additionally, five nurse practitioners participated. The academic contributors played a pivotal role in formulating didactic learning approaches and their subsequent evaluation, while the practitioner offered insights into evaluating a caring character within nursing clinical practice as executed by students. The culmination of this collaborative effort materialized through a focus group discussion, resulting in an instrument for assessing caring character, the details of which are presented in the following Table 1:

Table 1. Caring Character Performance Evaluation Instrument

Type	Value Component	Observed Behaviour	Grade Scale			
			1	2	3	4
Performance of Caring Character	Religious	Able to facilitate access to religious support or prayer space in accordance with the patient's beliefs.				
	Affection	Able to demonstrate behaviour and provide full attention to patients when carrying out medical procedures or when patients talk about their health problems.				
	Responsibility	Demonstrate behaviour that supports the patient's overall healing, both physically, emotionally, and spiritually				
	Discipline	Demonstrate behaviour that is able to manage time well, identify priorities, and manage nursing care schedules effectively.				
	Empathy	Demonstrate the ability to feel and understand patient feelings, needs and experiences honestly and openly.				
	Politeness	Demonstrate behaviour that gives full attention to patients, respecting patient privacy and autonomy				
	Friendliness	Actively strive to treat patients with care and concern through meaningful actions and interactions				
	Patience	Demonstrate the behaviour of always overcoming difficulties in meeting patient needs with full understanding and calmness in providing care to patients.				
	Being communicative	Demonstrate clear and polite communication behaviour in explaining medical procedures or treatments in language that is easily understood by patients.				

Being educative	Provide accurate and relevant information to patients and families about health conditions, treatments, and action plans.
Collaboration	Demonstrate the behaviour of sharing important patient and treatment information with other team members in a timely and accurate manner to ensure a shared understanding and make appropriate treatment decisions.
Responsiveness	Demonstrate behaviour that is ready to help patients whenever needed and respond promptly to requests for help.

3.3. Participants and Research Site

This study involved 35 nursing students who had completed two semesters of nursing education, consisting of five men and 30 women. Initially, a survey on willingness to participate in this study was distributed to 120 students; only 35 of them expressed their commitment to participate until completion. The participants are from diverse regions, namely Cirebon, Majalengka, Sumedang and Bandung, and West Java, Indonesia. Characteristically, the participants were nursing students at one of the leading universities in West Java, Indonesia who had experience in carrying out nursing practicums at a number of hospitals. Apart from having a nursing study programme, the campus also has many teacher study programmes or pedagogical fields. Given these considerations, the university was selected as the research site (Figure 1).



Figure 1. *Research Site*

3.4. Data Collection

Data collection was carried out using three instruments: surveys, observations and semi-structured interviews from January 2022 to August 2023. Google Forms was employed to conduct the survey in order to facilitate data documentation. The survey was carried out in two stages, namely pre-action and post-action research. Next, observations were made on students' caring attitudes during the pre-action and post-action periods by involving lecturers in the study programme. Lastly, semi-structured interviews were conducted to determine more in-depth information as a follow-up to the data obtained from surveys and observations.

3.5. Data Analysis

Numerical data were numbers obtained from survey and analysed based on a quantitative approach using descriptive analysis techniques to draw a comparison between the pre-action and post-action analysis. The data, acquired in the form of statements from semi-structured interviews, underwent transcription and analysis using a qualitative approach through content analysis techniques. Content analysis enables researchers to carry out subjective interpretations of the content of text data through a systematic classification process of coding and identifying themes or patterns (Elo & Kyngäs, 2008; Erlingsson & Brysiewicz, 2017).

3.6. Validity and Reliability

The tool presented in Table 2 is a validation test designed to gather input from experts. Three experts participated in the validation test: a character education expert, a language expert, and a practitioner serving as a head nurse. The validated aspects encompass the appropriateness of character theory, character values, observed indicators, readability, clarity, and alignment with field needs. The assessment employs a scale ranging from 1 to 5. The outcomes of the validation assessment, conducted through expert judgment, are detailed in Table 2 below:

Table 2. Expert Validation Result

Aspects assessed	Expert 1	Expert 2	Expert 3
Conformity with character education theory	5	4	4
Character values	4	5	5
Indicators	4	4	4
Readability	5	4	4
Clarity	5	5	4
Needs	5	5	5
Average	4.67	4.5	4.3

The evaluation outcomes from each expert are depicted in Table 2. The scores derived from the six aspects were appraised with an average exceeding 4. This indicates that the devised instrument is deemed satisfactory and ready for testing. Following the expert validation test, a limited testing involving 30 nursing students was conducted by one of the instructors teaching the emergency nursing course. An observation instrument designed to assess caring attitudes in the learning and practice processes and consisting of 24 observation items rated on a Likert scale was employed. The preliminary trial results revealed that out of the 24 observed behavioural indicator items, 14 (58.333%) demonstrated a high level of validity, while 10 (41.667%) exhibited a satisfactory level of validity. The validity test results are presented in Table 3:

Table 3. Distribution of Validity of Field Product Trial Observation Instruments

Range Index	Category	Field Product Trials	
		F	%
0.61 - 0.80	High	14	58.333
0.41 - 0.60	Adequate	10	41.667
0.21 - 0.40	Low	-	0.00

0.00 – 0.21	Poor	-	0.00
Total		24	100

Source: Primary Data, 2023

Note :

f : frequency of question items

%: percentage of questions

As for the correlation and reliability of the instrument, the limited testing yielded an instrument correlation coefficient of 0.866, indicating a high relationship between theory and practice according to established criteria. The results of the instrument reliability test are outlined in Table 4:

Table 4. Reliability Test Results

			Nursing Theory	Nursing Practice
Spearman's rho	Nursing Theory	Correlation Coefficient	1.000	.866**
		Sig. (2-tailed)	.	.000
		N	30	30
	Nursing Practice	Correlation Coefficient	.866*	1.000
		Sig. (2-tailed)	.000	
		N	30	30

The observation instrument has an instrument reliability level with α of 0.869 with good criteria (low risk testing) for use to facilitate guidance in assessing caring attitudes. Attitude reference values are reflected in Table 5 below:

Table 5. Attitude Reference Value

Score	Category
>80	Good
60-79	Sufficient
<60	Poor

4. Result

4.1. Pre-Action Analysis

At this stage, a total of 35 participants' caring performance was observed and assessed by the tutor nurse, using the assessment rubric presented in Table 1. The mean value of each component of character value is presented in the following Table 6:

Table 6. Caring Character Score in the Pre-Action Stage

Type	Value Component	Mean Value	Category
Performance of Caring Character	Religious	70	Sufficient
	Affection	60	Sufficient
	Responsibility	62	Sufficient
	Discipline	60	Sufficient
	Empathy	58	Poor
	Polite	58	Poor
	Friendly	59	Poor

Being patient	57	Poor
Being communicative	57	Poor
Being educative	55	Poor
Collaboration	57	Poor
Responsive	59	Poor
Mean Total of All Components	59.33	Poor

Table 6 reported that the total mean value of all caring character components was 59.33, indicating students' poor performance on caring behaviour. Therefore, after analysing this result, a number of learning actions were formulated, which resulted in seven learning action steps to improve the caring character in nursing care practice. These seven steps were implemented in the process of learning activities.

4.2. Action Implementation

4.2.1. Promoting Caring Values

This stage examined 12 caring values within the learning activities of the course. These values, encompassing religious beliefs, compassion, responsibility, discipline, empathy, politeness, friendliness, patience, communicativeness, education, collaboration, and responsiveness, are conceptually clarified. The aim is to foster an understanding among prospective nurses regarding these values and their manifestation in nursing care practice. Various assessments, including tests, were administered to assess their insight and comprehension of these 12 caring values. The results indicated that 61.31% of the students demonstrated a fairly good understanding, 29.54% scored in the good category, and 9.20% were in the very good category.

4.2.2. Elaborating Caring Values into Learning

Based on the results of the initial evaluation, it was necessary to strengthen their understanding of caring values in depth. Therefore, this stage was aimed at deepening their understanding regarding caring values by elaborating on these values in learning activities through two learning activities. The first was caring literacy, namely exploring journals related to caring and its problems. In this activity, the Publish or Perish application from harzing.com was used as a literature search application. The participants reported readings related to problems and solutions offered in some of the literature, which was concluded with a concept map using the MindMaster application. The second related to carrying out campaign activities for caring values in the campus settings by designing a number of posters, leaflets, and flyers to be distributed throughout the campus. The evaluation results of these two learning activities showed that their understanding and insight regarding caring values were in the good category.

4.2.3. Living Caring Values

After their understanding of and insight into caring values were observed to be sufficient, the participants' sensitivity was trained to identify caring values in the campus. At the same time they also identified what caring values should be

developed and improved. The participants were given an observation rubric as presented in the following Table 7:

Table 7. Rubric of Caring Observation

Type	Value Component	Environment Phenomena	Behaviours to be improved
Performance of Caring Character	Religious beliefs		
	Affection		
	Responsibility		
	Discipline		
	Empathy		
	Politeness		
	Friendliness		
	Patience		
	Communicativeness		
	Being educative		
	Collaboration		
Responsiveness			

Following the identification of caring values within the campus setting, a four-month habituation process was initiated in the learning process to integrate these values into the campus milieu. This involved a series of value-driven actions perceived as essential for development. Throughout this period, students exhibited notable behaviours: (a) attempting to bridge the gap between academic knowledge and spiritual values; (b) showing support for peers during academic or personal challenges without judgment; (c) actively engaging in the learning process with enthusiasm, seeking a deeper understanding; (d) meeting academic deadlines with commitment (e) understanding diverse perspectives in class discussions, striving for shared understanding; (f) respecting differences without judgment or demeaning; (g) allowing space for others to speak without interruption; (h) actively addressing difficulties encountered in the learning process; (i) providing constructive responses to classmates' questions in accessible language; (j) willingly sharing knowledge to aid others in their learning; (k) sharing knowledge, experiences, and ideas with classmates during discussions or group activities; and (l) continuously striving to improve learning performance based on feedback received. These behaviours collectively exemplify the successful integration and manifestation of caring values within the campus community.

4.2.4. Observation of Caring Issues in Hospitals

After completing the previous stages, students were instructed to observe and identify issues related to caring in the hospital where they were undergoing their nursing practice. The issues were identified based on their observation results, which were outlined in the following Table 8:

Table 8. Observation and Identification Form for Caring Problems in the Field

No	Issue	Issue Criteria	Assessment (Scale of 1-5)				Priority (1-5)
			Urgency	Seriousness	Growth	Total Priority	
1		Actuality: Audience: Problem: Feasibility:					

The participants were required to clarify each identified issue in relation to four criteria: actuality, audience, problem, and feasibility. Subsequently, they provided an assessment on a scale of 1-5 for three components: importance, seriousness, and development. The cumulative assessment results for each issue then formed a priority scale, guiding students in actualizing caring values. This stage marked the initiation of individual character performance actualization projects, with each student assigned a specific issue for implementation.

4.2.5. *Planning Project of Caring Values*

Derived from the selected issues, students planned projects focusing on the realization of caring values in nursing practice. They collaborated with tutor nurses to strategize and implement a programme aimed at addressing the identified caring issues within the designated location. During this stage, a case study or simulation design was employed to facilitate students' comprehension of nursing situations that necessitate a caring approach. Subsequently, they engaged in discussions on the practical application of caring values in simulated scenarios.

4.2.6. *Optimizing Caring Values*

This stage ensured that students had plenty of clinical practice opportunities for direct interaction with patients. Consequently, they gained hands-on experience in developing robust and empathetic relationships with patients throughout their practice duration. Students documented events, detailing the solutions planned and implemented, as well as the outcomes stemming from the actions taken.

4.2.7. *Reflection*

After completing the preceding six stages, students engaged in reflection activities. A survey was administered to the participants, focusing on evaluating their caring behaviour based on their own perceptions. In this context, participants assessed their own caring behaviour by reflecting on their insights, understanding, and perspectives. According to their self-assessment, five participants felt they had adequately effectively embodied caring values, 27 participants expressed satisfaction with their efforts, and three participants conveyed a strong sense of accomplishment in actualizing caring values. However, recognizing the need for objective validation, the subsequent stage involved confirming the students' self-assessment through an objective evaluation conducted by tutor nurses during their nursing care practices in the hospital.

4.3. Evaluation Action

This stage marked the final segment of the research. The evaluation of students' caring character performance was conducted by the tutor nurse during their

nursing care practice. The outcomes of the assessment examining the components of caring character both before and after their actions are illustrated in Figure 2:

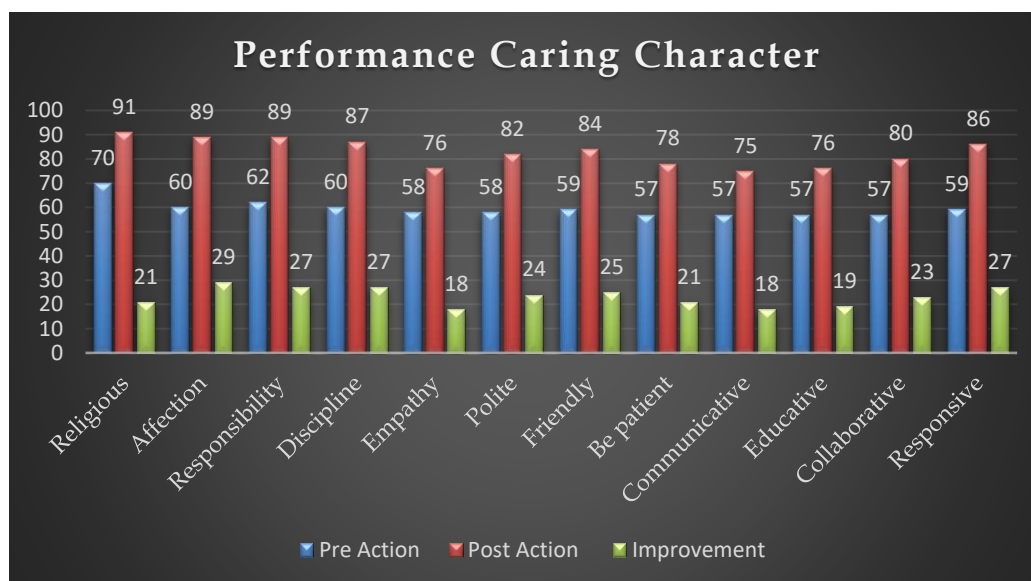


Figure 2. Comparison of Pre-Test Post-Test of Caring Character Performance

The graph above indicates a notable enhancement in the performance of caring character. On average, each component of their caring character reflected an improvement ranging from 21-23%, with each component falling within the "good" category. Simultaneously, there was an overall increase of 23.41% in the assessment of caring characteristics, placing their caring performance within the "good" category. The details are presented in Figure 3:

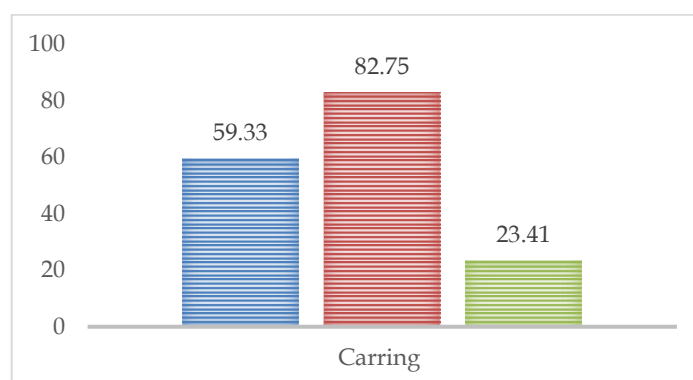


Figure 3. Average Increase

5. Discussion

The aforementioned findings underscore the imperative of effective planning and a well-designed learning framework to strengthen, nurture, and instil the caring character among prospective nurses throughout their educational journey. As stated by Lickona, to instil and foster values in learning practices, it is necessary to involve appropriate methods, techniques and materials so that the goals of values or character education are achieved (Lickona, 1991). Starting with

understanding what values represent caring, the focus of our teaching is not merely about imparting knowledge and skills; rather, it is about making values a central part of nursing education because education is not only limited to transfer knowledge but also includes transfer value (Suherman et al., 2019). Efforts to transfer values in the learning process necessitate an educator's ability to identify value needs for a nurse because values are a conception of what is desired, which influences the choice of means, intermediate goals and final goals of action (Kluckhohn, 2013).

The values identified in the needs study are then organized and integrated as character content in each of the learning materials, which were compiled into a learning plan. This planning was then implemented within a pedagogical framework in teaching and learning activities to instil values. This is in line with what was stated by Baier in Supriadi et al. (2022), namely that values are a behavioural tendency that originates from psychological symptoms, such as desires, motives, attitudes, needs and beliefs that are owned individually and end up in the form of their unique behaviour. The purpose of instilling these values is to ensure that individuals are aware of, comprehend, believe in, and incorporate caring character values into their practices. This is achieved through a series of seven action stages encapsulated in the acronym PELOPOR.

Therefore, for successful nursing education in building caring characters, educators in the nursing environment are required to keep innovating in developing learning models, which develop both hard skills and soft skills, because the core of education is primarily moral values development (Halstead & Taylor, 2005). Learning innovation is meant to develop a style of learning and teaching. This also requires educators in the nursing environment to have literacy skills, namely pedagogical literacy (MacLellan, 2008). Pedagogical literacy is important because it influences students' interest in learning, including learning related to caring character values (Bowles, 2016; Hills et al., 2020).

As an alternative approach to enhancing pedagogical competence, instructors within the nursing domain can engage in action research to formulate effective learning strategies that foster caring character values across all their courses. Various studies report client dissatisfaction due to a lack of caring behaviour in nursing services. Therefore, the identification of issues related to nurses' character underscores the insufficient emphasis on character education. It is not indicative of a lack of intent from educators to instil caring character; rather, it signals a gap in methodological proficiency in values-based learning. Addressing how caring values are learned, instilled, and cultivated to firmly embed caring character values and translate them into behaviour during nursing care or daily life poses a significant challenge for educational institutions striving to produce proficient nursing professionals.

It is expected that this study can provide practical guidance and become a compass in developing learning methods for prospective nurses based on caring character development. The characteristics are identical to values which necessitate a method for internalizing caring values in the learning process. For further research, the seven steps summarized in the acronym PELOPOR as the main findings in this research can be developed through research into the development of learning models for other health professions.

6. Conclusion

This study's findings revealed that, during the pre-action stage, the caring character of prospective nurses received an average score of 59.33%, placing it in the poor category. To cultivate a caring character in prospective nurses during the action implementation stage, a systematic educational approach comprising seven action steps was developed. These steps are summarized in the acronym PELOPOR: Promoting, Elaborating, Learning, Organizing, Project Learning, Observing, and Reflecting. By following these seven steps, 12 caring character values, including religious beliefs, compassion, responsibility, discipline, empathy, politeness, friendliness, patience, communicativeness, education, collaboration, and responsiveness, can be cultivated, with an average increase ranging from 20% to 23%. The comprehensive outcome of the caring learning process encapsulated in the acronym PELOPOR exhibited a notable increase of 23.41%. The final score for their caring character performance reached 82.75%, categorizing it as "good." Consequently, the learning steps outlined in the acronym PELOPOR proved effective in enhancing the caring character performance of prospective nurses. Therefore, to instil caring character in nurses during the education process, these seven steps can be implemented in the learning process.

7. Suggestion

For nursing educational institutions and hospitals, efforts to improve the performance of caring characters can be done by implementing and developing the seven steps summarized in the acronym PELOPOR.

8. Limitation

This study is limited by its exclusive involvement of students from a single university's nursing study programme. Additionally, the research specifically concentrates on nursing character education. As such, there is plenty of opportunity for other scholars to extend this study to various universities or to broaden the research scope. This expansion could encompass not only students but also professional nurses across diverse hospital settings.

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