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Caring Needs and Caring Efficacy in Nursing Students :The Mediating Effects of Compassion

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ABSTRACT
In this study, an attempt was made to provide basic data for improving caring efficacy by confirming the relationship between caring needs, compassion, and caring efficacy of nursing students. Because they need to increase care practice skills through the nursing education process. For the research method, Data were gathered from four nursing departments in two cities of a province in Korea. The collected data were analyzed by frequency and percentage, mean and standard deviation, t-test and ANOVA according to the characteristics of the variables, and the correlation between variables was analyzed using Pearson's correlation coefficient. The mediation regression analysis of caring needs, compassion, and caring efficacy was analyzed using the 3-step analysis method by Baron and Kenny (1986). Results revealed that, caring efficacy was related to motivation to apply (F=3.127, p=.009), grades (F=6.509, p=.002), presence or absence of volunteer work (t=1.932, p=.050), and health status (r=. 128, p=.012), interpersonal relationships (r=.338, p=.000), and major satisfaction (r=.265, p=.000) showed significant differences. In the relationship between caring needs and caring efficacy in nursing students, compassion was found to have a partial mediating effect (Z=2.00, p=<.001). Therefore, it is necessary to consider the effect of compassion as well as caring needs in order to increase care efficacy for nursing students, and it is necessary to make efforts to create a practice environment where they can learn and learn care to enhance care efficacy.

Keywords: Nursing students, Caring needs, Compassion, Caring Efficacy, Nursing education

1. INTRODUCTION

1.1. Need for Research

Care is a basic and essential concept of nursing, and is considered a core component of nursing. Nursing students should be able to increase the sense of care efficacy through interaction with patients and application of the nursing process in the clinical practice process of nursing education [1]. In addition, in order to improve caring efficacy as a nursing competency of individual students in education, it is necessary to consider emotional support and individual student's socio-psychological health status along with delivery of educational contents. Caring efficacy consists of socio-psychological health status and individual competence at the individual level, and social support and education at the environmental level [2]. Nursing students' caring efficacy is a confidence in their ability to care for patients, and is correlated with emotional intelligence and interpersonal competence. The higher subjective health status, standard of living for physical and mental health conditions, satisfaction with major, satisfaction with clinical practice, and the satisfaction of the relationship with the clinical practice instructor and professor, the higher the caring efficacy [3]. A sense of caring efficacy can be increased through emotional empathy, and when a relationship with a patient is formed during practice, confidence in care is formed [4]. In the clinical practice curriculum of nursing education, nursing college students experience fear and anxiety about practice, a new and unfamiliar environment called clinical practice, excessive assignments, busy practice schedule, ambiguous role as a student in the clinical field, gap between theory and practice, various clinical practice stresses experienced by patient and caregiver such as interpersonal relationships, decreased ability to cope with patients' needs, and unexpected situations [5,6]. The stress level of nursing students is higher than that of general college students [7], and if the stress in clinical practice is not

relieved, they become afraid of practice, lose confidence in nursing, and feel skeptical about being a nursing major [8], which later on results to low performance [9]. In addition, it has been reported that the pandemic experience caused by COVID-19 experienced by nursing students during clinical practice was stressful and further increased fear and depression, affecting socio-psychological health status [10], This may also have affected care efficacy, but no empirical data have been reported. Accordingly, the purpose of this study was to confirm the individual level of interpersonal care needs, compassion, and major satisfaction according to the presence or absence of clinical practice reflecting the academic characteristics of nursing students, and to find out the effects of these factors on care efficacy.

The needs for care is a request for specific interpersonal care provided based on love and interest. It recognizes the feelings of the other person to prevent various types of emotions or emotional conflicts, heals wounds in the heart, and promotes relationships with others. It refers to what you want to receive from others in order to go out [15]. Subjects who are provided with interpersonal care behaviors are satisfied with their care needs, increase their self-esteem, maintain a state of well-being, and have a positive effect on their quality of life. Nurses who are experts in providing care should put more emphasis on the needs of others rather than realizing their own needs, and are only asked to form an empathic relationship with patients as perfect care providers by themselves or by patients and acquaintances [11]. It is reported that nursing students also experience rudeness in clinical practice, which affects care efficacy [12]. Nursing students are in the process of preparing for nursing professionalism, so patients with various caring needs and characteristics encountered in clinical practice may affect their care efficacy It is necessary to improve their sense of care efficacy by being protected from negative influences from parents, guardians, and nurses who provide on-site guidance, and by experiencing the satisfaction of care needs by nursing educators. In the learning experience of nursing students and professors, it was reported that students who received attention, support, information, and recognition from professors were positively influenced [13], and that nursing students' experience of caring improved their confidence as nurses. This influence impacted positively the students' nursing performance and performance and improved adaptability in the clinical field when working as a nurse after graduation [14]. The need for care had a significant correlation with the development of a care relationship with the care recipient and the belief in the ability related to care-oriented expression, attitude, and behavior. These care needs are met by hospice patients [15,16], breast cancer survivors [17], radiation therapy cancer patients [18], spouses of gynecological cancer patients [19], family guardians of hospice patients [20], and main caregivers of stroke patients [21], and people with severe disabilities [22]. In addition, the demand for care for healthy people has been reported in French learners [23], hospice nurses [24], and high school students [25], and this study aims to confirm the caring needs of nursing students.

Compassion is a sense of feeling the pain and unhappiness of others together [26]. In a study targeting nursing students, the higher the cognitive and behavioral ability to understand the cause of the pain and the desire to share the subject's feelings together and alleviate the pain, the higher the clinical performance ability. This provided confidence in caring [27]. Therefore, the purpose of this study was to find out how compassion of nursing students affects care efficacy.

As for the relational variables that affect the caring efficacy of nursing students reported in previous studies, the higher the care behavior [28] and social support [29], the higher the care efficacy. Dementia care behaviors [30] and empathy [31] have been reported to increase care efficacy with social support as a mediating effect. However, it is insufficient to report the empirical confirmation of the relationship between compassion, which affects the self-confidence of nursing students and increases empathy for the subject's pain and caring efficacy. Therefore, this study aims to provide basic data for improving caring efficacy by confirming the relationship between caring needs, compassion, and caring efficacy of nursing students who need to increase care performance skills through the nursing education process.

1.2 Purpose of the Study

This study aimed to investigate the mediating effect of care in the relationship between caring needs and caring efficacy for nursing students. The specific purpose of this study is presented as follows. First, to identify the caring needs, compassion, and caring efficacy of nursing students. Second, to identify the differences in caring efficacy according to the characteristics of nursing students. Third, to identify the relationship between caring

needs, compassion, and caring efficacy of nursing students. Finally, to identify the mediating effect of compassion in the relationship between caring needs and caring efficacy of nursing students.

2. RESEARCH METHOD

2.1. Research Design

The design of this study is shown in Figure 1, and this study is a descriptive research study to confirm the relationship between caring needs, compassion, and caring efficacy of nursing students.

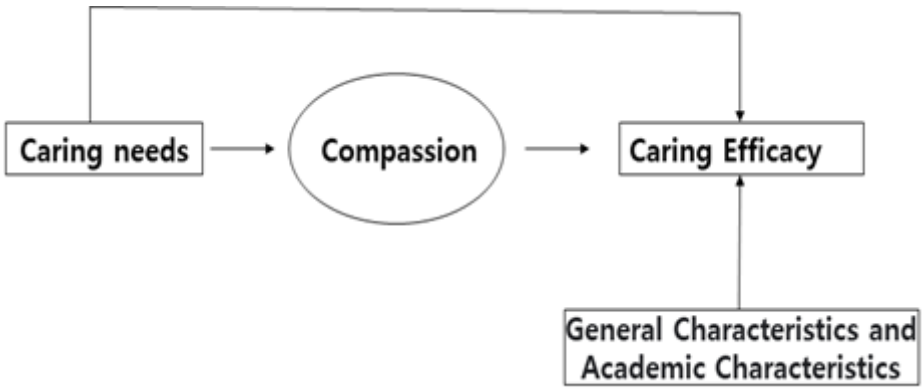

Figure 1: Research design

2.2. Subject of Research

To achieve the purpose of this study, four nursing departments from two cities in one province agreed to be the source of the subjects. The number of subjects was calculated through the G*Power 3.19 program considering the effect size of .5, significance level (a)=.05, and power (1-β)=.95 during regression analysis. As a result, the required number of samples was 220. Therefore, considering the dropout rate of 20%, a survey was conducted on more than 264 people.

2.3. Research Tools

2.3.1. Care Needs

For the caring needs scale, the interpersonal care behavior tool of Yoon S. H. [32] was modified to “I want such behavior” with a questionnaire whose validity was verified by Lee S., Choi A.S., Yim S.Y., and Chun Y.E. [33]. This tool has a total of 32 items, and consists of 5 sub-areas: 10 items for active listening, 8 items for acceptance and forgiveness, 7 items for hope and praise, 5 items for finding out, and 2 items for companionship. Each item is a Likert 5-point scale, ranging from 5 points for ‘very much’ to 1 point for ‘very little’, and the reliability at the time of development was Cronbach' a=.97. Cronbach' a = .95 in this study.

2.3.2. Compassion

The compassion scale was developed by Kim W.S.& Shin K. H [34] It was adapted from the 21 items of the Compassionate Love Scale amended by Sprecher and Fehr [35]. This was administered on 207 college students, with 12 items selected through factor analysis and validation. The Korean version of the Ajou Compassionat Love Scale (ACLS) was used. Each item is rated on a 5-point Likert scale ranging from 5 points for “very much” to 1 point for “very little”. In the study by Kim W.S.& Shin K. H [35] , Cronbach's a = .98, and in this study, Cronbach's a = .93.

2.3.3. Sense of Care Efficacy

For the caring efficacy scale, a self-reported caring efficacy scale (Form B) developed by Coates. C. J. [36] was modified and supplemented and translated by Jeong J. O. [37]. The tool consists of a total of 30 questions, with 15 positive and 15 negative questions, and is a 6-point Likert scale ranging from 6 points for “very much so” to 1 point for “not at all”. In Jeong J. O. [37]'s study, Cronbach's a = .98, and in this study, Cronbach's a = .86.

2.4. Data Collection Methods

This study was approved by the Institutional Bioethics Committee of A University (IRB No. 2-7008132-A-N-01), and the data collection period was from December 01 to December 30, 2022. After obtaining permission

from the department heads of the four schools, the researcher personally visited each school, explained the purpose of the study to students after class, provided URLs, and collected data anonymously online. In the online questionnaire, the anonymity of the data was guaranteed by allowing the self-report questionnaire to be completed after checking consent for participation in the study. For the ethical protection of research subjects, the purpose, necessity, and process of the research were explained to the subjects before data collection, and while filling out the questionnaire, it was explained that they could withdraw at any time if they did not want to participate anymore in the study. Consent to participate in the study was obtained and the subjects were assured that their personal information will not be used for any purpose other than the research purpose and that their data will remain confidential.

2.5. Data Analysis Method

The data collected in this survey were analyzed using the SPSS 23.0 for windows statistical program, and each analysis method is as follows. The general characteristics, caring needs, compassion, and caring efficacy of nursing students were calculated as frequency, percentage, average, and standard deviation. Independent sample t-test, one-way analysis of variance, and post-hoc test with Scheffe were conducted for differences in caring efficacy according to general characteristics of nursing students. Pearson's correlation analysis was conducted to find out the correlation between caring needs, compassion, and caring efficacy among nursing students. For the mediating effect of compassion in the relationship between the subject's caring needs and caring efficacy, multiple regression analysis was performed according to the 3-step procedure of Baron. R. M. & Kenny D. A. [38], and the significance of the mediating effect was confirmed by the Sobel test.

3. RESEARCH RESULTS

3.1. General Characteristics of Subjects

Table 1 shows the general characteristics analysis results of the subjects. The average age was 22.4 years old, and 84.0% (n=326) were female and 16.0% (n=62) were male. As for grades, 3rd graders accounted for the most with 32.7% (n=127), 3rd and 4th graders who experienced clinical practice accounted for 56.2% (n=218), and 60.1% (n=233) did not have a religion. Most of the students' pocket money was about 500,000 won per month. As for the type of residence, 47.4% (n=184) lived alone, and more than 70% of the students stayed away from home, including dormitories. The motivation for applying to the department of nursing was aptitude and interest (30.7%, n=119), which was the highest, followed by high employment rate, professional occupation, parental recommendation, and high school grades in order. Regarding whether or not there was practical training, 58.2% (n=226) of students experienced practical training, and they wanted to work in a hospital (88.4%, n=343). 65.2% (n=253) responded that their grades were average, and 81.2% (n=315) had experience participating in volunteer activities, their health was above average, and their interpersonal relationships were 4.0. Satisfaction with major was 3.59 points, and satisfaction with clinical practice for students who had experience participating in clinical practice was slightly low at 3.07 points.

Table 1. Characteristics of the subject

		N=388
variables	category	n(%), M±SD
age		22.44±3.68
sex	male	62(16.0)
	female	326(84.0)
grade	1	67(17.3)
	2	103(26.5)
	3	127(32.7)
	4	91(23.5)
religion	yes	155(39.9)
	no	233(60.1)

Motive	considering high school grades	19(4.9)
	suggestions from parents or friends	60(15.5)
	high employment rate and overseas expansion	113(29.1)
	aptitude and interest	119(30.7)
	for a profession	66(17.0)
	etc	11(2.8)
Pin money	200,000 less	63(16.2)
	300,000	88(22.7)
	400,000	83(21.4)
	500,000	91(23.5)
	over 600,000	63(16.2)
residence	Main house	112(28.9)
	dormitory	92(23.7)
	Living on one's own	184(47.4)
hands-on experience	yes	226(58.2)
	no	162(41.8)
Hope course	hospital employment	343(88.4)
	Nursing public official	34(8.8)
	etc	11(2.8)
record	top(mean A)	66(17.0)
	middle(mean B)	253(65.2)
	lower(mean C)	69(17.8)
Volunteer	yes	315(81.2)
	no	73(18.8)
state of health	1 ~ 5points	3.88±.79
human relationship	1 ~ 5 points	4.00±.65
Major Satisfaction	1 ~ 5 points	3.59±.75
Satisfaction with clinical practice(N=226)	1 ~ 5 points	3.07±.95

3.2. The Degree of Caring Needs, Compassion, And Caring Efficacy of the Subject

The degree of caring needs, compassion, and caring efficacy of the subjects are shown in Table 2. The subject's need for care was 3.84 ± .64 points, and among the sub-items, the need for 'listening' was the highest at 4.10 ± .64 points, the demand for ' noticing ' was the lowest at 3.57±.52 points. Compassion was 3.20±.78 points, and caring efficacy was 4.17±.56 points.

Table 2: Degree of caring needs, compassion, and caring efficacy of the subject

			N=388	
variables	category		M±SD (range)	
caring needs	Total caring needs		3.84±.64(1~5)	
	active listening	listening	4.10±.64	3.91±.62
		comforting	4.02±.72	
		sharing	3.90±.70	

		participating	4.02±.76	
	forgiving & accepting	forgiving	4.02±.68	3.97±.63
		accepting	3.86±.70	
	Complimenting & hoping	complimenting	3.92±.79	3.79±.74
		hoping	3.71±.76	
	noticing		3.57±.82	
	companioning		3.89±.78	
compassion			3.20±.78 (1 ~ 5)	
caring efficacy			4.17±.56 (1~ 6)	

3.3. Differences in Caring Efficacy According to General Characteristics of Subjects

Table 3 showed the caring efficacy according to the characteristics of nursing students, and there was a significant difference in the motivation to apply to the Department of Nursing (F=3.127, p=.009). The students' caring efficacy was lower than the students who responded with other support motives. In addition, there was a significant difference in grades (F=6.509, p=.002) and presence or absence of volunteer work (t=1.932, p=.050). In particular, students with high scores were more likely to have caring efficacy that students with middle or low scores. In addition, in volunteer activities, the score of care efficacy was higher than that of students without volunteer experience. Health status, interpersonal relationships, and major satisfaction also appeared to have a statistically significant correlation with care efficacy (r=.128, 338, .265, p=.012, .000, .000). Therefore, there was a difference in care efficacy according to the motivation for applying to the department, grades, volunteer activities, health status, interpersonal relationship, and major satisfaction of nursing students.

Table 3: Differences in caring efficacy according to the characteristics of the subject

		N=388		
variables	category	M±SD	t or F/r	P(Scheffe's)
age		22.44±.56		
sex	male	4.17±.61	.111	.912
	female	4.16±.55		
grade	1	4.19±.58	1.102	.348
	2	4.14±.49		
	3	4.11±.62		
	4	4.25±.54		
religion	yes	4.20±.58	.846	.398
	no	4.15±.55		
Motivation for applying to the Department of Nursing	considering high school grades	4.15±.50	3.127	.009 b<a,c,d,e<f
	suggestions from parents or friends	4.01±.53		
	high employment rate and overseas expansion	4.08±.60		
	aptitude and interest	4.26±.52		
	for a profession	4.22±.57		
	etc	4.54±.52		
Pin money	200,000 less	4.14±.56	.257	.905
	300,000	4.13±.60		

	400,000	4.19±.50		
	500,000	4.20±.54		
	Over 600,000	4.15±.62		
residence	self	4.11±.56	.757	.470
	dormitory	4.20±.58		
	cooking food for oneself	4.18±.56		
hands-on experience	yes	4.16±.58	-.080	.936
	no	4.17±.54		
Hope course	hospital employment	4.18±.55	1.744	.176
	Nursing public official	4.02±.62		
	etc	4.00±.63		
record	top(mean A)	4.37±.54	6.509	.002 b,c<a
	Middle(mean B)	4.15±.56		
	lower(mean C)	4.04±.55		
Volunteer	yes	4.19±.54	1.932	.050
	no	4.05±.64		
state of health	1 ~ 5points	3.88±.79	.128	.012
human relationship	1 ~ 5 points	4.00±.65	.338	.000
Major Satisfaction	1 ~ 5 points	3.59±.75	.265	.000
Satisfaction with clinical practice (N=226)	1 ~ 5 points	3.07±.95	-.094	.160

3.4. Correlation Between the Subject's Caring Needs, Compassion and Caring Efficacy

The results of the correlation between the subject's caring needs, compassion, and caring efficacy are shown in Table 4. Caring efficacy showed a weak positive correlation with caring needs (r=.165, p<.001) and compassion (r=.201, p<.001), and caring needs and compassion (r=.338, p<.001) also showed a weak positive correlation.

Table 4: Correlation between the subject's caring needs, compassion, and caring efficacy

			N=388
variables	caring needs	compassion	caring efficacy
	r(p)	r(p)	r(p)
caring needs	1	-	-
compassion	.338(.000)	1	-
caring efficacy	.165(.001)	.201(.000)	1

3.5 The Mediating Effect of Compassion in the Relationship between the Subject's Caring Needs and Caring Efficacy

The results of confirming the mediating effect of compassion in the relationship between the subject's caring needs and caring efficacy are shown in Table 5 and Figure 1. To diagnose multicollinearity between independent variables before checking the mediating effect, the tolerance limit and variance expansion factor were checked. Results show that the tolerance limit was 0.34 to 0.88, which was over 0.1, and the variance expansion factor (VIF) range was 1.00 to 1.13, which was less than 10. It was found that there was no

multicollinearity. The autocorrelation of the dependent variable showed a Durbin-Watson value of 2.01, confirming that it was independent without autocorrelation. The normality test of the residuals was statistically significant (Z=2.00, p=.000), indicating that the regression model was suitable.

To identify the mediating effect of compassion in the relationship between care needs and care efficacy, the results of Baron & Kenny's [38] 3-step verification procedure are as follows. As a result of the first-stage regression analysis, the independent variable, caring needs, had a significant effect on the parameter, compassion (β=.338, p<.001), and in the second-stage regression analysis, the independent variable, caring needs, had a significant effect on the dependent variable, caring efficacy. It was identified as a significant factor in efficacy (β=.044, p<.001). In the 3rd stage regression analysis, the mediating effect was verified as compassion, a parameter, had a significant effect on the dependent variable, caring efficacy (β=.038, p=.002). In addition, the independent variable, caring needs, had an effect on the dependent variable, caring efficacy, and the non-standardized coefficient (B) decreased from 0.145 in the second stage to 0.46 in the third stage. Next, as a result of conducting the Sobel test to verify the significance of compassion, it was found that compassion was a significant partial parameter in the relationship between the subject's caring needs and caring efficacy (Z=2.00, p=.002).

Table 5: The Mediating Effect of Compassion in the Relationship between Caring needs and Caring efficacy

Variables	B	SE	β	t(p)	R2	F(p)
1. caring needs → compassion	.411	.058	.338	7.052 (.000)	.112	49.736 (.000)
2. caring needs → caring efficacy	.145	.044	.165.	3.281 (.001)	.025	10.765 (.001)
3. caring needs, compassion → caring efficacy	.119	.038	.165	3.120 (.002)	.046	10.370 (.000)
	.096	.046	.109	2.069 (.039)		
Sobel test: Z =2.00,p =.002						

4. DISCUSSION

This study was conducted to confirm the effect of caring needs and compassion on caring efficacy of nursing students, and to investigate the mediating effect of compassion in the relationship between caring needs and caring efficacy. In this study, the need for care of nursing students was 3.84 points, indicating that there was a need for interpersonal care behavior at a moderate level or higher. Among the sub-domains, the demand for ‘listening’ was the highest at 4.10 points. This means that when nursing students express their opinions verbally, they most demand that they actively listen carefully while examining the meaning. Among the sub-domains of interpersonal caring behavior, the demand for ‘noticing’ was the lowest at 3.57 points, which means that they do not expect understanding in all areas by observing even subtle changes with individual interest. These results support the fact that ‘listening’ was reported as the highest need for care in a study conducted on nurses [32,39] and nursing students [40]. This means that nursing students who receive attention, support, and recognition due to their professor's caring behavior are positively affected [13], and that the care experience received by nursing students improves their confidence as a nurse and affects nursing performance, and in the clinical field[14]. It was confirmed that instructors should first serve as models for active listening so that they can improve their clinical performance by actively listening to the opinions of nursing students. Therefore, a follow-up study on the relationship between instructors' listening competencies and nursing students' care efficacy will be needed. In particular, unlike the teaching method that emphasizes cognitive and intellectual content, clinical practice education requires active listening by nursing instructors through individual guidance with nursing students. The learning environment and conditions to increase the sense of efficacy should be considered.

In terms of interpersonal care that nurses actually provide to patients in clinical practice, 'listening' was the highest, and 'accompanying' was reported to be the lowest [39, 41]. As a result of this study, nursing students' demand for 'noticing' was low, but in previous studies [32,39, 40], the demand for 'accompanying' was low,

indicating a difference from the results of this study. This reason is expected to be related to the difference in measurement tools, individual characteristics, and data collection period. Nursing students, however, are interested in observing the patient's strengths, characteristics, status in front of others, moods, interests, or wishes; paying attention to changes in appearance or situations and reactions; and paying attention to people. It is necessary to increase the capacity of 'noticing' to approach with kindness and help in need. Therefore, additional research is needed on the application period and teaching method of the competency enhancement education program of 'noticing' for nursing students provided in the curricula of nursing education.

Indent this study, the degree of compassion of nursing students was 3.20 points, which was slightly higher than the 2.80 points of Duarte, J., Pinto-Gouveia. J., & Cruz, B. [42], a study of nurses, and 3.30 points of Nam J. H. & Park .H. S.[43], a study of nursing students. This seems to have shown different results depending on the environment they experience, such as the characteristics of the subjects and the data collection environment, and there is a need to conduct repeated studies after the disruption caused by COVID-19 ends. Compassion showed a positive correlation with caring needs. A high need for care can be interpreted as a high need for altruism and social relationship formation [43]. Compassion helps to understand the patient's mind during nursing [44], so a training method that can promote compassion for nursing students is needed. It is reported that compassion is effective in reducing anxiety [45], so it is thought that promoting compassion can help maintain physical and psychological health and improve the quality of life of nursing students..

In this study, caring efficacy was measured by nursing students' self-report, indicating their confidence in whether they would be able to care well as nurses in the nursing field. Caring efficacy was 4.17 out of 6 points, which was similar to the score reported in a previous study on nursing students [44], but higher than the results of a study on social workers [46]. This is meaningful in nursing education by comparing and analyzing caring efficacy with the other jog group with the same tool, and it is considered that repeated research is needed in the future. It is necessary to expand the awareness of nursing students' care in nursing education and clinical practice education to improve the quality of patient care [47], and the nursing academic community is also strengthening the improvement of behavior and awareness of care while emphasizing the importance of nursing competency [48][53]. Based on the results, there was a significant difference in caring efficacy, and when nursing students applied for nursing as a major, they showed the lowest caring efficacy when they chose nursing with the recommendation of their parents or surroundings. The students' sense of caring efficacy was high with a significant difference. These results are thought to have had a significant impact on university life satisfaction and major satisfaction. Nursing students' self-selection of nursing and participation in various volunteer activities help improve interpersonal relationships, which is thought to have influenced the results of high caring efficacy according to major or university life satisfaction. Since caring efficacy indirectly supports the previous study [2] that social psychological health status and social support increase caring efficacy, it should be considered for nursing student caring efficacy improvement education. In addition, it was confirmed that subjective health status also affects caring efficacy, so guidance considering health management of nursing students is needed. On the other hand, satisfaction with clinical practice was not found to have a significant relationship with care efficacy, showing a difference from previous studies [49] which reported that caring efficacy of nursing students was the most influential factor on satisfaction with clinical practice. It is difficult to make a detailed comparison as there are not many studies examining nursing students' caring efficacy.

Lastly, it was found that the factors influencing the caring efficacy of nursing students had an effect on both caring needs and compassion. Since caring efficacy affects positive modeling of nurses in clinical nursing settings [50] and promotion of critical thinking in clinical practice [40], In order to increase care efficacy, it is necessary to prepare a human care education program course that satisfies the care needs of nursing students and enhances the care competency of nursing students.

Compassion can increase the happiness and quality of life by accepting oneself as it is and treating oneself warmly by recognizing that one's pain is not the pain of one's own through compassion for others and self-pity, but is a universal experience experienced by most people [49]. When self-compassion is expanded, it can be expanded to compassion for others as well as for oneself [51]. Therefore, self-compassion is also helpful in understanding patients in patient care [44] and effectively improves interpersonal relationships [52], so it is a very necessary element for nursing students. As such, in the nursing education course, careful efforts are needed

to create a practice environment so that student nurses can learn and learn care to enhance their caring efficacy. It is suggested that the nursing education course should prepare an educational program to improve the quality of life and caring efficacy by identifying the caring needs of nursing students and improving compassion.

5. CONCLUSIONS AND SUGGESTIONS

This study was intended to provide basic data for improving caring efficacy by confirming the relationship between interpersonal caring needs, compassion, and caring efficacy of nursing students who need to increase care performance skills through the nursing education process. The subjects of the study were 388 students enrolled in nursing departments from four universities located in Chungcheongnam-do, and among them, there were 228 who experienced clinical practice, and the nursing students' needs for care were above the middle level, and the demand for 'listening' was the highest while the demand for 'noticing' was the lowest. The characteristics that showed differences in the caring efficacy of nursing students were confirmed by department application motivation, grades, volunteer activities, health status, interpersonal relationships, and major satisfaction. In addition, caring efficacy was positively correlated with both caring needs and compassion, and compassion was found to have a mediating effect between caring needs and caring efficacy. Through this study, it is necessary to develop an educational program that can enhance the interpersonal care behavior of nursing students, and additional research is needed on the application period and teaching method of the interpersonal care education program for students based on the nursing college curriculum. Furthermore, in order to increase nursing students' sense of care efficacy, it is suggested to identify various variables that affect based on student characteristics by age.

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