

An Assessment of Nurses' Caring Behavior in the Emergency Department of An-Nisa Hospital Tangerang

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ABSTRACT

Nurses working in emergency departments must adhere to professional nursing standards, including caring behavior, which is an essential component of quality nursing care. This study aimed to describe nurses' caring behavior in the Emergency Department of An-Nisa Hospital, Tangerang, in 2024. A quantitative descriptive design was employed. The study population comprised 2,676 patients who visited the emergency department in June 2024, and 106 respondents were selected using purposive sampling. Data were collected using the Caring Professional Scale (CPS), developed by Swanson. The data were analyzed descriptively. The results showed that 78 respondents (73.6%) rated nurses' caring behavior as good, 24 (22.6%) rated it as adequate, and 4 (3.8%) rated it as poor. These findings indicate that most respondents perceived nurses' caring behavior in the emergency department of An-Nisa Hospital as good, although a small proportion reported inadequate caring behavior. Nurses should consistently demonstrate caring behavior by responding attentively to patients' needs and providing compassionate care. Further research involving broader settings and additional relevant factors is recommended to strengthen the evidence on nurses' caring behavior.

Keywords: Caring Behavior, Emergency Nursing, Nurses, Patient Perception.

I. Introduction

Quality healthcare is not determined solely by clinical procedures, medical technology, or the availability of healthcare professionals; it also depends on whether care is safe, timely, effective, and responsive to patients' needs. The World Health Organization, Organisation for Economic Co-operation and Development, and World Bank (2019) emphasize that people-centred care is a fundamental dimension of quality health services. Within this framework, nurses play an essential role because their direct and continuous interactions with patients shape how nursing care is experienced and evaluated. Caring behavior, expressed through attentiveness, empathy, respect, effective communication, and responsiveness, is therefore an important component of professional nursing practice. These behaviors can help establish therapeutic relationships and support patients' perceptions of the quality of care they receive. However, caring should not be treated as synonymous with patient satisfaction, because satisfaction is a broader outcome that may also reflect expectations, clinical outcomes, service accessibility, and organizational conditions.

The significance of caring behavior becomes particularly apparent in hospital emergency departments (EDs). Emergency care involves the initial assessment and management of patients with acute illnesses or injuries, often under conditions that require rapid decisions and timely interventions. The World Health Assembly (2019) recognizes timely emergency care as an essential component of health systems and highlights the importance of ensuring appropriate care for acutely ill and injured patients. In this setting, nurses must balance clinical priorities with interpersonal care. Prompt responses, clear explanations, respectful communication, and attention to patients' discomfort can help patients and their families feel acknowledged during stressful situations. Conversely, delays in responding to patients' needs or inadequate communication may negatively affect their experience of care. Prahmawati et al. (2021) examined the relationship between nurses' response time and emergency services in an Indonesian hospital, illustrating the relevance of timely nursing responses to emergency care. Nevertheless, responsiveness and caring behavior are related but distinct aspects of nursing practice and should be assessed according to their respective definitions.

Previous research has documented the relevance of caring behavior to patients' experiences of nursing care. Noor et al. (2016), in a study conducted in the emergency room of Ratu Zalecha Hospital in South Kalimantan, Indonesia, examined the relationships among caring, comfort, and patient satisfaction. Their work provides context-specific evidence that caring and patient comfort warrant attention in emergency nursing. At a broader level, Mulugeta et al. (2019), in a systematic review and meta-analysis involving 6,091 patients across 15 studies, estimated patient satisfaction with nursing care in Ethiopia at 55.15%. Although this estimate cannot be directly generalized to Indonesia, it demonstrates that patient evaluations of nursing care may vary across healthcare contexts. These findings support the need to examine caring behavior within the particular clinical environments in which nursing services are delivered rather than assuming that findings from one setting apply universally.

Research conducted in Indonesia also indicates that caring behavior deserves continued attention. Wardah et al. (2020) explored patient satisfaction with nursing care in an Indonesian hospital and highlighted the importance of understanding patients' experiences when evaluating nursing services. Adnan (2020) investigated nurses' caring behavior and patient satisfaction in Puskesmas Wotu, South Sulawesi, reporting a significant relationship between the two variables. Although this study provides relevant regional evidence, its setting differs from a hospital emergency department. Handayani and Kuntarti (2021) also examined nurses' caring behavior in Indonesia in relation to personality characteristics, suggesting that individual factors may be relevant to understanding how caring behavior is expressed. More recently, Bachtiar et al. (2023) evaluated a caring-based training program among Indonesian nurses using patients' perceptions and found significantly higher caring behavior scores in the intervention group than in the control group. Together, these studies indicate that caring behavior is relevant to nursing practice and may be approached through contextual assessment and professional development. However, findings from inpatient wards, primary healthcare facilities, or intervention studies do not automatically describe the current situation in emergency departments.

Caring behavior may also be influenced by working conditions. Babapour et al. (2022) examined nurses' job stress, quality of life, and caring behaviors, drawing attention to the relationship between nurses' working experiences and the care they provide. In emergency departments, workload, competing clinical demands, and the need to respond promptly to multiple patients may create challenges for maintaining consistent interpersonal care. These factors provide a plausible context for examining patients' perceptions, but they should not be assumed to explain caring behavior at a particular hospital without direct empirical evidence. An assessment based on patient responses is therefore useful for identifying how nursing care is perceived in a specific setting and for establishing a baseline for subsequent quality-improvement efforts. At An-Nisa Hospital in Tangerang, preliminary observations conducted on July 23, 2024, indicated that the emergency department had 39 nurses and received 2,676 patient visits in June 2024. Interviews with 10 patients found that seven described nurses as cooperative in performing their duties, whereas three considered the nurses insufficiently responsive. Although this small preliminary inquiry cannot represent the

perceptions of all patients, it identifies a practical concern regarding responsiveness and provides a rationale for a more systematic assessment of caring behavior. The preliminary findings should be interpreted as contextual information rather than definitive evidence that caring behavior is generally inadequate at the hospital.

Despite existing studies on caring behavior in Indonesia, evidence describing patients' perceptions specifically in the emergency department of An-Nisa Hospital, Tangerang, remains limited within the literature reviewed for this study. The present research addresses this contextual gap by describing nurses' caring behavior using the Caring Professional Scale (CPS), developed by Swanson and adapted into Indonesian by Kusnanto (2019). Accordingly, this study aimed to describe patients' perceptions of nurses' caring behavior in the emergency department of An-Nisa Hospital, Tangerang, in 2024. By presenting the distribution of caring behavior ratings, the study is expected to provide context-specific baseline evidence that may inform nursing reflection and service improvement. Its contribution is descriptive rather than causal: it does not seek to determine the factors that cause caring behavior or establish its effect on patient satisfaction.

II. Literature Review

2.1. Concept and Theoretical Foundations of Caring Behavior

Caring is a fundamental concept in nursing that extends beyond the technical delivery of clinical interventions. It encompasses the attitudes, actions, and interpersonal relationships through which nurses respond to patients' physical, psychological, social, and emotional needs. Watson (2008) conceptualized human caring as a relational and ethical foundation of nursing practice, emphasizing respect for human dignity, compassion, and meaningful nurse–patient interactions. From this perspective, caring is not merely an expression of kindness but an integral component of professional nursing care. Firmansyah et al. (2019) similarly applied Watson's theory to assess caring behavior among nurses in an Indonesian hospital and found that patients' assessments indicated room for improvement in several dimensions of caring. These perspectives suggest that caring should be understood as a multidimensional professional practice rather than a single interpersonal characteristic.

Caring behavior can be examined through both instrumental and expressive dimensions. Instrumental caring involves clinical competence, the performance of appropriate nursing interventions, and attention to patients' physical needs. Expressive caring concerns interpersonal communication, empathy, respect, emotional support, and sensitivity to patients' experiences. Romero-Martín et al. (2019), in a systematic review of studies using the Caring Behaviours Inventory, identified these complementary dimensions and reported that patients often perceived expressive caring less favorably than nurses believed they provided. This distinction is important because technically competent care does not necessarily guarantee that patients feel understood, respected, or emotionally supported. Effective nursing practice therefore requires the integration of clinical competence and interpersonal responsiveness.

2.2. Dimensions and Manifestations of Caring Behavior

Caring behavior becomes observable through interactions between nurses and patients. These interactions include listening attentively, explaining procedures, responding to concerns, maintaining privacy, respecting individual preferences, and providing assistance in a timely manner. Amalina et al. (2020), who explored patients' experiences of caring behavior in Indonesian hospitals through Swanson's theoretical framework, identified themes involving nurse–patient relationships, understanding patients' needs, safety, psychological care, and expectations for improved nursing services. Their findings highlighted the importance of therapeutic communication in developing trust. The study also demonstrated that patients may experience shortcomings in psychological support even when nursing procedures are performed.

The relational nature of caring is also evident in the distinction between the care nurses intend to provide and the care patients actually perceive. Patients evaluate nursing interactions through their own experiences, expectations, emotional conditions, and understanding of healthcare services. Romero-Martin et al. (2019) emphasized that patients' and nurses' perceptions of caring may differ, suggesting that professional self-assessment alone may not adequately represent patients' experiences. Consequently, patient-reported assessments provide valuable information about the interpersonal dimensions of nursing practice. Nevertheless, these assessments should be interpreted as perceptions of care rather than direct measures of every aspect of clinical competence or safety.

2.3. Caring Behavior in Emergency Nursing

Emergency departments present a distinctive context for caring because nurses must respond to acute clinical needs while communicating with patients and families who may be experiencing uncertainty, pain, anxiety, or fear. Timely assessment and intervention are essential, but patients may also need clear explanations, reassurance, respectful communication, and attention to comfort. Prahmawati et al. (2021) examined the relationship between nurses' response time and emergency services in an Indonesian hospital, demonstrating the relevance of responsiveness in emergency care. However, response time should not be treated as equivalent to caring behavior: a nurse may respond quickly while providing limited emotional support, or demonstrate empathy while facing unavoidable clinical delays.

Evidence from Indonesian emergency departments illustrates the importance of evaluating caring in its specific service context. Suroso et al. (2020) examined patients' perceptions of nurses' caring behavior, the care environment, and administrative services across four Indonesian hospitals. Their findings indicated that caring-related services were generally perceived as adequate rather than fully optimal. Pakaya et al. (2022) also investigated the relationship between nurses' caring behavior and patient satisfaction in the emergency department of Aloe Saboe Hospital in Gorontalo. Together, these studies provide a basis for examining how patients experience caring in emergency settings. However, findings from one hospital cannot automatically be generalized to another because staffing, patient characteristics, organizational practices, and service demands may differ.

2.4. Factors Associated with Caring Behavior

Caring behavior occurs within an organizational environment and may be influenced by individual, interpersonal, and workplace conditions. Babapour et al. (2022) investigated relationships among nurses' job stress, quality of life, and caring behavior, highlighting the relevance of nurses' working experiences to the delivery of care. Workload, competing priorities, and limited opportunities for communication may challenge nurses' ability to maintain consistent interpersonal engagement. These factors are plausible influences on caring behavior, but their contribution must be examined empirically in each setting rather than assumed from descriptive findings.

Research on caring-based education further suggests that professional development may provide opportunities to strengthen caring practices. Bachtar et al. (2023) evaluated a caring-based training program among Indonesian nurses using patients' assessments and reported higher caring behavior scores in the intervention group than in the control group. This finding supports the relevance of training as a potential quality-improvement strategy. However, an intervention study addresses a different research question from a descriptive survey. The present study focuses on describing patients' perceptions and does not test whether training, workload, or other factors determine caring behavior.

2.5. Patient Perceptions and Measurement of Caring Behavior

Patient perceptions are important because caring is expressed through observable interactions that patients can experience during healthcare encounters. Mulugeta et al. (2019), in a systematic review and meta-analysis of patient satisfaction with nursing care in Ethiopia, demonstrated variation in patients' evaluations of nursing services across studies. Although satisfaction and caring behavior are related, they are not interchangeable constructs. Satisfaction reflects patients' evaluations of services relative to their expectations, whereas caring behavior concerns the actions and interactions through which nurses demonstrate professional concern and responsiveness. Research in Indonesia has also examined caring behavior in different clinical contexts. Wuwung et al. (2020) investigated the relationship between nurses' caring behavior and patient satisfaction. Samsualam et al. (2021) reviewed studies of caring behavior in hospitals and discussed its relevance to nursing service quality. Mutiara et al. (2022) examined patients' perceptions of nurses' caring behavior during the COVID-19 pandemic in Pekalongan, while Karo et al. (2022) described caring behavior in emergency nursing services during the pandemic. These studies broaden the empirical basis for understanding caring behavior, although differences in study populations, instruments, and settings require caution when comparing their findings. The choice of measurement instrument is therefore consequential. Different instruments may operationalize caring through different dimensions, items, and scoring procedures. The Caring Behaviours Inventory, for example, has been examined in the systematic review by Romero-Martín et al. (2019), whereas Suroso et al. (2020) used the Gadar Caring Scale in their study of emergency services. Evidence concerning the validity or reliability of one instrument cannot automatically be transferred to another. Accordingly, research using the Caring Professional Scale (CPS) should identify the instrument's source, the Indonesian adaptation process, its scoring criteria, and the evidence supporting its measurement properties.

III. Research Method

This study is a quantitative study with a descriptive design. It utilized the Caring Professional Scale (CPS) questionnaire, originally developed by Swanson and adapted into Indonesian by Kusnanto (2019). The sampling technique used in this study was purposive sampling, resulting in 106 participants who met the inclusion criteria. This study was conducted in the Emergency Department of An-Nisa Hospital in Tangerang.

IV. Result and Discussion

4.1. Results

Data were collected from July 29 to August 1, 2024. The results are presented descriptively to summarize respondent characteristics and patients' perceptions of nurses' caring behavior in the Emergency Department of An-Nisa Hospital, Tangerang.

Table 1. Respondent Characteristics (n = 106)

Characteristic	Frequency (n)	Percentage (%)
Age		
17–25 years	24	22.6
26–35 years	19	17.9
36–45 years	31	29.2
46–55 years	20	18.9
56–65 years	12	11.3
Sex		
Male	40	37.7
Female	66	62.3
Educational attainment		

Elementary education	4	3.8
Junior secondary education	18	17.0
Senior secondary/vocational education	64	60.4
Diploma, bachelor's, or master's degree	20	18.9
Total	106	100.0

Table 1 shows that respondents aged 36–45 years constituted the largest age group, accounting for 31 respondents (29.2%). Respondents aged 17–25 years accounted for 24 (22.6%), followed by those aged 46–55 years (20; 18.9%), 26–35 years (19; 17.9%), and 56–65 years (12; 11.3%). Most respondents were female (66; 62.3%), while 40 (37.7%) were male. Regarding educational attainment, 64 respondents (60.4%) had completed senior secondary or vocational education. The remaining respondents had completed diploma, bachelor's, or master's education (20; 18.9%), junior secondary education (18; 17.0%), or elementary education (4; 3.8%).

Table 2. Patients' Perceptions of Nurses' Caring Behavior (n = 106)

Caring behavior category	Frequency (n)	Percentage (%)
Good	78	73.6
Adequate	24	22.6
Poor	4	3.8
Total	106	100.0

As shown in Table 2, 78 respondents (73.6%) rated nurses' caring behavior as good. Another 24 respondents (22.6%) rated it as adequate, while 4 (3.8%) rated it as poor. Thus, although most respondents reported a positive perception of nurses' caring behavior, 26.4% rated it as either adequate or poor. This finding indicates that positive perceptions predominated, but opportunities remain to improve the consistency of caring behavior across patient encounters. The reported mean score was 1.30, with a standard deviation of 0.530. These descriptive statistics should be interpreted according to the instrument's scoring procedure and category thresholds. The scoring direction and classification criteria must be specified to clarify the meaning of the mean and standard deviation.

4.2. Discussion

a. Respondent Characteristics

The largest proportion of respondents were aged 36–45 years (29.2%). This finding describes the age distribution of the study sample, rather than demonstrating that patients in this age group evaluate nurses' caring behavior more accurately or favorably. Although demographic characteristics may be relevant when examining patients' experiences of care, their relationship with caring perceptions must be established through appropriate statistical analysis. A descriptive design cannot determine whether age influences patients' evaluations. Similarly, female respondents constituted 62.3% of the sample. This distribution should not be interpreted as evidence that women are more sensitive to caring behavior or that their evaluations are more reliable than those of men. Patients' perceptions may reflect individual expectations, previous healthcare experiences, communication needs, and the circumstances surrounding their treatment. Research on caring perceptions has also identified differences between the ways patients and nurses understand caring behavior, indicating that these evaluations should be examined from the perspectives of the individuals involved rather than inferred from demographic characteristics alone (Papastavrou et al., 2011; Romero-Martin et al., 2019). Most respondents had completed senior secondary or vocational education (60.4%). Educational attainment may be relevant to how patients understand information and communicate their expectations. However, the present findings do not establish that respondents with a particular educational background perceived caring more positively or negatively. Further analysis would be required to examine whether educational attainment is associated with caring perceptions. In the current study, age, sex, and education are therefore best interpreted as descriptive characteristics that provide context for understanding the sample.

b. Patients' Perceptions of Nurses' Caring Behavior

The principal finding was that 73.6% of respondents rated nurses' caring behavior as good. This suggests that most respondents perceived their interactions with nurses in the Emergency Department of An-Nisa Hospital as positive. Nevertheless, 22.6% rated caring behavior as adequate and 3.8% rated it as poor. The combined proportion of 26.4% who did not provide a good rating is important because it indicates that favorable perceptions were not uniform across the sample. Caring is a central concept in nursing practice because it encompasses both the delivery of appropriate care and the quality of the relationship between nurses and patients. Watson's theory of human caring emphasizes the humanistic and relational aspects of nursing, including respect for the individual and attention to the patient's experience (Watson, 2008). More recent reviews have described caring as involving both instrumental aspects of care, such as competent clinical actions, and expressive aspects, such as respect, kindness, sensitivity, and interpersonal connection (Romero-Martín et al., 2019; Bardaie et al., 2026). From this perspective, a favorable overall rating is meaningful, but it does not necessarily mean that every aspect of caring was consistently demonstrated.

The Emergency Department presents a distinctive context for caring because patients may arrive in pain, distress, or uncertainty and may require prompt assessment and intervention. In this setting, caring should be reflected not only in courteous communication but also in timely responses, clear explanations, attention to comfort, and respect for patients' concerns. The World Health Organization and its partner organizations identify safety, effectiveness, timeliness, equity, and people-centeredness as important elements of quality health services (World Health Organization, Organisation for Economic Co-operation and Development, & World Bank, 2018). These principles support the interpretation that caring in emergency nursing must be integrated into both interpersonal interactions and the delivery of clinical services. The finding that 73.6% of respondents rated caring as good is broadly consistent with studies conducted in Indonesian healthcare settings, although the reported proportions differ. Noor et al. (2016), for example, examined caring, comfort, and patient satisfaction among 341 patients in an Indonesian emergency department and reported that most respondents experienced caring behavior and were satisfied with care. Pakaya et al. (2022) also reported that most respondents perceived caring behavior positively in an emergency department in Gorontalo. These findings support the relevance of caring in emergency nursing. However, direct numerical comparisons should be made cautiously because the studies differed in their samples, instruments, settings, and analytical approaches.

Other Indonesian studies indicate that caring perceptions are not uniformly positive across healthcare settings. Wuwung et al. (2020) examined the relationship between nurses' caring behavior and patient satisfaction in a hospital in Manado, while Mutiara and Priyoggo (2022) described patients' perceptions of caring behavior during the COVID-19 pandemic in Pekalongan. Suroso et al. (2020) also examined caring in emergency services across several Indonesian hospitals, considering staff behavior alongside environmental and administrative aspects. Collectively, these studies illustrate that caring should be understood within the broader service context rather than as an isolated interpersonal characteristic. Differences in reported results may reflect the setting, the measurement instrument, patient characteristics, and the specific dimensions being assessed. International evidence provides further support for examining caring from the patient's perspective. Mulugeta et al. (2019), in a systematic review and meta-analysis, reported that the pooled level of patient satisfaction with nursing care in Ethiopia was 55.15%. Although satisfaction and caring are related concepts, they are not interchangeable outcomes. The Ethiopian estimate therefore provides broader context for variation in patients' experiences of nursing care, but it should not be treated as a direct benchmark for the caring percentage reported in the present study. Papastavrou et al. (2011) and Romero-Martín et al. (2019) likewise highlighted differences between patients' perceptions of caring and nurses' own assessments of their behavior. These findings reinforce the importance of evaluating nursing care from the recipient's perspective.

The four respondents (3.8%) who rated caring behavior as poor deserve particular attention. Although this group was small, its responses indicate that some patients did not experience the same level of caring as the majority. A low overall percentage should not automatically be dismissed, particularly in emergency care, where delays in responding, insufficient explanations, or limited attention to comfort may shape patients' experiences. Research by Firmansyah et al. (2019) emphasized the importance of caring in nursing practice, while Noor et al. (2016) linked caring and comfort with patient satisfaction in an emergency department. These findings suggest that hospitals should examine specific care interactions and patient

feedback to identify areas for improvement rather than relying solely on an overall category. The present study did not measure nurses' workload, job stress, staffing levels, communication quality, or the time taken to respond to patients. Consequently, these factors cannot be identified as explanations for the ratings obtained. Nevertheless, they represent relevant issues for future investigation. Babapour et al. (2022) examined relationships among nurses' job stress, quality of life, and caring behavior, demonstrating the relevance of nurses' working conditions when studying caring. Handayani and Kuntarti (2022) also investigated nurses' caring behavior in relation to personality characteristics in an Indonesian hospital. These studies suggest that caring behavior may be examined in relation to individual and occupational factors, but such relationships should not be assumed to explain the findings in An-Nisa Hospital without direct evidence.

The findings also have implications for nursing management. Since more than one-quarter of respondents rated caring as adequate or poor, quality improvement should focus on observable behaviors that patients can recognize. These may include acknowledging patients' concerns, providing understandable explanations, responding appropriately to requests, maintaining respect and privacy, and giving attention to comfort while carrying out clinical responsibilities. Emergency nursing research on response time also highlights the importance of timely initial care in emergency services (Prahmawati et al., 2021). Timeliness should therefore be considered alongside interpersonal care when hospitals evaluate the patient experience. However, the present study did not measure response time, so it cannot establish whether delayed responses contributed to the ratings. The results should also be interpreted in light of the study's descriptive design. The data establish the distribution of respondents' perceptions at one hospital during the data collection period. They do not establish causal relationships between caring behavior and patient satisfaction, clinical outcomes, or demographic characteristics. In addition, the study used a single instrument, the Caring Professional Scale, so the interpretation depends on the version administered, its psychometric properties, and the criteria used to classify scores. Future reports should specify the number of items, response options, scoring procedure, category thresholds, and available validity and reliability evidence. Such information would improve transparency and enable more meaningful comparison with studies using other caring instruments.

A further limitation is that the findings are drawn from one emergency department and 106 respondents. The results may not represent the experiences of all patients at the hospital or those receiving emergency care in other institutions. Future research could include multiple hospitals, larger samples, and more detailed assessments of specific caring dimensions. Analyses examining associations with patient characteristics, nurse-related factors, workload, communication, and response time could help identify areas requiring improvement. A mixed-methods approach could also explore why some patients report adequate or poor caring despite the predominance of favorable ratings. Overall, the study indicates that most respondents perceived nurses' caring behavior in the Emergency Department of An-Nisa Hospital as good. At the same time, the proportion of adequate and poor ratings highlights the need to maintain and improve caring consistently across patient encounters. The practical priority is not merely to increase the proportion of favorable ratings but to understand which behaviors patients experience as caring and which aspects of service require further attention. Such an approach would support patient-centered nursing practice while keeping conclusions aligned with the evidence obtained from this descriptive study.

V. Conclusion

The findings showed that most respondents perceived nurses' caring behavior in the Emergency Department of An-Nisa Hospital, Tangerang, as good. Of the 106 respondents, 78 (73.6%) gave a good rating, while 24 (22.6%) rated caring behavior as adequate and 4 (3.8%) rated it as poor. These findings indicate that favorable perceptions predominated, although some patients did not experience caring behavior at the same level. The results highlight the importance of maintaining consistent caring practices throughout emergency nursing care. The findings have practical implications for nursing practice and hospital service quality. Emergency department nurses should consistently demonstrate caring behavior through clear communication, attentive responses to patients' needs, respect for patients' concerns, and attention to comfort during care. Nursing managers can support these practices through regular evaluation of patient feedback, staff development, and quality improvement initiatives focused on patient-centered care. Particular attention should be given to identifying aspects of care that may contribute to adequate or poor patient

ratings. This study was limited by its descriptive design, its focus on a single hospital, and its reliance on patients' reported perceptions. Therefore, the findings cannot establish causal relationships or be generalized to other healthcare settings without further evidence. Future research should involve larger samples across multiple hospitals and examine factors potentially associated with caring behavior, including communication, nurses' working conditions, and patient characteristics. Qualitative or mixed-methods approaches could also provide a deeper understanding of patients' experiences and help identify specific improvements in emergency nursing care.

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