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**THE RELATIONSHIP BETWEEN PERSONAL FACTORS,
BUDDHIST CHARACTERISTICS AND ORGANIZATIONAL
FACTORS AND CARING BEHAVIORS IN GENERAL
AND REGIONAL HOSPITALS IN EASTERN REGION**

SIRINTIP CHANDUAYWIT

With compliments

of

บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SCIENCE (PUBLIC HEALTH)
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KEY WORDS : BUDDHIST CHARACTERISTICS, BUDDHIST BELIEF,
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SIRINTIP CHANDUAYWIT : THE RELATIONSHIP BETWEEN
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The purpose of this survey research was to study the nurses' level of caring behavior and the relationship between personal factors, Buddhist characteristics and organizational factors, and caring behaviors among the nurses. The concept of Buddhism and Watson's Theory of Transpersonal caring were used as a framework for the study.

The sample consisted of 333 nurses who were working in the Obstetrics and Gynecology, Surgery, Medicine, Pediatric and Eye-Ear-Nose-Throat units at Rayong hospital, Chonburi hospital, Prapokklao Chantaburi hospital and Chachoengsao hospital. The samples were recruited by multistage random sampling. A questionnaire was used to collect the data to measure the nurses' Buddhist belief, Buddhist practice, perception of organizational factors and caring behaviors. The reliability of this tool was 0.81, 0.71, 0.88 and 0.95, respectively. The statistic methods used in data analysis were descriptive statistics, the Chi-Square test and the Pearson's Correlation Coefficient.

Results of the study showed that most of the nurses reported caring behavior at an intermediate level (64.6%). The Chi-Square test showed a significant relationship between age and caring behaviors. Educational level, working experience, working department and marital status showed a non-significant association with caring behaviors. The Pearson's Correlation Coefficient showed that the Four Noble Truths and Buddhist practice were related at a lesser level to caring behaviors ($r=0.143$, $p<.01$ and $r = 0.140$, $p<.01$, respectively) whereas, the Three Characteristics of Existence and the Four Principles of Virtuous Existence were significantly related to caring behaviors ($r = 0.213$, $p<.01$ and $r = 0.284$, $p <.01$, respectively). The Chi-Square test showed a significant relationship between organizational factors and caring behaviors.

It is recommended that nurses' caring behavior should be promoted to a high level. The nurse executives should bring the caring concept to be a part of the policy of nursing or nursing philosophy in order to be a guideline and make it clear for patient nursing. Nurses should be trained in effective care and standard method advocacy. The nurse executives should provide the activity of their religions in order to help nurses to understand the teaching of Buddha, which can be applied to their job performance and adaptation.

4036579 PHPH/M : สาขาวิชาเอก : พยาบาลสาธารณสุข ; วท.ม.(สาธารณสุขศาสตร)

ศิริรินทร์ทิพย์ ชาญด้วยวิทย์ : ความสัมพันธ์ระหว่างปัจจัยส่วนบุคคล ลักษณะทางพระพุทธศาสนา และปัจจัยด้านองค์การกับพฤติกรรมการดูแลในโรงพยาบาลทั่วไป และโรงพยาบาลศูนย์เขตภาคตะวันออกเฉียง (THE RELATIONSHIP BETWEEN PERSONAL FACTORS, BUDDHIST CHARACTERISTICS, AND ORGANIZATIONAL FACTORS AND CARING BEHAVIORS IN GENERAL AND REGIONAL HOSPITALS IN EASTERN REGION) คณะกรรมการควบคุมวิทยานิพนธ์ : ทศนีย์ นนทะสร,ค.ด., สมพร เตรียมชัยศรี, ปร.ค.,เพียงจันทร์ โรจนวิภาต, M.H.S.(Bios), 122 หน้า ISBN 974 – 04 – 2593 – 3

การวิจัยเชิงสำรวจนี้มีวัตถุประสงค์เพื่อศึกษาระดับของพฤติกรรมการดูแลของพยาบาลวิชาชีพในโรงพยาบาลทั่วไปและโรงพยาบาลศูนย์เขตภาคตะวันออกเฉียง และศึกษาความสัมพันธ์ระหว่างปัจจัยส่วนบุคคล ลักษณะทางพระพุทธศาสนา และปัจจัยด้านองค์การกับพฤติกรรมการดูแล โดยใช้แนวคิดทางพระพุทธศาสนาและทฤษฎีการดูแลระหว่างบุคคลของวัตสัน เป็นกรอบแนวคิดในการวิจัย

กลุ่มตัวอย่างที่ใช้ในการศึกษาคือพยาบาลวิชาชีพจำนวน 333 คน ที่ปฏิบัติงานแผนกสามัญและพิเศษ หอผู้ป่วยสูติ-นรีเวชกรรม ศัลยกรรม อายุรกรรมเด็ก และตา หู คอ จมูก ของโรงพยาบาลระยอง โรงพยาบาลชลบุรี โรงพยาบาลพระปกเกล้าฯ จันทบุรี และโรงพยาบาลเมืองฉะเชิงเทรา ซึ่งคัดเลือกโดยการสุ่มตัวอย่างแบบผสม เครื่องมือที่ใช้เก็บรวบรวมข้อมูลเป็นแบบสอบถาม สถิติที่ใช้ได้แก่ สถิติพรรณนา ทดสอบความสัมพันธ์ด้วยไคสแควร์ และคำนวณค่าสัมประสิทธิ์สหสัมพันธ์ของเพียร์สัน

ผลการวิจัยพบว่า พยาบาลส่วนใหญ่ (ร้อยละ 64.6) มีพฤติกรรมการดูแลในระดับปานกลาง อายุมีความสัมพันธ์กับพฤติกรรมการดูแล อย่างมีนัยสำคัญทางสถิติที่ระดับ .05 แต่ระดับการศึกษา ประสบการณ์แผนกที่ปฏิบัติงาน และสถานภาพสมรสไม่พบความสัมพันธ์กับพฤติกรรมการดูแล ในด้านลักษณะทางพระพุทธศาสนาพบว่า ความเชื่อด้านไตรลักษณ์และพรหมวิหารสี่มีความสัมพันธ์กับพฤติกรรมการดูแลของพยาบาล ($r=0.213, p<.01$ และ $r=0.284, p<.01$) ความเชื่อด้านอริยสัจสี่และการปฏิบัติทางศาสนา พบว่ามีความสัมพันธ์กับพฤติกรรมการดูแลของพยาบาลวิชาชีพในระดับต่ำ ($r=0.143, p<.01$ และ $r=0.140, p<.01$) ส่วนปัจจัยด้านองค์การมีความสัมพันธ์กับพฤติกรรมการดูแลอย่างมีนัยสำคัญทางสถิติที่ระดับ .05

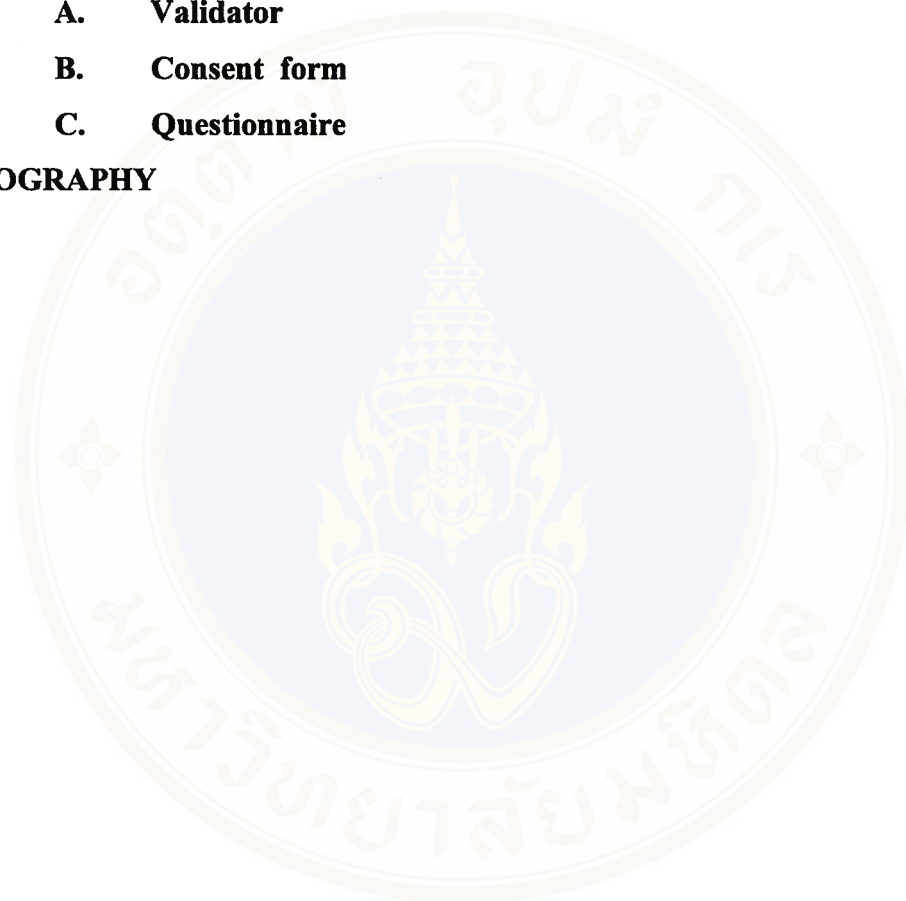
จากผลการวิจัยมีข้อเสนอแนะว่า ผู้บริหารควรนำแนวคิดการดูแลทางการพยาบาลมาเป็นส่วนหนึ่งของปรัชญาทางการพยาบาลและควรจัดให้มีกิจกรรมทางศาสนาเพื่อส่งเสริมให้พยาบาลเข้าใจคำสอนทางพระพุทธศาสนาเพื่อให้สามารถนำมาปฏิบัติและประยุกต์ใช้ในการดูแลผู้ป่วย

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CHAPTER I

INTRODUCTION

Significance of the Study

Although sickness, suffering and death are viewed as normal fact of life, sickness can still cause high stress for people. It is known that sickness is a source of unhappiness and impacts on people's way of living, performing role, ability to work and ability to care for themselves. During sickness, people usually need help from their family and closed friends, especially, when their sickness is severe and chronic, leading them to be dependent on other people. Nurse is one of the health care personnel responsible for caring of the sick people. Thus, the nurse is an important person to response to the need and expectation of the patients more than other health care personnel (Tantipalacheewa,K.1979:55).

While the medical science is moving toward high technology, using advanced and modern equipment for treating patients, it was found that the patients has received less attention from health care personnel, making them to feel lonely among various health care personnel. The patients could not ask for help and advice they need (Intarasombut,P. in Hanucharurnkul,S.,Ed.,1990:4). In addition, currently, health care system is moving toward commercial medical and nursing services.As a consequence, medical and nursing care are viewed as goods and services and the patients are viewed as customer who must pay for the service. Therefore, it was not surprised that the high quality care is expected by the patients(customers)(Deepaduang,A. 1993:1-9).

However, according to customers' opinion, medical and nursing service in the government hospital was in low quality (Tangchareonsatian,W., et al.,1996: 158-168; Simaroj, S.1993:abstract).The patients reported receiving lower quality nursing care than they expected,leading them to feel less satisfaction.As a result, patients' complaints

via media and professional institution has been increased (Cheonlertsakul,K. 1985:abstract; Chareonsuk,T.1989:abstract; Wongphun,S.1998: abstract).

Caring is an intended behavior performed by the nurse. To be able to perform effective caring behavior, nurse needs to have efficient knowledge and expertise. It is believed that performing effective caring behavior to the patients during sickness can enhance the patients' willpower, feeling warmth, and power to confront with their sickness (Mayeroff, 1971: 1; Paterson & Zederad, 1976 cited by Bunyanuruk, P. 1993: 5). In addition, effective caring behavior is believed to promote health and increase patients' ability to take care of themselves and effectively confront with their problems (Blattner, 1981: 10; Roach, 1987; Leininger, 1986: 3).

As mentioned previously that during sickness, the person needs good nursing care, therefore; the nurse providing care should have better understanding on nursing behaviors that demonstrate through thought process, feeling, and willpower. As stated by Watson in her Human Caring Theory, nurse's caring behaviors should involve all biological, psychological, social, and spiritual aspects of human being, a holistic approach. According to Watson (1988), Human Caring Theory consists of 10 important factors including: 1) the formation of humanistic-altruistic system of value; 2) the instillation of faith-hope; 3) the cultivation of sensitivity to one's self and the others; 4) the development of a helping trust relationship; 5) the promotion and acceptance of expression of positive and negative feeling; 6) the systematic use of scientific problem-solving method for decision making; 7) the promotion of interpersonal learning; 8) the provision for a supportive , protective and/or corrective mental, physical, sociocultural and spiritual environment; 9) the assistance with the gratification of human needs; and 10) the allowance for existential-phenomenological-spiritual forces. In addition, Watson's Human Caring Theory also emphasizes more on moral caring and maintaining human's value. The theory also aims at enhancing the harmony of mind-body-and spirituality of both the nurse and the patients, resulting to the improvement of self-knowledge, self-reverence, self-healing, and self-care for the patients and enhancement of decision making ability regarding

health and illness of the patients. In conclusion, the goal of nursing care is to protect, promote, and maintain all human being's health.

It is known that the high quality caring should consist of tangible knowledge. However, it is believed that caring cannot be completed and will lack of quality if the person performing caring behavior does not have moral(Uniphan,J.1993:6). Therefore, high caring quality is the action of a person with moral. Moral or Ethic involves around acting good or right and that does not have conflict with religion belief. To perform good behaviors the person must have a good heart. On the other hand, good heart or mind is a basis of good behavior. Nevertheless, good heart and behavior are developed from good raising from family and somewhat from socialization process. Therefore, ethic or moral is very important for nursing profession since it will bring honor, acceptance and respect from patients and society. It is necessary for the nurse to incorporate their knowledge, expertise, and as well as moral in their heart in their practice for the highest benefit of the patient (Sasithornwetchakul,T.1998:25-29). As mentioned by Tolstoy (cited by Sirilai,S. 1996:1), nursing practice is the transformation of the feeling from the heart to practice. Therefore, it can be concluded that high quality nursing behavior must come from the nurse with good heart and moral.

Buddhist characteristics is modern in term of its belief and practice. It teaches people about moderate fact, supporting the people's ability to understand life in constantly changing world. It makes people to have critical thinking mind and to solve problem using their wisdom. Most Thai people are Buddhist. Their belief, social value, and behaviors are influenced by Buddhism's principles (Vaninthanon,N. 1993: 11 ; Pawaphutanon Na Mahasarakham,W.1981:1). Most nurse in Thailand are also Buddhist, therefore; their caring behaviors, beliefs, and social values are more likely to be influenced by Buddhism's principles. In addition, Buddhism religion may also help nurses to better understand the patient's feeling and to promote interpersonal skill. (Sirilai,S.1996:103). According to Apinya Phosrithong's study (1993:abstract), it was found that the closer of the nurse to the religion, the better of the nurse to perform caring behaviors to the elderly. In addition, it was also found

that nurse who highly based their practices on Buddhism's principles performed better caring behaviors for the HIV patients and better professional nursing behaviors than the nurse who slightly based their practice on Buddhism's principles (Jarassri,A.1998:abstract). It can be concluded that the person who follows the Buddhism's principles will have personal characteristics that promote effective working behaviors in term of having good concentration, clear mind and being able to use wisdom to solve problem in their life(Phuthathatphicku Priest,1986:49).

Therefore, the Buddhist characteristics was selected to be one of the variables in this study. It is anticipated that the nurse who has high Buddhist characteristic will perform effective caring behaviors.

Personal factors in this study consist of age, working experience, working department, marital status, and educational level. Age and working experience may have an impact on caring behavior because it is believed that increasing age and working experience may make the person to have more wisdom, leading them to be successful in their work(Wongwatjana,W.1992:abstract ; Malai,C.1994:abstract). In addition, it is expected that working in different department may make the person to have different experience in term of illness and job description, thus caring behaviors might be different (Jaidee,Y.1997:abstract;Suwannakul,I.&Chowsilpa,N.1999 : 63-64; Techachaiyakul,W.1998:98). It is known that education can make person to be intelligence, reasonable, and able to decide and choose to act in an appropriate way (Jalowise&Powers,1981:10-15). Therefore, it is reasonable to believe that educational level might have an impact on caring behaviors.

For the working department factor, it was known that behaviors or actions of the personnel are somewhat influenced by organization policy. For example, different hospitals may usually have different policy, directing nursing action, such as nursing activities and caring behaviors in different way (Kast & Rosenzweig, 1979 cited by Techachaiyakul,W.1998:52; Ibrahim,F.1992:92). In addition, the organizational goal is also one of the factors that help the nurses to understand their roles and their job descriptions, leading them to have high confidence and be successful in their work.

According to Wallaya Techachaiyakul's study(1998:abstract), organizational policy and goals had a positive relationship with the nurse's independence to perform nursing care.

According to literature on caring behavior, the majority of the studies have emphasized on improving patient's environment or developing nursing behaviors by enhancing nursing knowledge and expertise. However, the study focusing on improving nurse's caring behavior by enhancing nurse's spirituality is still rare. Therefore, I, as a nurse researcher, am very interested in studying factors influencing on the development of nurse's caring behaviors. The purpose of this study is to examine the relationships between the personal factors, Buddhist characteristics and organizational factors and caring behaviors, important behavior for nursing. In addition, it is expected that the result from this study will be useful for the nurse to improve caring behavior, making the nursing profession's identity to be clearer in the society in the future.

Research Questions

1. What are the caring behaviors of professional nurse in General and Regional hospitals in Eastern region?
2. Are there any relationships between personal factors, Buddhist characteristics, and organizational factors and caring behaviors of the professional nurses in General and Regional hospitals in Eastern region?

Objectives of the Study

1. To study the caring behaviors of the professional nurses in General and Regional hospitals in Eastern region.
2. To study the relationships between personal factors, Buddhist characteristics, and organizational factors and caring behaviors of the professional nurses in General and Regional hospitals in Eastern region.

Research Hypotheses

1. The caring behaviors of the professional nurses will be associated with the personal factors including age, educational level, working experience, working department, and marital status.

2. The caring behaviors of the professional nurses will be associated with Buddhist characteristics including Buddhist belief and Buddhist practice.

3. The caring behaviors of the professional nurses will be associated with organizational factors including organizational policy and organizational goals.

Scope of the Study

The sample of this study was limited to the professional nurses working in inpatient department including both general and private sections in General and Regional hospitals in Eastern region under the Ministry of Public Health. Subunits under inpatient department include of Obstetric and Gynecology, Surgery, Medical, Pediatric, and Eye-Ear-Nose-Throat units. The subjects were recruited from seven hospitals including Rayong hospital, Chonburi hospital, Trad hospital, Prapokklao Chantaburi hospital, Chao Phya Abhai bhu bejhr hospital at Prachinburi, Chachoengsao hospital, and Sakaao Crown Prince hospital. The sample size of this study was 1349.

Variables in the Study

Dependent Variable

1. Caring Behaviors including:
 - 1.1 The formation of humanistic-altruistic system of values.
 - 1.2 The instillation of faith – hope
 - 1.3 The cultivation of sensitivity to one’s self and to others
 - 1.4 The development of a helping trust relationship.
 - 1.5 The promotion and acceptance of expression of positive and negative feeling

1.6 The systematic use of the scientific problem – solving method for decision making

1.7 The promotion of interpersonal teaching-learning.

1.8 The provision for a supportive, protective and/or corrective mental, physical, sociocultural, and spiritual environment

1.9 The assistance with the gratification of human needs

1.10 The allowance for existential-phenomenological-spiritual forces.

Independent Variables

1. Personal factors including:
 - 1.1 Age
 - 1.2 Educational level
 - 1.3 Working experience
 - 1.4 Working department
 - 1.5 Marital status
2. Buddhist Characteristics including:
 - 2.1 Buddhist belief
 - 2.2 Buddhist practice
3. Organizational factors including:
 - 3.1 Organizational policy
 - 3.2 Organizational goals

Definition of Variables

1. Professional nurse is defined as the following: 1) a person who earned bachelor degree in nursing or the degree comparable with bachelor degree in nursing and master degree in nursing or higher; 2) a person who already registered as a nurse and midwife from Nursing Council of Thailand; and 3) a person who has worked as a nurse and provide direct care for the patients in the hospital.

2. Personal factor is defined as individual's characteristics that show the uniqueness of an individual involving bio-psycho-social related to caring behaviors

such as age, working experience, educational level, working department, and marital status.

2.1 Age is defined as a number of years since birth of the professional nurse.

2.2 Educational level is defined as level of highest education of a professional nurse.

2.3 Working experience is defined as a number of years that a nurse has worked as a professional nurse.

2.4 Working department is defined as department or hospital unit the nurse has worked in the hospital.

2.5 Marital status referred to single, married, widowed, divorced and separated.

3. Buddhist Characteristics is defined as an acknowledgement and acceptance of the registered nurse about the Buddhism's principles including:

3.1 Buddhist belief is defined as an acknowledgement and acceptance of the professional nurse about the Buddhism's principles and its value. The Buddhist belief was studied in term of the beliefs that assist the professional nurse in understanding the natural rules, the way to solve the problems, and the helping behaviors. The Buddhist beliefs include of the following concepts:

3.1.1 Three Characteristics of Existence is defined as the Buddhism's principles that teach people about the concept of uncertainty and natural rules including:

3.1.1.1 Impermanence is defined as the state of uncertainty and unstable of everything.

3.1.1.2 Suffering is defined as the state of suffering, oppress and incomplete of everything. For this study, it is defined as the feeling of oppress, pressure, hopeless, tiredness, and as well as pain and impatient.

3.1.1.3 Soullessness is defined as the state of unreal and unstable. Everything is constantly occurring and extinguishing. For this study, soullessness is referred to characteristic of everything in the world that is unstable.

3.1.2 Four Noble Truths, principle of problem solving includes of the following concepts:

3.1.2.1 Suffering is defined as the feeling of oppress and pressure that have impact on people's life and way of living.

3.1.2.2 Origin of Suffering is defined as the analysis of the source of problems. Acknowledging the source of problems can help the person to solve and eradicate the problems.

3.1.2.3 Cessation of suffering is defined as the fact of suffering extinguishment. In this study, cessation of suffering is referred to settle the way to solve problem by the individual to eradicate the source of problems.

3.1.2.4 Path is referred to the fact related to the way leading to the cessation of suffering. In this study, path is defined as the method leading to solve the problems that impact on life of the person.

3.1.3 Four Principles of Virtuous Existence refers to Buddhism's principle promoting helping behaviors including:

3.1.3.1 Kindness refers to a wish for the others to be happy. In this study, kindness is defined as love and kindness giving to the patients to help them to be happy.

3.1.3.2 Mercy refers to a wish for the others to be out of suffering. In this study, mercy is defined as feeling involved with the patients' suffering as well as a wish to help others to find way out of suffering.

3.1.3.3 Good Wishes refer to the gladness when seeing the happiness of others and willing to support the patient for their happiness.

3.1.3.4 Impartiality refers to keeping peace, non-bias, non-judgmental and calm when facing with the situations effecting the person's feeling. In this study, impartiality is defined as the nurse's response as non-bias, keeping peace and clam to the patients' expression of pain or suffering and the readiness of the nurse to provide help for the patients whenever they need it.

3.2 Buddhist Practice refers to the extent to which the professional nurse performs the nursing actions and daily life activities by following the Buddhism's principles, called Three Element of Meritorious Behavior including:

3.2.1 Charity is defined as giving to the others without expecting thing in return. In this study, charity referred to the giving behaviors the professional nurse performs to the patients with sincerity such as giving material and knowledge or suggestion.

3.2.2 Commandment refers to The Buddha's doctrine about the five commandments of the Buddha. In this research study, commandment is defined as the five commandments of the Buddha that relates to the society and the control of physical and verbal behaviors.

3.2.3 Meditation refers to training the mind and intellect to fill with moral. In this research study, meditation is defined as controlling the mind to be in a stable, clam, and immaculate state. As a consequence, the person will gain more knowledge and understanding about the fact of the way things are in the world.

4. Organizational factor is defined as situation or event in an organization including organizational policy and organizational goal.

4.1 Organizational Policy is defined as an acknowledgement of a professional nurse about the organizational policy related to caring activities in order to reach the organization's goal of caring. It may be in written form, circulating paper, or issues informed in the ward meeting. It can be measured by the acknowledgement of the organizational policy, the motivation to perform nursing care, the resource management and ability to adapt in constantly changing working situations.

4.2 Organizational Goal is defined as an acknowledgement of a professional nurse about the organizational goal related to the improvement of patients' health status through effective caring behaviors by concentrating on holistic care. It is established as an outcome of caring. It also may be in written form, circulating paper, or issues informed in the ward meeting. It will be measured by an acknowledgement of the organizational goal, the nursing care performance based on organizational goal, quality control of nursing practice toward organizational goal and assessment of the achievement of the organization.

5. Caring behavior is defined as nursing behaviors performed by the professional nurse involving verbal and caring behaviors provided in response to the patient's needs in term of bio-psycho-social and spiritual. In this study, caring

behaviors are based on the Watson's theory of caring consisting of 10 factors as followed.

5.1 The formation of humanistic and altruistic system of values refers to the behaviors expressed by the professional nurse as willing to help, considering benefit of the patient, respecting the patient as a person and understanding and accepting thought and action of the patient.

5.2 The installation of faith and hope is defined as nursing behaviors the professional nurses performed with their confidence using their knowledge and expertise in order to assist the patient to be clear regarding their illness, promoting the patient's hope and strength.

5.3 The cultivation of sensitivity to one's self and to others is defined as nursing behaviors expressed to show that the professional nurses are sensitive to the perceptions and feelings of the patients and also themselves.

5.4 The development of a helping trust relationship is defined as nursing behaviors expressed to show that the registered nurses have good relationship and trust with the patients.

5.5 The promotion and acceptance of expression of positive and negative feeling is defined as the ability of the professional nurses to accept their positive and negative feelings and to accept the patients' positive and negative behaviors.

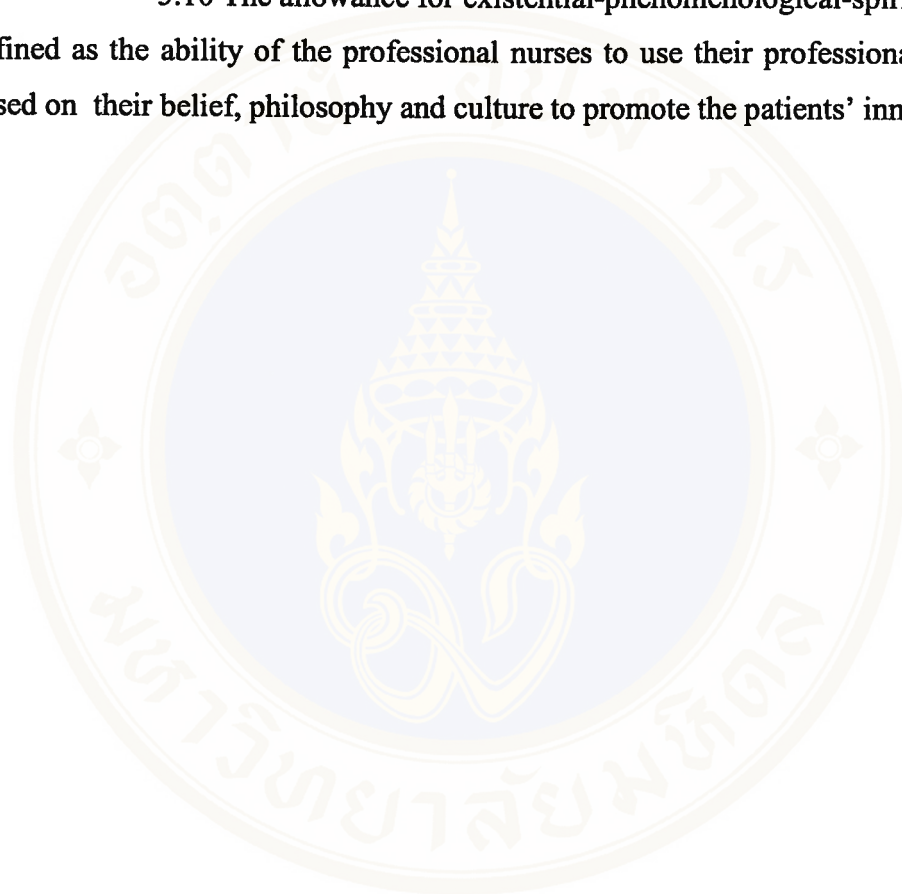
5.6 The systematic use of the scientific for decision making and problem solving is defined as the ability of the professional nurses to use their thought, knowledge, expertise, and experience to provide holistic care for the patients.

5.7 The promotion of interpersonal teaching and learning is defined as the nursing behaviors the professional nurses performed in order to reduce the patient's feelings of anxiety, uncertainty and fear. The nursing behaviors may involve teaching and providing the clients with clear and important information.

5.8 The provision for a supportive, protective and corrective mental, physical, sociocultural and spiritual environment is defined as nursing behaviors focusing on providing, supporting, protecting, and improving the patients' environment, resulting in comfortable, clean, safe, and private environment for the patients.

5.9 The assistance with the gratification of human needs is defined as nursing behaviors performed by the professional nurse in response to the patients' needs for survival (such as water, food, hygiene, elimination, and breathing), to the patients' needs for maintaining their function (such as exercising and resting), and to the patient's needs for regaining their self-worth.

5.10 The allowance for existential-phenomenological-spiritual forces is defined as the ability of the professional nurses to use their professional knowledge based on their belief, philosophy and culture to promote the patients' inner strength.



CHAPTER II

LITERATURE REVIEW

This research is a study of the relation of personal factors, Buddhist characteristics and organizational factors and caring behaviors in General and Regional hospitals in Eastern under the Ministry of Public Health. The researcher has studied documents, research studies and relevant literature. It is grouped in three sections.

- Caring Concept
- Buddhist Characteristics
- Organizational Factors Concept

Caring Concept

Caring is positive sense and used in pleasure from relation, love and care. It shows the interpersonal relation and between person and animals. Caring is service behavior in type of Human to Human Service that show the human understanding very clearly.

Caring, has its meaning in the Dictionary of Rajabundittayasathan year 1992, means caring, protect and rule.

In English, caring is from English old word, Caru, and from German old word, Kuru, which means being responsible, worry, concern and seriously care. (Euswas, P. 1996: 27)

Caring is the word from professional nursing, same as mother cares the child, which has deeply meaning that is not only to feed, live, sleep and rest. Mother and the child have relationship to connect them, concerned and care with each other.

It generally means, “love”. The said characteristic is caring and in the professional nursing (Bunyanurak,P.1993:3;Larson ,1986 : 87;Mayeroff,1971:48;Ibrahim,F. 1992 : 131–135;Leininger,1981:9) because the caring shows concerned and care about the health and living of other people. It is genuine of the professional nursing practice that is visible, mentionable and the person who takes service can specify the caring (Bunyanurak,P.1993:1 – 3).

Caring Concept, there are some nursing theory experts give concepts about caring, such as :

Mayeroff (1971, cited by Bunyanurak,P. 1993:2; Mayeroff, cited by Tschudin, 1995:1-3) said that the meaning of human caring is important because of helping person to grow to the self-esteem level. It must occur in procedure. The tendency of relationship is like with closed friend helping each other with reliance and deeply relation. Caring causes the new value adjustment and activities of relationship. Caring supports people to live in the social more worthily or meaningfully.

Caring in concept of Mayeroff's consists of 8 factors as follows.

1. Knowing is the feeling and behavior that occur from well understanding in the others, know about the desire, aim and wish, and know the way to help them.

2. Alternating Rhythms is the ability to see many types of problems. The subjects of problems may be different. To see only a part of problem might not cover the caring details and might limit the ability of caring.

3. Patience is to give a chance to the clients can think and make decision by them to participate with the serviced person to plan. And do the health caring of them, their families and community to achieve the health care aim, and to develop the potential of people who get service. And supporting people to grow by themselves, which is the aim of the serviced person and people who get service.

4. Honesty is expression of their empathy with expression of understanding in the others. Not to express sympathy with something or some events too much because it will obstruct the caring behavior to the others.

5. Humility is the feeling that does not cause empathy with the patients and does not see the patients belong to them, but the patients are specify and good to study.

6. Trust is basic factor of relationship and relates with sincerity and patience, that help the nurse understand the humanness of people who take service.

7. Hope is an important factor to cause desire or need caring. People must always have hope. Thus, caring must begin from hope and be stimulated by hope for the caring behavior with aim.

8. Courage is to practice on basic of ethics, etiquette, value, and protect honor and rights both themselves and the others.

Brown (1986 : 56 – 62) has studied the caring behavior in Mayeroff's concept, by questioned the clients, and found that the important caring behavior consists as follows :

1. Recognition of individual qualities and needs
2. Reassuring presence
3. Provision of information
4. Demonstration of professional knowledge and skill
5. Assistance with pain
6. Amount of time spent.
7. Promotion of autonomy
8. Surveillance to nursing performance.

La-or Hutangkool (In Uniphon,J. and Luebunchai,O.,Ed.,1997:65) said about the ideal qualified nurse of people who take service as follows.

1. Fast service to every person who take service equally.
2. Service with knowledge, suitable, safe and good for health adjustment.
3. Nurse is behaving and good temperament, pay respects to people whom take service. Informs and care and give necessary information.
4. Fast service, best result and least waste of expense, time and energy.

There are 2 types of caring as follows .

1st Type :Caring show the knowledge, skill and professional surveillance, which is always found in urgent caring, which needs suddenly respond.

2nd Type :Caring aware the value, desire and monopoly of person. Which is found in caring with relations and cause the clients can make decision to take time of caring.

Leininger (1981:56), the leader of nursing and develop Theory of cultural care diversity and universality, said that Human care is an inter situation for human surviving. Caring is the key of nursing and gives the meaning of caring that it is an activity showing relationship of assisting, supporting or enabling experience or behaviors to a person or a group of person needing help to improve or maintain the good health or good way of living.

Leininger (1991, cited by Euswas,P.1996:28) said that a person, family and community are under the structure of society, culture and environment. Caring procedures in each culture are different, having individual form or process, but having related inter characteristic. Health service system is an individual system of professional practice. It has individual culture that different from caring system of people who take service or local caring. Health care service that achieves the aim must focus on caring with the harmony of culture of both local system and professional system. For the harmonious of culture of serviced person and clients that they are achieve the aim of good health and pleasure. So there are 3 ways of nursing practice as follows.

1. Maintain the form of local caring culture
2. Adjust between the form of local caring culture and professional
3. Change the structure to develop the form of caring culture

Euswas,P.(1996 :30), Thai nursing learner, gives the meaning of caring as the expression of interpersonal relationship, relationship between people and animals, and people and environment. By the feeling is basic of mercy, concerned, interest and care. The studied of nursing practice for the cancer patients by the qualify research for

Grounded theory and develop the theory of “the actualized caring moment” which explain the caring in nursing is dynamically changing and occurs within specific situation. At the time that nurse and patient having relationship that is helping to respond the health needs. Nurse and patient aware of the result of real caring which cause the pleasure to both parties. That is the nurse aware of her value to give the therapeutic used of self to the patients and the patients admire that caring like honor persons and learn to care themselves.

Caring for therapeutic used of self must lean on continuous relations consist factors as follows:

1. Being there when they need
2. Being mindfully present
3. Having a trusting relationship which the nurse is willing to help
4. Participating in meeting needs both nurse and patients know to solve the problem and respond the desire
5. Having empathetic communication
6. Balance the knowledge-energy-time. Nurses combine knowledge with methods for the patients in each situation

To develop the theory of Basic Caring of Organization which is called “the actualized caring moment” found that there are 3 components as follow.

1. The preconditions are the prerequisites for the caring process to occur. Nurse and patient are ready to be in contact, and each brings unique capacities and expectations into the situation. The nurse brings her personal and professional qualities of caring, benevolence, commitment, and clinical competency, and the patients brings his or her personal uniqueness with a specific life situation of health related problems.

2. The situated context is the situation of the nurse – patient contact in a specific place and time in the environment of health care settings that promote the occurrence of caring processes.

3. The ongoing interaction is actual caring process that evolves from the preconditions and situated context. The actual caring process is

composed of six caring elements. It is the process of the nurse - patient interaction in the continuously changing pattern. The nurse is fully aware of her commitment to give of herself to assist the patient in achieving personal health needs within the reality of the patient's situation.

Lason (1986:86-91) to explained that the caring is nursing practice for therapeutic intervention. There are three dimensions of nursing such as care , cure and coordination . Which the caring is core of nursing. There are six types of caring behaviors as follows .

1. Accessible to caring the patients
2. Explain and facilitates the information to clients
3. The formation of comforts both physical and mind
4. Anticipation for giving information
5. Trusting relationship
6. Monitoring and follow through for the clients to convinced that is a good caring.

Watson (1988:13-77), the leader nursing who develop the theory of transpersonal caring to focuses on the holistic care and spiritual care. The aim of that for person have harmony and congruence of physical , mind and spiritual or congenial between self as perceives and self as experience. The caring of Watson's concept is maintains the honor and value of human being. The caring process is occurs by one's mind – body-soul engage with another's mind – body-soul, spiritual union occurs between the two persons. That is the transpersonal caring (Watson,1988 cited by Chunlertsukul ,K. 2000:10)both nurses and patients are an experience and phenomenal field.

The nursing performance in Watson's concept are 10 carative factors as follows .

1. The formation of humanistic – altruistic system of values . Caring is grounded in a set of universal humanistic and altruistic values. Humanistic values include kindness, empathy, concern and love for self and others. Altruistic

values arise from commitment to and satisfaction from receiving through giving. They bring meaning to one's life through relationships with other people. Both values provide a basis for human caring and promote the professional care ethic.

2. The instillation of faith – hope . Patient's believes and personal meanings are encouraged and respected as significant influences in promoting and maintaining health. Even when there is nothing left to do medically, The nurse can nurture a patient's faith and hope in something or someone beyond himself or herself. This factor honors the spiritual dimensions of nursing and health care.

3. The cultivation of sensitivity to one's self and to others . Sensitivity to self is the recognition and acknowledgement of feeling – painful as well as happy ones. It is cultivated by looking into oneself and a willingness to explore one's own feeling. Sensitivity to self not only leads to self-acceptance and psychological and spiritual growth, but also to sensitivity and acceptance of others.

4. The development of a helping trust relationship. The human caring relationship is central to professional health care. In the transpersonal human caring relationship, the nurse enters into the experience of another person, and another can enter into the nurse experiences. A helping-trusting human caring relationship evolves from a certain quality of communication.

5. The promotion and acceptance of expression of positive and negative feeling. Because feeling alter thoughts, behavior , actions and experiences, They need to be acknowledged and considered in the human caring process. Promotion and acceptance of feelings can potentate health and healing and search for meaning of existence.

6. The systematic use of the scientific problem – solving method for decision making. Within the nursing process of assessing, planning, intervening, and evaluating are the full us of self and all domains of knowledge, including empirical, aesthetic, intuitive, affective and ethical knowledge. All knowledge is valuable and accessed within the caring process. The process call on creative

imagination, clinical judgment, and a grasping of the whole within the context of a caring relationship.

7. The promotion of interpersonal teaching – learning. Health teaching is one of nursing's main function. Learning is more than the receiving of information. It also depends on the nurse's ability to assess accurately another's perceptions, feeling, concern, and understanding. This factor requires staying with another's frame of reference and attending to the meaning the situation holds for him or her.

8. The provision for a supportive , protective and / or corrective mental, physical, sociocultural, and spiritual environment. The goal of this carative factor is to strengthen self concept and self worth through attention to environment to promote health and healing.

9. The assistance with the gratification of human needs. Assisting with the gratification of human needs is important to nursing's role of helping individuals in their daily activities as well as facilitating growth and development. Needs operate independently and demand that the nurse respond to the other as a unique individual, allowing the one cared for the assist in the identification for his or her most important needs.

10. The allowance for existential – phenomenological – spiritual forces. Existential, phenomenological, and spiritual dimensions are closely related in that they all support a subjective appreciation of the inner world of the experiencing person and the meaning he or she finds in the life. The clinical application of existential concepts is based on the assumption that each person must find his or her own meaning and solution to the problems of existence. A phenomenological orientation to nursing emphasizes understanding people from their frame of reference. Awareness of one self and other as existential-phenomenological and spiritual beings opens up infinite possibilities for growth, both interpersonal and transpersonal.

Concept of Buddhist Characteristics

In the era of the lifetime of Buddha, Buddhism was called dharma. Dharma is natural fact, which the Buddha found it and commenced to be simple principle. Discipline is the rules to control people behaviors to unite in the same form. Buddhism is the main religion of Thailand for a long time. Thais Philosophy, culture, custom and ethics relate altogether and follow from Buddhism philosophy (Sirilai,S.1996:161) same as Vaninthanon,N.(1993:11) said that Buddhism principle is united with Thai culture and influence to the believe characteristic, popularity and other behaviors in Thai daily lives deeply.

The Buddhism influence to human believe, thought and behavior as follows (Pawaphutanon Na Mahasarakharm ,W.1981:14-16).

1. Religious behavior and practicing, which indicate basic believe of religion that people relate with.
2. Attitude, thought and faith in religious principle of people always relate with religion doctrine in the social. It is the basis of culture and custom, and most of people accept the doctrine with faith. Thus, the believe and attitude of religion is the basic of other human belief and attitude.
3. Religion in organization status that set the standard and judge the behavior of social members. Which are to source of popularity, belief and attitude, including to protect them not to change behavior from the social standard.
4. Establish the Buddhist belief to influence to other behaviors that are not the religion behavior, such as the expression of general moral standard , moral principles, criterion of ethical behavior.

Religion is important to human and society, and insinuates in every culture that control human behavior. Positive thought person can evaluate situations and find the way to solve problem, which occurs from the thought factor, good belief that is the result of religious teaching. Religion is the source of moral, ethics, culture and custom. It causes the society united, integrity and can achieve the social aim. Religion is the unity of knowledge factors of ethics system that can respond human in different

types. Religion becomes the basis for people to compare self of meaning, to be frame of reference or cognitive mediation that assist people to understand in anything and have concept of problem solving (Tedsiri,C.1994:32-33) and also in the professional nursing. Religion participates in controlling the nurse's behavior to be in moral, ethics, good behavior, concerned, generous and having mercy. That is necessary behavior to help patients. In this research, the researcher is study the relation between Buddhist characteristic and caring behavior of professional nurse. Buddhism to be basic mind characteristic for the whole life of human. It is stable and can be measured (Tedsiri,C.1994:34). To determine the Buddhist characteristics must study about religion belief and practice, because all of these are important parts of culture (Pongpanit, A.1990: 28). Which is settled by the believe principle and Buddhist practice(Vaninthanon,N.1993: 12).

Sophonkanaporn Priest (1987: 26) said about Buddhism holding deeply that is people study about Buddhism clearly or so understand in Buddhism that admire the value of Buddhism and follow it and can get result from it. Buddhist characteristics means as to understand Buddhism by expressing in Buddhist belief and practice it.

Religious Belief

Religious belief and human life is not dividable from humanness of person. The said believe effects to thought, behavior and way of human life.

The belief have occurred from receiving information from anything from direct experience and relation and then summarize from the others' information or reading. If people accept relationship of the said matter, it means they believe in that matter (Fishbein & Ajzen 1975, cited by Tadsiri,C.1994:34).

Belief that happen from reason determining and see that the doctrines are good, merit and benefit their lives, the others and society (Thepvatee Priest, 1990:144-147). Believe or faith in dharma is the measurement of churchman or churchwoman status (Putthatartpikku Priest, 1990: 5). People who are churchman and

churchwoman should have faith in an important Buddhism doctrine, which believes in the three gems, namely, the Buddha, his teaching and his disciples (Rajchadhamnitet Priest, 1988: 34-122).

Believes in the three gems is the basic believes of Buddhists, the Buddha, his teaching and his disciples. It is the basic level to understand Buddhism that cause the believes and follows the Buddhism in other deeper matter (Sophonkanarak Priest, 1987: 22).

Buddhists who would like to understand and get result from Buddhism respect must get rid of obstacles as follows (Rajchadhamnitet Preist, 1998: 21).

1. Do not know about the three gems characteristic
2. Doubt in the three gems
3. Disagree with the doctrine that the Buddha taught

Thus, the believes level in the three gems is the tool to identify the Buddhist characters of Thais (Vaninthanon, N.1993 : 13).

Belief in this research is believe in the Buddhism doctrine, which is the Three Characteristic of Existence that shows the momentary situation, carefulness, and natural rule. Believe in the Four Noble Truths, which is the doctrine for practicing. Believe in the Four Principles of Virtuous Existence, which supporting good behavior to the nurses and behavior complying with the patient caring as following details.

Three Characteristics of Existence

The Three Characteristics of Existence means three characteristics or common characters. It is one of important doctrines that the Buddha taught in the form of natural rule that show the characteristic of everything. Nature rules in the book of Tripitaka are divided into 5 types (Dharma Pidok Priest, 1998: 3).

1. Physical inorganic order is the natural rule of temperature, especially about elements, weather and season, which are the environment of human.

2. Physical organic order is the natural rule of descent, including heredity.
3. Order of act and result is the natural rule of human behavior that is the result process of action.
4. Order of the Nome is the natural rule of relations and cause and effect of everything.
5. Phychic law is the natural rule of mind work.

Meaning of the Three Characteristic of Existence:

Impermanence: momentary, unstable, uncertain is the characteristic of every changeable thing. Whether the whole or partly, each part consists change both figure and movement, as its rule, all the time. Even behavior consists of minor parts, which are unstable. It is upon to the cause and factor, which is the environment effect to it (Putthatartpikku Priest,n.d. :16). Impermanence is the situation that happens and then disintegrates.

Stress and conflict: Suffers and Suffers Characteristic is oppress situation with happening and disintegrating, pressure, effort and conflict situation, because of the factors and cause it not to be stable. Incomplete situation is deficient and inhibits the wish fulfilled or pleased to the desired people who have passion and cause them suffering. Suffers are in every living thing and even lifeless thing can be suffer. Suffers in the Three Characteristic of Existence means of all suffers.

Soullessness or Non – self: is the characteristic of non-substance or not its substance. Everything is in continuity that consists of related factors to happen and disintegrate subsequently. It is a momentary status with oppresses, pressure, conflict and show the incomplete of it. Everything is natural and under natural rules, so it must follow the natural rules. It is unable to be as one's desire. Everything is changeable all the time, so it can show of the non-substance. Impermanence, Stress and Conflict, and Soullessness are common characteristic. It is the fact that expresses itself all the time. Anyway, people hardly see it because it seems something cover it. Unless the right intention, no one can see it.

Caring behavior is the behavior relates with ethics. The Three Characteristic of Existence is the source of ethics and the guarantee of complete moral, because the

Three Characteristic of Existence stimulates one not to be careless, not to commit bad, to do goodness and to do create activities and cause of the ethics behavior (Dharma Pidok Priest, 1998: 118–119).

The Four Noble Truths

The Four Noble Truths is the doctrine that is the key of Buddhism (Hutbumrer,C.1987 : 2). It means the noble fact or the fact of the noble ones, because person who understands the Four Noble Truths is the noble person. To be noble means the passion is out of mind because of understanding. Mind is nobler. The Four Noble Truths is the key of Buddhism. All of the doctrine is consisted in the Four Noble Truths as follows.

Sufferings or Dukkha is the fact of suffers that causes problems to human, concerning with life. It is suffering from oppress. It happens from passion, lack of gist and permanency. Matter of suffers is awareness. Human must learn with their problems and aware of its status. It is the problem limits. Practicing with suffers correctly as the Four Noble Truths is very important. Buddhism doctrine teaches people to most clearly aware of their problems before handling with them and eradicates them. Suffers can happen all the time, so we should not be careless and be ready to face with fact.

Origin of Suffering is the noble fact of the basis cause of suffering. The real fact of suffering is too much desire, which is called lust, 3 types as follow:

- 1.Desire of things, which happens from eyes, ears, nose, tongue, physic and mind. This type of desire is called **Sensuous lust**
- 2.Desire to be in other position. Suffers happen when it is impossible. This type of desire is called **Status lust**
- 3.Desire not to be in the position, which means do not want to be in the position that is facing at the moment but want to escape from it. This type of desire is called **Instates lust**

Desire 3 types, which are too much without thinking about fact of possibility or appropriateness. Not to think about fact is the source of suffers. Matter of the

Origin of Suffering is to abandon, which is eradication, such as to solve and eradicate the problem source by analyzing cause of the problem.

The Cessation of Suffering is the fact of suffers cessation. It is the third noble fact, which is every suffering can be ceased. Suffers happen from cause, so the cause must be ceased. Matter of the Cessation of Suffering is causing to be awareness. It means to attain, which is to attain the situation of no problem, by settle the way to solve problems and achieve the desire aim, then the problems are disappear and only the most happiness existing, which is called Nirvana.

Path is the fact of method to suffering cessation. It is the fourth noble fact, which is the way leading to the Cessation of Suffering that is called the middle way, consists of 8 factors as follows:

1. Right Understanding, which is understand the fact of everything and believe in doing good can get good result and doing bad can get bad result.
2. Right Aim, which is good thought. It is reasonable thought that whenever speaking, doing or thinking and the others will not be in trouble.
3. Right Speech, which is good speech. It is not to lie, sarcastic, rude, and nonsense.
4. Right Conduct, which is good action. It is not to destroy other lives, not to steal, not to violate others' love things and not to disturb other physical safe.
5. Right Livelihood, which is having good work. It is to have loyal work, work with commonsense and not to run any harmful business.
6. Right Effort, which is good persevere. It is an effort to avoid villainy. An effort to cease the exist villainy. An effort to do good thing and maintain it forever.
7. Right Attentiveness, which is right mind. It is not to dote, shaken, but to aware of real happening things. Determine with sense and attempt. Having intellect as the fact situation.
8. Right Concentration, which is concentrating. It is concentrating in one thing for a long time.

Matter of the ways is praying, which is training, practicing and following the method leading to the goal that is solving problems.

The Four Principle of Virtuous Existence

The doctrine as practiced by Brahma means the doctrine of Brahma. It is the main doctrine that support us to have noble living. It is consist of .

Kindness : Wishing the others to be happy.Happiness is everyone's wish and can happen in both physic and mind. Giving love and good wish to the others, and wish them to be happy. Can practice by following 6 doctrines as follow.

1. Attempt to help the others, expressing by action, such as helping the patient to be in comfortable bearing.
2. Attempt to help the others, expressing by speech, such as talking to the patients with soft words and advice with reason.
3. Not to be unfaithful, suspicious or vindicate with the others.
4. Apportion some of the loyal acquisition to the others.
5. Keeping commandment of the Buddha as the others. Not to be the disgust of the others because it is unhappiness.
6. Having opinion same as the others. It means adjusting the opinion to unite with the others'. Not to hold only own thought. Listen to the others' opinion.

When the 6 doctrines can be practiced, the person can be the positive one and wish the others to be happy.

Mercy : Aware of the others' suffering and wish them to get rid of suffering. Wish to help the patients to be out of suffering and wish to cure them both physic and mind. Listen and evaluate their problems. Find ways to solve problems. There are 2 types of suffering as follow.

Physical Suffering : is suffering from situation. It occurs from the natural change of physic, such as sickness.

Mind Suffering : is proceeding suffering or mind suffering. It occurs from external cause, such as do not achieve the desire is suffering.

Good wishes : is glad when the others are happy, prospect and success. Glad when the others getting goodness for supporting them to do more goodness. Rejoicing when the patients are happy, recover and can go back home to live with their loved family.

Impartiality : is keeping peace, fair and ready to deal with every matter that is upon to situations with unbiased reason. Aware of the real result that people should receive, including the causes, without 4 partialities as follow:

Anger Partiality	:	Bias due to hate
Liking Partiality	:	Bias due to love
Fury Partiality	:	Bias due to fascination
Danger Partiality	:	Bias due to fear

Result of believing in the four principle of virtuous existence is the person having generous mind, wishing the others to be happy in living. To have supporting behavior to the others can cause happiness to society (Maliwan,P. 1984 : 138).

Buddhist Practice

Religion practicing is behavior expression that occurs from believing in the religion and following the religion doctrine can support that person to attain the noble goodness as the religion believing (Wantayon, B.1994 : 197).

The religion practicing is the matter to explain the meaning of religion more clearly. It can identify the religion characteristic. The Noble Eightfold Path in Buddhism is the main compilation for practicing, behaving or the whole ethics system in Buddhism (Thepvatee Priest, 1990 : 914). The Noble Eightfold Path is the 8 middle way that is an important form. To give grace in the aim and suit with general Buddhist, so the system of The Noble Eightfold Path is changed to be general principle for Buddhist practicing an important principle. That is the Three Materials for Merit Behavior, there are charity, keeping commandment of the Buddha and meditation, for happiness and peaceful in life(Thepvatee Priest, 1990 : 569).

Charity : is giving without any expectation and giving for supporting. Charity is the giver's mind cleaning, which can eradicate frugality, avarice from one's mind. There are 2 types of charity.

1. Object Charity is the charity by giving things
2. Knowledge Charity is the charity by giving knowledge, scruples, and advice and suggest for health care.

Commandment of the Buddha : is Buddhism teaching and practicing principle, which relates with social, controls the expression of act and speech to be neat and comply with living together. Basic commandment of the Buddha is the Five Commandments of the Buddha, as follows.

1. Not to harm life or body of every living
2. Not to harm the others' assets
3. Not to harm the others' loved things and violate
4. Not to harm the others with speech, lie, gossip and sarcasm
5. Not to have alcoholic and drugs, which causes people lose their consciousness and easy to commit bad.

Meditation : is training mind and intellect to fulfilled with moral, for the strength. Scruple conversation, pray, keep manners and meditation are the mind training, and cause the intellect to understand the ways of the world and life. It can eradicate passion. Meditation is controlling mind to be stable, calm and immaculate for the highest benefit. For knowledge, understanding and clearly see in every fact of things. Meditation can be trained both during daily activities and special time.

Type of Meditation

1. Tranquil Meditation : is training mind for calm, such as think about goodness and attach with moral.
2. Enlightenment Meditation : is training intellect for clearly know and understand in every natural change by any causes, and not to dote on the power of change.

Charity, keeping commandment and meditation are the practicing for doing goodness. Increasing goodness by charity, keeping commandment and meditation is the basic principle that relates with the expression of figure and visible. It aims to clean mind to prosper by external action that is rougher to be the tool to eradicate passion.

Theory of Transpersonal Caring of Watson's and Buddhist Characteristics

Theory of transpersonal Caring of Watson's is the caring that focuses on person and holistic care of physic and soul. Having aim of caring people for good health, which is harmony and congruence of mind, physic and soul, or relation of self as perceived and self as experience which is the caring concept that help the cared people have self-knowledge, self-control, self-reverence, self-healing and having sense prompt to the feeling of themselves and the others. In the meantime, they can have more love and trust .Watson said about the soul dimension that is the feeling relates with ideal oneself in present environment, without the limit of time, place, although the body already passed away but the soul sill exist. And person beyond the limit of time and place in the type of process using of mind, imagination and feeling. The body is in one place but the soul and feeling are in wherever. Thus, some people can be beyond their pain(Watson, 1988 : 48). From the point of the theory of interpersonal cares, consisting the Three Characteristics of Existence, the Four Noble Truth and the Four Principle of Virtuous Existence that the researcher uses as the conceptual framework of this research, by comparing to show the harmonious of Watson's carative factor and Buddhist Characteristic (See table 1).

Table 1. The correspondence of the 10 carative factors of Watson’s theory and Buddhist characteristics

Buddhist characteristics		Carative factor	
List of dharma	Matter	No. of carative factor	Matter
Three Characteristic of Existence	<p>Three Characteristic of Existence is stimulates one not to be careless, not to commit bad, to do goodness and to do create activities and having ethics behaviors, to help the nurse and patient are relax from suffering and accepted the nature rules. There are:</p> <p>Impermanence : Momentary, uncertain, happen and then disintegrates.</p> <p>Stress and conflict : Suffers, not to be stable.</p> <p>Soullessness : Non-substance, happen and disintegrate subsequently.</p>	10	- The allowance for existential-phenomenological-spiritual force.
The Four Noble Truths	<p>Nurse have to understand the four noble truths will analyze cause of problems and understand clearly about solving problems</p> <p>Suffering : Suffering from oppress, causes problems to human and concerning with life. It is the problem limits.</p> <p>Origin of suffering : The basis cause of suffering. The real fact of suffering is too much desire. It is an analyzing cause of problem.</p> <p>The cessation of suffering: Every suffering can be ceased. It is happen from cause, so the cause must be ceased</p> <p>Path :The method to suffering cessation. It is the state of implementation and analyzing out come.</p>	2	- The instillation of faith-hope.
		3	- The cultivation of sensitivity to one’s self to others.
		6	- The systematic use of the scientific problem - solving method for decision making.
		7	-The promotion of interpersonal teaching-learning.

Table 1. The correspondence of the 10 carative factors of Watson's theory and Buddhist characteristics (continued)

Buddhist characteristics		Carative factor	
List of dharma	Matter	No.of carative factor	Matter
Four Principle of Virtuous Existence.	The nurse having generous mind to have supporting behavior to the others.	1	-The formation of humanistic-altruistic system of values.
	Kindness : Wishing the others to be happy in both physic and mind.	4	-The development of a helping trust relationship.
	Mercy : Wishing the others to get rid of suffering.	5	-The promotion and acceptance of expression of positive and negative feeling.
	Good wishes : Glad when the patients are happy.	8	-The provision for a supportive, protective and / or corrective mental, physical, sociocultural and spiritual environment
	Impartiality : keeping peace, fair and ready to help.	9	-The assistance with the gratification of human needs.

According to the table, It is agreement of Buddhist feather and Watson's caring factor that can be concluded and explained about this which is the idea frame of the research as follows:

1. The Three Characteristics of Existence

Human being is composed of body and mind that is sensation, consciousness, body and soul, which cannot separate. When mind can not control itself to live appropriately, it makes someone be sick easily. Sickness will cause someone's mind suffer in both body and mind. Suffering from sickness, the changing of image, feeling of valueless can destroy the role of live. The mind that cannot control makes man cannot adapt himself. The nurses who understand the Three Characteristics will understand everything, which is transitory, suffering, and soulless, self. It is not stable and constant. It is suffering that is the condition, which happens



and disintegrates. It does not remain in the same condition. It is not the real form. The Three Characteristics help nurses and patients not to hold the things that they see, the unstable forms and things that change all the time. So they have to be improved in order to keep the form and characteristics that change gradually to be balanced and can control health condition. The Three Characteristics help to release the suffering. It is the middle way to accept the natural rule well. This Buddhist teaching (Dharma) is in accordance with the tenth taking care factor as follows.

The tenth carative factor: The allowance for existential-phenomenological-spiritual forces, the patients always confuse about their sickness and make the change of image from sickness. So they grasp for the meaning of life. Nurses have the duty to give the chance for patients to find the core of life, understand the process of life from born, oldness to the death. That is the end of life, to see the natural rule really and can specify the aim of life in order to make power for oneself. To treat oneself and develop the core, which is inside to be strong in order to face the trouble, the change of sickness and can take care of oneself.

2. The Four Noble Truths

Nursing is caring the person who needs help and has suffering. Nurses are those services with love and care so they should be ready to help for suffering elimination. Nurses will have love and care in mind. It depends on the complete development in nature, to see the truth in natural rule and understand the true core of life. Nursing is practice for solving the live problem and health of others. Nurses who understand nursing is solving the live problem and health of others is Buddhist teaching performing for helping people eliminate suffering by using the process of removing suffering. That is the Four Noble Truths process that is Buddhist teaching that appears in the form of ranking the process by considering about the ability of understanding and useful using of human being in order to understand easily and be able to perform. According to nursing, nurses have to see suffering or the behavior that shows about suffering. The behavior is the force of basic need of person in physical psychosocial, emotion or soul.

Pushing Force that is not balance causes suffering or sickness when nurses understand suffering, they will be able to determine understanding of problem condition or the cause of problem according to the true condition by facing the problem without avoiding or seeing. Nurses have to see factor causing of suffering or sickness is cause of sufferings. Nurses who know the things that are problems will find out and analyze cause of problems and understand clearly about solving problems that is possible. Understanding of problem condition or the cause of problem according to the true condition by facing the problem without avoiding or seeing. Nurses have to see factor causing of suffering or sickness is "Cause of Sufferings". Nurses who know the things that are problems will find out and analyze cause of problems and understand clearly about solving problems that is possible. Understanding about suffering and cause of sufferings makes nurses be able to collect the information that tells about sufferings or problems of patients' and investigate problems or nursing well because nurses understand the nature of human being. Nurses have to see cessation of sufferings that is the aim for eliminating sufferings. It makes people have qualified life that relates to environment and keep working system of people well. Cessation of sufferings is the aim of nursing that will help people to solve life problems and their own health by determining or knowing the process the step and information of eliminating about cause of problems or sickness. Nurses have to understand the way to eliminate sufferings. The performance for patients to be away from sufferings or health condition that causes unhappiness. It is the performance to help both physic and mind for patients who have the aims that can look after their health and help themselves by giving knowledge, cheering up and giving hope for them to face with sufferings from sickness. To make sense for them in order to be able to care themselves using the Four Noble Truths for nursing is the process of solving life and health problems by using science process to solve problems creatively so this Buddhist teaching is agreeable with the second, third, sixth and seventh carative factors.

The second carative factor: The instillation of faith-hope is the thing that nurses should make for patients and themselves. Nurses should support the patients to make trust, hope and spirit strongly that will face problems and suffering from

sickness to eliminate cause of sickness by performing and caring themselves with recovering to good health.

The third carative factor:The cultivation of sensitivity to one's self and to others. Nurses who develop themselves to have sensitive like this will be ready for their sense which always happens. They have learnt about the experience and understand others. They can see the world in another view and understand the action, attitude and belief of patient's which is different from nurses', nurses should be active and sensitive to the patients. It makes nurses know about the problems or sufferings of the patients' and find the way to solve health problem for them.

The sixth carative factor: The systematic use of the scientific problem-solving for decision making. Taking nursing process to use for caring is taking science process to use systematically and help to decide in caring situation efficiently. Science process that is used in caring process is composed of problem condition assessment, information collection, analysis and caring plan, caring performance and caring assessment in order to care efficiently and cover general caring that is the aim of taking care.

The seventh carative factor:The promotion of interpersonal teaching-learning Nurses and patients have learnt learning process in experience with each other all the time, so nurses can play role in the form of learners and teachers. Learning patients makes nurses know about sufferings or problems especially complex problem make them find the way or advise to solve patients' problems together.

3. The Four Principles of Virtuous Existence

Moral standards are the most important for nursing professional because it's professional which treats person who is weak both body and mind and need for help. Nursing is performing with mind touching mind that is the soft mind of nurses' and suffering mind from sickness of the patients'. Nursing is caring by having scientific knowledge which is basic for inventing with reason. Having moral principle

to make kindness to nurses and ready for help. They are willing to treat the patients best. Some patients cannot help themselves, their bodies full of dirty things. Nurses care these patients willingly. Moral principle that will support nurses to have good behavior for helping and caring patients is the Four Principles of Virtuous Existence, such as mercy, kindness, sympathetic joy and equanimity. This Buddhist teaching is in accordance with Watson's carative factor for the first, fourth, fifth, eighth and ninth as follows.

The first carative factor: The formation of humanistic-altruistic system of values is the most important factor. To stress about giving value and pride of human being with each other to love and be kind holding the social value for benefit of other people. Being kind to follow men makes nurses have behavior which shows about understanding and accepting the patient according to his view to respect the patients although they are in disgusting condition. Nurses have endurance, do not leave the patients, take care and look after seriously, do the best for patients by considering about patients who are follow men that need much help, love and kindness from nurses.

The fourth carative factor: The development of a helping trust relationship. Nurses who can get along with patients are brave to show the feeling and talk to patients with sympathy, know patients' feeling, understand and respond to patients' feeling and need appropriately that cause warm heart. Patients know that there are people who have good desire to them and give help to care themselves. Nurses who have mercy and kindness will be able to communicate politely because of being good desire to patients truly, wishing patients to be happy both body and mind, to recover from suffering that patients get from sickness which cause good relationship between nurses and patients.

The fifth carative factor: The promotion and acceptance of expression of positive and negative feeling. To show the own feeling according to the truth, to accept both positive and negative way which helps nurses develop and know

themselves. Nurses are generous and in middle way to accept and forgive the patients who show off both positive and negative way that may be the effect of sickness.

The eighth carative factor: The provision for a supportive, protective and / or corrective mental , physical , sociocultural , and spiritual environment. That is the action that comes from desire in order to treat patients recover to good health and be happy, by making them be happy both body and mind. Giving the private time for patients remains their pride and stability. Safety caring will cause satisfactory. Making beautiful environment will make them relax and help to make mental derivation and value for themselves.

The ninth carative factor:The assistance with the gratification of human needs. Assisting with the gratification of human needs. That is the action that nurses want to respond for making any behaviors which help people to be satisfied the lives. It makes them happy and develop to the same condition by responding the need of biological- mind – body- social mind and needing inside and between individual. To respond this need will make patients be able to live and remain the function of body and feeling own value and feel to have power inside on their own.

We can conclude that caring of Watson's in factor no.1, 4, 5, 8 and 9 has concept about caring in the form of help and stress good behavior both body and speech which will be able to happen from quality heart and have moral principle control to make basic idea of good qualification willingly. There are the important behaviors for nurses in order to care efficiently which are made by teaching and implanting from an important part of society that is "religion". Buddhist teaching of Buddhism that is in accordance with this concept is the Four Principles of Virtuous Existence which supports nurses to have good behavior for helping and caring of patients, such as kindness is wishing patients to be happy both body and mind. To help patients be happy by managing clean environment, safety, private and suitable for requirement condition of sickness. To make patients be happy by telling with reason including true information enough for patients respond appropriately and with trust.

Kindness is sympathy to know patients' sufferings wishing them to recover and to remove trouble of patients' both body and mind. Listen and open the opportunity for them to release their feeling and distress. Reduce tension assess problems and help to solve them.

Good wishes is cheerful and joyful, to be pleased when patients are happy. To show off appropriately for them that causes trust and good relationship. Patients feel warm, stable and safe. Impartiality is middle minded to see patients with true condition. Accept the behavior that patients show off which comes from confusion, worrying from uncertain of sickness and be ready to help with pure reason.

Concept about Organization

Organization is unit of society that is composed of several human being live together and to do something for achieve the aims together so if has movement, behavior and relation to respond between internal and external organization.

Barnard (1996,cited by Changkhian,P. and Jomthed,S.1978:110) has explained the definition of organization in the form of co-operation system like this: Organization will have to composed of complex physical, social character feature that is special relation in order to aim to some goals.

Khantahad,S.(1996:4-5) has concluded the definition of organization like this: Organization is the combination of 2 people, to have same purpose for doing activities or work which is divided into various kinds for members of organization to perform in order to achieve the aims. The feature of organization is still open system that has changing process from any environment which is the factor leads to changing system in order to bring the factor to product or take it out. If you see organization in the form of process, you will find that the organization is the process of managing the group of work with similar feature into the same group working according to the aptitude by specifying the responsibility and authority including making relation between people in organization to co-operate for achieving of specified purpose.

The Characteristics of Organization are.

1.Organization is composed of individual and groups of people. It can be operated because of people who are important factor.

2.Organization is the achievement of purpose. It will be set up continued because groups of people in organization have same purpose and work together for achievement, such as hospital has the purpose for servicing about health for patients.

Nowadays most feature of organization is big and complicates the result of performing of organizational goal that is the most important of the success of service (Santiwong,T.1995). Goal can destroy or improve the result of performing of organization (Ngearnprasertsri,N.1997:13) specific goal will increase the output. Although it is difficult goal to achieve, it is accepted by people who co-operate the output is also increased. The organizational goal relates to input factor, changing and output factor(Naweekharn,S.1994:11). In vocational nursing, caring is very important, so it is the output factor that is related to organizational goal.

Moreover, the policy that is used in organization affects the effect of organization very much.(Archinsamachan,C.1993:53–54) The policy helps to perform efficiently and it is still the guarantee for organization to be able to perform (Phongsamran, S.1995:19).

Organizational Goals

Organizational Goals is the aim that is specified for the use to join resources and any activities of organization into the same goal(Changkhian,P. and Jomthed,S. 1978:113). To service people in general, the hospital goal is the health of people, etc.

The Importance of Organizational Goal

1.It is the guide of activity performing of organization by specifying what it has to do.

2.It is giving the correctness according to regulation or law of organization use to assess the success of the organization performing.

In Formal and Informal Organization which is set up to perform for achievement, Form Organization has various rules for members of organization follow and specific status structure for determining relation between members in organization. Informal Organization incorporates personal groups or sub-organization willingly without certain rules. However, the feature of both organizations their systems cannot be separated independently. Formal Organization still has the feature of Informal Organization overlap. Large-scale and complex organization has a lot of members so doing activities for achievement is necessary to have to use complex method and collect the members of organization together. Specify various rules to be the guide of controlling the behavior of members' to be the same standard. Specified complexity for members can perform according to the purpose completely.

The behavior of members in organization is important to the success or failure for achievement organizational goal although how the organization is. Members in organization must co-operate to perform for achieving organizational goal in the part which they are responsible in accordance with leading to organizational goals.

Nurse Organization will be able to make good caring behavior, organization has to have organizational goal which supports members in organization to make good caring behavior exactly, such as specify organization to have goal of caring that is person who uses service has good health and is taken care with general part which covers caring of body, mind, soul and social mind of person who uses service.

Organizational Policy

Policy is the guide line which specifies value or use that should be received by following the policy. It is the guide line for administration in order to use specifying method planning process and project for achieving goal or purpose generally (Wattanakit,P.1998:67).

Policy is the guide line for doing widely. It will limit and give the way to achieve organizational goal, not specify the action clearly but it gives the frame of performing for achieving organizational goal(Naweekarn, S.1986:8).

Policy is the principle which is specified by organization in order to be the guide line for doing normally (Hoiden, et al,1951 cited by Ketwong, A.1998:29–30).

Organizational Policy is the principle, guide line or strategy of performing for achieving organization goal. Any organization will have policy or guide line for performing so policy is the principle or rule that is specified for being wide guide line in order to be deciding frame or using judgment of performers in organization and to use for control the action of person. It is controlling and protecting device for different performing or use to be the guide line for administration which levels of organization perform for achieving organization goal in generally with unity.

Nurse Organization is the same. Organization expects that nurse personnel will have caring behavior according to the expecting of professional and society. The policy of organization is a factor that makes nurses be able to perform well and successfully which may be more or less (Ibrahim,F.1992:92). In the level of organization, policy may be the guide line for doing activities that the performers or person who involves can perform immediately.

The Importance of Policy

1.To be the guide line for planning because policy specifying of organization is the beginning of activity planning process and other preparation of organization.

2.To be the guide line for administration because policy supports the correct decision. It is the guide line for deciding and controlling the performers in various levels in order to respond the purposes of organization together with unity and it is like the rule at the same time to limit the frame of ordering of person in the correct way. Policy increases the efficiency of administration and it is the device to co-ordinate and help all levels of organization be able to learn and expect about performing method of other organizations easily. It makes understanding, cooperation and co-ordination between them conveniently.

The Feature of Good Policy

1. Good Policy must expand understanding and support the objective and plans with reason for being accepted by the performers

2. Policy of each working part should agree and support one another

3. Policy should be flexible or able to adjust to changing situation

4. Policy should separate from line of performing because policy is guide line for specifying line of performing

5. Policy should be written for a person who performs knows and sees clearly and correctly

According to literature on the relationship between organization's policy and goals and caring behaviors have not anyone studied. However, Wallaya Thechachaikul's study, organizational policy and goals had a positive relationship with nurse's independence nursing practice. Therefore, The researcher is very interested in studying organizational factors influencing on the development of nurse's caring behaviors.

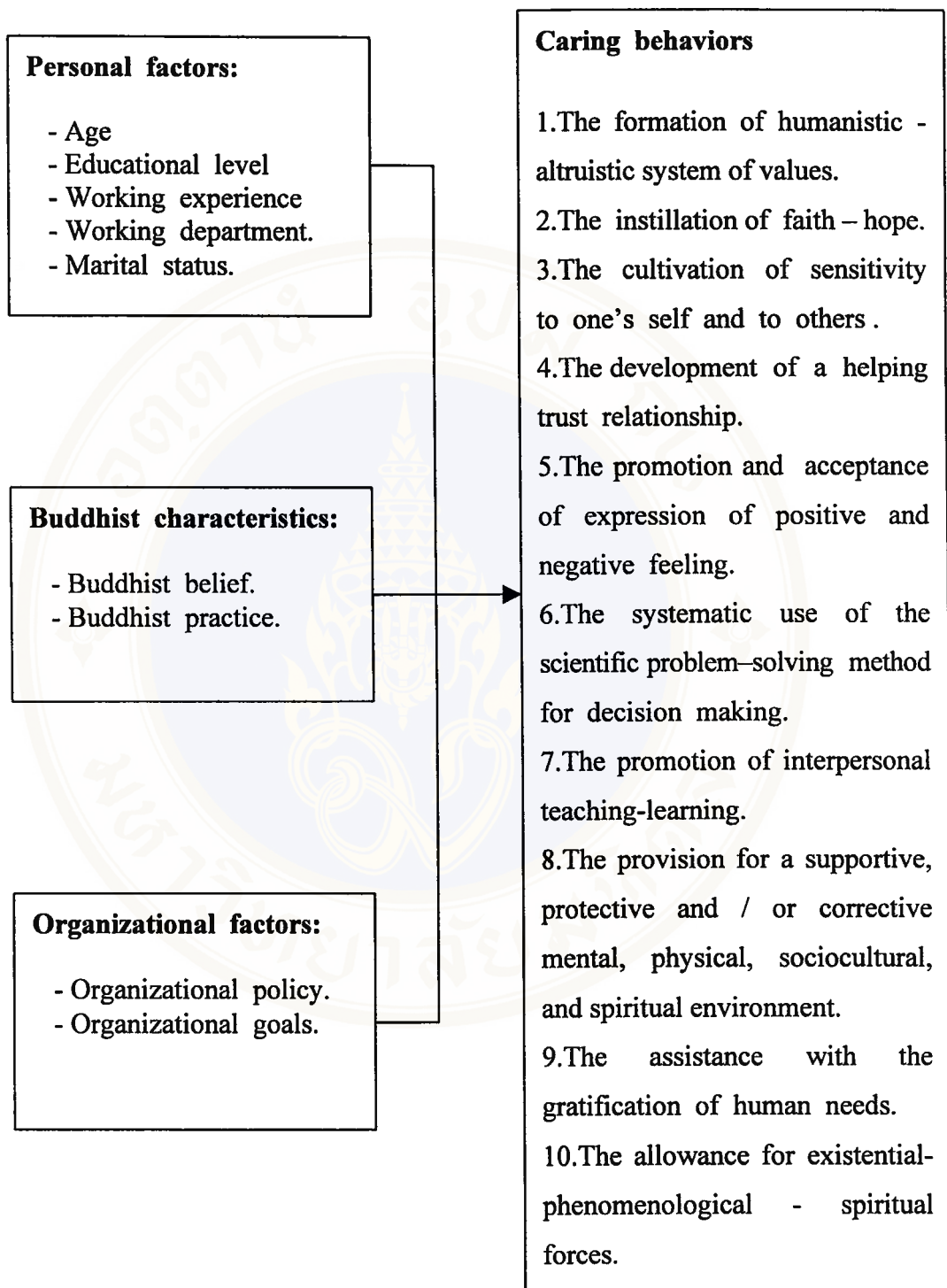


Figure 1. Conceptual Frame work.

CHAPTER III

MATERIAL AND METHODS

This research was designed to study the relationship between personal factors, Buddhist characteristics and organizational factors and caring behaviors of professional nurses in General and Regional hospitals in Eastern region. The study design was a survey research, the data were collected by using self-administrated questionnaire.

Population

This study population refer to professional nurses (not include head nurse) who working in inpatient department including both general and privacy sections in General and Regional hospitals in Eastern region under the Ministry of Public Health. Subunit under inpatient department include of Obstetrics and Gynecology, Surgery , Medicine , Pediatric and Eye-Ear-Nose-Throat units. The subjects were recruited from seven hospitals including Rayong hospital ,Chonburi hospital , Trad hospital , Prapokklao Chantaburi hospital , Chao Phya Abhai bhu bejhr hospital at Prachinburi , Chachoengsao hospital and Sakaeo Crown Prince hospital. The population are 1,349 persons as follows.

Hospital	Number (persons)
Rayong hospital	195
Chonburi hospital	306
Trad hospital	146
Prapokklao Chantaburi hospital	278
Chao Phya Abhai bhu bejhr hospital	152
Sakaeo Crown Prince hospital	42
Chachoengsao hospital	230
Total	1,349

Sample group

Criteria for sample inclusion.

1. Nurses who had worked for not less than 1 year.
2. Nurses who were interesting and trusting in Buddhism.
3. Nurses who are willing to answers the questionnaires.

Sample size

The formula used in sample size calculation:

$$n = \frac{k^2 N p (1 - p)}{k^2 p (1 - p) + N E^2}$$

n. = Sample size calculated.

N = Size of population that is professional nurse who works at general and privacy sections such as the department of Obstetrics and Gynecology , Surgery , Medicine , Pediatric and Eye-Ear-Nose-Throat in General and Regional hospitals in Eastern region under the Ministry of Public Health. There are 1,349 persons.

E = The allowable error in this study was set at 0.05

P = The true proportion that expect the register nurse to have a good caring behaviors was set at 0.5

K = The standard normal deviation with 95 % confidence interval = 2

α = .05

Sample size(n) calculated = 308 , with 10% increase gave the suitable sample size in this study was 338 persons.

The sampling procedures

The method of sampling in this study was multistage sampling as follows.

1. The seven General and Regional hospitals in Eastern region were simple random sampling to get four hospitals such as Rayong hospital , Chonburi hospital, Trad hospital , Prapokklao Chantaburi hospital , Chao Phya Abhai bhu bejhr hospital at Prachinburi , Chachoengsao hospital and Sakaeo Crown Prince hospital. The four hospitals were chosen as follows .

Rayong hospital
 Chonburi hospital
 Prapokklao Chantaburi hospital
 Chachoengsao hospital

2. Calculating sample group as the population of each hospitals. The sampling group can show as follows.

Hospital	sample
Rayong hospital	66
Chonburi hospital	102
Prapokklao Chantaburi hospital	93
Chachoengsao hospital	77
Total	338

3. The professional nurses population can be distinguished into five departments such as Obstetrics and Gynecology , Surgery , Medicine , Pediatric and Eye-Ear-Nose-Throat.

4. The professional nurses in each department who enrolled into the study must meet all criteria set.

Research instruments

The instruments in this research is the questionnaires which consisted of 4 parts as follows .

Part 1 Questionnaires about personal information

The personal information of the professional nurse consisted of age, educational level, working experience, working department and marital status. That is an open-end questionnaire. There are 7 questions.

Part 2 Questionnaires about Buddhist characteristics

There are 2 sections as follows.

Section I Questionnaire about Buddhist belief

This questionnaire was developed by the researcher based on definition and adapted from the questionnaire about Buddhist belief of Chutima Tedsiri (1994). It was related to believe such as Three Characteristics of Existence and Four Noble Truths. The questionnaire about Four Principles of Virtuous Existence was developed by the researcher based on literature reviews. It was related to self of nurse and reflected on quantity of believes in doctrine of Buddha and covered by Three Characteristics of Existence such as impermanence, stress and soullessness. The Four Noble Truths such as suffering, origin of suffering, the cessation of suffering and path. The Four Principles of Virtuous Existence such as kindness, mercy, good wishes and impartiality. There was a total of 26 questions, details of the questions are in the Appendix C. The questionnaire consisted both positive and negative mean as follows.

The belief in the Three Characteristics of Existence was a total of 9 questions.

-The positive means were the question number 1,2,3,4,5,7,8 and 9.

-The negative means were the question number 6.

The belief in the Four Noble Truths was a total of 10 questions.

-The positive means were the question number 11,12,14,15,17,18 and 19.

-The negative means were the question number 10,13 and 16.

The belief in the Four Principles of Virtuous Existence was a total of 7 questions.

-All of questions were positive mean

The questionnaires were measured using a six-level rating scales as follows.

Absolutely true
 True
 Quite true
 Quite wrong
 Wrong
 Absolutely wrong

Criteria for awarding points.

Score	Positive	Negative
1	Absolutely wrong	Absolutely true
2	Wrong	True
3	Quite wrong	Quite true
4	Quite true	Quite wrong
5	True	Wrong
6	Absolutely true	Absolute wrong

As for the scoring system. The scores for Buddhist belief were between 26 - 156 points as there are.

The belief of Three Characteristics of Existence was a total of 54 points.

The belief of Four Noble Truths was a total of 60 points.

The belief of Four Principles of Virtuous Existence was a total of 42 points.

The levels of Buddhist belief were divided based upon into 3 level which related sample group. There were a mean and standard error as follow (Kitpredaborisut,B.1981:106).

- High - Buddhist belief with $> \text{mean} + \text{S.D}$
- Intermediate - Buddhist belief with $\text{mean} \pm \text{S.D}$
- Low - Buddhist belief with $< \text{mean} - \text{S.D}$

Section 2 Questionnaire about Buddhist practice.

The questionnaire about Buddhist practice was developed and adapted from the questionnaires of Duangdeon Phantum Nawin and others (1990). The questionnaire was about the quantity of possible that the person do or do not in daily. It is a Buddhist practice such as charity, commandment and meditation. It was a total of 9 questions which either positive or negative mean as follows.

Buddhist practice.

- The positive means were the question number 1,3,4,5,6,8 and 9.
- The negative means were the question number 2 and 7.

The questionnaire was measured and awarded in the same measured as the Buddhist belief. The six-level rating scales as follows.

- The most
- Much
- Quite much
- Quite little
- Little
- The least

The questionnaire was a total of 9 questions. The scores of Buddhist practice were between 9 – 54 points. The level of Buddhist practice was divided based upon into 3 level which related sample group. There were a mean and standard error as follow (Kitpredaborisut,B.,1981:106).

- High - Buddhist practice with $> \text{mean} + \text{S.D}$
- Intermediate - Buddhist practice with $\text{mean} \pm \text{S.D}$
- Low - Buddhist practice with $< \text{mean} - \text{S.D}$

Part 3 Questionnaire about organizational factors

The questionnaire was adapted from the questionnaires of Wallaya Techachaiikul(1998) in the research project of nursing practice of nurses. It was about perceived of professional nurse in the matter of organizational policy and organizational goals. It was a total of 14 questions which either positive or negative mean as follows.

The organizational policy was a total of 9 questions.

-The positive means were the question number 1,2,3,4,6,7 and 9.

-The negative means were the question number 5.

The organizational goal was a total of 5 questions.

-All of questions were positive mean.

The questionnaires were measured using a six-level rating scales as follows

The most = The matter is true with your patient ward the most.

Much = The matter is true with your patient ward much.

Quite much = The matter is true with your patient ward quite much.

Quite little = The matter is true with your patient ward quite little.

Little = The matter is true with your patient ward little.

The least = The matter is true with your patient ward the least.

Criteria for awarding points.

Score	Positive	Negative
1	The least	The most
2	Little	Much
3	Quite little	Quite much
4	Quite much	Quite little
5	Much	Little
6	The most	The least

The questionnaire about the perception of organizational policy was a total of 9 questions. The scores were between 9 – 54 points. The level of it was divided based upon into 3 level which related sample group. There were a mean and standard error as follow(Kitpredaborisut,B.,1981:106).

High	-Perception about organizational policy with a mean of $>\text{mean} + \text{S.D}$
Intermediate	-Perception about organizational policy with a mean of $\text{mean} \pm \text{S.D}$
Low	-Perception about organizational policy with a mean of $<\text{mean} - \text{S.D}$

The questionnaire about organizational goal was a total of 5 questions. So the scores of its were between 5–30 points. The researcher was divided a level of perception about organizational goal based upon 3 levels which related a sample group. There were a mean and standard error as follow (Kitpredaborisut, B. 1981:106).

High	-Perception about organizational goal with a mean of $>\text{mean} + \text{S.D}$
Intermediate	-perception about organizational goal with a mean of $\text{mean} \pm \text{S.D}$
Low	-Perception about organizational goal with a mean of $<\text{mean} - \text{S.D}$

Part 4 Questionnaire about caring behaviors

The questionnaire was developed and adapted from review literature, Watson's theory (Watson, 1988) and the questionnaire about nursing practice of Yisun Chaidee (1997). There are 10 carative factors. It was a total of 60 questions which having both positive and negative mean and all of it were the end questions as follows.

1st Carative factor . The formation of humanistic – altruistic system of values. There are 7 questions such as the question number 1 – 7.

-The positive means were the question number 1,2,3,4,5 and 7.

-The negative means were the question number 6.

2nd Carative factor . The instillation of faith – hope. There are 7 questions such as the question number 8 – 14.

-The positive means were the question number 8,9,10,11,12 and 13.

-The negative means were the question number 14.

3rd Carative factor . The cultivation of sensitivity to one's self and to others. There are 5 questions such as the question number 15 – 19.

-All of the questions were positive mean.

4th Carative factor . The development of a helping trust relationship. There are 6 questions such as the question number 20 – 25.

-All of the questions were positive mean.

5th Carative factor .The promotion and acceptance of expression of positive and negative feeling. There are 4 questions such as the question number 26 – 29.

-All of the questions were positive mean.

6th Carative factor . The systematic use of the scientific problem – solving method for decision making. There are 10 questions such as the question number 30 – 39.

-The positive means were the question number 30,31,32,34,35, 36,37,38 and 39.

-The negative means were the question number 33.

7th Carative factor . The promotion of interpersonal teaching learning. There are 4 questions such as the question number 40 – 43.

-All of the questions were positive mean.

8th Carative factor . The provision for a supportive , protective and / or corrective mental , physical , sociocultural , and spiritual environment. There are 8 questions such as the question number 44 – 51.

-All of the questions were positive mean.

9th Carative factor .The assistance with the gratification of human needs. There are 5 questions such as the question number 52 – 56.

-All of the questions were positive mean.

10th Carative factor. The allowance for existential – phenomenological – spiritual forces. There are 5 questions such as the question number 57 – 60.

-All of the questions were positive mean.

The questionnaire was measured using a six-level rating scales as follows.

Every time	=	You perform the activity to the patient every time.
Nearly every time	=	You perform the activity to the patient nearly every time.
Often	=	You often perform the activity to the patient.
Sometime	=	You sometimes perform the activity to the patient.
Hardly	=	You hardly perform the activity to the patient.
Never	=	You never perform the activity to the patient.

Criteria for awarding points

Score	Positive	Negative
1	Never	Every time
2	Hardly	Nearly every time
3	Sometime	Often
4	Often	Sometime
5	Nearly every time	Hardly
6	Every time	Never

The questionnaire was a total of 60 questions. The scores were between 60 – 360 points. The caring behavior was the quality behavior that should be always occurs. The levels of caring behavior were classified according to Saeree Lachroge(1994 : 65 – 68) into 3 level.

Percentage	Rang	Level of caring behavior
80 – 100	288–360	High
61 – 79	217–287	Intermediate
0 – 60	1–216	Low

Testing the quality of instruments

1. After the instrument had been approved in the context and content by the five experts (Appendix A) , who had knowledge and experience about Buddhism and caring were consulted.

2. The questionnaires were adapted to applied to 30 persons in the pilot study. The persons had the same characteristics as sample groups. Cronbach's Alpha coefficient calculated with formula(Kitpredaborisut,B.1981:166 – 169).

$$\text{When } = \frac{n}{n-1} (1 - \frac{Si^2}{St^2})$$

When = The composite for reliability .

n = The total number of questions in the questionnaire.

Si² = The summation of variance of each item.

St² = The variance of the questionnaire.

The reliability of the questionnaires of first trial were.

The questionnaire about Buddhist belief was .81

The questionnaire about Buddhist practice was .25

The questionnaire about organization factors was .90

The questionnaire about caring behaviors was .95

Then the researcher took the questionnaires to adapted the items which were low reliability and tested the finalized questionnaires on 30 professional nurses with same characteristics to the sample.

The reliability of the questionnaire of second trial were.

The questionnaire about Buddhist belief was .81

The questionnaire about Buddhist practice was .71

The questionnaire about organization factors was .88

The questionnaire about caring behaviors was .95

The researcher was checked again before data collection.

Data collection

The process of data collection for this study was as follows .

1. Surveyed the list of professional nurses who worked at inpatient department in general and privacy sections of population hospitals such as the department of Obstetrics and Gynecology , Surgical , Medical , Pediatric and Eye-ear-nose-throat and requested a list of them from the Human resources department of each hospital.

2. Surveyed the population professional nurses in each unit and checked them into sample group.

3. To bring the recommendation letters obtained to the directors of the 4 hospitals for regarding collection of data from the sample of hospital members.

4. To bring to acknowledge the receipt of a letter obtained to the head nurses for cooperation, introduced the research objectives and method of collecting data and ask for collecting data of each unit.

5. Coordinated to head nurses of each unit ask for collecting data and approximate times (1 week) to collect data were on official working days. The researcher ask the head nurses of each unit for collecting the questionnaires.

7. Collected data for 1 month during September 2001 to October 2001. The questionnaires were sent out 338 questionnaires and returned 333 questionnaires. It is 98.52 percent.

8. Collected and checked the returned questionnaires for completeness and worked out the statistic analysis.

Data analysis

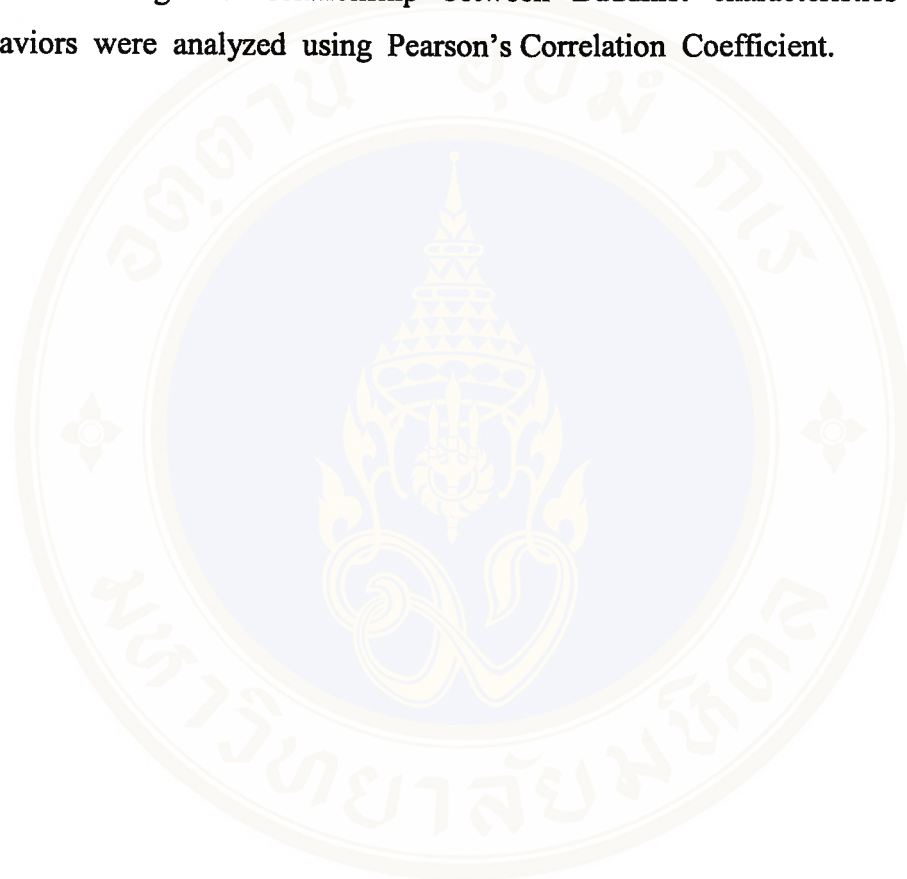
The data were analyzed by using statistical technique .

1. Descriptive analysis in the terms of frequencies and percentage on personal data of the sample such as age, educational level, working experience, working department and marital status.

2. Descriptive analysis in the terms of frequency, percentage, arithmetic mean and standard deviation on Buddhist characteristics such as Buddhist belief and Buddhist practice, organizational factors and caring behaviors.

3. Relationship between personal factors, Buddhist characteristics, organizational factors and caring behaviors were analyzed using Chi-Square.

4. Strength of relationship between Buddhist characteristics and caring behaviors were analyzed using Pearson's Correlation Coefficient.



CHAPTER IV

RESULTS

This research was to study a relationship between personal factors, Buddhist characteristics and organizational factors and caring behaviors of professional nurses in General and Regional hospitals in Eastern region. The result from this study are presented under the following topics .

- Part 1 Personal information of sample group.
- Part 2 Buddhist characteristics under the topic of Buddhist belief and Buddhist practice
- Part 3 Organizational factors
- Part 4 Caring behaviors of the professional nurses
- Part 5 The relationship between personal factors and caring behaviors of professional nurses.
- Part 6 The relationship between Buddhist characteristics and caring behaviors of professional nurses.
- Part 7 The relationship between organizational factors and caring behaviors of professional nurses.
- Part 8. The correlation between Buddhist characteristics and caring behaviors of the professional nurses

Part 1. Personal information of sample group

The personal information of professional nurses consisted of age, educational level, working experience, working department and marital status in terms of frequency and percentage

Table 2. Number and percentage of the professional nurses classified by demographic characteristics

Demographic characteristics	Number (n=333)	Percentage
Age(years old)		
Less than 25 years old	35	10.5
25 – 29 years old	79	23.7
30 – 34 years old	65	19.6
35 – 39 years old	104	31.2
40 – 44 years old	29	8.7
More than 45 years old	21	6.3
Educational level		
Bachelor's degree or comparable	319	95.8
Master's degree or higher	14	4.2
Working Experience .		
Less than 5 years	118	35.5
5 – 9 years	85	25.5
10 – 14 years	73	21.9
15 – 19 years	38	11.4
more than 20 years	19	5.7
Working department		
Obstetrics and gynecology	56	16.8
Medicine	93	27.9
Surgery	123	36.9
Pediatric	46	13.8
Eye Ear Nose Throat	15	4.5
Privacy		
Marital status		
Single(single, widow, divorce/separated)	183	55.0
Pairs	150	45.0

From table 2. Most of the professional nurses had aged between 35 – 39 years old for 31.2 percent and had earned Bachelor's degree in nursing or the degree comparable with bachelor degree in nursing for 95.8 percent. Most of them had working experience less than 5 years. The majority of them had worked in Pediatric department for 36.9 percent. Most of them had marital status single, widow, divorce/separated for 55.0 percent.

Table 3. Number of the professional nurse classified by frequency of Buddhist practice

Buddhist practice	Number (n=333)
Professional nurses(answer more than 1 choice)	
1. To offer something for the Buddhist priests	301
2. To listen a dharma	125
3. To put food in the bowls of Buddhist priests in the morning	79
4. Consciousness	47
5. Meditation	31
6. Other	18
7. Did not practice	25

From table 3. Most of the professional nurses were Buddhist practiced by offer something for the Buddhist priests and the lower were listened a dharma, put food in the bowls of Buddhist priests in the morning, consciousness and meditation.

Table 4. Number of professional nurse's family members as the highest frequency of Buddhist practice

Buddhist practice	Number (n = 333)
Parents (able to answer more than 1 choice)	
1. To offer something for the Buddhist priests.	310
2. To listen dharma.	157
3. To put food in the bowls of Buddhist priests in the morning.	125
4. Consciousness.	49
5. Meditation.	31
6. Others.	12
7. Did not practiced.	10
Husband or wife(able to answer more than 1 choice)	
1. To offer something for the Buddhist priests .	112
2. To listen dharma.	85
3. To put food in the bowls of Buddhist priests in the morning.	82
4. Consciousness.	35
5. Meditation.	21
6. Others.	6
7. Did not practiced	14

From table 4. Most of the professional nurse's parents were Buddhist practiced by offer something for the Buddhist priests and the lower were listened dharma, put food in the bowls of Buddhist priests in the morning, meditation and consciousness. The other, husband or wife of the professional nurses were Buddhist practiced by offer something for the Buddhist priests and the lower were listened dharma, put food in the bowls of Buddhist priests in the morning, consciousness and meditation.

Table 5. Number of the professional nurses as the highest frequency of the studying Buddhism

The studying Buddhism.	Number (n = 333)
Professional nurse(able to answer more than 1 choice)	
1. To listen dharma by radio/television	92
2. To read the book about dharma.	88
3. To practice about dharma	65
4. to discuss about dharma	25
5. Others	15
6. Did not studied	62

From table 5. Most of the professional nurses were studied the Buddhism via listened dharma by radio/television. The lower were read the book about dharma, practiced about dharma, discussed about dharma and others.

Part 2. Buddhist characteristics .

Buddhist characteristics of the professional nurses consisted of Buddhist believe and Buddhist practice in terms of frequencies and percentages

Table 6. Number and percentage of the professional nurses classified by Buddhist characteristics level

Buddhist characteristics level	Score	Number (n=333)	percentage
High	186-210	54	16.2
Intermediate	162-185	226	67.9
Low	35-161	53	15.9
Total	210 points		
Mean	173.32		
S.D	12.46		

From table 6. It was found that most of the professional nurses were believed the Buddhist characteristics at an intermediate level for 67.9 percent and the lower at a high level for 16.2 percent.



Table 7. Number and percentage of professional nurse classified by Buddhist belief level

Buddhist belief level	Score	Number (n=333)	percentage
High	140-156	64	19.2
Intermediate	122-139	218	65.5
Low	26-121	51	15.3
Total	156 points		
Mean	130.34		
S.D	9.71		

From table 7. It was found that most of the professional nurses were believed the Buddhism at an intermediate level for 65.5 percent and the lower at a high level for 19.2 percent.

Table 8. Number and percentage of professional nurse classified by Buddhist belief level consisted of Three characteristics of Existence

Three Characteristics of Existence belief level	Score	Number (n=333)	percentage
High	48-54	61	18.3
Intermediate	40-47	235	70.6
Low	9-39	37	11.1
Total	54 points		
Mean	43.62		
S.D	4.35		

From table 8. It was found that most of the professional nurses were believed the Three Characteristics of Existence at an intermediate level for 70.6 percent and the lower at a high level for 18.3 percent.

Table 9. Number and percentage of professional nurse classified by Buddhist belief level consisted minor items of Three characteristics of Existence

Three Characteristics of Existence belief level	Score	Number (n=333)	percentage
Impermanence			
High	17-18	110	33.0
Intermediate	15-16	183	55.0
Low	1-14	40	12.0
Total	18 points		
Mean	15.54		
S.D	1.75		
Stress and conflict			
High	10-12	142	42.6
Intermediate	8-9	172	51.7
Low	2-7	19	5.7
Total	12 points		
Mean	8.39		
S.D	1.42		
Soullessness			
High	11-12	196	58.9
Intermediate	9-10	57	17.1
Low	2-8	20	24.0
Total	12 points		
Mean	9.56		
S.D	1.40		

From table 9. It was found that most of the professional nurses were believed the impermanence and stress - conflict at an intermediate level . There were 55.0 and 51.7 percent, respectively. . Most of the professional nurses were believed the soullessness at a high level for 58.9 percent.

Table 10. Number and percentage of professional nurses classified by Buddhist belief level consisted of Four Noble Truths

Four Noble Truths belief level	Score	Number (n=333)	percentage
High	48-60	190	57.1
Intermediate	40-47	139	41.7
Low	10-39	4	1.2
Total	40 points		
Mean	43.39		
S.D	4.67		

From table 10 It found that most of the professional nurses were believed the Four Noble Truths at a high level for 57.1 percent.

Table 11. Number and percentage of professional nurses classified by Buddhist belief level consisted minor items of Four Noble Truths

The Four Noble Truths belief level	Score	Number (n=333)	percentage
Suffering			
High	11-12	177	53.2
Intermediate	9-10	108	32.4
Low	2-8	48	14.4
Total 12 points			
Mean 9.43			
S.D 1.53			
Origin of suffering			
High	17-18	143	42.9
Intermediate	14-16	103	30.9
Low	3-13	87	26.2
Total 18 points			
Mean 14.96			
S.D 1.91			
Cessation of suffering			
High	6	242	72.7
Intermediate	5	77	23.1
Low	1-4	14	4.2
Total 6 points			
Mean 4.96			
S.D .96			
Path			
High			
Intermediate	16-18	115	34.5
Low	13-15	179	53.8
Total 18 points	3-12	39	11.7
Mean 13.66			
S.D 1.97			

From table 11. It found that most the professional nurses were believed the Four Noble Truths consisted minor items of suffering at an intermediate level. The origin of suffering, most of the professional nurses were believed at a high level. The cessation of suffering, most of the professional nurses were believed at a high level. The Path, most had believed at an intermediate level.

Table 12. Number and percentage of professional nurses classified by Buddhist belief level consisted of Four Principles of Virtuous Existence

Four Principles of Virtuous Existence belief level	Score	Number (n=333)	percentage
High	41-42	69	20.7
Intermediate	36-40	225	67.6
Low	7-35	39	11.7
Total	42 points		
Mean	38.33		
S.D	3.15		

From table 12. It found that most of the professional nurse were believed the Four Principles of Virtuous Existence at an intermediate level.

Table 13. Number and percentage of professional nurses classified by Buddhist belief level consisted minor items of Four Principles of Virtuous Existence

Four Principles of Virtuous Existence belief level	Score	Number (n=333)	percentage
Kindness			
High	12	195	58.6
Intermediate	9-11	126	37.8
Low	2-10	12	3.6
Total	12 points		
Mean	10.90		
S.D	1.15		
Mercy			
High	12	169	50.8
Intermediate	11	149	44.7
Low	2-10	15	4.5
Total	12 points		
Mean	11.7		
S.D	1.03		
Good wishes			
High	12	211	63.4
Intermediate	11	113	33.9
Low	2-10	9	2.7
Total	12 points		
Mean	11.34		
S.D	.96		
Impartiality			
High	6	109	32.7
Intermediate	5	198	59.5
Low	1-4	26	7.8
Total	6 points		
Mean	4.93		
S.D	1.04		

From table 13. It found that most of the professional nurse were believed the Four Principles of Virtuous Existence consisted minor items of kindness at a high level for 58.6 percent. As the mercy, most were believed at a high level for 50.8 percent and were believed the good wishes at a high level for 63.4 percent. The impartiality, most were believed at an intermediate level for 59.5 percent.

Table 14. Number and percentage of the professional nurses classified by Buddhist practice level

Buddhist practice level	Score	Number (n=333)	percentage
High	48-54	54	16.2
Intermediate	39-47	250	75.1
Low	9-38	29	8.7
Total	54 points		
Mean	42.98		
S.D	5.18		

From table 14. It found that most of the professional nurses had practiced by following the Buddhism's principles at an intermediate level for 75.1 percent and the lower at a high level for 16.2 percent.

Table 15. Number and percentage of the professional nurses classified by Buddhist practice consisted of minor items

Buddhist practice level	Score	Number (n=333)	percentage
Charity			
High	11-12	119	35.7
Intermediate	9-10	139	41.8
Low	2-8	75	22.5
Total	12 points		
Mean	9.81		
S.D	1.54		
Commandment			
High	29-30	78	23.4
Intermediate	22-27	216	64.9
Low	5-21	39	11.7
Total	30 points		
Mean	24.85		
S.D	3.85		
Meditation			
High	10-12	87	26.1
Intermediate	7-9	191	57.4
Low	2-6	55	16.5
Total	12 points		
Mean	8.31		
S.D	1.86		

From table 15. It found that the charity, the commandment and the meditation, most of the professional nurse had practiced at an intermediate level for 41.8, 64.9 and 57.4 percent, respectively.

Part 3. Organizational factors

The perception about organizational factors of the professional nurses consisted of the perception about organizational policy and goals in terms of frequency and percentage

Table 16. Number and percentage of the professional nurses classified by the level of perceptive about organizational factors

Perception about organizational factors level	Score	Number (n=333)	percentage
High	74-84	77	23.1
Intermediate	60-71	210	63.1
Low	14-59	46	13.8
Total	84 points		
Mean	66.55		
S.D	7.51		

From table 16. It found that most of the professional nurses were perceived the organizational factors at an intermediate level for 63.1 percent and the lower at a high level for 23.1 percent.

Table 17. Number and percentage of the professional nurses classified by the level of perception about organizational policy and organizational goals

Perceptive level	Score	Number (n=333)	percentage
Organizational policy			
High	48-54	31	9.3
Intermediate	37-48	265	79.6
Low	9-36	37	11.1
Total	54 points		
Mean	42.30		
S.D	6.19		
Organizational goals			
High	28-30	58	17.4
Intermediate	22-27	234	70.3
Low	5-21	41	12.3
Total	30 points		
Mean	24.43		
S.D	3.13		

From table 17. The perception about the organizational policy, most of the professional nurses were perceived at an intermediate level for 79.6 percent. The others, the perception about the organizational goals, most were perceived at an intermediate level for 70.3 percent.

Part 4. Caring behaviors

The caring behaviors of the professional nurses in term of frequency and percentage

Table 18. Number and percentage of the professional nurses classified by caring behaviors level

Caring behaviors level	Score	Number (n=333)	percentage
High	288-360	61	18.3
Intermediate	217-287	215	64.6
Low	0-216	57	17.1
Total	360 points		
Mean	282.34		
S.D	32.69		

From table 18. Most of the professional nurses had caring behaviors at an intermediate level for 64.6 percent and the lower at a high level for 18.3 percent.

Table 19. Number and percentage of the professional nurses classified by caring behaviors level consisted of each carative.

Caring behaviors level	Score	Number (n=333)	percentage
1st carative			
The formation of humanistic – altruistic system of values			
High	33-42	211	63.4
Intermediate	26-32	112	33.6
Low	7-25	10	3.0
Total	42 points		
Mean	33.67		
S.D	3.87		
2nd carative			
The instillation of faith – hope			
High	33-42	221	66.4
Intermediate	26-32	107	32.1
Low	7-25	5	1.5
Total	42 points		
Mean	34.02		
S.D	4.15		
3rd carative			
The cultivation of sensitivity to one's self and to others			
High	24-30	239	71.8
Intermediate	19-23	92	27.6
Low	5-18	2	0.6
Total	30 points		
Mean	25.18		
S.D	2.90		
4th carative			
The development of a helping trust relationship			
High	28-36	208	62.5
Intermediate	22-27	111	33.3
Low	6-21	14	4.2
Total	36 points		
Mean	28.54		
S.D	4.21		

Table 19. Number and percentage of the professional nurses classified by caring behaviors level consisted of each carative (continued)

Caring behaviors level	Score	Number (n=333)	percentage
5th carative			
The promotion and acceptance of expression of positive and negative feeling			
High	19-24	140	42.1
Intermediate	15-18	138	41.4
Low	4-14	55	16.5
Total	24 points		
Mean	17.82		
S.D	3.25		
6th carative			
The systematic use of the scientific problem – solving method for decision making			
High	48-60	121	36.3
Intermediate	37-47	182	54.7
Low	10-36	30	9.0
Total	60 points		
Mean	45.10		
S.D	6.27		
7th carative			
The promotion of interpersonal teaching – learning			
High	19-24	169	50.8
Intermediate	15-18	130	39.0
Low	4-14	34	10.2
Total	24 points		
Mean	18.50		
S.D	3.21		
8th carative			
The provision for a supportive, protective and / or corrective mental , physical , sociocultural and spiritual environment			
High	38-48	128	38.4
Intermediate	29-37	154	46.3
Low	8-28	51	15.3
Total	48 points		
Mean	35.70		
S.D	6.44		

Table 19. Number and percentage of the professional nurses classified by caring behaviors level consisted of each carative (continued)

Caring behaviors level	Score	Number (n=333)	percentage
9th carative			
The assistance with the gratification of human needs			
High	24-30	264	79.3
Intermediate	19-23	62	18.6
Low	5-18	7	2.1
Total	30 points		
Mean	26.17		
S.D	3.40		
10th carative			
The allowance for existential – phenomenological–spiritual forces			
High	19-24	151	45.4
Intermediate	15-18	114	34.2
Low	4-14	68	20.4
Total	24 points		
Mean	17.63		
S.D	4.02		

From table 19. Most of the professional nurses had caring behaviors which consisted of the formation of humanistic – altruistic system of values, the instillation of faith – hope, the cultivation of sensitivity to one’s self and to others, the development of a helping trust relationship, the promotion of interpersonal teaching – learning, the assistance with the gratification of human needs and the allowance for existential – phenomenological – spiritual forces at a high level for 63.4, 66.4, 71.8, 62.5, 42.1, 50.8, 79.3 and 45.4 percent , respectively. The other, the systematic use of the scientific problem – solving method for decision making and the provision for a supportive, protective and / or corrective mental , physical , sociocultural and spiritual environment most of the professional nurses had caring behaviors at an intermediate level for 54.7 and 46.3 percent ,respectively.

Part 5. The relationship between personal factors and caring behaviors of the professional nurses

The relationship between personal factors and caring behaviors of the professional nurses in terms of Chi-square

Table 20. The relationship between personal factors and caring behaviors of the professional nurses

Caring behaviors Personal factors	High	Intermediate	low	x ²	p-value
	Number (%)	Number (%)	Number (%)		
Age(years old)				23.78	.01
Less than 25years old	5 (14.3)	22 (62.8)	8(22.9)		
25 – 29 years old	12 (15.2)	46 (58.2)	21(26.6)		
30 - 34 years old	14 (21.6)	45 (69.2)	6(9.2)		
35 – 39 years old	12 (11.5)	76 (73.1)	16(15.4)		
40 – 44 years old	10 (34.5)	16 (55.2)	3(10.3)		
More than 45 years old	8 (38.1)	10 (47.6)	3(14.3)		
Educational level				.31	.86
Bachelor’s degree or comparable	59(18.5)	205(64.3)	55(17.2)		
Master’s degree or higher	2(14.3)	10(71.4)	2(14.3)		
Working experience				12.60	.13
Less than 5 years	16 (13.6)	78 (66.1)	24(20.3)		
5 – 9 years	17 (20.0)	49 (57.6)	19(22.4)		
10 – 14 years	13 (17.8)	55 (75.3)	5(6.8)		
15 – 19 years	10 (26.3)	22 (57.9)	6(15.8)		
more than 20 years	5 (26.3)	11 (57.9)	3(15.8)		
Working department				9.04	.34
Obstetrics and gynecology	14 (25.0)	35 (62.5)	7 (12.5)		
Medicine	20 (21.5)	55 (59.1)	18(19.4)		
Surgery	21 (17.1)	81 (65.9)	21(17.1)		
Pediatric	3 (6.5)	33 (71.7)	10(21.8)		
Privacy	3 (20.0)	11 (73.3)	1(6.7)		
Marital status				5.20	.07
Single(single, widow, divorce/separated)	28 (15.3)	117(63.9)	38(20.8)		
married	33 (22.0)	98 (65.3)	19(12.7)		

From table 20. It found that age was related to caring behaviors at a statistically significant level .05 The other, educational level in nursing, working experience in the position of the professional nurses, working department and marital status were not found related to caring behaviors.

Part 6. The relationship between Buddhist characteristics and caring behaviors of the professional nurses.

The relationship between Buddhist characteristics and caring behaviors of the professional nurses in terms of Chi-square

Table 21. The relationship between Buddhist characteristics and caring behaviors of the professional nurses

Caring behaviors \ Buddhist characteristics	High	Intermediate	low	χ^2	p-value
	Number (%)	Number (%)	Number (%)		
				36.70	<.0001
High	18(33.3)	34(63.0)	2(3.7)		
Intermediate	38(16.8)	155(68.6)	33(14.6)		
Low	5(9.4)	26(49.1)	22(41.5)		

From table 21. It found that Buddhist characteristics was related to caring behaviors at a statistically significant level .01

Table 22. The relationship between Buddhist belief and caring behaviors of the professional nurses

Caring behaviors \ Buddhist belief	High	Intermediate	low	χ^2	p-value
	Number (%)	Number (%)	Number (%)		
				34.14	<.0001
High	20(31.3)	40(62.5)	4(6.2)		
Intermediate	38(17.4)	148(67.9)	32(16.7)		
Low	3(5.9)	27(52.9)	21(41.2)		

From table 22. It found that Buddhist belief was related to caring behaviors at a statistically significant level .01

Table 23. The relationship between Buddhist practice and caring behaviors of the professional nurses

Caring behaviors \ Buddhist practice	High	Intermediate	low	χ^2	p-value
	Number (%)	Number (%)	Number (%)		
				28.25	<.0001
High	20(37.0)	31(57.4)	3(5.6)		
Intermediate	31(12.4)	172(68.8)	47(18.8)		
Low	10(34.5)	12(41.4)	7(24.1)		

From table 23. It found that Buddhist practice was related to caring behaviors at a statistically significant level .01

Part 7. The relationship between organizational factors and caring behaviors of the professional nurses

The relationship between organizational factors and caring behaviors of the professional nurses in terms of Chi-square

Table 24. The relationship between organizational factors and caring behaviors of the professional nurses

Caring behaviors \ Organizational factors	High	Intermediate	low	χ^2	p-value
	Number (%)	Number (%)	Number (%)		
High	28(36.4)	44(57.1)	5(6.5)	60.32	<.0001
Intermediate	29(13.8)	152(72.4)	29(13.8)		
Low	4(8.7)	19(41.3)	23(50.0)		

From table 24. It found that organizational factors was related to caring behaviors at a statistically significant level .01

Part 8. The correlation between Buddhist characteristics and caring behaviors of the professional nurses.

The relationship between Buddhist characteristics and caring behaviors of the professional nurses in terms of Pearson's Correlation Coefficient.

Table 25. Pearson's Correlation between Buddhist characteristics and caring behaviors of the professional nurses.

Buddhist characteristics	Caring behaviors	
	r	p-value
Buddhist belief		
Three Characteristics of Existence	0.213	<.001**
Four Noble Truths	0.143	0.004**
Four Principles of Virtuous Existence	0.284	<.001**
Buddhist practice	0.140	0.005**

**p<0.01

From table 25. It found that Three Characteristics of Existence ($r = 0.213$, $p\text{-value} < 0.01$) and Four Principles of Virtuous Existence ($r = 0.284$, $p\text{-value} < 0.01$) were correlated at a lesser level to caring behaviors at a statistically significant level .01. The other, Four Noble Truths ($r = 0.143$, $p\text{-value} < 0.01$) and Buddhist practice ($r = 0.140$, $p\text{-value} < 0.01$) were not correlated to caring behaviors.

CHAPTER V

DISCUSSION

The purpose of this research is to study the relationship between personal factors , Buddhist characteristics, and organizational factors and caring behaviors in General and Regional hospitals in Eastern region which can be discussed for result of the research as follows.

1. General Characteristics of the sample

1.1 Buddhist Characteristics

The professional nurse's Buddhist Characteristics, from the research, it was found that most of the nurses for 67.9 percent had Buddhist Characteristics at an intermediate level and 16.2 percent had Buddhist Characteristics at a high level. For the others, most of them were believed in Buddhism at an intermediate level for 65.5 percent and 19.2 percent were believed at a high level. It means although the Buddha's doctrine is about natural things, the fact that can be used for life and solve problem, but for Buddhism, belief is the basic scruple that is very important and is in the faith level. Believe must follow the principle of wisdom and reason (Thepwatee Priest, 1990:8). People who don't study Buddhism well may be unable to understand the religion doctrine, so they don't believe in it. Another reason may be because of the society condition in present, it found that monks, who are the Buddhism doctrine conductors, often cause the others lose faith. It might be a reason that cause people estrange the religion so they can get less doctrine because people who are in different closer with religion will have different believe in religion(Phosrithong,A.1993:82). From the studied, it was found that 18.6 percent of professional nurses were not studied Buddhism and 3.0 percent of the nurses' parents were not followed the religion doctrine, it may be because of having low believe in religion, because the parents who studied and follow Buddhism will teach it to their children(Pawaphutanon Na Mahasarakham,W. 1981:17;Teproad,S.1999:48). Thus, it causes the Buddhism

believe not at a high level, correspondence with the studied of Dussadee Yolao, et al. (1995 : 13) Aomduen Sodmanee (1993) and Ngamta Vanintanon (1993) found that nurses having Buddhist belief at intermediate level also.

1.1.1 In details of Buddhist belief, most of professional nurses for 70.6 percent had believed in Three Characteristic of Existence at an intermediate level. Subitems under the three Characteristic of Existence include of impermanence and stress and conflict, most of them were believed at an intermediate level for 55.0,51.7 percent, respectively. The others, the doctrine for soullessness For the, most of them have belief at a high level for 58.9 percent and 24.0 percent were believed at a low level. It can be explained that the impermanence doctrine is about uncertain, happening, living and extinguish of everything, or it is called the change. When it has to face with the undesired changes, it can relieve or eradicate suffer. When it faces with desired changes, it won't be occupied with them. Stress and conflict is the doctrine about the continuous of impermanence. When everything is changeable, the suffer can happen, so people must adjust themselves all the time in order to be least effected from the change and cause the people can treat with suffer correctly. The problems must be studied and understood very well before solve them and know how to adjust oneself all the time, for the balance and good living. The unsubstantial is the doctrine about the unsubstantial of everything but it seems to be substance because of the consistence of other factors. When other factors are separated or it is under unsupported circumstance, the substance will be extinct. The said doctrine can decrease selfishness and not to get only benefit. It can help people to abandon the possession and reach salvation and freedom completely(Thepwater Priest, 1990 : 71–75). Thus, the Three characteristic of Existence is the abstract doctrine. It is unsubstantial. People who don't study and consider the doctrine well, will be hard to understand. From the studied, it found that 18.6 percent of nurses don't study Buddhism, so the believes are at an intermediate level. For soullessness, most of professional nurse believe in it at a high level. It can be explained that the nurses' performance is close to the birth, oldness, sickness and death, so they often face with the unsubstantial and cause them having belief at a high level. The Four Noble Truths Belief, most of professional nurses for 57.1percent had the belief at a high level and 41.7 percent at an intermediate level. It can be explained that the Four Noble Truths is

the Buddha's doctrine that is fact and existing. Human get involve with it in procession or step, by considering about the ability to understand and use of human, to be easy to understand and practice (Dharma Pidok Priest, 1995 : 893–901). The Four Noble Truths cover the whole principle both theory and practice, and it is the method of wisdom. It can solve problem with human's wisdom by reason system and use the natural facts. It is the moderate fact that concerns with human life. Nursing is the service for human that use the nursing process, which consist steps and processes those are depend on fact and correct reason, which are assessment, nursing diagnosis, nursing care plan, nursing intervention and nursing evaluation. It is accordance with the Buddhism doctrine, the Four Noble Truths. It consists: suffering or behavior that person shows about suffer or problem that may happen from the basis need is over and cause the behavior system of human is not balance, so the problem or sickness can be happen. The nurse must be aware of suffer, which is assessment information or limitation of suffer or problem in order to make assumption or consider the problem properly. Origin of suffering is the origin of problem or sickness, so it must be eradicated, by analyze the cause or consider the problem or sickness. The nurse must be aware cause of the sickness factor, which the sickness may be physical sickness, psychological sickness, social sickness and soul sickness, which help the nurse can analyze the cause of sickness. Cessation of Suffering is the method of problem solving. It causes person having qualified life and maintains the person work system in usual condition. Cessation of suffering is the highest goal of nursing to help people solve their lives problems(Ibrahim,F.1992 : 11). By plan the nursing performance that is to help the patients to take care of themselves. The Path is the performance to solve by moderate way. The nurses help people to be able to solve their problems. The help may be from the nurses themselves, by giving knowledge, cheer up, giving power and consciousness in order to make the patients can help themselves as soon as possible This study is accordance with the study of Chutima Tedsiri (1994:103) that studied the alternative factor of Buddhist characteristics and caring behavior of parents to the children when they were sick from Thalassemia. It found that most of parents had the Buddhism belief at a high level and Apinya Phosrithong (1993:81–84) studied the variables that relate to nursing behavior for old age patients in the Department of Medical Service, Ministry of Public Health and found that most of nurses had the

Buddhist belief at a high level also. The study of Dussadee Yolaow, et al.(1995:77–78) studied about the causal relationship between Buddhist characteristics, psycho characteristics and result of the work performance of teachers and nurses. Result of the research is Thais in working age,30–40 years, who are teachers and nurses, had the Buddhist belief at an intermediate level.

When considering of the Four Noble Truths, found that most them have the belief scores of the Four Noble Truths at a high level, but had the belief scores in the Path in intermediate level. It may due to the doctrine in the Four Noble Truths is the fact and exist in nature, but it will be visible by practicing. The Path is the doctrine relates with practicing. To practice as the belief must follow the principle of wisdom and reason using (Thepwatee Priest, 1990 : 8). From the study, it found that most of professional nurses for 42.9 percent having the belief of the Four Noble Truths at an intermediate and a low level. From the study, it found that 7.5 percent of professional nurses don't follow the Buddhism principle and 17.9 percent don't study Buddhism. So they may not believe and agree with the fact of Buddhism doctrine and they don't practice, so the Buddhism belief in the Path is not at a high level.

Most of the professional nurses had the belief in the Four Principles of Virtuous Existence at an intermediate level for 67.6 percent and 20.7 percent had the belief in high level. It can be explained that the nursing performance has special characteristic. It is a serviced work for society that is having suffer, the patient who is having uncertain physical. (Dharma Pidok Priest, 1995:4) The nurse's performance has to perform with the base of suffer understanding. The nurse's performance has to perform for relieving the patients' suffers, with their abilities and suitability. The nurse is able to perform it because she is a person who treats well to the others, having broad-minded and wish the others to be happy. (Jarassri,A. 1998 : 165) Buddhism teaches people to live together with mercy, apportion and help the others. (Adiwattanasit,J.1990 cited by Yolaow,D.,et al.,1995:17), but the nurse's performance sometimes to the serious sick patient who can't be protected by vaccine or cured by medicine. A lot of responsibilities can cause the nurse stress. Sometimes the performance proceeds only because of duty and to finish the assignment.

1.1.2 From the study of Buddhist practice is found that most of professional nurse for 75.1 percent were practiced at an intermediate level

and 16.2 percent at a high level. Since Buddhism is perseverance and practice religion (Rachathumnithet Priest, 1988:166). The dhama of Buddha focus to practice for everybody manage the true life although those people are in each of life level they can understand and apply the doctrine of Buddha for their live.(Thepwaetee Priest, 1990:6). Buddhism focuses more practice according to doctrine of Buddha than believing or the matter of religion and practice by oneself (Meeklang ,W.1987:28)The belief takes the thought and action (Sirilai,S.1996:103). It is found that there are still nurses for 15.3 percent have belief in low level, so the Buddhist practice is not still high level that is in accordance with the studying of Wanchai Meeklang's (1987:abstract) found that the one who has more good attitude to Buddhism the more Buddhist practice happens. The result of studying of Apinya Phosrithong (1993:71) about the Buddhist practice with caring behaviors for old age patients under the frame of charity, keeping the five commandments of the Buddha and meditation. Finding that there is Buddhist practice in intermediate level that is in accordance with the studying of Cornwall (1989 cited by Vanintanon,N.1993:31) that studies the religious factor which specific religious behaviour of people. The result of studying found that the belief quantity according to the scripture that related to religious behaviour of people. Moreover, Spilka,et al.,(1985 cited by Yolaow,D.,et al., 1995:17) found that people who have high belief in religion are more sympathetic and helping other people than people who have low belief in religion.

1.2 Organizational factors

Having found that most professional nurses was perceived about organizational factors at an intermediate level for 63.1 percent and 23.1 percent was at a high level that can explain that hospital is large and complex organization. The structural management of organization will be specified the relation of authority and duty. The communication in this organization may be slow and several steps so the communication within the organization may not be through. It makes professional nurses have the perception of organizational factors at an intermediate level.

1.3 The caring behavior

The studying found that most professional nurse for 64.6 percent have caring at an intermediate level and 18.3 percent at a high level this can explain that caring behavior comes from the realization of nurses (Samdaengrit,B. 1995:abstract) Nurses know their caring behavior to be free role. They themselves have knowledge and ability done suitably for each patient. The effectual performance depends on learning and responsibility of role (Ibrahim,F. 1993: 90,214-219) Moreover the nursing is the holistic care that cover physical, emotion, society and soul. These make nurses understand patients that need to be taken care. Generosity and care to people makes the process of relation which consists of understanding nature of one another and makes belief and trust.(Sirilai,S.1996 : 159) which nurses can display in the form of caring. Nurses can assess from the feeling of patient that reflect after receiving the caring behavior from nurse(Samdaengrit,B. 1995:20)such as the studying of Chamaiporn Sathiraleela (1998:66) who studies the need of caring and patients' perception of caring at observation room , Sirirach hospital. It found that the patient was perceived caring at a high level. Pranom Phusrithong (1993:53) who has studied the caring behavior of nurses as perception of the one who delivered in Rama hospital found that they were perceived caring at a high level. This supports professional nursing to teach nurses appreciate the view of patients and nursing service. That is the behaviour of professional caring.

2. The result of studying for relation between variable

2.1 Hypothesis 1. The caring behaviors of the professional nurse will be associated with the personal factors including age, educational level, working experience, working department and marital status.

The result found that age relates to caring behaviors of professional nurses at a statistically significant level .05 that means age takes effect to the caring behaviors of the professional nurses since the person grows older, he will improve the intelligence, learn from environment and different experience, have maturity which can consider various kinds of things by using the logic so age is the factor that makes people be different for thought and behaviour.

Age is important for improvement and maturity. The one who is old enough and has high maturity can assess the situation and be responsible more (Boonthong,T. 1989:64) This is similar to the research of Chutima Malai (1994:abstract) found that age is the positive relation to team work of nursing teachers at a statistically significant level .05 Suphanee Tayadham (1994:abstract) found that age is related to the ability of performance, moreover, she found that the relation in the research of Dyer and others (1972:294) found that age is also related to their job performance of nurses.

Educational level in nursing was not related to the caring behaviors of the professional nurses at a statistically significant level .05 that means educational level in nursing not effect on the caring behaviors. This may comes from nurses who have high educational level are promoted to be executive or teacher so they have no time to take care patient directly which is agreeable with the studying of Walya Techachaiyakul (1998:100) that the educational level is not independently related to nursing performance of nurses.

The working experience in position of professional nurse was not related to the caring behaviors at a statistically significant level .05 that means the experience of work in position of professional nurse was not effect on the caring behaviors. The performance of nursing is related to lives, welfare and safety of human being in order to achieve the purpose of health and hygiene completely. The teaching of professional nursing is the one which prepares special professional knowledge which instructs knowledge skill and attitude to personnel of profession both theory and practice and the long experience of work makes older nurses be tired. A lot of work may make nurses who perform regularly finish work only in time and long regular performance may cause them accustom to performing (Techachaiyakul,W.1998 : 100). It makes nurses who have different experience have similar caring behaviors which is agreeable with the research of Sudaporn Sanguanwong(1992:abstract) Onpen Pongklam (1994:abstract) and Chutima Sriaeam (1990:abstract) found that the experience of work is not related to the ability of nursing performance.

Working department was not related to the caring behaviors at a statistically significant level .05 that means department of work was not effect on caring behaviors. That is professional nurses in each ward have the same purposes in order to service efficiently. The feature of nursing performance is professional basic which makes nurses in each ward have similar caring behaviors that is agreeable with Onpen Phongklam(1994:abstract) and Ruchiporn Pongsawad (1995:136) found that performing ward was not related to nursing performance.

The marital status was not related to the caring behaviors at a statistically significant level 0.5 that means marital status was not effect on caring behaviors. That is professional nurses is profession which is accepted by society. When the one behaves well for health service and must behave suitably according to the standard of nursing profession. The behaviour that professional nurse must behave suitably with knowledge and ability because nursing service job is the job which affects life and security of patient. The caring behaviors of the professional nurse has to use love care and tender with virtue, ethics and high responsibility to the life of patients' so in any situation, professional nurse must service patients with correct and suitable knowledge and the important thing for professional nurse is must take care them for the benefit of service job. This makes professional nurse which has different marital status have similar caring behaviors.

2.2 Hypothesis 2 .The caring behaviors of the professional nurse will be associated with Buddhist characteristics including Buddhist belief and Buddhist practice.

From the results of the study it was found that Buddhist characteristics was related to the caring behaviors of the professional nurses at a statistically significant level .01 that means Buddhist characteristics is effect on the caring behaviors of the professional nurses. It can be explained that Thai society has Buddhism for their life style. Life philosophy of Thai, culture, custom including ethics which is agreeable and the arising from the philosophy of Buddhism. The understanding of Buddhism philosophy causes the way of suitable

performance and Buddhism is the way to help nurses understand the view and the form of performance of others including applying for performing to patient and to solve some problems that may face while doing duty (Sililai,S.1996:163-167) The teaching in Buddhism is taking natural rule to use for benefit of the way of life and good performance. The one who believes in Buddhism will follow the teaching of Buddhism and take Buddhist teaching to decide the action that is agreeable with Buddhist belief , too.(Vaninthanon,N.1993:31). To become Buddhist practice that person will understand religious regulations correctly and has the confidence of religious value and can take religion to connect thought for oneself to understand several phenomenous that are good and bad, especially, Buddhist belief of the Four Noble Truths, Three Characteristics of Existence can explain about sufferings and various kinds of change with logical principle. It makes nurses who believe in religion a lot understand the happened situation while caring the patients correctly according to the fact and use to be the guide line for correct performance which is also agreeable with virtue. This is similar to Sangravee Teproad (1999:115)Spilka,et al.,(1985 cited by Vaninthanon,N.1993:129) found that religious belief is related to the behaviour of protecting of drug and the studying of Dusadee Yolaow,et al., (1995:abstract) Khanittha Tanthaphan (1998: 42), Chutima Tedsiri (1994 : 128) found that the Buddhist practice was related to the behaviour of nursing (Youniphan,J.1991 cited by Tedsiri, C.1994 : 129) found that the religious belief is the first variable which can predict the caring behaviors of own in order to be good mental health of people in central part community and Arustham Deeradom (1983 cited by Phosrithong, A.1993 : 40) that analyzed special result of ethics which involves the belief and basic religious performance found that the ethics of Buddhism was effect on the behaviour of Buddhist nurses.

2.3 Hypothesis 3. The caring behaviors of the professional nurse will be associated with organizational factors including organizational policy and organizational goals.

The result of studying was found that the policy and goals was related to the caring behaviors at statistically significant level .01 that means the policy and goal of organization was related to the caring behaviors

of the professional nurses. That is in each organization to follow including specifying fixed structure, authority and performance handbook. In large or complex organization has to have a lot of rules for the administration in organization to be the guide line that specify and control the performance for the same standard. The clear goal of organization makes nurses understand the kinds of work to do. The perception of role performance in that organization is the caring behaviors and can plan and follow those working plans well. Giving clear service goal is making the atmosphere of supporting the creation of nurses to have goal and direction of work (Naweeakarn,S.1993:42) and policy is the effect on planning activity that will occur in the future (Kast & Rosenzweig, 1979 cited by Thechachaiyakul , W.1998:52) and the difference of nursing activity performance is effect from service policy of the hospital (Ibrahim,F. 1992:92) Moreover, policy is the guideline for decision and specifying the limit of activity (Naweeakarn ,S.1993) that was agreeable with the studying of Walya Thechachaiyakul (1998:101) found that the policy and goal of organization was related to the independent nursing performance of nurses.

CHAPTER VI

CONCLUSION AND RECOMMENDATIONS

This research was a survey research to studied the relationship between personal factors, Buddhist characteristics, and organizational factors and caring behaviors in General and Regional hospitals in Eastern region. The objective was studied caring behaviors of the professional nurse and studied the relationship between personal factors, Buddhist characteristics, and organizational factors and caring behaviors in General and Regional hospitals in Eastern region. The sample of this study was limited to the professional nurses who working at inpatient department including both general and privacy sections in General and Regional hospitals in Eastern region under the Ministry of Public Health. Subunit under inpatient department include of Obstetrics and Gynecology, Surgery, Medicine , Pediatric and Eye-Ear- Nose-Throat . The subject were recruited from seven hospitals including Rayong hospital , Chonburi hospital , Trad hospital , Prapokklao Chantaburi hospital , Chao Phya Abhai bhu bejhr hospital at Prachinburi , Chachoengsao hospital and Sakaeo Crown Prince hospital. The samples had worked not less than 1 year, interested and faithful Buddhism and willing to answer the questionnaires. The sample were 338 persons. The returned the questionnaires were 333 questionnaires. It was 98.52 percent.

The instrument in this research consisted of 4 parts such as Part 1, the questionnaire about personal information. Part 2, the questionnaire about Buddhist characteristics which was consisted of Buddhist belief, Buddhist practice. Part 3, the questionnaire about organizational factors and part 4, the questionnaire about caring behaviors which was developed by the researcher bases on 10 carative factors of Watson's Theory (1988). The researcher gathered the information by herself during September to October 2001.

The personal information of sample were analyzed in terms of frequency and percentage. Buddhist characteristics classified by Buddhist belief



and Buddhist practice, organizational factors and caring behavior were analyzed in terms of frequency, percentage, arithmetic mean and standard deviation. The relationship between personal factors, Buddhist characteristics, and organizational factors and caring behaviors were analyzed by using Chi-Square. The strength of relationship between Buddhist characteristics and caring behaviors were analyzed by using Pearson's Correlation Coefficient.

The result of the research are concluded as follows

1. Personal information of the professional nurses

Most of the professional nurses were aged between 35 –39 years old for 31.2 percent. Most of them earned bachelor degree in nursing or the degree comparable with bachelor degree in nursing and having experience of work in position of professional nurse less than 5 years, worked at Surgery and Medicine department for 36.9 and 27.9 percent, respectively. Their marital status were mostly single, divorced, widowed or separated.

2. Buddhist characteristics of the professional nurses

Buddhist characteristics of the professional nurses, most of them were at an intermediate level for 67.9 percent. Their Buddhist belief and Buddhist practice were mostly at an intermediate level for 65.5 and 75.1 percent, respectively. The others, The belief of Three characteristics of existence and Four principles of virtuous existence were at an intermediate level for 70.6 and 67.6 percent, respectively. The four noble truth were at a high level for 57.1 percent.

3. The perception about organizational factors of the professional nurses

The perception about organizational factors of the professional nurses, most of them were at an intermediate level for 63.1percent. The perception of the organization's policy and goals were mostly at an intermediate level for 79.6 and 70.3 percent, respectively.

4. Caring behaviors of the professional nurses

The caring behaviors of the professional nurses, most of them were at an intermediate level for 64.6 percent. Each carative factors such as , 1st carative, the formation of humanistic – altruistic system of values ,2nd carative, the instillation of faith – hope, 3rd carative, the cultivation of sensitivity to one's self and to others,4th carative, the development of a helping trust relationship, 5th carative, the promotion and acceptance of expression of positive and negative feeling, 7th carative, the promotion of interpersonal teaching – learning, 9th carative, the assistance with the gratification of human needs and 10th carative, the allowance for existential – phenomenological – spiritual forces were high level for 63.4, 64.4, 71.8, 62.6, 42.1, 50.8,79.3 and 45.3 percent, respectively. The others, 6th carative, the systematic use of the scientetic problem – solving method for decision making and 8th carative, the provition for a supportive , protective and / or corrective mental , physical , sociocultural , and spiritual environment were at an intermediate level for 54.7 and 46.2 percent, respectively.

5. The relationship between personal factors and caring behaviors of the professional nurses

Age was related to caring behaviors at a statistically significant level .05 but the educational level, working experience, working department and marital status were not found related to caring behaviors.

6. The relationship between Buddhist characteristics and caring behaviors of the professional nurses

Buddhist characteristics were related to caring behaviors at a statistically significant level .01 The Buddhist belief and Buddhist practice were related to caring behavior at a statistically significant level .01

The Buddhist belief, it found that Three Characteristic of Existence($r=0.213, p\text{-value}<0.01$) and Four Principles of Virtuous Existence ($r=0.284, p\text{-value}<0.01$) were correlated to caring behaviors at a statistically significant level .01 whereas, The Four Noble Truths($r=0.143, p\text{-value}<0.01$) and

Buddhist practice($r=0.140, p\text{-value}<0.01$) were correlated at lesser level to caring behaviors.

7. The relationship between the perception about organizational factors and caring behaviors of the professional nurse

The perception about organizational factors of professional nurses were related to caring behaviors at statistically significant level .01

Recommendation of the research applying

For nursing administration

1. From this study, it was found that the Buddhist belief and Buddhist practice were related to caring behaviors. The organization that involves, especially the executive nurse should understand the importance of promoting Buddhist nurse, especial for nurse who lack of the belief in basic Buddhism study it and should provide the activity of religion in order to promote nurse to understand the teaching of Buddhism and can apply it to their job performance and adaptation.

2. For professional nursing, the executive nurse should bring this Buddhism concept to be a part of policy of nursing or nursing philosophy in order to guideline and make it clear for patient nursing. That makes the nurse is freedom thinking and happy for their work.

For nursing practice

1. The nurse can apply the Buddhism concept for caring the patients. This is assumed to be part of Thai culture and can make good quality.

2. The Buddhist nurses should be use themselves to cognitive meditation for Buddhism doctrine to adapt for service the patients or health promotion for patient.

For nursing education

1. From the result of this study it found that most of Buddhist belief and Buddhist practice of nurses were at an intermediate level. So, course of study should be more teaching dharma that relate to nursing such as Three Characteristic of Existence, Four Noble Truth, Four Principle of Virtuous Existence and Buddhist practice.

Recommendations for further research

1. The data in this study were obtained by self administrative questionnaire, it was suggested to combine the observational study and longitudinal study in order to make all the results more realistic.

2. Because of this studying is surveying study of inpatient department in some ward and especially for nurses. To make the information clearly and widely we should study.

2.1 To study religion feature and the caring behaviors for special group of nurse such as nurses who care of the patients who are in critical condition or cancer etc.

2.2 To study religion feature and the caring behaviors of nurses who respect other religion such as Islam, Christ etc.

2.3 To compare the caring behavior according to the perception of patients and nurses who care.

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เพื่อร่วมงานกับความเชื่อมั่นผูกพันกับการปฏิบัติการพยาบาลของพยาบาลวิชาชีพ โรง
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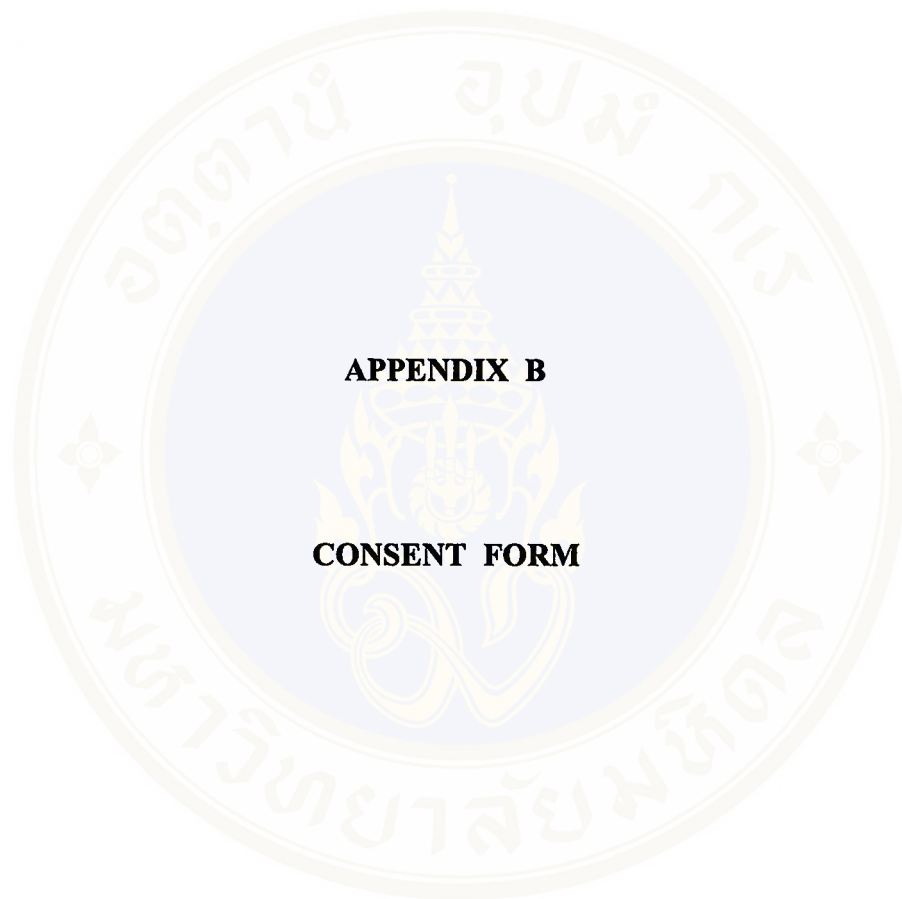


APPENDIX A

NAME OF VALIDATORS

Name of Validator who validate of instruments use in research

1. Associate Professor. Veena Jirapate
Faculty of Nursing, Chulalongkorn University.
2. Lecture. Tassanee Thongprateep
Kuakarun College of Nursing.
3. Associate. Profesor. Siwalee Sirilai
Faculty of Social Sciences and Humanities, Mahidol University.
4. Associate. Professor. Farida Ibrahim
Faculty of Nursing, Mahidol University.
5. Lecture. Ratchaneeporn Trupgranon
Faculty of Nursing, Burapha University.



Consent Form

Faculty of public Health
Mahidol University.

September,2001

To whom it may be concern.

My name is Sirintip Chanduaywit. I am a master student at the Faculty of Public Health, Mahidol University. My research is “ The relationship between personal factors, Buddhist characteristics and organizational factors and caring behavior in general and regional hospitals in Eastern region ”. I need your help in this study.

If you decided to participate, please answer the questions. Your answer are usefulness in health service.

Your decision to participate in the study is absolutely voluntary and you may withdraw from the study at any time. Your refusal will have no effect the legality.

Thank you for considering my request.

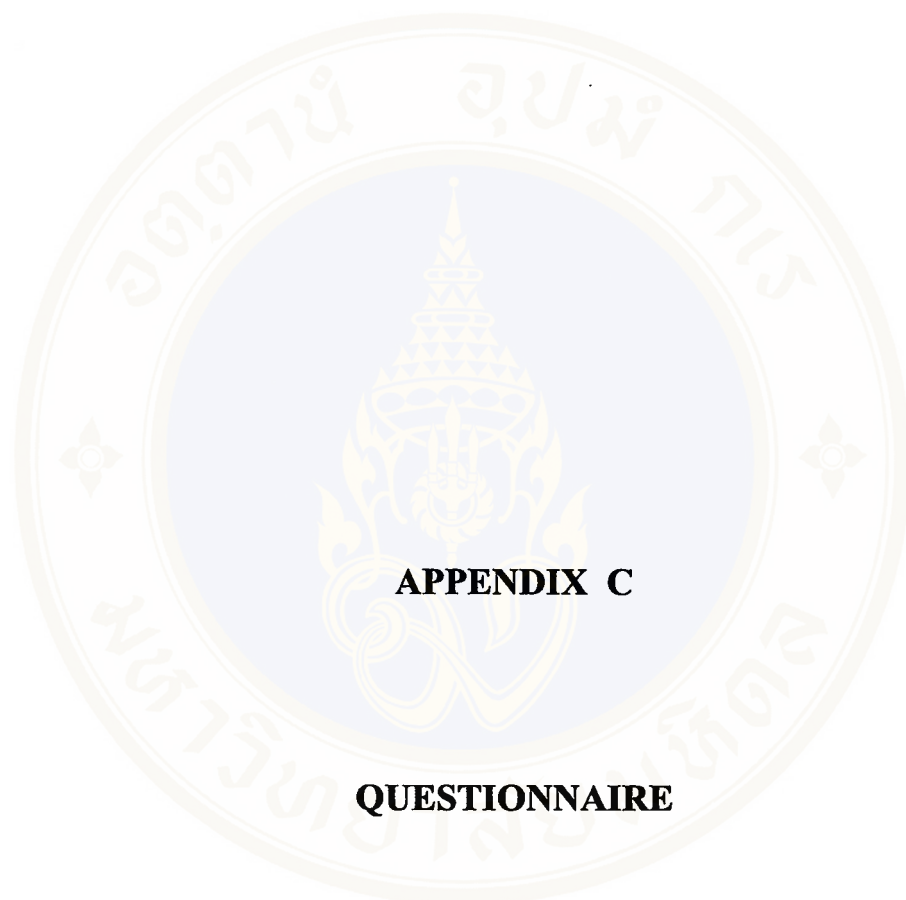
Sincerely
Sirintip Chanduaywit.

.....

For the sample.

I read information above, my decision is to participate in the study.

Signature.....



APPENDIX C

QUESTIONNAIRE

Questionnaires for research

The relationship between personal factors, Buddhist characteristics, and organizational factors and caring behaviors in General and Regional hospitals in Eastern region.

Suggestion

This questionnaire was classified by 2 questionnaires such as.

Questionnaire 1 provide into 3 parts.

Part 1 personal information was consisted of 7 questions.

Part 2 questionnaire about Buddhist characteristics was consisted.

Section 1 Buddhist belief was consisted of 26 questions.

Section 2 Buddhist practice was consisted of 9 questions.

Part 3 questionnaire about perception of organizational factors was consisted of 14 questions.

Questionnaire 2 provide into 1 part.

part 4 questionnaire about caring behavior was consisted of 60 questions.

Questionnaire 1

Part 1

Questionnaire about personal information.

Suggestion

Please fill the matter completely in the blank and then check / in the box

1. Now you areyears old.
2. The highest education

<input type="radio"/> 1. Bachelor degree or comparable.	<input type="radio"/> 3. other.....
<input type="radio"/> 2. Master degree or higher.	
3. Experience of work in position of professional nurse.....year
4. Working department

<input type="radio"/> 1. Obstetrics and gynecology	<input type="radio"/> 4. Pediatric
<input type="radio"/> 2. Surgery	<input type="radio"/> 5. Eye Ear Nose Throat
<input type="radio"/> 3. Medicine	<input type="radio"/> 6. Other.....
5. Marital status

<input type="radio"/> 1. Single	<input type="radio"/> 2. widowed
<input type="radio"/> 3. Married	<input type="radio"/> 4. divorced / separated
6. You and your family were religious practice
 - 6.1 Yourself (answer more than 1 choice)

<input type="radio"/> 1. To offer something for the Buddhist priests.	<input type="radio"/> 2. To heard dharma
<input type="radio"/> 3. Consciousness	<input type="radio"/> 4. Meditation
<input type="radio"/> 5. To put food in the bowls of Buddhist priests in the morning	
<input type="radio"/> 6. not done	<input type="radio"/> 7. other.....
 - 6.2 parents. (answer more than 1 choice)

<input type="radio"/> 1. To offer something for the Buddhist priests.	
<input type="radio"/> 2. to heard dharma	
<input type="radio"/> 3. Consciousness	
<input type="radio"/> 4. Meditation	
<input type="radio"/> 5. To put food in the bowls of Buddhist priests in the morning	
<input type="radio"/> 6. not done	<input type="radio"/> other.....
 - 6.3 Husband or wife. (answer more than 1 choice)

<input type="radio"/> 1. To offer something for the Buddhist priests.	
<input type="radio"/> 2. to heard dharma	
<input type="radio"/> 3. Consciousness	
<input type="radio"/> 4. Meditation	
<input type="radio"/> 5. To put food in the bowls of Buddhist priests in the morning	
<input type="radio"/> 6. not done	<input type="radio"/> other.....
7. You are study Buddhism by (answer more than 1 choice)

<input type="radio"/> 1.To heard dharma by radio/television	
<input type="radio"/> 2.To read the book about dharma.	
<input type="radio"/> 3.To trained about dharma	
<input type="radio"/> 4.To talked about dharma	
<input type="radio"/> 5.Did not studied	<input type="radio"/> 6.Other.....

Part II

The Buddhist Characteristics Questionnaire

Suggestion

This questionnaire is divide into 2 parts as follows.

Part 1 is the questions about the professional nurse's Buddhist belief, there are 26 questions.

Part 2 is the questions about the professional nurse's Buddhist practice, there are 9 questions.

Buddhist belief and Buddhist practice may be different in each person. Please read each matter and consider if it is more or less true to you and then check / in the box only one mark for each matter. **Please answer every questions**.

Part 1 the Buddhist belief, there are 6 levels of the answer

meaning, as follows:

Absolutely true	=	You think that it is absolutely true
True	=	You think that it is true
Quite true	=	You think that it is quite true
Quite wrong	=	You think that it is quite wrong
Wrong	=	You think that it is wrong
Absolutely wrong	=	You think that it is absolutely wrong

Part 2 the Buddhist practice, there are 6 levels of the answer

meaning, as follows:

The most	=	You practice it the most
Much	=	You practice it much
Quite much	=	You practice it quite much
Quite little	=	You practice it quite little
Little	=	You practice it a little
The least	=	You practice it the least

Part II

Buddhist Characteristics Questionnaire

Section 1 **Buddhist belief. The question is about the Buddhist belief that is true to the professional nurse.**

No.	Text	Level of Belief						For the resear cher
		Absolutely true	True	Quite true	Quite wrong	Wrong	Absolutely wrong	
<u>Three characteristic of Existence</u>								
1	Understanding in Three characteristic of Existence (Impermanence is uncertain things, Stress and conflict is having stress and Sollessness is changeable things) It causes me feel releasing, understand and accept in natural rules (Impermanence, Stress and conflict and Sollessness)							[] 46
2	The doctrine about Three characteristic of Existence stimulates me not to be careless, not to commit sins and try to do goodness (Impermanence, Stress and conflict and Sollessness)							[] 47
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.								
9	To understand in Unsubstantial, causes me able to consider and solve problems from their causes and results (Sollessness)							[] 54

No	Text	Level of Belief						
		Absolutely true	True	Quite true	Quite wrong	Wrong	Absolutely wrong	For the resear cher
	<u>The Four Noble Truths</u>							
10	Buddha taught “Life is Suffer” is the optimistic idea . (Suffering)							[] 55
11	To understand suffer or sickness, it to know the real situation of suffer or sickness. (Suffering)							[] 56
12	To know the cause of problem is the way leading to solution. (Origin of Suffering)							[] 57
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19	The Four Noble Truths doctrine teaches to know how to solve problem reasonably and cause to live with peace (Suffering, Origin of Suffering, Cessation of Suffering, The Path)							[] 64

PART III

Organizational Factors Questionnaire

Suggestion

This questionnaire covers 14 questions. It is the question about the real situation in your patient ward. Please examine each question if it is true with your patient ward and then check / in the box only one mark for each matter. **Please answer every questions.**

There are 6 levels of the answer meaning as follows.

The most	=	The matter is true with your patient ward the most
Much	=	The matter is true with your patient ward much
Quite much	=	The matter is true with your patient ward quite much
Quite little	=	The matter is true with your patient ward quite little
Little	=	The matter is true with your patient ward a little
The least	=	The matter is true with your patient ward the least

No	Text	Level of perception						
		Absolutely True	True	Quite true	Quite wrong	Wrong	Absolutely wrong	For The resear cher
1	Your patient ward announces the service policy of the organization clearly.							[] 83
2	Your patient ward use the policy of the organization to be the way to practice to achieve the organization's goal.							[] 84
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14	Your patient ward assess the succeed of procedure by comparing with the settle result.							[] 96

No	Text	Level of perception						For The researcher
		Absolutely True	True	Quite true	Quite wrong	Wrong	Absolutely wrong	
1	Your patient ward announces the service policy of the organization clearly.							[] 83
2	Your patient ward use the policy of the organization to be the way to practice to achieve the organization's goal.							[] 84
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14	Your patient ward assess the succeed of procedure by comparing with the settle result.							[] 96

QUESTIONNAIRE II
Part IV
Patient Caring Behavior Questionnaire

Suggestion

1. **Caring behavior** is the treatment behavior of professional nurse that is expressed by verbal or manner to the people who get service to response to the need of physical, mind, emotion, social and soul. Consider the caring behavior with the carative factors of Watson, it consists of 10 carative factors as follow:

1. The formation of humanistic – altruistic system of values
2. The instillation of faith – hope
3. The cultivation of sensitivity to one's self and to others
4. The development of a helping trust relationship
5. The promotion and acceptance of expression of positive and negative feeling
6. The systematic use of the scientific problem – solving method for decision making
7. The promotion of interpersonal teaching – learning
8. The provision for a supportive , protective and / or corrective mental , physical , sociocultural , and spiritual environment
9. The assistance with the gratification of human needs
10. The allowance for existential – phenomenological – spiritual forces

2. Please read each of caring behaviors. There are 60 questions and consider if it is true with your performance to the patient and then check / in the box only one mark for each question. **Please answer every question.**

There are 6 levels of the answer meaning, as follows:

Every time	=	You perform the activity to the patient every time
Nearly every time	=	You perform the activity to the patient nearly every time
Often	=	You often perform the activity to the patient
Sometimes	=	You sometimes perform the activity to the patient
Hardly	=	You hardly perform the activity to the patient
Never	=	You never perform the activity to the patient

BIOGRAPHY



NAME	Mrs. Sirintip Chanduaywit
DATE OF BIRTH	18 January 1966
PLACE OF BIRTH	Bangkok, Thailand
INSTITUTIONS ATTENDED	Boromrajachonni Chonburi Nursing College, 1990-1992 : Diploma in Nursing Science Equivalent to Bachelor of Science in nursing. Mahidol University, 1997 –2002 Master in Nursing Science(Public Health)
POSITION&OFFICE	1992-Present, Graduate Nurse at Department of Surgery Unit in Rayong Hospital.