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The Concept of “Care” as Perceived by Greek Nursing Students: a Focus Group Approach

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Abstract

Background: Care is a basic concept of nursing. Despite the universality of the phenomenon of care, a worldwide accepted definition does not exist. There is also a dispute about the perception of the carer's role within the framework of personal and professional relationships. Caring for people embraces moral norms and values, a desire, and a dedication to this purpose.

Aim: To explore and understand nursing students' perceptions regarding the concept of care.

Method: A focus group approach was implemented. An especially designed instrument was used which included questions for eliciting the participants' social and demographic characteristics as well as open-ended questions for capturing the students' understanding of the concept of care.

Results: The categories and subcategories that emerged from the data are: "Care as an emotional offer", "Care as a service", "Care as a bodily and psychological support", "Care of an individual or a group", "Care as a constant phenomenon".

Conclusions: All aspects of care are necessary in order to cover the full range of human needs for care.

Key Words: care; caring; Greece; nursing students

Background

Caring is a universal phenomenon and is rooted in the primitive societies where women cared for children and other dependent members of the family. The women's involvement in matters of care is found in all cultures and the modes of its expression are driven by the dominant philosophical context of each era (Maclean, 1974; Sapountzi et al., 1992; Sapountzi-Krepia, 2000).

The term "Nursing" is highly connected to the concept of "care" as nurses provide nursing care in order to help people promote and maintain their health as well as to care for individuals and families during illness, disability, and ordeal (Sapountzi-Krepia, 2001). Nevertheless, Leininger (1988a), characteristically states that care is not exclusively a property of nursing, but is a universal phenomenon that occurs with variations in all human cultures.

Fawcett & Malinski (1996) support that care is a basic conceptual element of nursing. Although as a concept is not exclusively a phenomenon that belongs to the nursing field,

whereas, until now, there is not a precise and unanimously accepted intercultural definition of care.

In the late 1970s, nurses realized that they had to study the humanitarian roots of their profession, which are associated with the "birth" of the nursing profession itself (Sapountzi-Krepia, 2001). Gradually, nurse researchers began to discuss the need to determine and document through research the meanings of the words "care" and "caring", since care is a key element of nursing (Achterberg, 1990; Leininger, 1988a; Leininger, 1988b; Carper, 1979; Davis, 1986; Morse, 1983; Dunlop, 1986).

Despite the universality of the phenomenon of care, a universally accepted definition does not exist, while there is a real dispute about the role of the person providing care within a framework of personal and professional relationships. In a philosophical analysis of the concept of care Noddings (1984) points out that the motive of those who provide care is to remove or alleviate the pain and discomfort of those who they care for. Gilligan (1982) sets the concept of care within an ethical

framework emphasizing that care is associated with a sense of morality and duty, which women have innate, while Ray (1987) argues that care is directly related to maturity, technical skills, interpersonal and communication skills, and a sense of morality that the person who provides the care possess.

However, as pointed out by Swanson (1991) a universal definition for the concept “care” has yet to be found and there are many conflicting views regarding the meaning of “caring” in interpersonal and professional relationships. Leininger (1988b) defines caring as an action to assist or support a person or a group to meet overt or anticipated needs in order to improve the conditions and the style of life. Intending to emphasize the importance of care, Leininger (1988a) argues that the actions and the decisions related to people’s care make a crucial difference and produce therapeutic effects.

Watson (1985) argues that the concept of caring embraces also the concept of nursing, indicating characteristically that caring is the moral ideal of nursing because it contains the protection, the enhancement and the preservation of human dignity. Caring for people embraces moral norms and values, a desire and a dedication to this purpose.

Sobel (1969) defines human care as the feeling of care, respect and count another human being who appears among humans, while Roach (1984) claims that the human way of being contains in itself the capacity to care, the inclination for providing care to yourself and to others, the response to needs, and activation of the ability to care through specific actions.

Mayeroff (1971) describes caring as a process, a way of relating with another person that involves development over time through mutual trust as well as deepening and qualitative development of the relationship of the people who receive and provide care.

Study aim

This study aims to explore and understand nursing students’ personal attitudes, beliefs and experiences regarding care.

Ethical Issues

The present study was approved by the Administrative Body of the Nursing Department of the Alexander Technological Educational Institute of Thessaloniki, Greece. A written informed consent was obtained from each participant after assuring them about confidentiality and anonymity issues in all phases of the study. Also, the participants were informed about their right to voluntary withdrawal from the study.

Methodology

The study was conducted with the use of a focus groups approach, since it was designed to obtain in-depth information about what is the nursing students’ understanding of “care”.

Instrument

An especially designed questionnaire with questions for eliciting sociodemographic data and five open-ended questions was used. In order to capture the participants’ perceptions of the concept of care, they were asked to express freely their opinions and thoughts as fully and deeply as possible, until they had nothing more to say.

Participants and data collection

Three focus groups were conducted with a total number of 24 subjects.

Interviewees were recruited among the final-semester students of the Nursing Department of an Institute of Higher Education in Northern Greece by using the purposive sample technique.

The participant nursing students were in internship in three different hospitals of a major city of Greece.

The first group consisted of nine participants (6 women and 3 men), the second group included eight participants (8 women) and finally the third group consisted of seven participants (6 women and 1 man).

The focus group discussions took place during February-May 2008. Each focus group session lasted from 40 to 50 minutes. The focus group discussions were carried out in the Greek language and were all audio-taped.

Before starting the focus group sessions, the participants filled out a short questionnaire with questions regarding their educational and demographic characteristics. Explanations about the focus group process were given by the researcher in each focus group.

Further information regarding the purpose of the study, the anonymity of the subjects and

the voluntary nature of the subjects' participation was also provided.

Data analysis

The audio taped focus group discussions were carefully transcribed verbatim in Greek. Transcripts were analyzed by two researchers by using the method of qualitative content analysis (Burns & Grove, 2005). The transcripts were repeatedly read by the two researchers and each one of them independently made lists of categories and subcategories by classifying the participants' responses. Next, the two researchers formulated a mutually accepted final list which included five main categories reflecting the students' perspectives about the phenomenon of care. Those five categories were divided into subcategories. The final list used for the data analysis is illustrated in Table 1.

Table 1. Categories and Subcategories emerged from the content analysis of the subjects reflections to the questions related to the term caring

	CATEGORY	SUB-CATEGORY
What is caring	Care as an emotional offer	A) Love B) Concern C) Sensitivity D) Touch
	Care as a service	A) Professional duty B) Moral obligation C) A professional routine
	Care as a biological and psychological support	A) Emotional support B) Bodily support
	Care is caring activities provided to an individual or a group	A) Care for an individual B) Care for a group
	Care as a constant phenomenon	A) A life-long experience in the family B) Lifelong interaction and commitment C) Generalized phenomenon

Results

Demographics

The sample consisted of 24 participants, 20 (83.3%) women and 4 men divided into 3 groups (A: 6 women and 3 men, B: 8 women, C: 6 women and 1 man). The mean age of the participants was 23.5 years (range 21-25).

In the following pages the categories and subcategories that emerged from the data analysis and quotations of the participants' answers are reported.

1. Care as an emotional offer

According to the participants, emotional offer is interpreted as love, concern, sensitivity, touch. Care is:

a) Love

...the love you have for someone else ...
...to offer, but you must love each other...
...care equals love...

b) Concern

...to show your affection to the other person...
...to care about the person ...

c) Sensitivity

...must come from within you, the sensitivity... that you care for...
...a smile makes him feel pleasantly...
...touching someone emotionally...
...above all is the offer with sensitivity and care ...

d) Touch

...even a caress; a hug will give him what he wants...
...care for me is to fondle ...
...care may be a touch...

2. Care as a service

The participants also mentioned that care may be provided by obligation, habit, drudgery, or routine. Some examples are:

a) Professional duty

...care is also a professional duty...
...answering to a patient doesn't mean that you care for him, just being obliged...
...you are obliged to provide the care they need, because that's your job...

b) Moral obligation

...care is a moral obligation...
...care is to offer our services to others who need our services... is our moral obligation...

c) A professional routine

...after a while it becomes a habit... maybe the professional becomes more humane...
...you can like one patient and not another, but you are obliged to provide the care needed as a routine ...
...let's think a bit the profession that we will pursue, it doesn't mean that we always cherish feelings for all the patients... at the beginning it pretty much happens because of sensitivity and then it involves routine...

3. Care as physical and psychological support

According to the dual nature of care, the participants express two sides. They understand care as both physical and psychological support. The physical support includes the fulfillment of basic physical needs, while the psychological support provides mental relief. The participants mention the following:

a) Physical support

...care of a person... is to help people do things relating to self-care that they could not do by themselves...

...give him the wheelchair, dress him, wash him ...

...provide care to people who cannot for example wash their hair...

...systematic care of a person that cannot cover their fundamental physical needs...

b) Psychological support

... in order to understand if the care that we provide was really effective we should focus especially on the patient's psychology...

...you should listen to the pain of others...

...you should give empathy... comfort... hope...

...advise him, you will give him courage...

...sit next to him in order to talk to you...

...when you take care of another human you feel compassion... you become a better person...

...the long-term preoccupation with caring often softens the people and activates the good side of their personality...

4. Care as caring activities provided to an individual or a group

The participants mention offering and generally caring not only for those who cannot satisfy their needs, but generally to all people. They characteristically mention:

a) Care of a person

...care in not only nursing, but is also the care of a baby or an elderly within the family or the social circle...

...care for another person for what is needed... to provide all or some of what a person needs...

b) Care of a group

...care in not needed only by people who have a health problem... is also necessary for protecting vulnerable groups...

...natural disasters, wars... all people in need as groups...

...care is helpful for groups regardless if they are family members or friends or neighbors... is a natural human act...

5. Care as a constant phenomenon

Finally, many nursing students mentioned the constant form of care. It appears in the family, at school, in the community, and generally everywhere.

Participants expressed the following views:

a) A life-long experience in the family

...assuming that a child needs help in studying, the parents will help...

...care, was offered to me by people... my parents, grandparents...

...care mainly starts from the family, from the moment a child is born; the mother cares... the older siblings care for the younger...

b) A lifelong interaction and commitment

The child receives care and advice from the grandparents and the uncles... this affects the child's behaviour regarding the supply and return of care.

...families take care of the chronically ill, the disabled and the elderly something that has to do with the bonds of love that connect them...

...at home the relationships are interrelated, since care is offered both by the parents and the children... the siblings and even the members of the extended family take care of each other in difficult times...

c) Generalized phenomenon

...various professionals provide care... the teachers, the doctors, the nurses, and the social workers provide care in various phases of human's life....

...we generally provide care to our fellow man, to our brother, to our people, anywhere...

Discussion

The participants described a multidimensional concept of care. This resulted in five major categories and further subcategories relying on the participants' perceptions. This is not unusual; Thorne et al. (1998) argue that the difficulty of defining the concept of care is due to the variety and the diversity of the individuals' views on the phenomenon of care, the terminologies used, and by the skepticism about the influence and impact that can have a unique definition of care.

Moreover, according to the theory of Carper (1978) and the effort that she made to determine the term "care", the concept of nursing knowledge drastically affects care and the way it is provided. Thus, the personal-experiential, the aesthetic, the moral, the empirical and the sociopolitical aspect of nursing science mediate in the provision of care.

This emerged from the data. The nursing students, although they were not informed before the focus group sessions about Carper's theory for care and nursing, nor it was included in their study programme, they classified care into the same conceptual dimensions with the theorist.

It was argued by the participants that care means love and in order someone to offer care must nurture feelings such as compassion and understanding for others. This finding is consistent with the statements of other authors such as Dowling (2004) who supported that there are two different types of love, namely "agape" (altruism/charity) and "filia" (brotherly love) which are utilized in nursing.

Watson also (2003) argues that some meanings such as "ethics of face," the

"infinity of the human soul," and "holding another's life in our hands" are connected with the practice of love and caring, as a means to sustain the nursing humanity but also the nursing profession.

In addition, the participants mentioned that care is touch which is congruent with the argument of Brilowski & Wendler (2005) that caring as an action includes touch as well as presence and competence.

The care provided by the professionals, even though it can be started with the feeling that they care for the patient and they really want to pamper him, because they feel understanding and concern for his condition, it can later be converted into routine due to daily and long-term contact with patients.

This is common in the nursing profession due to professional burnout and due to the emotional labour that nurses feel. As reported in previous studies "most nurses experience emotional labour as they realize that the actual feelings are not consistent with the caring emotions they should experience professionally" (Huynh et al, 2008).

Another point made by the participants was that there are both physical and psychological aspects of care. In physical care they included personal care, supply of goods, and protection. In psychological care they included love, interest, tenderness, sensitivity, affection, and offer towards another person.

The participant students consider care as a holistic phenomenon and this is consistent with Henderson's theory. This theory supports that nurses should care for sick people holistically and should recognize that health is multidimensional (Strout 2012). It is possible that the participants were influenced by the knowledge of this

theory and therefore they categorized care in this concept.

Finally, the participants stated that care is an every day and continuous phenomenon for every person, and not only towards those who need care, such as children, dependent people, disabled, elderly or patients. Care is something that follows the human existence from birth to death. This resemble Henderson's definition for nursing "The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge (McEwen & Wills 2002).

Almost everyone cares for someone on a daily basis, for oneself and for others, but everything starts with oneself. Care appears in the form of a dynamic continuum, because it exists in everyday life. It can be met in various aspects of human life. This is consistent with Fawcett's (2005) argument that nursing is an interactive, relational and holistic action that focuses on health and human beings and also is a system, a force that protects, promotes, supports, assists and intervenes (Fawcett 2005).

The participant students also stressed the continuum of care which is an important concept in nursing although it is not always mentioned. The Joint Commission (2004) defines the continuum of care "as matching an individual's ongoing needs with the appropriate level and type of medical, psychological, health, or social care or service within an organization or across multiple organizations". The continuum of care includes health promotion, ambulatory care, acute care,

tertiary care, home health care, long-term care, hospice and palliative care (Finkerman & Kenner)

Conclusions

This qualitative study revealed that the concept of care includes both the individual and the environment, composing a structure of responses that comply with the view of Kuhn (1977) and the subsequent metasyntheses of Donaldson & Crowley (1978) and Gortner (1980).

In conclusion, a combination of all the above mentioned aspects of care is necessary in order to cover the full range of human needs and the involvement of caring in everyday life.

The conceptual approach of "care" raises the position that the philosophy of nursing science is based on universal ideas and values, the compliance of the practitioner nurses which ensures high quality in provided care and promotes the nursing work in the interest of both the individual and the society.

It is important to conduct a similar study with professional nurses in order to investigate how they realize the concept of nursing care.

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