From Substance to Skill: Student Perspective on Caring

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Abstract

Background: Nursing professionals unanimously agree that caring is the professional core, reflecting its uniqueness and distinguishing it from other health professions. The perception of caring seems to be changing with time along with nursing students’ perceptions of this topic.

Aim: This integrative review was aimed at presenting an overview of changes in student considerations when choosing the nursing profession and relating to the caring aspect.

Methods: We reviewed past literature and defined “Caring”, “Nursing”, “Nursing Career”, “Patient Care” and “Students” as their keywords on Medline, PubMed, Embase and Web of Science. There was also conducted a manual search in order to find other potentially suitable resources.

Results: The findings indicate that the concept of caring continues to be ambiguous and difficult to define, and demonstrate a different approach to caring as compared to the past.

Conclusion: Caring is now considered more of a skill and less of a substance. The nursing education system should give their students a pack of tools that will develop an approach that consists of extensive practical knowledge alongside a strong understanding and empathy for the patient, in order to provide human and sensitive care.

Keywords: caring, nursing students, nursing education, patient care

1. Background

Caring in Nursing

The American Nursing Association (2020) asserts that nursing is essential to enabling a quality patient experience. In every patient setting, the nurses are the professionals who invest continuous efforts toward identifying and tending to individual needs.

Setting aside the “Florence Nightingale” reputation of compassion and individual patient attention, nursing is a constantly evolving profession that requires professional expertise in line with developing social needs. As they are responsible, inter alia, for confirming patient diagnoses and educating the public on essential health issues, nurses are an integral element within the public health infrastructure (American Nursing Association, 2020; Institute of Medicine US, 2011).

By definition, nursing is all about helping individuals who are sick and weak, people who lack sufficient knowledge and sometimes even the ability or desire to execute daily functions (Shahaf, 2009). Underlying this definition is an idealistic professional and unequivocal perception by which the nurses are required to position the patient at the center of their activities, as if they had only one patient to tend to. Anglo-American expresses this uniqueness with a term that reflects a value-oriented motivation: Caring. This term embodies multiple elements of care, compassion and attention to the vulnerable and weak individual. Caring is a basic human quality that people express toward each other (Boykin & Dunphy, 2002). Beare and Myers (1990) add that it is an expression of altruism, emotion or concern for another person. Caring is
actually a basic and authentic criteria of humanity and it is an integral part of the nurse’s role (Roach, 1996).

Nursing professionals unanimously agree that caring is the professional core, reflecting its uniqueness and distinguishing it from other health professions. According to the American Association of Colleges of Nursing (2008) and the National League for Nursing (2007) caring is a basic value needed in nursing (Mailloux, 2008; Jackson & Halstead, 2016). The capacity for caring is critical to nursing professionals and it is essential to supportive and comprehensive therapy derived of human concern and compassion and of perceiving patients as a whole, no defined merely by their diseases and physical condition (Atar & Asti, 2020).

Caring consists of two key dimensions: physical and expressive. The physical or instrumental aspects of treatment relate to task oriented activities such as drug dispensation, providing a convenient environment for hygienic interventions and executing medical instructions and procedures. The elements of expressive caring relate to activities such as spending time with patients, ensuring patient privacy, offering emotional support, listening to patients and demonstrating sensitivity to their needs (Labrague et al., 2015). Watson argued that caring bears a greater value than performing the obligatory steps. Watson adds that caring underlies the nursing profession and distinguishes it. The profession’s ability to retain this value will impact its perceived contribution to society (Watson, 1998).

This paper relates to shifting student considerations when caring enters their criteria for selecting nursing as a profession and it is based on a descriptive literature review.

2. Materials and Methods

Search Strategy
When searching on Medline, PubMed, Embase and Web of Science, the authors defined “Caring”, “Nursing”, “Nursing Career”, “Patient Care” and “Students” as their keywords. The range of results was defined between 1 January 1990 and 31 March 2020. The researchers also conducted a manual search in order to find other potentially suitable resources. In all, the search yielded 57 publications from which we attempted to focus on caring in nursing, aiming to develop an appropriate protocol of care for patients in this time as well to identify nursing students’ perception of caring.

Nurses are required to perform various measures derived of their professional authority. Caring is the capacity to perform a measure derived of professional authority while demonstrating and feeling a true sense of dedication and commitment to the patient.

3. Results

Caring for Patients and Nurses
In a meta-analysis of 130 studies published in 1980-1996, Swanson (1999) described the impact of caring treatment, both for the patients and for the nurses (Jackson & Halstead, 2016; Swanson, 1999). Patients noted positive emotional and spiritual outcomes (such as improved self-esteem, knowledge, and coping capacity), physical outcomes (i.e. improved healing) and social outcomes (i.e. trust, someone to rely on) (Swanson, 1999).

Related studies demonstrate that patients consider caring an integral part of any measure taken by the nurse, thus they expect any nursing procedure to including elements of interpersonal communications and empathy (Ghane & Esmaeili, 2020). Holistic treatment of this kind directly impacts the patients’ emotional state and improves patient satisfaction, response to treatment and patient willingness to adopt positive healthy behaviors and reduce anxiety (Alemu et al., 2014; Azizi-Fini et al., 2012; Calong & Soriano, 2018; Evans, 2016; Fortuno et al., 2017; Tutuk & Doğan, 2002). A correlation was also found between caring, care continuity, improved preventative care and reduced hospitalization [20].

The provision of caring therapy also has a positive impact on the nurses themselves including, inter alia, positive emotional and spiritual results (i.e. sense of achievement, self-fulfillment, satisfaction), professional results (i.e. increased skills and know-how, satisfaction with nursing) and social results, such as improved patient relations (Azizi-Fini et al., 2012; Evans, 2016; Fortuno et al., 2017; Saultz & Lochner, 2005). Roach (1987) states that ‘caring is the human mode of being’ developed the 6 C scale of caring, including commitment, conscience, competence, compassion, comportment, and confidence (Caranto, 2015). When nursing is practiced with such elements, patients and their families take part in the caring effort and interactions. Nurses offering caring treatment at the workplace can also improve work and staff relations and even increase the chance of career development (Azizi-Fini et al., 2012; Evans, 2016; Caranto, 2015; Roach, 2002).

Caring Changes and Developments

A. Changes in the nursing profession

Modern nursing care reflects the integration of technological, scientific and economic developments in the western world. Modern nursing takes place within a medical system that often undergoes extensive reforms and is subject to pressure due to immense economic restraints, changes in disease patterns, population aging, increase in chronic morbidity and
As nurses are positioned at the forefront of patient care, these trends lead to performance under constant pressure with limited time and human resources (DeNisco, 2019; Grossman & Valiga, 2020; Pepito & Locsin, 2019; Johnson, 2020).

The shortage in nursing staff has been prevalent in the healthcare industry for quite a while and even the number of nurses in the U.S. cannot meet the demand (Buerhaus, et al., 2007). As the nurse to patient ratio grows, nursing capacity declines, their workload increases and they are unable to optimally perform their duties. Fewer nurses means they must work longer shifts and harder within shifts while dedicating less time to the patients – often leading to higher stress and burnout levels (Alemu et al., 2014; Buerhaus, et al., 2007; Shalala et al., 2011).

The world has been exposed to far-reaching technological innovation over the past decade. As it becomes more prevalent in the medical world, nurses spearhead the effort of devising and implementing newly developed devices. Nurses no play a major role within the various medical systems, acting as the “Modern Nurse” (Shalala et al., 2011).

Newly defined medical specialties enable nurses to pursue leadership opportunities using innovative telemedicine and mobile health options that were previously unavailable. These developments have caused the role of nursing to evolve, both in terms of its perception and in terms of caring (Buerhaus, et al., 2007; Shalala et al., 2011; Kaplan & Vilna, 2012).

**B. New definitions for caring**

Concurrent to developments in the nursing profession, the caring term has undergone changes that reflect the spirit of the time. In the days of Florence Nightingale, the importance of caring was emphasized in the relationship between the patient, nurse and environment in the traditional form. In the 1980's, the term was extended to include “a value and attention demonstrated in a concrete action” (Kaplan & Vilna, 2012).

Concurrently, theories emphasizing nurse responsibility for patient training and empowerment began to appear. Various nursing theoreticians (Orlando, Travelbee, Peplau, Leninger, Roy, Watson, Roach, Swanson, Benner and Wrubel) defined nursing and caring as “a process of interaction between people” (Atar & Asti, 2020). Watson’s carative factors in nursing emphasize nurse-patient interactions. She argues that human caring involves humanism, a caring approach and scientific know-how. Nurses are not merely required to demonstrate proper technical execution, but every activity must be carried out with care and empathy (Maniago, 2017).

Based on current literature, the concept of caring continues to be ambiguous and difficult to define (Papastavrou et al., 2011), but researchers and nursing practitioners broadly share the opinion that caring is the provision of compassionate treatment and it is an essential prerequisite for quality nursing care. Figure 1 displays the changes in caring approaches over time. (See Figure 1).
Changing trends on caring among those who choose the nursing profession

Studies demonstrate that, in the past, the primary motive for choosing the nursing profession was altruism, i.e. treatment with the purest sense of caring, the basic desire for human touch and helping others, the sense of a calling and desire to be part of a holy mission and lead to change (Andersson, 1993; Beck, 200; Lai et al., 2008; Rognstad & Aasland, 2007). This approach is highlighted by Begum and Slavinch (2012) who studied nursing students’ perspective on caring in treatment [36]. The students described nursing care as (A) maternal relations, (B) an assistive approach, (C) a limited framework, (D) communication and (E) a source of empowerment and development (Begum & Slavin, 2012).

As medicine progressed and the therapeutic environment gained complexity and technological involvement, nursing students have become so focused on the science of nursing that they set aside the art of the trade, which requires empathetic communication and caring, which is the core of nurse-patient relations (Bouchaud, 2013). Furthermore, the students considered caring just another skill to be acquired, which will serve them during their studies (Sela et al., 2020). In other words, it loses of its value as the core of the nursing profession.

The shift in the weighting related to caring is evident in the changes in student motives and preferences when selecting the nursing profession. Van Lersel et al (2018) studied the main reasons for choosing nursing among beginning students in various countries. The findings demonstrated that the reasons rated as most important are interest in nursing and multiple employment opportunities upon graduation (Van Lersel et al., 2018). Price et al (2013) found that the main considerations for selecting nursing are the desire to work in a profession that enables autonomy alongside pragmatic consideration such as occupational security, income and quality. Although those who chose to practice nursing today still identify with the value of altruism, and direct patient care and the related emotional involvement are important factors in profession selection, it seems that the weighting of other factors have increased in recent years, including expected appreciation from the patients, interest, prestige, reasonable salary and long-term economic security at the work place (Haron et al., 2013; Locsin, 2017; Chambers & Ryder, 2018).

Millennials, born in 1980-2000, are now the main source of future nurses. It is a confident generation that proficiently uses technological tools and uses them for its studies. These students seek embedded feedback and quick positive reinforcement in order to acquire confidence regarding their performance and to evaluate their success with the curriculum (MacIntosh, 2003; Van Lersel et al., 2018)). They expect to implement the studied skills through technology and to see the results of their treatment. Despite the findings derived of the studies above, there seems to be a new generation of students that perceives caring differently. For example, the study conducted by Heggestad (2016) on empathy among students, demonstrates that the young students place a strong emphasis on expressing emotion toward a patient, especially empathy, but they are concerned that such expressiveness will impair their ability to provide quality professional care (Heggestad et al., 2018). One source found that nursing students reported that caring is very important in nurse-patient interaction, but it is less relevant and that they felt less prepared in this regard (Sela et al., 2020).

Quantitative studies have consistently demonstrated that students considered instrumental care as an element that reflects caring behaviors (such as: determined tasks, drug dispensation, hygienic intervention) more than medical instructions as compared to expressive treatment, which relates to patient accompaniment, listening, emotional support, privacy and general sensitivity to patient needs (Khademian & Vizeshfar, 2008; Labrague, 2012; Zamanzadeh et al., 2014).

These findings demonstrate a different approach to caring as compared to the past. This difference is evident in a study that evaluated student preferences when beginning their studies toward a future career in nursing. 85% chose to work in a hospital, reporting a clear preference for emergent care, intensive care, surgical and obstetric wards. This corresponds with findings reported in global literature, demonstrating a clear preference for working in wards that are perceived closer to medicine (Kloster et al., 2007).

A study that compared preferences for future employment among nursing students found that they distinguished between community and hospital nurses based on the qualities required for their work: compared to a hospital nurse, the community nurse requires “soft” qualities of empathy, good communication skills and persuasive abilities. The “soft” skills comprise a major element in community nursing. Compared to the hospital setting, where the correlation between the treatment and outcome is usually direct, quantifiable and assessable, community treatment might be ongoing and cannot provide immediate gratification (Sela-Vilensky et al., 2020). The students’ ranking these skills as secondary to technological proficiency demonstrates the erosion of the concept of caring [Sela et al., 2020; Sela-Vilensky et al., 2020]

Greenberger and Wilhelm (2014) note that students consider the acquisition of skill in a concrete task as important and that the execution and control of clinical skills is essential. Students’ focus on elements related mainly to skill and execution relates to the practical and concrete nature of their practice-based learning environment. The use of technologies contributes to one’s self esteem and sense of security as well as the ability to reach sensible decisions (Sela-Vilensky et al., 2020). Greenberger and Wilhelm (2014) note that these findings reflect the reality of practical learning and not the ideal concepts of comprehensive holistic treatment, supported by the nursing academics, nor the complex clinical process
that includes diagnosing and devising a proper intervention based on appropriate decision making. It seems that those who choose nursing as their profession do not want the traditional professional ideal to be the only thing that defines them. They want to be recognized as professionals, academics, experts and technologically skilled and proficient (Chambers & Ryder, 2018; Erickson et al., 2004).

In other words, caring might contribute to improving treatment outcomes, but it does not define the role of the nurse. In light of the above, the further erosion of caring among nursing students might lead to the impairment of the quality of care provided by nursing professionals and the uniqueness of the profession within the medical discipline.

The nursing curriculum teaches caring occasion through faculty–student interactions. These interactions and the jointly developed experience enable student development as caring nursing professionals [54]. As the interactions are so important, the educational setting is the ideal place to promote and perfect student caring (Labrague et al., 2015; Khademian & Vizeshfar, 2008; Wade & Kasper, 2006).

In recent years, technology has become more prevalent in teaching. Thus, for example, due to the shortage in clinical fields, nursing schools tend to convert the clinical hands-on hours into structured simulations that focus on various clinical conditions (Labrague et al., 2018). The simulations enable close supervision of the students’ skills. In this “work setting”, students can practice skills and receive rapid feedback for their performance. The simulation provides a focused study setting that is not threatening and does not require direct patient care (Labrague et al., 2018; Morgan, et al., 2002). The use of technology, considered by many students as prestigious and the core of the profession, leads to reduced contact with the patient.

Caring is an important skill for nursing students (Labrague, 2012; Maniago, 2017; Tutuk & Doğan, 2002) and proficiency with this skill depends greatly on the quality of the nursing education.

The nursing profession has developed throughout the years, both in the definition of caring and in the motivations leading students to select the profession. The nursing education system is committed teaching nursing students about the caring skill from the start and throughout their years of study, all in order to train them to be efficient, caring and professional nurses in the future (Kaplan & Vilna, 2012). The students must develop an approach that consists of extensive practical know-how alongside a strong understanding and empathy for the patient in order to provide human and sensitive care. This being the case, students entering the training program must be made aware of the importance of caring toward providing optimal assistance and the best possible care.

Beckett, Gilbertson and Greenwood (2007) argued that nursing teaching and learning highlights mechanical skills and technical interventions as the curricula often placed a stronger emphasis on scientific and quantifiable knowledge, ignoring interpersonal aspects of nursing care (Beckett et al., 2007).

It seems that, as technology develops and as nurses gain proficiency with such tools, theoreticians make room for them as they emphasize the importance of scientific know-how and technical proficiency and its effect on the traditional definition of caring and the compassion that it reflects (Kaplan & Vilna, 2012).

4. Discussion

This review indicate that the concept of caring continues to be ambiguous and difficult to define, and demonstrate a different approach to caring as compared to the past. Caring – which traditionally reflected a total commitment to the patient based on humanistic-emotional perspectives – does not provide a sufficient solution due to the accelerated technological changes and multiple specialties. Reducing its importance is a concerning phenomenon in light of the fact that caring is not an additionally acquired skill, it is the essence of the profession. Its further erosion might greatly impair all of the parameters that set the profession apart: the quality of service to the patient, nurse satisfaction and revoking the uniqueness of the profession compared to other health professions.

In this regard, contemporary nursing is an active profession, based on knowledge where the nurses must take an active part in decision making and professional evidence based performance. Nursing will continue to develop in this direction, but nursing instructors must retain caring as the essence of the profession for the public, nurses and future nursing practitioners.

This being the case, it seems that increasing the use of technologies does not replace caring treatment, but rather it may be integral to the provision of holistic nursing treatment, requiring the ability to combine them.

5. Conclusion

Caring is now considered more of a skill and less of a substance. The nursing education system should give their students a pack of tools that will develop an approach that consists of extensive practical knowledge alongside a strong understanding and empathy for the patient, in order to provide human and sensitive care.
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All authors performed the data collection, wrote and edited the manuscript.

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Conflicts of Interest
The authors declare no conflict of interest.

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