

Original Article

Nursing Students' Perceptions of Caring: A Qualitative Approach

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Abstract

Background: Caring represents an essential human need and, although it is difficult to define and is not unique to nursing, it is supported that it is central to nursing.

Aims: The current study aims to explore nursing students' perception of caring and provide useful information for nursing education.

Methodology: A qualitative approach was used. Questionnaires were distributed to students of all four study years of a Nursing Department of a Cypriot University. Data were analysed by content analysis.

Results: Participants provided a description of their perception of caring which included the meaning of care as help, offer, health maintenance, disease prevention and health promotion, provision of services as well as, biological and psychological support.

Conclusions: Clarifying the meaning of caring can contribute to better provision of nursing care. Therefore, educators may use the results of the current study in order to find the proper interventions in education, which should include not only the theoretical background, but also the professional tools, which will help students to care in clinical practice.

Keywords: caring, concept of care, Cyprus, nursing students, qualitative research

Background

Caring represents an essential human need (Patistea, 1999). For as long as there has been human life and interactions, there has been a constant need for care and comfort to fellow humans inflicted by injury or suffering from an illness (Theofanidis & Sapountzi-Krepia, 2015).

The concept of caring is fundamental to our understanding of human nature. It denotes a primary mode of being in the world, which is natural to us, and of significance in our relationships with others, and also in relation to ourselves (Griffin, 1983). Although it is difficult to define caring (Khademian & Vizeshfar, 2008) and caring is not unique to nursing (Watson et

al., 2003), many authors support that it is central to nursing (Leininger, 1988; Watson, 1988; Crowden, 1994; Patistea, 1999; Sapountzi-Krepia, 2013). However, our knowledge about caring is mainly on a philosophical level (Andersson et al., 2015). Meleis (1997) supports that emphasis on caring as being the essence of their profession will allow nurses to sustain their request to be better rewarded for their services. It is up to nursing as a profession to decide what kind of concept of caring will work to support, for the benefit of the giver as well as the receiver of care (Griffin, 1983).

Caring as a concept is a universally acknowledged element that lies at the very centre of the scope of nursing (Sapountzi-Krepia et al., 2013). Over the last decades, the concept of caring has been a staple of research studies and papers on nursing. Authors and theorists alike argue that caring per se is the crux of nursing (Leininger, 1988; Watson, 2005) and are of the view that nurses can improve the quality of caring once they acknowledge the power of caring for every human being (Boykin & Schoenhofer, 2001). They incorporate new aspects into their already existing caring skills, dimensions, such as those pertaining to spirituality (Watson, 2005) or culture (Leininger, 2006). Corbin (2008) supports that healing from illness is more than just proper medical attention, requiring a certain “something” that touches the humanness and vulnerability of persons who are ill, and that something is caring. Adams (2016) argues that caring has remained the art and science of nursing’s essence through time and into today’s practice, in spite of some perceived fears of its loss, and thus, the construct of caring is still critical to the nursing profession and nurses should help ensure that caring in nursing remains at the forefront of nursing practice.

The concept of caring is shaped by a combination of actions and intuitions that allows a nurse to skilfully read any signs suggesting that the health of people they tend to is improving or deteriorating (Pepin & Cara, 2001). Caring also refers to accommodating and supporting a person with respect to one’s values, convictions, way of life, and culture (Leininger, 1988; Watson, 2005). Thus, caring is a shared experience during which the sense of “being” is expanded (Boykin & Schoenhofer, 2001). Caring is not a passive, static set of interventions occurring in isolation and without a strong connection to the context in which it occurs (Andersson et al., 2015).

In interpreting the concept of caring, the relational dimension of care is a key factor. Indeed, nurses and their clients enter into a relational process which comprises many more things than what a human person performs in order to cater for somebody else’s needs. Furthermore, there is consistent developing mutuality (Benner & Wrubel, 1989; Boykin & Schoenhofer, 1993; Cara, 2001; Swanson, 1991; 1993; Watson, 1988; 2005). This shared experience in the relations between nurses and their clients is present in the literature and confirming not only a therapeutic aspect, but also a feature of mutual interdependence that varies on account of this reciprocity (Cara, 2001). It is known that patients’ perception of nursing care is imperative in the evaluation of nursing care quality and, therefore, patient satisfaction can be measured by the patients’ perceptions of nurses’ caring behaviours (Doran, 2011).

Another component that is universal in theories referring to the concept of caring is paying tribute to humanitarian values that define care (Cara, 2001; 2003; Leininger, 2001; 2002; Watson, 1988; 2005). In this way, respect for the person treated as a unique being who has personal life values becomes crucial for his/her nurse (Cara, 2001). It is not possible for nurses to adopt an approach to the concept of caring without understanding what the people they tend to experience and what is their clients’ perception of their state of health. Hence, the concept of caring refers to a genuine honest presence that has six elements: compassion, competence, confidence, conscience, commitment, and comportment (Roach, 2002).

The concept of caring may include moral and social ideals (Griffin, 1983). Larson and Ferketich (1993) define caring as a tendency to combine physical treatment and empathy as well as promoting a sense of safety in others. Literature identifies two basic elements of the concept of caring occurring in nursing: an instrumental/measurable one and an element by means of which this caring is manifested (Clifford, 1995). Brilowski and Wendler (2005) identify nursing care as consisting of behavioural patterns that refer to action, relationships, mentality, acceptance, and variability. Patistea (1999) summarised all theoretical approaches reflecting nurses’ perception of caring in three categories: anthropological, philosophical, and psycho-social; Griffin (1983) alleges that the concept of caring seems to be extended along a

continuum which starts with showing interest and care and is completed with respect, empathy, supervision, protection and catering to one's needs. As Griffin (1980) further argues, the concept of caring is made up of two main components: activities and emotions/behaviours inherently co-existing with them. According to Lavdaniti (2014), care includes love shown to patients, respect of human rights and dignity, support and honesty towards patients and their families and sound cooperation with other health professionals.

Nurses see caring under the prism of its psychosomatic and professional/technical dimensions, plus aspects that have yet to be explored (Lea et al., 1998). Likewise, Woodward (1997) assumes that the idea of caring consists of two parts: an instrumental one, which is associated with physical and technical concepts, and an expressional one, which is concerned with the psycho-somatic and emotional needs of clients. The meaning of caring may be interpreted in terms of the human being's responsibility, as maintaining trust, confidence and love in life for the benefit of the patient (Hemberg & Kaarre, 2016). Sapountzi-Krepia (2001) states that nursing is to be inextricably linked with the concept of caring, for nursing per se is inspired by a humanistic philosophy as regards to health and disease. In another study focusing on Greek nursing students, the concept of caring is described not only as an emotional offer, offer of services and psycho-somatic support, but also as care for the sake of both individuals and groups of people (Sapountzi-Krepia et al., 2013).

A longitudinal study, involving nursing students, demonstrated that following a year of formal nursing education, they cease to deem caring as different from nursing; instead, they tend to consider nursing and caring as synonymous. After two years of training, students are influenced by technical and professional skills as far as their perceptions of caring are concerned (Watson et al., 1999a; 1999b; Watson et al., 2001). Moreover, a later longitudinal study has shown that by the end of their studies, students lose their idealism about the concept of caring and espouse negatively charged views (Mackintosh, 2006). In contrast, Eklund-Myrskog's (2000) has found that upon graduation nursing students succeed in profoundly understanding the concept of care.

Although views concerning the concept of caring adopted by nursing students are seen as significant for nursing education (Begum & Slavin, 2012), the concept of caring itself is hardly the most explored issue in the field. There are studies delving into the concept of care based on qualitative methodology (Eklund-Myrskog, 2000; Kapborg & Berterö, 2003; Karaöz, 2005; Milligan, 2001), as well as studies employing quantitative methods of measuring the concept of caring by means of specially designed tools (Beck, 1999; Greenhalgh et al., 1998; Khademian & Vizeshfir, 2008; Murphy et al., 2009; Watson et al., 1999a; Watson et al., 2003). Even though both approaches contribute to understanding the concept of caring, a qualitative methodology can help to better clarify its conceptual framework (Beck, 1999). Thus, the current study will contribute to the conceptualisation of caring which is essential for nursing and health care in general.

The aim of this study is to explore, by means of qualitative research, nursing students' perceptions of the concept of caring. It also aspires to offer nursing educators useful information that can be utilised in planning curricula for nursing science studies.

Methodology

The participants were nursing students from all four study years of a Nursing Department of a Cypriot University. The data were collected using a questionnaire which included questions regarding the demographic characteristics of the participants and an open-ended question asking the participants to give their own definition of caring, without trying to remember any scientific definitions that they have read in the literature or they have been taught.

The answers to the open ended question were analysed using qualitative content analysis. The participants' answers were first carefully read by two of the researchers in order to familiarise themselves with the data and gain deep knowledge on the material under analysis. Further, the two researchers made independently a list of classification of categories. Next the two researchers discussed their lists of categories, and made any necessary adjustments in order to form a mutual final list.

Two hundred students were approached in classrooms before the start of their lectures.

They were informed by one of the researchers about the study and asked whether they wished to participate. Those wishing to participate were given the questionnaire. Participant consent was tacitly shown by completion and subsequent return of the questionnaire.

Twenty-nine of the potential participants refused to participate in the study and therefore, 171 questionnaires were distributed. One hundred and fifty questionnaires were returned by the participant students via special collection boxes in the classrooms.

Twenty eight questionnaires were excluded from the analysis because they were incompletely filled in.

Ethical Considerations

The Academic Board of the Nursing Department of the University where the study was carried out, acting as an ethics committee approved the study. All potential participants were informed about the study and they were assured that their participation would be confidential and anonymous.

Results

Participants' characteristics

The participants (n=122) were 18-28 years old with mean age 20.3 and the majority were female (n=77). The vast majority (n=121) were Greek Cypriots. The participants' demographic, social, and educational characteristics are presented in Table 1.

Table 1. Participants' characteristics

| | N | % |
|------------------------|-----|------|
| Gender | | |
| Male | 45 | 37 |
| Female | 77 | 63 |
| Marital status | | |
| Single | 114 | 93.5 |
| Married | 6 | 5 |
| Divorced | 2 | 1.5 |
| Nationality | | |
| Greek Cypriot | 121 | 98.2 |
| Greek | 1 | 0.8 |
| Year of studies | | |
| 1 st | 22 | 18 |
| 2 nd | 30 | 24.5 |
| 3 rd | 36 | 29.5 |
| 4 th | 34 | 28 |



Figure 1. Perceptions of caring

Perceptions of caring

The qualitative content analysis revealed five categories that describe the participants' perception of caring:

1. Caring as help

Many participants identify caring as providing help to the patient for the performance of self-care within daily activities (such as bath, exercise, etc). Participants described caring as:

...caring for person in need...or...helping every patient who is in need.. (P.11)

...provision of help to the family...or groups of people...(P.23)

...helping your fellow person...(P.33)

...helping somebody to avoid getting hurt...(P.62)

...activities that a person needs...(P.68)

...assistance throughout the lifetime...(P.79)

...help to everyone, without any discrimination...(P.84)

...help in all situations...(P.95)

...nursing assistance to persons...(P.102)

...helping according to the person's needs...(P.111)

2. Caring as meeting patient's needs

The perception of care was explained within the framework of taking care of, as a biological support, and meeting needs. Participants wrote:

...the services that are offered by the carer...(P.34)

...meeting the needs of the patients...(P.55)

...offering care to persons who are in need...(P.89)

...offering to persons who need us...(P.90)

...taking care of a person when sick...(P.108)

...relieving physical pain...(P.122)

3. Caring as health maintenance and disease prevention

According to the participants, caring can also be described within the context of health maintenance and disease prevention. Within this framework, participants include activities which aim at rehabilitation, disease prevention, treatment, patient's health maintenance, and family wellbeing. Participants defined caring as:

... illness prevention...(P.4)

...caring for rehabilitation and wellbeing...(P.10)

...treatment of patients and prevention of complications...(P.53)

...health maintenance...(P.88)

4. Caring as services provision

The participants refer to caring as provision of services within the framework of daily activities, mainly regarding personal hygiene as well as, health services that are provided to everybody as a daily routine. While, there are a few participants who referred to caring within the provision of services because they felt obliged. Examples of their responses include:

...services provision and care of the patients with the aim to...(P.2)

...caring is to provide the daily bath...(P.8)

...the provision of services for personal hygiene...(P.20)

...provision of nursing services to persons...the daily services...(P.44)

...caring...making things for him as a daily routine...(P.69)

...the provision of health services to all people regardless...(P.81)

...the provision of services to individuals, families, communities on health issues...(P.96)

...sometimes people provide care even though they consider it as a chore...(P.103)

5. Caring as psychological and emotional support

The majority of the participants connect caring to emotional tender, defining caring as love,

affection, compassion, understanding, sensitivity, interest, tender, touching. In addition, participants perceive caring as well as a psychological support which includes psychological relieve. They refer to caring as:

...caring is the emotions we provide...(P.3)

...caring is to take care of feelings of love...(P.12)

...to provide care and nurse with affection and understanding...(P.39)

...the understanding and the respect of the person you take care of...and the compassionate touching...(P.60)

...when you care about the other person and you take care of him/her with sensibility....(P.65)

...the concern for the people around us and their needs...(P.73)

...to love and to care for...the protection and the respect...(P.87)

...the honesty and the trust...(P.98)

...listening to the other's psychological pain...(P.100)

...counselling a person and supporting him/her psychologically...(P.106)

...supporting the family and giving them hope...(P.119)

In summary, the participants provided a description of their perception of caring which included the meaning of care as: help, nursing someone, health maintenance and disease prevention, provision of services, psychological and emotional support.

Discussion

The current study explored the perception of caring among nursing students in Cyprus. The results show that the participants of the current study have formed an understanding of caring which has similarities to finding of other studies among students and nurse professionals.

Caring is perceived by the participants of the current study in terms of help to the other person and meetings patient's needs and secondly in terms of providing health care services, while health maintenance and disease prevention, as well as psychological and emotional support were also included in caring perceptions.

Papastavrou et al. (2011) claim that there is no congruence of perceptions between patients and nurses as regards to which behaviours are considered caring and intended caring is not always perceived as such by patient. The same authors claim that nurses do not always accurately assess patients' perceptions on the importance of various dimensions of caring, which means that they may plan and implement caring for the patient based on their own assumptions. Furthermore, a study (Fekadu et al., 2014) about caregiving actions from the family caregivers' perspective concluded that there are three lines of caregiving actions performed by the family caregivers: nutritional and medication care actions, physical care actions, and psychological and spiritual care actions.

In the current study participants identify caring as providing help to the patient for the performance of self-care within daily activities. Similarly, Turkish nursing students present caring as a professional/helping relationship with patients and their families; providing help and comfort, which include respect, compassion, concern and communication, while they emphasized ethical issues and emotional support (Karaöz, 2005). Lithuanian nursing students explain caring as having technical knowledge to be able to help patients manage vital bodily functions (Kapborg, 2000). First year Norwegian nursing students refer to care as they understand it from daily life, while third year students consider nursing as a caring science which includes knowledge for practicing professional nursing (Granum, 2004). Pakistani nursing students perceive caring as a mothering relationship, a helping attitude, communication, and a source of empowerment and development (Begum & Slavin, 2012). Medical and nursing students define care in the context of compassion, commitment, competence, confidence, conscience, communication, patience, courage and support, with nursing students seeing their caring to be within both practical and emotional dimensions (Dobrowolska et al. 2014).

The participants of the current study refer to caring as provision of services within the framework of daily activities, provided to everybody as a daily routine. While, there are a few participants who referred to caring within the provision of services because they felt obliged. Swedish nursing students identify caring within three categories: doing, being and

professionalism. "Doing" means that nurse is physically present with the patient and performs different activities. "Being" means that the nurse is mentally present. "Professionalism" means that the nurse should be able to apply the previously described categories competently (Kapborg and Berterö, 2003). In another study, nurses conclude that caring is a combination of both "doing" and "being", that is fulfilling the patients' basic needs and is relating to patients, which gives nurses a very special feeling (Berterö, 1999).

Watson's Theory of Human Caring (2011) which discusses an interpersonal relationship between a nurse and a client and addresses mind, body, and soul, is also shown by the participants' descriptions of caring in the current study. According to the participants of the current study, caring can also be described within the context of health maintenance and disease prevention.

The perception of care, in the current study, was explained within the framework of taking care of, as a biological support, and meeting patient's needs. Nurses in a recent study conceived caring as the activities that lead to either relief or improvement of symptoms and enhanced wellbeing (Andersson et al., 2015). Taiwanese nurses have supported that ensuring a patient's physical comfort enhanced the patient's perception of the care that nurses provide (Tsai, Wang & Chou, 2015).

Moreover, in the current study, the majority of the participants connect caring to psychological and emotional support. Similarly, Taiwanese nurses perceptions of caring include inspiring hope in patients, having patience and respecting patients' culture (Tsai, Wang & Chou, 2015). Another recent study also found that nurses understand caring in nursing as a relationship with patients which is characterised on the nurses' part by an individual and empathetic approach, attentiveness, experience and sensitivity (Drahošová and Jarošová, 2016).

However, a study among Iranian nursing students showed that they perceive practical and cognitive caring behaviours (monitors and follows through, explains and facilitates) as the most important, and emotional behaviours (trusting relationship, comforts) as the least important ones (Khademian & Vizeshfar, 2008). Similarly to this, Finnish nurses place emphasis on monitoring, comforting behaviours and pay less

attention to anticipatory behaviours (Greenhalgh et al., 1998), being in agreement with a previous study (Leino-Kilpi, 1990) which suggests that nurses in Finland are more concerned with physical rather than affective components of care. Taiwanese nurses also included skillful techniques and possess professional knowledge in caring behaviors (Tsai, Wang & Chou, 2015). The key elements in defining caring relationships have been found to be the patient-centered care, compassion, effective communication, support/advocacy, informed participation and meeting patients' basic needs (Joolae et al., 2010).

Nurses' meaning of caring with patients in acute psychiatric settings is represented through the theory of protective empowering, aiming to help patients participate in activities contributing to convalescence, health, and/or quality of life (Chiovitti, 2008). The meaning of the caring encounter in the care of women with breast cancer, has been found to include promises of encounters, trust that bears from day to day, moments of time together – giving time, receiving time and having time, being allowed to be a human being and a patient from one moment to the next (Holopainen, Nyström & Kasén, 2014).

A possible limitation to this study is that it is a qualitative study and thus it cannot be generalised statistically. However, the number of the participants is substantial for a qualitative study and data saturation was achieved. Another limitation might be that the study took place in one University of Cyprus and therefore the results might reflect the teaching approaches and the theoretical background used in that specific nursing graduate programme.

Conclusions

This study has yielded useful results as regards to the exploration of the concept of caring viewed by nursing students, which highlight that students have a multiple aspects perception of caring. As it has been pointed out in an earlier study by Peterson and Crawford (1994), there is a need for teachers to be prepared for their role by studying theories of instruction which are applicable to the teaching of caring. Lavdaniti (2014) supports that nursing instructors are obliged to teach students the art and the science of nursing care and inspire in them the concept of care. Furthermore, Ma et al. (2014) support that the formal, informal and hidden curricula play an important role in the

learning about caring. Finally, it is suggested that the ability to care should be based on highlighting caring across the entire health care system and by diminishing exposure to negative role models, and adopting appropriate pedagogical ideas about education in caring (Ma et al., 2013).

Hence, educators can use the perceptions provided by the current study and find the proper interventions in their nursing curricula, which should not only include the theoretical background, but also the professional tools which will help the students know how to care in clinical practice. Finally, further research is needed in terms of comparing the nursing education with what is really implemented in clinical practice within the caring concept, and to explore the cultural sensitivity of caring among students and professional nurses.

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