Furthering *caring* through nursing education

D van der Wal
MA (Cur)
Department of Advanced Nursing Sciences
University of South Africa

Abstract

The nursing students' main quest is for self actualization by attributing meaning to life through caring. To assist student nurses in this quest, the nurse educator needs to plan educational interventions according to an anthropological model that posits care and caring as innate human attributes. Further, the structural essence of what professional nursing caring entails should also be posited as a point of departure for curriculum planning. The author proposes such models. The main implications include that the nursing curriculum must increasingly attend to the emotional needs of nursing students. Curricular content and teaching strategies toward this goal are suggested.

Opsomming

Die studentverpleegkundige se hoof soeke is na selfaktualsering deur sin aan haar bestaan te gee deur omgee ("caring"). Ten einde die studentverpleegkundige by te staan in hierdie strewe en soeke moet die verpleegdosent onderrigtussentredes beplan volgens 'n antropologiese model wat omgee poneer as 'n inherente menslike attribuut. Die strukturele essensie van die verskynsel professionele "omgee" moet ook poneer word as 'n vertrekpunt vir kurrikulumbeplanning. Die skrywer stel sodanige modelle voor. Die hoofimplikasie hiervan is dat die verpleegkurrikulum toenemend na die emosionele behoeftes van studente moet omsien. Kurrikuluminhoud en onderrigstrategieë word ook voorgestel ten einde hierdie doel te verwesenlik.

"Although the world is full of suffering, it is full also of the overcoming of it"

Helen Keller

Introduction

Helen Keller is quoted as having said: *Although the world is full of suffering, it is full also of the overcoming of* it. Presently, we find an increasing number of reports on people who have, miraculously, overcome suffering, grief, sorrow and despair. However, relatively little is written about those who live with the suffering, pain and grief of others and who have to face this daily. Very little has also been written on supporting a caring concern in student nurses through nursing education. A major problem in this regard may be that the nurse educator does not have a clear conceptualisation of the essential attributes of the phenomenon caring or the emotional significance of this innate human potential. In this regard, this paper posits a structural model case of professional nursing caring and variants of "caring" in the form of structural borderline, related and contrary cases and proposes broad and general suggestions for the maintenance of a caring concern through nursing education.

What is caring?

Prior to becoming more deeply involved in the nurse educator's task in relation to the teaching of human caring, we need to reacquaint ourselves with the meaning of the term *caring* and the origin of this human phenomenon.

Caring as an innate human attribute or potential

Various authors consider caring as an innate human attribute or potential. Fundamentally, these authors state that human beings care and are caring merely because they are human beings. Nyberg (1989:10), for instance contends that: *Caring begins as an interest in someone, which expands through knowledge to a feeling and a commitment to assist the person to exist and grow. As one experiences the satisfaction of an individual caring relationship, caring becomes part of one's life* (Nyberg 1989:10). To Roach caring is *the human mode of being*; the *desire* to care is human (Forrest 1989:816). For Griffin (1983:289) also, caring denotes a primary mode of being in the world, which is natural to us and of significance in our relationships

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to others. So strongly does Noddings (1984:145) feel about the human nature of caring that she emphatically states: *Whatever I do in life, whomever I meet, I am first and always one-caring...I do not 'assume roles' unless I become an actor. 'Mother' is not a role; 'teacher' is not a role* (Noddings 1984:145). Noddings (Dunlop 1986:666) further suggests two roots for the existence of caring. The one root is traced to the individual's longing to maintain, recapture or enhance, his/her most caring and tender moments of life, and the other the inherent or natural sympathy human beings feel for each other. She thus seems to suggest both a *nurture* and a *nature* source for caring.

Definitions of the term caring

According to Morrison (1989:421) caring has frequently been used by the helping professions as a qualitative descriptor of their function. This is also reflected by Sobel's (1969:2612) definition of human caring as that feeling of concern, regard, and respect, one human being may have for another. To this, Gaut (1979:79), adds that: *To treat caring as a verb (work only) puts the focus on its action sense and sets aside certain other senses of caring . . . and to some extent, caring as a virtue or quality.* Reverby (1987:5), in return, feels so strongly about caring as a qualitative descriptor of nursing that she attests to the fact that due to the historical evolution of the profession of nursing, caring has been taken on by nurses, more as an identity than as work.

To Lindberg, Hunter, and Kruszewski (1990:5), caring should involve more than just carrying out nursing procedures. *True caring is based on an attitude of nurturing, of helping one another grow* (Lindberg et al. (1990:5). The latter concept - *growth* - also features pertinently in Mayeroff's, now classical, philosophical treatise on caring (Mayeroff 1971:7-11).

Carper (1979:14) points out that the root definition of nursing care reflects the exercise of serious attention, caution, protection, and concern. Through this expression of human compassion, and worry, the carer looks after the patient (Barker 1989:134). This is echoed by Forsyth et al (1989:165) who regards caring as the means, or tool, used to put nursing concepts into practice.

Apart from defining caring as an energiser of action and a specific quality of action, the concept caring, for definitional purposes, should also be distinguished from several other concepts. For instance, Bevis (1981:49-58) distinguishes caring from feelings and processes such as love, sex, concern, intimacy, and duty. Although all of these are in their own way positive human experiences, Bevis (1981:49) is convinced that: *All other human feelings have potentially negative effects as well as positive ones, but caring by its nature and definition is only and always positive.* Bevis' statement is, however, strongly opposed by Maslach (Harrison 1990:125) who points out that the effect which caring has on the care giver often results in burnout. However, viewed from within Bevis' definition, had it been *caring* in the first instance, burnout would not have occurred. This viewpoint by Bevis denotes a *salutogenic* and *fortigenic* dimension to caring.

Mayeroff further indicates that caring should not be confused with such meanings as wishing well, liking, comforting, or simply having an interest in what is happening to another. Caring is also not an isolated feeling, a momentary relationship, or simply a matter of wanting to care for another. Caring, according to Mayeroff, as helping another to grow and to actualise himself, is a process, a way of relating to someone that involves development, a process (Mayeroff 1971:1). This is also echoed by Noddings (Moccia 1988:31-32).

The importance of both qualitative and quantitative attributes of caring is further implied by Mayeroff when stating that in caring, a person or an idea is experienced both as an extension of, and as something separate from, oneself. Thus, caring is the antithesis of possessing, manipulating or dominating someone or an idea. It is a process which requires devotion and trust. In any actual instance of caring, there must be someone or something specific that is cared for. As Carper puts it, caring cannot occur by sheer habit; nor can it occur in the abstract (Carper 1979:14). In this regard Noddings (Dunlop 1986:667) points out that the act of caring entails, *...stepping out of one's own personal frame of reference into the others'...To care is to act not by fixed rule but by affection and regard.* To this one could add Pribram's (Gendron 1990:280) notion of caring as being a context-sensitive behaviour: *Caring for someone is not so much doing something as doing it at the right time in the right place, when needs are felt and communicated.*

Kitson (1987:164), in an attempt to clarify the concept *professional caring*, concluded that where lay-caring and professional caring differs is in the extent to which professional care sets itself up as a specialist service meeting the care needs of those who are either unable to care for themselves, or others in an acceptable manner; not professional caring's impersonal nature nor its complexity (Kitson 1987:164).

Benner and Wrubel isolate the essence of caring as: *...being* ***connected****, to have things matter...caring fuses thoughts, feelings, and action; it fuses knowing and being and so is primary to our existence...it creates possibility...connection and concern ...sharing of help, allowing one to give and allowing another to receive* (Moccia 1990:212). In the same vein Watson connotes that: *Human care ... consists of transpersonal human to human attempts to protect, enhance, and preserve humanity by helping a person find meaning in illness, suffering, pain, and existence; to help another gain self-knowledge, control, and self-healing wherein a sense of inner harmony is restored regardless of the external circumstances* (Watson 1985:54).

In summary Norberg's definition applies, namely that caring is: *an interactive commitment in which the one caring is able, through a strong self-concept, ordering of life activities, an openness to the needs of others, and the ability to motivate others, to enact caring behaviours that are directed toward the growth of the one cared for, be it an individual or group. Thus, caring is both a philosophy and a milieu created...for the purpose of encouraging caring relationships...* (Nyberg 1989:15). In addition to this succinct definition by Norberg, the author coined the following definition of caring in an attempt to clarify, to some extent, the semantic problems surrounding the interchangeable use of the words *care* and *caring*.

Caring is not merely the present continuous form of the verb to care, but is also a collective noun for a whole array of ethical, moral, religious, philosophical and cultural concepts, which has a verbal (verb or doing) implication, and which manifests human ethical intention in both similar (generic) and different (specific/contextual) ways in different caring professions and human relationships.

Although caring, by necessity, includes the phenomenon care, the reverse is not true. This issue will become more evident from the conceptualisation and models of the "variants of caring" which are presented later in this paper.

A proposed model of the individual

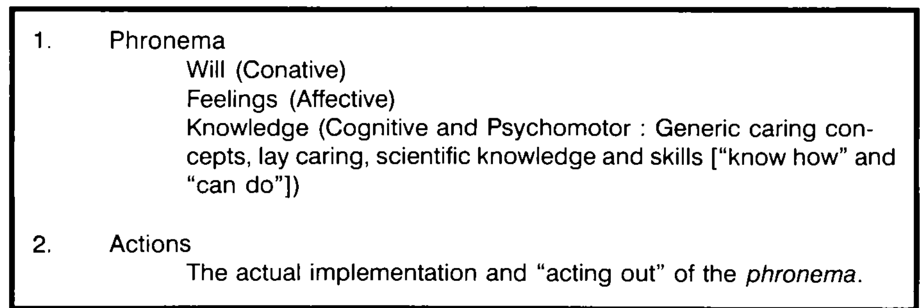
To allow caring its rightful place in nursing and nursing education, a philosophical anthropological model of the individual, which provides for the inclusion of human caring in the concept *individual*, should be posited. Heidegger's philosophy provides such a model of the individual. For the purpose of the present discussion, *care* is also accepted as the essence (the fundamental attribute) of being (of the individual); *care* in the sense of having something matter. In Heideggerian philosophy the term *Sorge* is used. Heidegger (May 1969:290) considers care as the source of will. One must have something matter before one

can will anything. Care and will are two aspects of the same experience. Thus, when fully conceived, the care-structure includes the phenomenon of *Selfhood*. Heidegger thus thinks of *care* as the basic constitutive phenomenon of human existence. *Care* thus constitutes the individual as individual (May 1969:290). However, *care* in this most basic and fundament expression is value neutral as well as morally and ethically neutral. Care at this level is but an attribute; fundamentally a potential. There is nothing good or bad about it. However, when we refer to *caring* as defined previously we acknowledge that the *care* essence of being has been guided into an ethical direction. That is, within a certain context (such as nursing), *care* (having something matter) is expressed as *caring* which by its very nature is right and good; an ethic.

Although the essential attributes of the phenomenon caring are maintained in all situations, situations may also demand, and add, additional specific attributes to this phenomenon. Thus, caring in nursing is in a way the same as, and different to, caring in education, the correctional services, police force, and the like. The point is, all helping professions direct their expertise towards the advancement of the essence of being namely, care. By so doing, professionals also make visible the direction their individual essence of being has taken; what their individual *having something matter* entails.

The implication of such a model of the individual for the helping professions is that all the helping profession should direct their attention (caring concern) to guiding the *care essence* of individuals in an ethical direction within a specific sphere of practice such as health care, education and welfare. Helping and caring professions are thus also involved in the rehabilitation of a distorted care essence of others; individuals and communities alike. Nursing, for instance, focuses on having health matter to individuals and groups.

Figure 1 : The basic structure (structural essence) of caring



A proposed model of caring

In addition to the proposed model of the individual, a model of caring, which provides for the inclusion of the attributes of caring as contained in the definitions of caring quoted above and the moment to moment experiences of caring individuals, is needed. The author (Van der Wal 1992) constructed a model of the phenomenon caring which attains this ideal to some extent.

In the proposed structural model of caring and its variants, two essential attributes are postulated namely a *phronema* and an *actions* component (See figure 1). The term *structural essence* is preferred as this reconstruction of caring will probably suite all contexts, however, will not be totally representative or descriptive of caring in any specific context.

The word *phronema* is a Greek collective noun which refers to human will, feelings and knowledge. The author arrived at this representation of the essential structure of caring after having analysed and categorised 83 attributes of caring (See table 1) abstracted from qualitative interview text, through open coding and axial coding.

Table 1 : Single words and phrases indicating the nature of caring

Accommodation	Discipline	Individualism	Secrecy
Accompaniment	Distance	Interaction	Security
Acknowledgement	Doing	Innovative	Self-actualization
Action	Effort	Involvement	Self-care
Affection	End in itself	"A life-force"	Self-development
Association	Emotion	Knowledge	Self-generation
An attitude	Empathy	Listening	Self-maintaining
Authenticity	Fairness	Maturity	Service
Availability	Faith	Non-directive	Situation specific
Balance	Feeling	Non-possessiveness	Skills
Being there	Freedom	Non-threatening	Spontaneity
Calling	Giving meaning	Not rigid	Supervision
Commitment	Growth	Nurturing	Support
Communication	Guidance	Offering help	Sympathy
Competency	Helping	Oneness	Therapeutic
Concern	Holism	Participation	Trust
Confidentiality	Honesty	Power	Unbiased
Consideration	Hope	Presence	Unity
Contact	Humanism	Rational	Universality
Conviction	Human mode of being	Reciprocality	Warmth
Democracy	Interest	Respect	Way of life
Devotion	Inviting	Responsibility	Willingness (Will)

The above conceptualisation of the structural essence of the phenomenon caring has certain implications for nursing education which are discussed later in this paper. It suffices at this point to note that in this abstraction of the essence of caring, the psychomotor, affective, and cognitive domains of learning are involved as well as the conative domain. This also implies the involvement of *social* and *emotional intelligence* in addition to cognitive intelligence (IQ).

Variants of "caring"

Cross matching the presence and/or absence of the phronema and the action components of caring resulted in the identification of different "variants of caring" (See table 2). Although individuals may still call their orientation and actions *caring*, it may well not be **caring.**
Five variants of "caring" are depicted.

• *Professional caring*, our main concern, is composed of three variants of caring namely: lay caring, caring for and caring about. This represents the *model case of professional caring*. It provides for all the critical structural attributes of the phenomenon *professional caring* (Walker and Avant 1995:42).

• *Lay caring* forms a borderline case; a case containing some of the critical attributes of the model case but not all of them (Walker and Avant 1995:43). At this stage, the reader's attention must be drawn to the fact that the inclusion of lay caring (generic caring) as a component of professional caring is not without predicament. Kitson (1987:164) concludes that lay-caring and professional caring differ in the extent to which professional care sets itself up as a specialist service (meeting the care needs of those who are either unable to care for themselves or others in an acceptable manner), and not in professional caring's impersonal nature nor its complexity (Kitson 1987:164). In contrast to this, Melia (1963:16) points out that, at the functional level, the student nurse abandons her lay (caring) status almost overnight during her socialisation towards professional caring. However, it can neither be ignored that professional caring demands actions and skill quite different to lay caring under similar circumstances, nor can it be disregarded that the situation might present itself in which no nursing or medical knowledge or skill can benefit the patient any longer and that at such a point in time, sheer humane (lay) caring is indicated. It is, however, also true that in professional caring, technology and techniques are *humanised* through lay caring and generic caring attributes. Pepin (1992:128) further points out that lay caring is the only natural source of caring available to the caring professions. It is also interesting to note that it would be through the inclusion of lay caring as a component of professional caring that an avenue is opened for the inclusion of cultural care in the nursing curriculum and the rendering of culturally congruent nursing care in practice.

• *Caring about* can also be defined as the individual's, and collectively, the nursing profession's, moral and ethical conscience (Van der Wal 1992:289). This is what connects one caring encounter with another. Interest, readiness, willingness and ability to care and be caring are maintained by the phronema which serves to energize actions should the opportunity for caring present itself. However, if this variant of caring becomes a mind set of the individual the individual in question might consider himself or herself as "concerned," however, this concern will not lead to appropriate actions. In terms of Walker and Avant's (1995:44), *caring about* represents the anatomy of a related case to *professional caring*.

• *Care for* also represents a related case to professional caring. In this instance, the humanistic and humane component of caring are lacking and the care giver adhering to this type of caring is merely doing his or her job. It might even be that caring in this instance is service to science, technology and procedure, however, not necessarily service to mankind.

• *Apathy* represents a contrary case to professional (and lay) caring (Walker 1995:44). Apathy refers to a state in which a person is unable or refuses to express feeling, or is unable to commit himself or herself in any meaningful way to other people or to a particular course of action (Van Schaik 1977:149). However, as Frankl (1984:86-87) experienced, one can freely *choose one's attitude in any given set of circumstances*. With this, Frankl returns the apathetic care giver to professional (and lay) caring and gives support to the possibility of maintaining or rekindling a caring concern.

Table 2 : Variants of "Caring"

Structural phronemic essentials	Professional caring	Lay caring	Caring about	Care for	Apathy
Will	✓	✓	✓	✗	✗
Feelings	✓	✓	✓	✗	✗
Lay and Generic caring	✓	✓	✓	✗	✗
Professional knowledge	✓	✗	✓	✓	✗
Actions	✓	✓	✗	✓	✗

The nature and variants of the "will" component of the phronema

On closer examination of the variants of caring, the will component of the phronema appears to be always accompanied by both the feeling and generic and lay caring components. Will, for the purpose of the proposed model, is defined as an altruistic humanistic intention (directedness) of the individual; as wanting to be caring, and choosing to be caring, in an ethical, altruistic, humanistic manner. The will component of the phronema of caring is composed by attributes such as *will* and *willingness*, *commitment*, *conviction*, *devotion*, and *effort*, and by caring being a *calling, a human mode of being*, a *life force*, and a *way of life* (Van der Wal 1992:243).
May (1969:291),in this regard, points out that we need to distinguish will and will-

ing from *wishing*. Wishing is like *"a mere hankering, as though will [is] stirred in its sleep . . . but did not get beyond the dreaming of action"* (May 1969:291). Will, on the other hand, is the full-blown, matured form of wishing. Will is reflected in an individual's *conscious [deliberate] acts*. With care (having something matter and being connected) as the essence of being, will and wish cannot be the basis for care, but rather vice versa; they are founded on care (May 1969:290). We cannot will or wish if we did not care (had something matter, being connected) to begin with (May 1969:290). Since will and care are expressed in conscious actions, it follows logically that only professional nursing caring and lay caring reflect full blown will and willingness as defined for the purpose of this paper. It is only in these two variants of caring that the full human to human potential is utilized.

In a sense, wishing is a promise of future will and care *in the act* as actions to realise the dream (wish) has not (yet) occurred. While still wishing, this care-to-be is best represented by the *caring about* variant.

Care and will should also be clearly distinguished from *sentimentality* (May 1969:291). Sentimentality is thinking about sentiment rather than genuinely experiencing the object of it. It glories in the fact that one has a certain emotion; it begins subjectively and ends there. But, care is always directed towards something; having something matter; being connected. Sentimentality thus also lacks the necessary *conscious act* and is thus also best represented by the *caring about* variant of caring. In a sense, sentimentality represents will and care stuck in wishing. For example, sentimentality in operation is reflected in situations where someone who cries during a movie over atrocities portrayed in the film is oblivious to those same atrocities when encountered in the walk of their daily lives.

In summary, to define professional and lay *caring* more clearly, the will component as essentially reflective of the care essence of the authentic individual should be distinguished from wishing and sentimentality as representative of inauthentic being.

Meaning in life

The question remains as to why some people care and are caring while others seem to be indifferent in this regard. Harrison (1990:125) concluded that the answer to this difference can be partially explained by a basic element of caring itself; *creating meaning*.

Creating meaning through care and caring is also supported by Heideggerian thought. For Heidegger (Steiner 1989:26 and 101), it is care (*sorge*) that makes human existence meaningful, that makes the individual's life significant. To be-in-the-world in any real existentially possessed guise, is to care, to be *besorgt* ("careful" (full of care) or concerned).

Van Schaik (1977:148), in this regard, points out that in the history of philosophy, care is stated as being of intrinsic importance in the problem of meaningfulness. Both Rollo May and Paul Tillich are also concerned with the problem of how the individual, particularly in the 20th century, can find meaning in life in the face of a deep seated experience of anxiety (Van Schaik 1977:149). May (1969:292) characterises this anxiety by relating it to the dichotomy between the individual's *rational and emotional life*. This, in terms of the above structural representation of the phenomenon caring, points to an inarticulateness between the feelings, the generic, and the lay caring components of the *phronema* on the one hand, and the knowledge and skill component on the other hand. Such a dichotomy, for differing periods of time and under different circumstances could lead to *care for* and *caring about*. It is however, also anticipated that, in extreme cases, the care giver might totally abandon the caring concern. In such an instance *apathy* results (May 1969:292). This corresponds to Frankl's (1984:154) concepts of *existential frustration* and the *existential vacuum* - a private and personal form of *nihilism* defined as the contention that being has no meaning (Frankl 1984:123-125).

Naturally the opposite of such a meaningless attitude is *care* (to have something matter), for, according to May: *Care is a state in which something does matter; care is the opposite of apathy* (Van Schaik 1977:149). The person who offers professional care and caring seeks (perhaps unknowingly) to restore the lost in unity and meaning in modern life. Penitence, hope, realism, and a search for a lost harmony are all appropriate and necessary for people who aspire to care (Campbell 1984:14).

That caring contributes to meaning in life is also claimed by several other authors. Midlarsky (1991:241) points out that

Table 3 : Summary of the concept "will" as it pertains to the different variants of caring

Professional caring : The will component is present in humanistic-altruistic and humane terms which motivates action and represents the essence of being and authenticity. Both things and people matter. Care as the essence of being is present.

Lay caring : The will component is present in humanistic-altruistic and humane terms which motivates action and represents the essence of being and authenticity. Both things and people matter. Care as the essence of being is present.

Caring about : The will component, although humanistic-altruistic in nature, is not fully conceived and is present in the sense of wishing and/or sentimentally. In this instance there might be a promise of future full-fledged care and caring. Care and caring are thus also not fully conceived. Inauthenticity is present. Things and people matter. Care as the essence of being is present.

Care for : The will component is absent in terms of a humanistic-altruistic humaneness. However, it might be present concerning ulterior motives. Inauthentic being exists and caring is not fully conceived. Care rendered may, however, be to the benefit of others although not necessarily being intentional. Things matter more than people. Care as the essence of being is present though not necessarily ushered in an ethical direction.

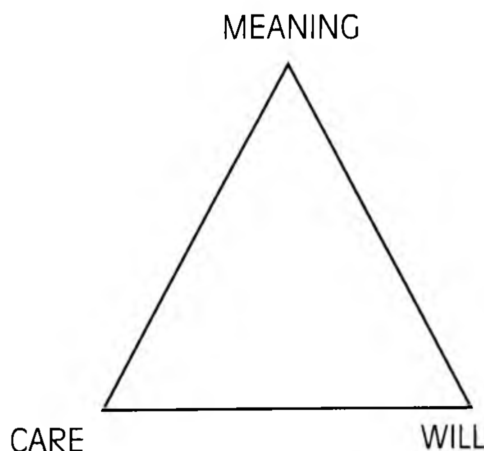
Apathy : The will component is absent in terms of a humanistic-altruistic value system, as well as in the sense of the essence of being. Authenticity and inauthenticity are inconsequential as (theoretically) care as the essence of being does not exist. Nihilism and meaninglessness exist. Should this state be possible, it resembles death itself as well as being "bracketed" out of existence.

helping others has the capacity to enhance the sense of caring and care and *the value in one's own life*. Midlarsky also points out that the *well-being* of the care giver accompanies helping and caring. Des Prez (Midlarsky 1991:241) also indicates that sharing in helping is the central stabilising and *meaning giving* aspect in the helper's life.

It should be noted at this point that a concern about *meaning* is not necessarily an indication of underlying psychopathology. As Lawson (1977:44) puts it: *The question 'Why?' is not so much a demand for a reason as a word that reflects the questioner's attitude to the situation*, and *the feeling of meaninglessness is not a symptom of sickness, but proof of humaneness. Only man (the individual) can feel the lack of meaning because only he (the individual) is aware of meaning* (Lawson 1977:44).

It would thus seem that both professional nursing caring and lay caring can only exist within the trinity of care, will and meaning. These three elements should be taken as coexisting in constituting caring. In the absence of one of these, professional nursing caring and caring as human excellence fail tragically.

Figure 2 : The trinity in which professional nursing caring resides



Implications for nursing education

Taking into consideration the anthropological model of the individual on which the present discussion is based, teaching caring addresses the essence of each individual student and turns nursing education into deliberate moral education. Looking at the phronema of caring, such moral education does not imply emphasizing ethics to the detriment of other subjects presently contained in the nursing curriculum. What moral education implies, within the quest for teaching caring and the parameters set by the phronema of caring, is that all domains of learning should be included in the curriculum for the sole purpose of generating readiness and willingness to, and the ability for, humane and humanistic caring. This implies guiding the *care* essence of the individual in an ethical direction within the nursing situation.

As far as the variants of caring are concerned, the nurse educator needs ways in which to combat mind sets opposing professional caring and lay caring. The student nurse needs to be assisted in moving from sentimentality and wishing towards willing and caring, from inauthentic person who *cares for* and *cares about* to an authentic ethically caring person. The previously posited trinity of care, will and meaning also calls the nurse educator to reflect on the meaning students find in caring and whether such meaning giving is provided for in the educational setting.

Consequently, pressing questions for the nurse educator are:

• Do neophytes enter the nursing profession in a phronemic state of wishing or in a state of willing and caring?

• Does society currently supply the nursing profession with caring candidates? Are nurse educators merely to sustain a lay caring concern in students and guide this towards professional nursing caring or are tutors to cultivate such a caring concern anew?

• Do we as nurse educator not perhaps fail to combat *alexithymia* (the absence of words to describe emotions whereby emotional experiences pass by unnoticed) in student nurses due to the fact that we do not unlock the rich emotional contents of caring to students?

For the concerned and caring nurse educator, the answers to these and other questions will have profound implications on their planning of the nursing curriculum. For her, care as the essence of being, as having things matter, spells being connected (*connectedness*) and *being in touch*; in touch with self, others and things. She will facilitate and promote this *being connected* and *being in touch* within students to the benefit of students, patients and clients alike.

Recommendations

Recently, nurse educators have come up with many new and ingenious teaching strategies for teaching caring, connectedness and being in touch. At this point, however, the following recommendations suffice:

• providing for the development of different types of intelligence namely rational, emotional and social intelligence;

• allowing students to care and to be caring;

• fostering being connected and being directed; and

• strategies for maintaining a caring concern.

Providing for different types of intelligence

The phronema of caring dictates that the development for at least three different types of intelligence should be provided for; rational intelligence (professional nursing knowledge and skills), social intelligence (lay caring and generic caring components), and emotional intelligence (the feelings component). Of these the latter two types of intelligence seem the more important ones in cultivating and sustaining a caring concern. Presently nursing curricula are still flooded with the importance of the intellectual and rational intelligence. For this reason no further attention is payed to this type of intelligence.

• Emotional intelligence

Emotional intelligence signifies that the individual reacts emotionally appropriate in specific situations and that the individual is in touch with her/his emotions; being able to name emotional experiences and to talk about these. Goleman (1995:302) indicates that in the domain of emotional intelligence, emotional skills, cognitive skills, behavioural skills and a self science curriculum are eminent. The nurse tutor has to provide for the inclusion of these aspects in the nursing curriculum. Suggested curriculum content pertaining to these aspects are listed below.

• Emotional skills

The main aim is to combat any degree of *alexithymia*. Students should be educated and trained to:

• identify and label their emotions. Personal sensitising sessions through values clarification can be conducted as well as logotherapy sessions conducted by trained logotherapists.

• express their feelings. Both positive and negative feelings should be expressed. Naturally, this will only be

achieved if a milieu of trust, ultimately of caring, is created.
• assess the intensity of their feelings.
• manage their feelings. In this instance the individual's freedom of personal choice and attitude can be accentuated and the execution hereof provided for.
• delay immediate gratification which should take on the form of other directedness.
• control impulses. This to a large degree implies exercising patience.
• reduce stress. Stress is not only reduced through relaxation exercises and different therapies aimed at attaining this goal. Stress reduction is also brought about systematically as the student conquers the different emotional skills.
• know the difference between feelings and actions (Adapted from Goleman 1995:302-302).

• *Cognitive skills*

According to Coleman (1995:302) students should be guided towards:
• self-talk, that is, to conduct an "inner dialogue" as a way of coping with a topic or challenge, or to reinforce one's behaviour. Ultimately this must include realistic positive self-talk.
• reading and interpreting social cues. For example, recognising social influences on behaviour and seeing oneself in the perspective of the larger community.
• using steps for problem-solving and decision-making. For instance, controlling impulses, setting goals, identifying alternative actions, and anticipating consequences.
• understanding the perspective of others. In this instance group values clarification sessions can be conducted in the form of group discussion within the frame of *the nursing situation* as teaching strategy. This strategy is clarified later on in this paper.
• understanding behavioural norms, which refers to understanding what does, and does not, constitute acceptable behaviour.
• self-awareness. For example developing realistic expectations about oneself. Self-awareness ultimately points to the development of personal spirituality. (Adapted from Goleman 1995:302-302)

• *Behavioural skills*

Behavioural skills needed in furthering emotional intelligence are:
• nonverbal skills such as communication through eye contact, facial expressiveness, tone of voice and gestures. Courses in body language and general bodily conduct are implied here.
• verbal skills such as making clear requests, responding effectively to criticism, resisting negative influences, listening to others, helping others, participating actively in peer groups (Goleman 1995:301-302).

• *The Self Science Curriculum*

The self curriculum has as its main aim awareness of one's emotional life and self-awareness. This should not be seen as yet another attempt at polarising the individual and alienating the individual from others in egotistic fashion. On the contrary, the curriculum of self science aims at self knowledge which is beneficial to others through improved interpersonal relationships. In this curriculum students are taught the following:
• *Self-awareness* through observing oneself and recognising one's feelings, building a vocabulary for feelings, knowing the relationship between thoughts, feelings and reactions. This is ultimately an attempt at alleviating *alexithymia* (the inability to appropriately naming emotions and consequently trouble to discriminate among emotions as well as between emotion and bodily sensation (Goleman 1995:51).
• *Personal decision-making* by examining our actions and knowing their consequences, knowing if thought or feeling is ruling a decision, and applying these insights to issues such as abortion and euthanasia.
• *Managing feelings* by monitoring self-talk to identify and recognise negative messages such as internal put-downs, realising what is behind a feeling (e.g., the hurt that underlies anger), finding ways to handle fear and anxieties, anger, and sadness.
• *Handling stress* through learning the value of exercise, guided imagery and relaxation methods.
• *Empathy* which refers to understanding others' feelings and concerns and taking their perspective and appreciating the difference in how people feel about things.
• *Communications*, especially talking about feelings effectively, becoming a good listener and questioner, distinguishing between what one does or says, reflecting on one's reactions or judgements, and sending "I" messages instead of blaming others.
• *Self-disclosure* through valuing openness and building trust in a relationship - of knowing when it is safe to talk about one's private feelings.
• *Insight* in which instance students are helped to identify patterns in their emotional lives and reactions, and recognising similar patterns in others.
• *Self-acceptance* by way of feeling pride and seeing oneself in a positive light, recognising one's strengths and weaknesses and by being able to laugh at oneself.
• *Personal responsibility* by helping students to take responsibility, to recognise the consequences of their decisions and actions, to accept feelings, moods, and to persevere to fulfil commitments (eg to study).
• *Assertiveness* in order to state concerns and feelings without anger or passivity.
• *Group dynamics* with special reference to cooperation - knowing when and how to lead and when and how to follow.
• *Conflict resolution* and how to fight fair with others by applying the win/win model for compromise (Adapted from Goleman 1995:303-304).

• Social intelligence

Caring manifests itself in the discipline of sociology as *prosociality* and *prosocial behaviour*. Midlarsky (1991:238) equates prosociality with *help* and *helping*. Other terms equated with prosocial behaviour and intelligence include *generic caring attributes* and *lay caring*.Students enter the nursing profession with a degree of, or a degree of lack of, prosociality.
Social intelligence according to Thorndike (Walker and Foley 1973:842), includes the idea of the *ability to understand others and to act or behave wisely in relating to others*. The results of Ford and Tisak's research supported the position that social intelligence is a distinct domain of intelligence (Marlowe 1986:52-55). Marlowe also established an independent domain of *social intelligence* with five sub-domains. These domains, which are of utmost importance in teaching and maintaining a caring concern, include:
• *Prosocial interest* which represents one's level of interest in and concern for others combined with one's sense of self-confidence in dealing with others. Much of the self-confidence students need to become involved in the lives of others seems to depend on their level of rational knowledge and procedural expertise.
• *Social efficacy* and *social skills* which include behaviourally observable actions which promote social interaction. In this instance, in the clinical area, professional knowledge and dexterity are imperative.
• *Empathy skills* which includes abilities not necessarily directly observable, although they may be, which promote the understanding of another person's thoughts, beliefs and feelings. In a study in which the author is presently involved, students repeatedly stated that both knowledge of different disease patterns and having cared for individuals with specific ailments enhanced their understanding and empathy for individuals in similar situations.
• *Emotionality* which refers to the degree to which one is sensitive to the role of affect in human behaviour, both within oneself and within others. At this point the reader should note the importance of emotional intelligence in social intelligence and prosociality.

The nursing curriculum should aim at advancing all these aspects.

Allowing students to care and to be caring

A simple truth about caring and the teaching of caring is that students should be allowed to care for people and to be caring towards people (In personal conversation with Jean Watson, School of Nursing, University of Colorado, Denver, Colorado, USA, September 1996). In practice it is often found that the really caring moments which occur between student nurse and patient are devalued as mere socialising - an attempt to ditch work. To allow students to be caring, a whole caring milieu should be provided. This could be attained through the following strategies.

• **Living a caring curriculum**. Such a constituted caring milieu, and living a caring curriculum, was encountered at the School of Nursing, Florida Atlantic University, Florida, USA. (The interested reader is referred to Boykin and Schoenhofer (1993) and Boykin (ed.) (1994) listed in the bibliography.)

• **Holistic nursing practice**. In this regard both "doing" and "being" therapies (Dossey, Keegan, Guzzetta & Kolkmeier 1995:14) are important. Holistic nursing offers excellent hands-on nursing care and caring and thus an opportunity for closeness and presence of the nursing student to the patient or client. It is, however, perceived that especially the "being" therapies (prayer, imagery, meditation, and quiet contemplation) projected onto the student nurse herself will benefit the teaching and the maintenance of a caring concern. Nursing as therapy thus becomes important in the attempt to get in touch with one self as well as with others.

• **Culturally congruent care**. The inclusion of culture care in the curriculum could contribute to the quest for connectedness and for being in touch. Caring in ways familiar to the student are used as a base from which the curriculum and education should depart. Instead of stripping students of their generic, lay caring and culturally oriented caring practices in order to impose foreign Western medical practices, the latter should be added to the existing knowledge and skills of students of diverse cultures. That which is culturally familiar will matter more than that which is culturally foreign. If care is the essence of being, then that essence is also defined within the cultural setting in which the individual student nurse finds herself. It is through incorporating lay and generic caring constructs and skills into the professional nursing caring concept that culture care enters the curriculum. This is also closely related to holistic nursing as well as to alternative medicine and therapies. All Western oriented nurse educators should keep in mind that that which we so easily refer to as *alternative* might be *normal* practice to some students. To some students, Western medicine might in fact be *alternative*.

• **Nursing situations**: As indicated previously many new teaching strategies aimed at facilitating and accentuating caring, originated in nursing education recently. A major teaching strategy employed at the School of Nursing, Florida Atlantic University (FAU), Boca Raton, Florida, is the so called **nursing situation**. This is the nursing and caring counter part of the case study. The nursing situation encompasses the case study but differs from the case study by adding personal feelings and responses of those involved in the situation. Nursing situations typically begin with dialogue, not with pathology. Although bare bones, as found in case studies, are important, they unfortunately exclude these very important human conditions of personal response and feelings. The case study starts with the patient and pathology but not with nursing, whereas the nursing situation starts with a call for caring. Whereas the case study "gets out the facts'" the nursing situation focuses on personal emotional involvement (Personal conversation with Dr Ed Freeman, FAU, September 1996).

• **Witnessing: Uncovering covert or hidden caring**: Nurses should disclose their experiences of being caring and of having been caring. It is only when nurses start talking about, and professing such experiences, that they will recognise that caring as human excellence exists. In the quest for teaching caring these stories might guide fellow student nurses to reflect on their own experiences. Wonderful would be the day when student nurses (and professional nurses), during tea times, would share their personal experiences of being caring instead of indiscriminately divulging personal information about patients!

Fostering connectedness and directedness

The maintenance of a caring concern, involvement and spirituality, can also be attained and maintained by allowing students to develop a mission statement of purpose in life and work. The ultimate objective of such a mission statement is the reconciliation of values. Living by a mission statement is a powerful tool in providing direction and meaning to one's life (Personal conversation with Dr. Gwen Sherwood, Associate Professor, University of Texas School of Nursing, Houston Medical Centre, Houston Texas. September 1996).

Mission statements , according to Dr. Sherwood, have the following direct advantages for teaching caring and for maintaining a caring concern:

• A mission statement encourages a person to reflect on one's life; to examine one's innermost thoughts and to clarify what is really important to one.

• Mission statements imprint self selected values and purposes firmly in one's mind.

• Connecting the mission to daily and weekly plans enables one to obtain direct immediate benefit from this document. It keeps one's personal vision alive.

• Statement writing involves as much discovery as it involves creativity.

Another way of fostering connectedness and directedness is through formulating an institutional philosophy for practice based on the caring ethic. A philosophy for practice is a guide or a framework for action. It identifies the basic phenomena (pillars) of practice (Salsberry 1994:13). Essentially it states the values and beliefs held by members of an institution about the nature of the work required to achieve the mission of the organisation. It thus states what their practice is and sets the stage for developing goals to realise these beliefs (Wise 1995:169). Mission statements and a philosophy can be helpful only if they direct nursing care. Thus, each unit within an organisation should use the organisational philosophy and each individual professional should have a personal philosophy which corresponds with the organisational philosophy (Marquis & Huston 1994:61). An institutional philosophy should thus to some extent be so general that it could accommodate an array of individuals' philosophies.

According to Ehart (1994:37), the philosophy of a service is the amalgamation of the vision, mission and the value system of the organisation. These statements describe the service conceptually. It could take on the form of positive tenets derived from the field of human care, humanism and existential philosophy in the form of: "We believe that . . ." Naturally, compromising oneself with a specific philosophical convictions implies giving evidence of those convictions in one's moment to moment living. An official philosophical statement pasted against a wall is but pretentiously decorative.

Principles for maintaining a caring concern

A list of basic principles for maintaining self in caring for others and consequently in maintaining a personal caring concern was compiled by Sherwood

(1992:110-112). According to this nurse theorist, the nurse educator should at all time strive to instill these following principles within student nurses:

- be knowledgeable. As indicated earlier, knowledge (and skill) enhance sociality in the working environment and promote spontaneous caring reactions. It enhances the willingness to become involved.
- value the other as a human presence. In this instance the I-Thou relationship could be emphasised instead of a subject-object relationship; an I-It relationship. It is only with real people that real caring relationships can be secured.
- be accountable for one's actions. Being accountable for one's actions is perhaps the ultimate in social responsibility and human education. It is also a sure way toward taking pride in one-self.
- be open and creative to new ideas. There is a saying in the humanities that birds fly; that flowers bloom; that human beings *create*. Losing one's creativity throughs one into the doldrums of actuality without any possibility. Guard against this.
- connect with others. Really become involved in the lives of others: patients, clients, friends and family members. It is a hopeless tiring venture to only drift on the surface of human involvement. It is lonely.
- take pride in oneself. This implies self-awareness, dedication and being at ease with what one does and who one is. Pride in oneself can only be taken if one accepts oneself and knows oneself. Healing others can only occur after self-healing which in turn is essential for personal pride and dignity.
- like what one does. This points directly towards finding meaning in what one does. Always keep your life meaningful.
- recognise the moments of joy in the struggle of living. Notwithstanding what so many *self-theories* profess, there are limitations to human endeavour. Life is a struggle. However, joy can only be experience in contrast to that struggle. Enjoy life!
- recognise one's own limitations. Doing one's best is the utmost one can do. There is emotional and moral security in knowing that one has done one's utmost. This is a source of mental health.
- rest and start afresh. Apart form the obvious importance of well spaced working hours, rest and rejuvenation has every thing to do with maintaining personal boundaries and personal spirituality.

Conclusion

In this paper it is argued that the nursing students' main quest is for self actualization by attributing meaning to life through caring. To assist student nurses in this quest, the nurse educator needs to plan educational interventions according to an anthropological model positing care and caring as innate human attributes. The structural essence of what professional nursing caring entails should also be posited as a point of departure for curriculum planning. The author proposes such models. The main implications are that the nursing curriculum must increasingly attend to the emotional needs of nursing students. Curricular content and teaching strategies towards achieving this goal have also been identified.

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