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Chapter

CARING ATTRIBUTES AND PREPAREDNESS TO CARE: EFFECTS OF A PRE-ENROLLED NURSING CERTIFICATE PROGRAMME IN SINGAPORE

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ABSTRACT

Background: Caring is a highly complex and abstract concept, and nurturing a caring attribute among individuals for a nursing career is believed to be best introduced at the start of student journey in preparatory courses specifically designed for nursing. However, because of the need to professionalise nursing, pre-enrolled nursing programmes have been discontinued and replaced by generic healthcare programmes in many parts of the world.

Aim: This study aims to evaluate the impact of pre-enrolled certificate nursing education on students' caring attributes and their preparedness to care.

Methodology: A mixed methods approach using unstructured questions and the Caring Behaviour Inventory was employed to determine student

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caring attributes and their preparedness to care. The participants were final year pre-enrolled nursing students in Singapore.
Findings: Students demonstrated attributes of caring based on an average CBI score of 4.55 (SD 0.32). Expressions of professional nurse caring were explicit in students' entire learning journey and these took various forms of approach embedded in both curricular and extracurricular activites. The study also found that nurturing caring attributes was associated with a high expectation of student social behaviour and closely linked to the increasingly good reputation of nursing as a profession in that region.
Conclusions: This study indicates the high potential value of pre-enrolled nursing education for developing the caring attributes of individuals. A nursing-oriented programme title and its high status associated with nursing were critical elements for nurturing the caring attributes. The implications for developments in nurse education and research are discussed.

1. INTRODUCTION

The discontinuation of pre-enrolled nursing education followed by the migration of pre-registration nursing education to higher education institutions was a common professionalisation strategy in nursing. While North America took the lead in the professionalisation process, Australia, Canada, Scotland and Wales were among the early adopters, followed later by the remaining two countries in the United Kingdom (UK). By September 2010, nurse education in the entire UK moved to all graduate status and only graduates of nursing programmes are permitted for entry into nursing. Individuals who wish to pursue nursing but are not able to gain direct entry to University have to successfully complete a generic healthcare access course. In other words, all UK nursing-focused programmes start at universities. However, scepticism among the UK public has been expressed, that individuals graduating with a nursing degree are not sufficiently caring (Beer, 2013). Such public concerns were heightened by the recent major scandals in the National Health Service Trust (NHS); poor standards of care given by nurses were reported in a public enquiry led by Lord Francis at the beginning of 2010. In the report (Francis, 2010), nurses' inability to care was described to have ranged from the lack of fundamental competent nursing skills and knowledge, to the lack of positive attitudes to caring for others.

In response to the Francis report (2013) about deficiency within the NHS, the UK government now reinforces the importance of clinical experience

based on apprenticeship, and has also suggested recruiting older individuals into nursing because of their life experiences. These government solutions, albeit based on the public's legitimate concerns, were not welcomed by the nursing profession who considered the proposal detrimental to their professional image. Some thought these solutions would have ramifications to nursing in other countries (Shields, 2013). Preparatory nursing education is important for nurturing caring attributes, because this is where individuals first learn about nursing values and the essence of caring. In order to reconcile government wishes and nurses' desire to professionalise their chosen career, lessons may be learnt from other parts of the world. An investigation was therefore conducted in Singapore where large finances are invested in the development of a preparatory nursing course at certificate level.

2. BACKGROUND

2.1. Concept of Caring in Nursing

Caring as the essence of nursing is the core professional value recognised by many nursing-oriented professional and regulatory bodies (Nursing and Midwifery Council, 2010; Canadian Nurse Association, 2008; American Nurse Association, 2011). In healthcare, caring as a core value is being compassionate, being able to respond with humanity and kindness to others' pain, distress, anxiety or needs, and having the capability to identify ways which can give comfort and relieve suffering (Department of Health, 2012). This description seems to suggest caring as something more than a meta-paradigm concept in nursing knowledge but also what nurses do in practice. Caring is indeed, derived from the Latin word "Caritas" as "Christian Love" to mean the love for humanity (Nelson and Watson, 2012).

However, caring in nursing practice exists within the context of the nurse-patient relationship and interactions in which transpersonal care and love are integrated for an effective healing relationship (Watson, 2009). Caring by nurses should therefore lead to ethically sound and evidence-based actions that address patients' physical, emotional, social and psychological well-being (Watson, 2009). This explains why many psychometrically sound instruments, developed for measuring caring attributes have included a series of subscales to account for the composite elements of caring, but also the processes of caring as nursing interventions. Striving for a suitable measuring tool is complex, and is even more so when caring is believed to be a concept that

evolves over time (Nelson and Watson, 2012). Nevertheless, some researchers have tried simplifying caring into two main aspects; expressive and instrumental, the former deals mainly with emotional, psychological, spiritual support and warmth, and the latter with physical comfort and cognitive coping (Watson, 1979).

2.2. Caring and Nursing Education Research

The evolution of caring had indeed continued in the backdrop of changing demands in a dynamic healthcare environment; the consequent contestation of the concept opened debates about it being a construct of attributes which requires nurturing over time, or a single concept as an innate quality of some individuals (Bray et al., 2014). Such debates were of particular interest in educational contexts. Various small scale research studies were conducted in different parts of the world to evaluate the impact of nursing education on caring (Anthony and Landeen, 2009; Khouri, 2011; Murphy et al., 2009; Öhlen and Holm, 2005; Wu et al., 2009). In the UK, studies on caring in nursing were on a larger scale, mostly concentrating on nurses in clinical practice, and recently, in response to Francis' inquiry into the care provided by the Mid Staffordshire NHS Foundation Trust (Keogh, 2013; Thorlby et al., 2014). The Francis reports (2010; 2013) emphasising the important role of higher education in developing the notion of caring attributes amongst student nurses, have also resulted in a growing body of research studies which explored the views of nurse teachers' and students' about clinical socialisation on students' caring attributes (Bray et al., 2014; Curtis, 2013; Curtis et al., 2012). Otherwise, studies based on education perspectives were predominantly in response to changes in the nursing curriculum in Universities, for example 'Making a difference', 'Project 2000' and the 'Fitness for Practice'. As a result of the specific aims of these evaluative studies, the curriculum contents and processes were the focus, rather than students' entire educational experience.

So far, elements of nursing competence as the instrumental dimension of caring in Woodward's term (1997) were the product of the pre-registration nursing curriculum being evaluated in the UK (Lauder et al., 2008; Watson et al., 2002). In contrast, the expressive aspect of caring as an effect of the curriculum was commonly researched in other parts of the world (Adamski et al., 2009; Fahrenwald et al., 2005, Kuo et al., 2007; Simmons and Cavanaugh, 2000; Wu et al., 2009). In essence, research studies within the UK tended to

focus on instrumental caring, and those outside the UK tended to focus on expressive caring based on Watson's theory (1988). Due to the absence of pre-enrolled nursing education provision in these countries, none have evaluated its value in establishing a caring attribute.

Since one aspect of caring without the other will hinder effective nursing practice (Francis, 2013) and how the two were transacted in an individual's education and training prior to degree entry is not known, there is a need for more studies on both the instrumental and the expressive aspects of caring, particularly at pre-university level. This study was therefore conducted to answer the research question "What is the potential impact of preparatory certificate programmes on nursing students' perceptions and assumptions about caring?". It did so by addressing the specific objectives of the study which were to:

i. explore students' caring attributes based on students' perception and
ii. gain insights into the ways nursing preparatory certificate programmes enable students to learn about the essence of caring in the profession.

3. Research Design

The study adopted a mixed-methods approach based on a survey and semi-structured interviews to explore students' caring attributes, and also to investigate the reported impact of nursing education at certificate level on students' preparedness to care. Whilst the surveys established students' caring attributes; the interviews directed the interactions between the students and researchers to allow exploration of students' perception of the ways education influenced their caring attributes. By including information of students' experience, the impact of the education system as obtained from the survey can be understood.

4. Research Methods

4.1. Context of the Study

In Singapore, nursing preparatory courses for entry to pre-registration nursing studies are offered as a pre-enrolled nursing (Pre-EN) programme. The programme is delivered over 2 years at certificate level. The School of Applied and Health Sciences (AHS) at a government funded Institute; the Institute of Technical Education (ITE) was developed to provide this programme alongside other vocational courses in the form of post-secondary education with the purpose to strengthen vocational and technical education in the country. The School of AHS was established in the mid 1990's to succeed the then School of Nursing as part of the Health Reform Strategy. The purpose was to provide individuals who did not qualify for direct entry into polytechnics with the opportunity to pursue a pre-registration nursing programme , or otherwise, the prospect of joining nursing as enrolled nurses.

The pre-enrolled nursing programme comprises 15 months of training in ITE and 9 months of supervised clinical attachments in healthcare institutions. The nursing programme is medically and physiologically orientated with a strong emphasis on competent fundamental nursing skills, compassionate care and empathetic communication. The School of AHS was among the early adopters and intensive users of high fidelity full sized human patient simulation manikins (HF-HPSMs) by Medical Education Technologies Incorporated (METI®) and SimMan™ by Laerdal™. Students were summatively assessed for clinical competence before commencing clinical placements which were carefully mapped with the theoretical components. For example, in the 15 months of training when students receive surgical and medical nursing knowledge in theory modules and clinical sessions, clinical placement at general surgical and medical units then followed. Progressions are based on formative and summative assessments which take the form of peer feedback and examinations respectively.

Individuals who successfully complete the programme obtain "The National Institute of Technological Education Certificate in Nursing" (*Nitec, Nursing*), as well as an enrolled nursing (EN) qualification recordable by the Singapore Nursing Board, which is the country's regulatory authority for nurses and midwives. Many *Nitec* holders would start employment as enrolled nurses and await recommendations from their employers to pursue a three-year pre-registration diploma nursing programme in the local polytechnics. Individuals who meet the entry requirement of the local polytechnics would usually not start employment but continue to pursue a three-year pre-registration diploma nursing programme. Any outstanding achievers with a Grade Point Average of more than 3.5 in *Nitec* are exempted from the first semester for theoretical modules and a clinical module in pre-registration

nursing programmes. These two alternative routes to enter pre-registration nursing programmes were somewhat similar to the "Access to Higher Education Certificate in the UK", although qualifying with the certificate does not always allow exemptions in the UK (Loke, 2014). Due to these alternate routes to nursing in higher learning, individuals with "Access to Higher Education Certificates" and experience as healthcare assistants are common in UK nursing faculties, whereas, individuals qualified with "*Nitec*", with some having enrolled nursing experience, are found in healthcare scools within the polytechnics.

4.2. Sample/Participants

The participants were the Final Year ITE students who had six months remaining in the programme. The participants were recruited voluntarily with the help of the course manager.

4.3. Ethical Consideration

This study as part of a larger evaluative study was conducted by the first author with funding support received from the Higher Education Academy based on the Professor Sir Ron Cooke International Scholarship Scheme. The study had ethical approval from the ethics review board of the Faculty of Health and Social Care at the University of Hull. Permission to conduct the study was obtained from ITE and three healthcare institutions where clinical placements took place. Informed consents were obtained from the directors and students of the School of AHS, and also, the nurse directors in the healthcare settings. This was prior to interviewing the participants and distributing the questionnaires. All participants were given opportunities to clarify any issues before agreeing to participate. They were told that all identities would be kept anonymous and confidential. Participants were also informed that they could withdraw from the study at any time. Contact details of the researcher were provided for any clarification if needed. All data obtained in the study were stored in secured databases which were accessible based on a password which was known only to the first author and no one else.

4.4. Research Procedures

The study was based on multiple visits to the School of AHS at ITE and the 3 healthcare settings, between 20th August and 26th October 2012. This provided the opportunities for an evaluative study which comprised a mixed method approach divided into 2 stages:

a. a single cross sectional survey on final year ITE students to evaluate the students' predisposition to professional care.
b. semi-structured interviews with students to fill any knowledge gaps in the first stage of study.

4.5. Data Collection and Analysis

The Caring Behaviour Inventory (CBI) by Wolf et al. (1994) was used with permission to establish the predisposition to professional care of the participants. The CBI was distributed to the students in lecture theatres, accompanied by a non-standardised questionaire tool to elicit demographic details. The researchers were present to explain the purpose of the research and to obtain informed consent. Students were given time to fill out the questionnaires and also given the choice to return the completed questionnaires either in person or via land mail. The quantitative data were entered into the statistical package for social sciences (SPSS) version 19 for descriptive analyses. The demographic data was summarised based on descriptive statistics and the caring behaviour was analysed based on descriptive statistics and independent sampled student *t*-tests as appropriate.

In addition, semi-structured interviews were conducted on a one-to-one basis in a designated office in the school as well as in the hospital compound, which were according to the partcipants' preferences. Interviews were guided by the initial questions as follows:

i. What is caring in nursing or how would you describe caring behaviour in nursing?
ii. Could you describe a situation in ITE (an interaction between students and between student and lecturers) in which caring behaviour was demonstrated?
iii. Think about a nursing intervention you implemented in clinical practice, could you highlight any aspects of that intervention you displayed as being a caring behaviour.

iv. How has studying at ITE or the posting at clinical placements affected the way you think about caring? – please provide examples

Consistent probing was needed to explore the students' perspective, which resulted in further questioning that led to these interviews lasting for 1 to 2 hours. All verbal interactions from interviews were digitally recorded and transcribed verbatim, then uploaded into NVivo Version 10. Transcripts were read several times for a deep understanding of participants' responses and then coded. Content analysis of the transcripts was conducted for emerging themes which were then analysed in relation to the demographic information and the quantitative findings to allow interpretation of the data as a whole.

4.6. Rigour

4.6.1. Reliability and validity of CBI

The CBI by Wolf et al. (1994) was based on Watson's transpersonal caring theory, in which nurse caring was conceptualised as an 'interactive and inter-subjective process that occurs during moments of vulnerability between nurse and patient and that, this is both – and other- directed' (Wolf et al., 1994, pp107-111). The CBI originally comprised 43-items, based on 5 correlated subscales: respectful deference to others, assurance of human presence, positive connectedness, competent professional knowledge and skills - all aimed at measuring the expressive, as well as the instrumental aspects of caring through a forced-choice 4-point Likert scale. It was later revised to 42 items with a 6 point Likert scale from '1' as 'strongly disagree' to '6' as 'strongly agree'. Scores on CBI are derived from the sum of each item, which gives a total scale score, from 42 to 252. High internal consistency reliability coefficients of Cronbach's alpha of 0.98 and 0.95 were reported in two separate studies by Wolf et al. (1998; 2003). A high Cronbach's alpha has also been reported elsewhere; $\alpha = 0.98$ in a study on patient perceived nursing care (Larrabee et al., 2004) and $\alpha = 0.96$ with a test-retest reliability $r = 0.82$ in another study to derive and validate a shorter CBI (Wu, et al., 2006).

This tool uses consistent language and easy-to-understand instructions. It takes approximately 12.38 minutes to complete (Wolf, 2009) and had been used for determining pre-registration students caring attributes by first and final year nursing students in the UK (Murphy et al., 2009). In view of the fact that the tool has not been used by pre-enrolled nursing students in the local context, the tool was piloted among ten first year ITE students. The pilot study

indicated no changes to the tool were required. A Cronbach's alpha of 0.922 was obtained in this current study.

4.6.2. Reflexivity

The power relation that could occur between the researchers and the participants was taken into consideration. This was despite of the fact that the researchers were not their teachers. In order for the participants to repond with ease, interviews were conducted among students who had already met the researchers in the survey research. In terms of validity of the findings, the qualitative data were compared to the results of the quantitative research. To reduce biased interpretation, the findings from the interviews were validated with the participants and member checking was conducted at various stages during analysis.

5. FINDINGS

5.1. Student Profile

Students from ITE (n= 193) completed and returned the questionnaires (Table 5.1). There were more female than male students, reflecting the phenomenon in the country where nursing education is more popular among females. Due to the fact that the programme was accessed as post secondary school education by individuals immediately leaving schools, students were generally younger than 18 years of age. The highest level of academic achievements were secondary school leaving certificates at either General Ordinary (GCE 'O') level or General Normal (GCE 'N') level; the latter qualification was introduced in Singapore in 1981 following a slight alteration to the existing secondary school curriculum. This was to allow individuals to exit secondary education in the 4th year with GCE 'N' level or to continue a year-long pursuit in achieving a GCE 'O' level certificate, which was normally achieved in 4 years by more able students. As dicussed, ITE has a mission to provide students with lower academic ability the opportunity to develop a set of useful skills and knowledge to enable them to secure a job and access higher education. Based on this study, the majority of students (n=184, 97.3%) had successfully completed education at GCE 'N' level which provided them limited job opportunities, had participated in the enrolled nursing certificate programme. By accessing this post-secondary education, individuals gained

access to a nursing career as well as, the opportunity to access nursing education at higher learning.

Table 5.1. Student profile

Demographic data	n_1 (%) = 193 (responded)
Gender	
Female	148 (76.7%)
Male	45 (23.3%)
Age (mean)	18.20 (SD 1.168)
Nationality	
China	3 (1.6%)
India	1 (0.5%)
Indonesia	1 (0.5%)
Malaysia	1 (0.5%)
Philippines Myanmar	1 (0. 5%)
Singapore	186 (96.4%)
Chinese	*28*
Malay	*111*
Indians/Sikhs	*35*
Boyanese	*6*
Javanese	*5*
Eurasians	*1*
Vietnamnese	
Academic qualifications (Highest)	
O levels	9 (4.7%)
Normal levels	184 (95.3%)

5.2. Students' Caring Attribute and Their Views on Caring

The students achieved an overall mean CBI score of 4.55 (SD 0.32). The highest score of 4.88 was attributed to item 8 “showing respect for the patient” and this was followed by a high mean of 4.81 for item 18 “helping the patient”. Even the lowest score for item 16 “being sensitive to the patient” was also high at 4.20. These findings suggested that students were more comfortable in dealing with the physical aspect of caring. Due to the

homogeneity of the student population, a bivariate correlation test did not find the caring attribute to be significantly affected by student gender ($r = 0.161$) or age (r=0.209).

Students generally agreed that caring for patients involved expressive and instrumental aspects of care. Many viewed that in being a nurse, it was important to be able to address the physical needs as well as the emotional and psychological needs of patients. As explained by a student:

> "*caring for patients means being prompt in answering call bells, able to help patients with very simple things such as hygiene, but also being very patient with the patients, because many old patients are very slow in eating or drinking...they also like you to listen to their stories, so you must be very attentive and patient, especially when they start telling you their stories*".

Many students felt that a nurse was only considered effective when the individual was able to display expressive and instrumental caring behaviour simultaneously. One student specifically described this:

> "*being able to communicate with the patients and be kind to the patient is not enough, a caring nurse must also be able to help the patient in things the patient cannot help themselves with, like turning in bed."*

Another student explained*:*

> "*When we help the patient turn, we must make sure we do it gently, that is why it is important that we have enough manpower*".

5.3. Students' View on the Ways Caring Behaviour is Nurtured

5.3.1. The caring attribute based on expectation of student behaviour.

Students generally felt that they have learned about caring from teachers who set limits in terms of student behaviour. One participant clarified:

> "*when I joined ITE nursing, I had to quit smoking, mmm....if I am caught smoking in public, especially wearing this ITE uniform, I will get into trouble... also I quit because,if I continue smoking I will not only set a bad example for our patients, but also, harm the people around me...nurses are supposed to care for others and not hurt them*"

Other than the need to assume a good role model for health promotion, students viewed respecting authority as a form of caring behaviour. One of the participants expressed this as follows:

> "*We must greet our teachers when we see them, and we are expected to greet by their titles, it is considered rude if we use their first name...and we do the same when in clinical settings, we will address the staff nurses and ward sisters by their titles, and we do the same for the patients, for younger patients we usually call them by Mr, Mrs so and so...and for the older patients, we call them Ah pek* (elderly men) *or Ah po* (elderly lady) *....I don't know how to explain this, but, addressing the person properly means I care....I care about the person's feeling*".

5.3.2. Caring attribute based on interactions with peers and lecturers

As indicated in section 5.1, the student population was homogenous in terms of nationality; students were either Singapore citizens or had permanent resident status in the country. Despite the homogeneity there was an obvious ethnic diversity which provided students with the opportunity to learn about being caring and sensitive towards the needs of others from a different culture. One ITE student claimed how this was achieved:

> "*During Ramadan, I will try not to eat in front of my Muslim friends even if I was so hungry*".

There were also situations when students learnt from each other about the cultural differences before they attend clinical settings, and they felt it was important for quality patient care. One student revealed:

> "*There was once when I was almost offended a Chinese patient by showing my concerns, I was quickly stopped by a friend who knew about the Chinese culture – mmm...so lucky*."

Other than from peers, students felt that they have learnt about caring from their teachers who were role models for their caring behaviour. In addition, students generally felt that the teachers' high expectations of their learning were a reflection of their caring behaviour. One student highlighted this view as follows:

> "*Mrs X is very strict, she expects us to be prepared for the session and she will be very angry if we do not know our work...she is strict*

because she cares about our learning...many of the ITE teachers are very caring, they will stay back after classes, and explain to us until we understand"

5.3.3. Caring attribute affirmed by patients and enhanced by status of pre-enrolled nursing

Students generally identified the value of pre-enrolled nursing as a source of empowerment and development of their caring attribute. Students felt that being able to be identified as a nursing student gave them the motivation to improve as carers. Students found that the affirmation of their nursing student status was particularly useful, when it came from the patients they cared for during clinical placements. One participant highlighted the difference between praise given by his teacher and recognition of him as a nurse by a patient:

> "*if it was my teacher who tells me that I am right in doing something, I am be very happy, because I know I am doing things at a standard of a nurse, and the more I want to do it right.....a patient just have to call me 'student nurse' or 'nurse', and I will be very happy, I somehow felt that my care for the patient is special , it is from me , an ITE student and not just any carer – I know in other countries they are call healthcare assistants ...I feel good to be called a nurse*."

5.3.4 Caring attribute based on curricular and extra-curricular activities

Students were clear how the concept of caring was transpired in classroom settings within the educational settings. One student explained:

> "*In school, we learn about caring in lectures and we also learn how to care for patients in the ordinary clinical labs...we practice our skills there.... In the simulation lab, Mrs X will emphasize the way nursing care we have learnt is applied on a patient. She and some other teachers will act as patients or patient families to help us see how we should be a good and caring nurse towards the patients...*"

While students agreed that caring was learnt from teachers in school, many of them felt that patients in clinical practice have helped to reinforce their learning. One student's view along this theme was recorded:

> "*What I learn in school, I use it the clinical settings, I like clinical placements is because there, I am nursing the real patients...and they are the best people to confirm my learning; if I am able to care for another as a nurse*"

Participation in the World Skills Competition and Racial Harmony Day celebrations were some of the extra-curricular activities that students felt further enhanced caring behaviour. One student explained how this was achieved:

> "*the World skills completion I participated has helped me to understand better, how all these caring skills and knowledge are applied in clinical settings.*"

6. DISCUSSION

The political strategies focused on reforming healthcare and driving the production of enrolled nurses in Singapore may cause ITE nurse education to concentrate on producing competent practitioners to fulfil bedside nursing. The institute which receives students who had a generally weaker academic profile (ITE, 2012) could be further influenced to concentrate on skills training. However, based on students' perspective the pre-enrolled nursing journey was enriched with many opportunities that produced a caring nurse who could meet demands in a complex healthcare system in Singapore. As demonstrated in this study, pre-enrolled nursing education is more than creating enrolled nurses as appendages of registered nurses. The findings of this study indicated students' ability to define and display behaviours of caring in the same way as expected in clinical practice (Francis, 2013). The concept of assisting, instructive acts, concern, coping and supporting were associated with caring (Leininger, 1988). Students exposed to the curriculum expressed understanding that caring comprised both instrumental and expressive aspects of caring and understood that professional caring required a good balance between the two. Their understanding was evident in their high level of caring attribute scoring of 4.55 (SD 0.32).

According to the students, caring as an attribute was explicitly expressed in the students' entire journey in the pre-enrolled nursing programme. They believe that learning about caring occurs in lectures, but mostly, in other situations such as simulation learning, interactions with teachers, peers and patients. Students also felt that their acquired caring attribute was enhanced when students were selected to participate in the extra-curricular activities which had a specific nurse caring focus. It was obvious that honing of caring skills was ongoing to allow sense-making of any conceptual change about caring, to promote development of real understanding of the concept and

finally, to encourage application of the acquired knowledge and skills in new situations.

The findings of this study demonstrated that students' caring attribute was acquired because students have associated the good reputation of nursing with their ITE certificate programme. This association has given them a good level of motivation for learning. The study has also shown that caring was learnt due to the high expectations of the teachers in relation to social behaviours; which may be related to the socio-cultural context of Singapore. For example, in the local context, smoking is viewed as an asocial behaviour. Nurses as healthcare professionals are by default health promoters in the country and are therefore expected to remain as non-smokers. Also, in Singapore, addressing elders or those in higher authority by their title is well accepted as displaying social manners, and hence was a form of showing respect and love for the elders. Obviously, what has made setting of rules a success in instilling caring behaviour was the imposition grounded in caring rather than punishment (Noddings,1984).

The investigation provided useful insights into the ways individuals perceived their learning of the concept of caring to meet the complex needs of the local healthcare industry. It has also demonstrated that many individuals who, otherwise, would not have the opportunity to access nursing education were nurtured in pre-enrolled nursing education with a caring attribute essential for nursing and more critically, were motivated to a high level of preparedness to care. In essence, this study has demonstrated that the preparatory programme is potentially an essential path for invidviduals to head towards achieving higher degree nursing programmes. However, it needs to be nursing focused, that is, a carefully crafted systematic route to a caring career in nursing for individuals who care or otherwise, are prepared to learn to do so, as expected in nursing.

7. Limitations

This study has provided only a cross sectional view of the individuals' caring attribute. The permanence of the effects of pre-enrolled nursing certificate education could only be more accurately determined via a longitudinal study to follow up on the participants. Hence, further studies are needed to produce evidenced-based strategies for nursing education development.

8. CONCLUSION

Professsionalisation of nursing could only succeed if its effort was based on promoting nurses' core professional value of caring, driven by sound motivation which aims to achieve better healthcare. Based on this study, preparatory courses with a strong nursing focus, such as a pre-enrolled nursing education has the potential to be an important part of this effort. First, pre-enrolled certificate education offered as post-secondary education allows recruitment of young and enthusiastic individuals who have the potential to acquire the required caring attributes. Second, a well structured nursing context of learning provided at pre-enrolled nursing level could raise the self-esteem of individuals and give them a sense of pride in academic pursuits, such that their potential in learning about caring could be released. By scaffolding learning within a pre-enrolled nursing programme which explicitly emphasized caring, individuals could successfully learn about the fundamental value of nursing which is in line with the local context. In the current nursing atmosphere, discussion on the positive impact of pre-enrolled nursing on an individual's aspirations and motivation for better care has not been possible. What seems to be missing from nurses' educational development plan is the lack of appreciation of the value of pre-enrolled nursing education for nurturing the attributes of caring, that this level of nursing education might have been mistakenly sacrificed in the professionalisation process. That being said, more research is needed to evaluate the value of pre-enrolled nursing in Singapore. Comparison with generic healthcare preparatory courses in other parts of the world is also needed to either support or refute the findings of current work.

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