What Are Students’ Views of (Loving) Caring in Nursing Education in Finland?

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Abstract

Background: Nurses have already for decades tried to develop their work to be based on scientific knowledge and ethics. Caring has long roots in nursing.  
Aims: The aim of this article is to analyze the phenomenon of caring in nursing: to identify of which elements caring (loving caring, love for fellow humans) in nursing is constructed according to nursing students.  
Methodology: The research subjects are Finnish nursing students (N = 20), who already had experience and knowledge of nursing theory. They were asked to write their views of the meaning of caring and of what kinds of features it consists. The data was analyzed with the inductive qualitative content analysis.

Results: This article describes and discusses the features and factors of caring in nursing students’ opinions during studies, and creates a model of caring.

Conclusions: This article pays attention to how learning about caring and caring in nursing could be improved during nursing education as the most essential element in nursing is the sensibility to feel love for one’s neighbor.

Key words: caring, nursing care, nursing research, nursing education, loving for fellow human, loving caring in nursing

Introduction

Caring has long roots in nursing. The focus of nursing education, which was started by Florence Nightingale in 1860, was on discipline but on the spirit of nursing as well, and partly on the Christian Caritas ideology (Watson, 2008). In Finland, Sophie Mannerheim (1928-1963), who pioneered the development of nursing and nursing education, understood the nursing occupation as a calling and as a profession (Paldanius, 2002). At that time, in all educational institutions Christian thinking was salient, in which caring has had remarkable significance (Griffin, 1983; Chitty, 2005).

Nurses have already for decades tried to develop their work to be based on scientific knowledge and ethics (Carper, 1979; Brand, 2000; Milton, 2008). The goal has been to be able to offer better nursing services than before, develop nursing content, and strengthen the societal status of nursing (Smith & Godfrey, 2002). Nurses have expressed the need to develop their occupation into a profession that includes a responsible authority so that nurses would have the authority to execute the tasks they have been given (Boykin & Schoenhofer, 2001). In Finland, Professor Katie Eriksson (1989, 2002) has courageously brought out the meaning of caring in nursing and nursing education.

Definition of Caring in this Research

In this research caring refers to love for fellow humans or love for one’s neighbor. We use the term “caring” referring to loving caring in nursing, which thus means love for patients as well as nurses’ caring and loving attitude towards them. This kind of definition of caring has many neighboring concepts.
Loving caring is near the term “charity as a virtue” when it means an unlimited loving-kindness towards all other. Charity as virtue should then not be confused with charity as practice which means benevolent giving (Pellegrino, 1995).

Loving caring refers to unselfishness and therefore also to altruism: “altruism is selfless concern for the welfare of others” (Jeffries, 1998). Smith (2008) and Haig (2010) point out that accountability, human dignity, integrity, and social justice are the guiding values of the nursing profession.

The concept of caring in Christianity came to the gospel texts and Paul’s and John’s letters from the Greek word *agape* when referring to God’s love (Morgan, 1964). However, there are theorists (Gould, 1963; Oord, 2007), who think that agape represent divine, unconditional, self-sacrificing, active, volitional and thoughtful love. We think that loving caring is much the same with agape with its implication with unconditional caring. The purpose of this article is to analyze caring (loving caring in nursing) and its features described by nursing students. Data was collected from first-year nursing students at the Kemi-Tornio University of Applied Sciences. The students wrote free-form descriptions about what caring means in nursing in their opinion. As a result, a theoretical model of the contents of caring is presented.

**Background: caring in nursing and nursing education**

The primary values, on which caring is based, are the so-called platonic basic values: truth, beauty, and goodness. The value related to reasoning is truth whereas goodness is connected to will. The values should not be limited to concern only a specific area because it is possible to refer to the goodness and beauty of thoughts as well as to the truth of actions. Values structure the action in their own special way, as our special relationships with other people (Griffin, 1983; Milton, 2008).

Caring is concretized in welfare work and in nursing. Caring means that people feel sympathy for their fellow human beings without intentions to gain. Even when loving themselves, people love the one in need, the weak and uncertain human creature (Arman & Rehnsfeldt, 2006). Everyone is a neighbor to be loved. If there were no love, there would not be the concept of a neighbor. When a human being loves his/her fellow humans, selfishness will disappear (Coffman, 2004; Moser & McCreary, 2010).

Of the exponents of nursing science, love in nursing has especially been reviewed by Katie Eriksson and Vasiliki Lanara. According to Eriksson (1989, 2004), agape and eros are the basic forms of love combined in the Caritas ideology (see also Bondas, 2003). Eriksson thinks that the idea of Caritas, in other words, the thought of love and compassion, forms the core of all caring in nursing (see also Fagerström et al., 1999; Levy-Malmberg, Eriksson & Lindholm, 2008). According to Eriksson (1989), the ability to love is true humanity that is concretized in nursing in the form of caring.

According to Lanara (1981, 1996), love means devoting oneself (dedicating oneself) to the well-being of others. A human being’s responsibility and morals toward others are emphasized in her views (see also Janako, 1993).

Caring in nursing means that respect for human dignity epitomizes the attitude according to which the other person is the most valuable human being in the world. Although people are separate and differ in their characteristics, they should be equal. Respect for human dignity occurs in a nurse’s everyday work in nursing situations. A nurse can show his/her respect for the person he/she is nursing by being understanding, interested, and compassionate, and by giving information, courage, belief, and love (Arman & Rehnsfeldt, 2006; Nordby, 2008).

Watson (2009) has shown in his research that caring, devoting, and participating have central roles in nursing. Forrest’s (1989) research shows that nursing educators, who connected caring with interaction with patients and who reminded students about caring, were considered the most popular among the nurses and students. The nurses must have remembered educators’ examples of caring and behavior (Brammer, 2006). Chipman (1991) describes the change in the curriculum when the new curriculum is based on Jean Watson’s theory of caring (see also Israel, 2005; Watson, 2008; 2009). This description brings out three categories about the observation of caring in nurses’ behavior: 1) sharing oneself, 2) timely fulfilling patients’ needs, and 3) providing patients and their families with helpful actions. Additionally, the perspective of social structure is part of caring-related nursing practices; and nursing was considered humane and based on the idea of caring. Sprengel and Kelley (1992) divide the phenomenon of caring further.
into ethics, virtue, feature, as well as a binding and natural role. On the other hand, Caut (1993) writes that caring is the prospective basis for nursing because the idea of the humanity of nursing will deepen and the significance of caring will increase due to future changes in society. The baseline of this article is Eriksson’s (2004) view that the traditions of nursing are constructed through basic scientific concepts which are also of practical value. They enhance deeper understanding of the nursing reality: When we understand the meaning of the concept of caring, we will see deeper into the world of nursing.

Research Questions

The aim of this article is to discover the elements of (loving) caring in nursing according to nursing students’ stories during their nursing studies. The article answers the following questions:
1) How do nursing students describe caring in nursing?
2) What are the main factors and features of caring in nursing according to nursing students?
3) Is there a model of caring that combines the various factors to be found?

Research Method, Data and Analysis

The research was qualitative and the participants were nursing students at the Department of Health Care and Social Services at Kemi-Tornio University of Applied Sciences. Kemi-Tornio University of Applied Sciences is situated in northern Finland and almost all the student come from the northern Finland. The research participants included all the students (N=20) who had started their studies in 2001. They all were women, aged between 19 and 30.

The material was collected through a questionnaire which contained questions for background information and a composition assignment about “What is caring and how is it manifested in nursing?” The data was collected among the students at that phase of their studies when they had performed theoretical studies but not practical training.

The students’ essays were analyzed with the inductive qualitative content analysis method with clustering and abstracting (Bogdan & Biklen, 1998). Clustering was used in order to combine things that seemed to belong together. The responses were grouped and categorized into themes in order to discover the central contents. Based on these categorizations, a model of caring was created whose contents are described in this article as the main research results, as a space of results (Symonds & Gorard, 2010).

The data was voluminous. The students reflected on the subject from a number of perspectives, and their thoughts have been presented more widely in Anneli Paldanius’s doctoral thesis (2002). Writing the essays was voluntary, and the students were allowed to write anonymously in order to get as truthful descriptions as possible. The essays embody the students’ thoughts about caring during a study phase in which they had not had much practical experience (see Coffman, 2004). How caring appears in their practical action was not studied in this research. One of the authors of the present article taught this group of students, which made the data collection easier, but might have influenced it as well. On the other hand, the directions of the writing task were quite general and required a personal reflection that students were allowed to write anonymously. Numerous quotations from the students’ writings are presented as results in order to prove that the findings are based narrowly on the data (see Brammer, 2006; Cassidy, 2006).

Results

As a result, a model of caring and its contents was developed (see Figure 1). According to the inductive content analysis of the students’ descriptions, caring in nursing is manifested as an internal feeling, the ethics of nursing, and professional caring (see Slevin, 2004). The internal feeling included a genuine concern for another person, empathy, a desire to help, and empowerment. The ethics of nursing consisted of respect for human dignity, equality, individuality, informality, and altruism. Professional caring included the practice of nursing, nursing interaction, and contacts with one’s working community and society (see also Pelsky et al. 2008).

Next, the contents of the three most essential factors are described, all of which are divided into smaller themes by their contents.

1. Internal Feeling

The students described caring as an internal feeling that is a growing force inside a human being: like becoming a human being. It is also a) genuine caring about other people, b) empathy, and c) a compulsion to help (see Adamski, Parsons & Hooper, 2009).

Genuine caring in nursing about other people is described in the students’ essays as the nurse
being genuine and sincere and not pretending to care about the other person. In addition, the students associate caring about co-workers with genuine caring. It is being concerned about the well-being of the patient and not just about his/her illness (see Boykin & Schoenhofer, 2009).

The nurse cares genuinely about her patients. She puts her heart into her work, listens, lets the patient tell about his/her problems, pains, and fears peacefully.

Empathy in nursing is considered in the students’ essays as the nurses’ capability to empathize with the patient. An empathetic nurse is able to place herself/himself in the patient’s and his/her relatives’ position and to imagine what a patient feels. Empathy in nursing is the ability to consider the object of the work as a human being and not as an illness to be treated. In addition, an empathetic nurse shows his/her feelings in her/his work.

Caring in nursing is to be able to empathize with the patient/customer and his/her relatives. To be able to imagine what they feel about my work and my words. It is that you can see the object of your work as a human being and not just an illness to be treated.

The students think that the will to help and support other people comes from inside a nurse. A nurse has a compulsion to help a human being who has problems in some area of life. It is professional concern and caring. Those who want to become nurses often express in the entrance examination their desire to help fellow human beings.

According to Watson (2009), helping belongs to the nursing process. Halldorsdottir (1996) defines professional caring as consisting of openness and sensitivity to another’s needs. Caring and compulsion to help are connected with openness and sensitivity to another. Beeby (2000) writes that the awareness of one’s calling was earlier considered as almost necessary in helping work and that it usually means high motivation and determination. The desire to help relates to the awareness of one’s calling.

2. Ethics of Nursing
The students described the ethics of nursing with the following dimensions: a) respect for human dignity, b) equality, c) individuality, d) naturalness, and e) unselfishness. According to Casterle et al. (1998), ethical functioning in everyday work and the work environment belongs to caring. Similarly, Wilkin (2003) proposes that the nurse’s and patient’s values are of great importance in ethical decision-making. Every nurse has his/her own scale of values that is influenced by education, culture, religion, and the...
view of life. A patient has his/her own scale of values that may differ from the nurse’s. Eriksson (1989) points out that the nursing reality turns into a void of values unless ethics and a view of life based on the core values of nursing are followed. Furthermore, Arman and Rehnfeldt (2006) divides the principles of ethics into charity, justice, independency, honesty, and trustworthiness. Respect for human dignity is one of the principles of nursing ethics. In the students’ descriptions, it appeared as respecting the patient as well as his/her rights, and life. A human being is appreciated regardless of age, gender, race, or social status. Additionally, a nurse has to respect his/her co-workers and acknowledge them as human beings and employees.

Caring occurs also in the interaction between nurses. A nurse respects his/her colleagues and appreciates their work. Supports his/her co-workers.

Equality as an ethical principle appeared in the students’ essays as confronting people as equal and similar human beings regardless of age, gender, race, appearance, or position. Taking a human being’s individuality and uniqueness into consideration was connected with the ethics of nursing in the students’ descriptions. According to the students, a nurse should be able to regard every patient as an individual who has his/her own needs and wishes. A patient has the right to his/her own personality as well.

Noticing the patient/customer as more than just an illness. Catering to the patient also in a time other than nursing situations, respecting the patient’s privacy and autonomy.

Naturalness as an ethical principle was described in the students’ essays as a nurse does not have to hide behind a role. She/he can act naturally when confronting the patient/customer in nursing.

Being a human being for a human being when needed, being present here and now, without occupations, time limits, with honesty and empathy, without feeling obliged to hide behind any shield.

Unselfishness as an ethical principle referred in the students’ descriptions to the nurse not thinking of vested interests. What is best for a patient/customer is the basis for the work, and a nurse supports him/her without expectations of a favor in return.

3. Professional Caring

The students specified the dimensions of professional caring as the following: a) nursing activities, b) interaction in nursing, and c) connection with the work community and society (Nordby, 2008). Nursing activities were divided into six categories in the students’ essays, which were the nature of the action, nursing that notices the patient’s needs, the comprehensiveness of nursing, guiding and advising the patient, decision-making in nursing, and connection with the patient’s relatives. Nursing activities were seen as professional caring based on caring and that involves taking care of a human being as well as his/her environment, and health.

The nursing activities described by the students were personal and professional in nature and not just routine work. A nurse understands the patient, and caring forms the basis for nursing. Nursing activities, which are part of professional caring, take into consideration the patient’s needs, according to the students’ descriptions. A nurse has the ability and will to notice the patient’s need for help.

Nursing activities were also described as comprehensive nursing in the students’ essays. In comprehensive nursing, a patient/customer is seen not just as an illness but also as an individual who is the specialist of his/her life. A patient has the right to receive medical treatment in which he/she is regarded as a unique human being.

According to the students’ essays, the patient’s/customer’s right to get guidance and advice belongs to nursing activities, which are part of professional caring. The students think that patients are entitled to get honest information about their illnesses. The purpose of guidance and advice is to help the patient achieve optimal health and maintain health. The interactional relationship is equal in guidance and advice situations. Decision-making in nursing was also connected with nursing activities in professional caring in the students’ descriptions. According to the students, the patient’s own will has to be taken into consideration when making decisions in nursing, and he/she has the opportunity to participate in decision-making related to his/her own medical treatment. In decision-making in nursing, a nurse is the patient’s trustee when necessary.

In the students’ essays, nursing activities that were part of the professional caring included the
connection with the relatives. Nursing is professional caring together with the patient’s relatives. It is also supporting the relatives when needed. When a patient lacks relatives and other close people, a nurse helps to create a network of human relationships when desired.

**Interaction in nursing** was described by the students as professional attention based on caring. Verbal interaction could be even the smallest word. Nonverbal interaction consists of listening, being present, touching, accepting the silence, and giving time to the patient/customer.

*Caring can be expressed in many ways: even the smallest work, gesture, or touch can be a testimony of caring; expressing caring does not necessarily need much. In nursing, even talking with the customers/patients can express caring; shaking hands or hugging may feel good for old people.*

Interaction in nursing appeared quite manifold in the students’ essays. They described caring in nursing as chatting briefly, touching, hugging, stroking, holding a hand, giving time, listening, smiling, accepting the silence, and being present (see Maindal, 2009).

**The connection with the work community and society** was regarded as being a caring-based professional in the students’ descriptions. Nursing cannot be carried out separately from the work community and society. The mutual connection of the personnel has to be based on respecting and appreciating the other individual. Similarly, the customers’/patients’ mutual connection is founded on respect for the other individual. Genuine people show caring outside nursing as well, and that is an important feature in society. The connection to the work community and society was divided into three categories: the staff’s mutual connection, the customers’/patients’ mutual connection, and the connection to outside the work community (see Covington, 2003).

In the students’ descriptions, *the staff’s mutual connection* was related to the nurses’ interaction with each other that was based on respecting and appreciating the other. Co-workers are supported and helped at work and in private lives as well.

*Caring also manifests itself in nurses’ interaction. A nurse respects his/her co-worker and appreciates his/her work; supports his/her co-workers.*

The students described *the customers’/patients’ mutual connection* by comparing it with the collegiate system, for instance, among nurses. In the nursing community, where the staff’s mutual relationships are in order, patients have the opportunity to be considerate toward each other through the staff’s example.

*Among the customers, I associate caring with respecting and paying attention to others’ privacy.*

According to Griffin (1983), the ideology of nursing refers to the nurse’s humanity that brings out the customer’s humanity as well.

*The connection to outside the work community was considered in the students’ descriptions as a significant feature in society. When reflected from the patient’s point of view, the students saw a connection to outside the work community including communication with the patient’s social environment.*

*I do not even reflect caring very often, but it is a feature of great importance in society.*

**Conclusions**

The model of caring in nursing that was constructed based on the students’ descriptions is similar to the results and views of many researchers and theorists (Wilkis & Wallis, 1998; Beck, 2001; Karaöz, 2005; Brammer 2006; Cassidy, 2006; Adamski, Parsons & Hooper, 2009).

Caring in nursing is manifested as an internal feeling, the ethics of nursing, and professional caring (see Kyle, 1995; Pelsky et al., 2008).

The internal feeling is genuine caring, empathy, will to help, and a growing force inside a human being. The ethics of nursing in this research included respect for human dignity, equality, individuality, naturalness, and unselfishness. Noticing the individuality and uniqueness of a human being was connected with caring in nursing in this research. According to Arbon’s (2004) research, caring in nursing is expressed by taking a patient’s individuality and personality into consideration. Wilkin’s (2003) and Beeby’s (2000) studies showed that if the
interest in nursing does not focus on the customers as individuals, they may be treated in a general and common way and the content of nursing is emphasized on the obligatory actions. In this research, naturalness referred to the nurses not being obliged to hide behind a role. According to Fridh, Forsberg and Bergbom (2009), caring is connected to altruism aka unselfishness. Furthermore, Eriksson (1989) says that a nurse is an unselfish mother and an exponent who sees the facts and stays by one’s side. The professional attention based on caring examined in this research consisted of nursing activities, interaction in nursing, and the connection with one’s work life and society. The nursing activities included the nature of the action, nursing that pays attention to patients’ needs, the comprehensiveness of nursing, guidance and advice for the patient, decision-making in nursing, and the connection with relatives (Allmark, 1996; Beck, 2001; Watson, 2008). The present research considers caring as regarding the patient not just as an illness but also otherwise. Guiding and advising a patient/customer mean that a patient has the right to get direct information about his/her illness (Eriksson, 1987). The purpose of guidance and advice is to support the patient to achieve optimal health and to sustain it. King (1981), Beeby (2000), and Halldorsdottir (1996) believe that the ability to guide and advise patients is part of the nurse’s occupation. This research shows that decision-making in nursing, that is based on caring, pays attention to the patient’s own will (Clarke & Wheeler, 1992; Halldorsdottir, 1996), and the interaction in nursing appeared as an essential part of caring in nursing in this research. Wilkes’s (1998) research showed that the interaction in nursing consists of bringing good feelings, competence, and engagement, acting according to one’s conscience, self-confidence, and courage. Lee-Hsieh, Kuo, and Turton (2007) have pointed out that nursing has developed from a task-oriented performance into an action that emphasizes human interaction.

Discussion

The history of humankind and the survival of cultures show that human caring has always existed. The level of a culture’s civilization is shown in the way we take care of other people. Transmitting civilization from one generation to other is a human being’s duty. Nursing education has developed in Finland from course-based training that started in 1880 into higher vocational-level education. According to Boykin and Schoenhofer (2001) and Watson (2008), nurses have tried for decades to develop their work to be based on scientific knowledge and ethics. During the last few decades, caring in nursing has been researched and dissected in Finland (Åstedt-Kurki, 1992; Paldanius, 2002; Kärkkäinen & Eriksson, 2005; Näsmann, 2010) and therefore, interest in the concept of caring has increased along with the development of nursing science. Caring and attention in nursing, and generally in life, are things to work for in the technical and commercial world. The need for caring is increasing in nursing because, thanks to the development in other sciences, for example, in medicine and technology, people’s life expectancy is increasing and becoming instrumental. People do not die as quickly as before from diseases but struggle with their conditions for a long time. The life itself has become the most important. According to Lee-Hsieh, Kuo, and Turton (2007), the nursing profession meets cultural demands with nursing education curricula. Brink (1997) has noted both unloving and loving features within nursing students. Brink states that unloving students are similar to apathetic students. Unloving, self-centered students were absent frequently from their studies and neglected their studies in other ways as well. Neither did such students take other people under consideration. Brink thinks that apathetic nursing students are likely to become apathetic nurses. The larger the number of apathetic nurses nursing education produces the more dullness the nursing profession will include and the less taking care of other people.

Allmark (1996) and Bradshaw (1996) discuss the moral and ethical principles of caring. According to Allmark (1996), nursing should not be over-romanticized into a sacred calling of some kind. Allmark sees nursing more as a profession than a calling; it is merely science rather than art. Nursing is working and co-operating with a variety of quarters aiming at achieving the best possible health. The model of caring illustrated in this article could be one of the premises for the development of nursing education and practical nursing curricula. With this model, students have the possibility of discerning caring as a concrete nursing activity and concern from the beginning of their education.

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