AN EXPLORATION OF THE PERCEPTIONS OF CARING HELD BY STUDENTS ENTERING NURSING PROGRAMMES IN THE UNITED KINGDOM: A LONGITUDINAL QUALITATIVE STUDY

PHASE 1

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Abstract

In a climate of intense international scrutiny of healthcare and nursing in particular, there is an urgent need to identify, foster and support a caring disposition in student nurses worldwide. Yet relatively little is known about how core nursing values are shaped during education programmes and this warrants further investigation. This longitudinal study commencing in February 2013 examines the impact of an innovative nursing curriculum based on a humanising framework (Todres et al. 2009) and seeks to establish to what extent professional and core values are shaped over the duration of a three year nursing programme. This paper reports on Phase One which explores student nurses' personal values and beliefs around caring and nursing at the start of their programme. Undergraduate pre-registration nursing students from two discrete programmes (Advanced Diploma and BSc (Honours) Nursing with professional registration) were recruited to this study. Utilising individual semi-structured interviews, data collection commenced with February 2013 cohort (n=12) and was repeated with February 2014 (n=24) cohort.

Findings from Phase One show that neophyte student nurses are enthusiastic about wanting to care and aspire to making a difference to patients and their families. This research promises to offer contributions to the debate around what caring means and in particular how it is understood by student nurses. Findings will benefit educators and students which will ultimately impact positively on those in receipt of health care.

Keywords: Education, nursing values, humanising curriculum, caring, student nurses.

Introduction

In a climate of intense international scrutiny of healthcare and nursing in particular, there is an urgent need to identify, foster and support a caring disposition in student nurses worldwide. Underlying dissatisfaction with healthcare by service users, their families and carers has become an international issue (Watson, 2009). This is particularly pertinent in the UK where recently there have been reports highlighting poor standards of care (Francis, 2010). Similarly reports of patient neglect in Europe and America include examples of failures by healthcare staff and uncaring attitudes and behaviours (Reader and Gillespie, 2013). In the light of this, the

public could be forgiven for believing that healthcare workers, including nurses, have lost sight of the meaning of caring in the workplace. These challenges must be addressed within the educational preparation of nurses to ensure students qualify fit for practice (Nursing and Midwifery Council, 2010) and this may require a refocus of curricula to ensure a balance between developing a value base of practice as well as clinical competence. Little is known about how core nursing values are shaped during education programmes and the impact that curricula

Background

In the light of national and international crises and concern about unacceptable care, Watson (2009:p.476) suggests that the time is right for "radical change from within" organisations. As nurse education in the United Kingdom (UK) moved to an all-graduate intake in September 2013, there has been an increased emphasis on the adequacy of education in preparing student nurses for their future role (Willis Commission, 2012). There is currently limited evidence available on the impact that nursing curricula has on students in relation to fostering a caring disposition through three years of an undergraduate pre-registration nursing programme.

An investigation by Watson et al. (1999) into the changing perceptions of nursing and caring held by student nurses as they progress through their programme raised key issues for nurse educators predominantly. Questions were mooted around practice experiences and theoretical study at college or university as little is known about which elements of the curriculum have most impact on students' changing values and perspectives. Watson et al. (1999) also recommended that nurse educators foster and encourage development of students' personal values and ideals about what caring is. A more recent study by Murphy et al. (2009) identified that student nurses demonstrate a decline in caring attributes over time and recommended that further research include students in their second year of study in the quest to identify when such disillusionment about caring takes hold. Based on the findings of both Watson et al. (1999) and Murphy et al. (2009) further research into student nurses' perceptions, values and beliefs around caring is needed.

Both Watson et al. (1999) and Murphy et al. (2009) question what can be done by nurse educators to prevent this negativity around caring. Whilst Brown (2011) identifies a gap in

knowledge about how nursing curricula can help internalise caring behaviours. More recently Guo at al. (2013) recognise that there is an international need to move towards a humanistic value based approach to education. They cite a number of creative, educational models which have been adopted worldwide over the past decade to facilitate the development of caring attributes in student nurses and report on their recently trialled innovative "caring teaching model" (p.913) which was successfully used to teach caring behaviours to student nurses in Asia.

Our university was in a unique position with the seeing out of a curriculum based upon person-centred care and the introduction of a humanising care curriculum to assess the extent to which the curriculum itself impacts upon individual student's values about nursing. Person-centred care has been widely used as a way of enabling nurses to build therapeutic relationships with the person (rather than patient) through respecting individuals' choices, good communication skills and developing mutual trust (McCormack and McCance 2010). Whilst we acknowledge that there are overlaps between person-centred and humanising care our 2014 degree programme curriculum has been designed around the work of Todres et al. (2009). This humanising care framework is based upon eight dimensions of humanisation/dehumanisation which are central to what it means to be human (see Table 1). Students can reflect upon both theory and practice using the humanising care framework which, it is envisaged, will help them to place patients at the heart of care rather than focus on acquiring a skill set. The humanising care framework has been adopted as an underpinning philosophy of our nursing curriculum and provides a structure which has the potential to foster and develop caring attributes (Hemmingway et al., 2012).

Table 1. The dimensions of humanisation (Todres et al., 2009)

Forms of humanisation	*Forms of dehumanisation*
Insiderness	Objectification
Agency	Passivity
Uniqueness	Homogenisation
Togetherness	Isolation
Sense making	Loss of meaning
Personal journey	Loss of personal journey

Sense of place Embodiment	Dislocation Reductionism

Nurse Educators' knowledge and understanding of the impact that different higher educational programmes have on nursing students and how they develop during a higher education programme is deficient (Warne et al., 2011) at a time when the challenge to capture and nurture the personal values and beliefs that nurses hold about what caring means, is needed. Scammell et al. (2012) suggests that the majority of nurses who enter the profession do so because they altruistic and are intent on providing a good standard of care. However, it is unknown how or to what extent professional and core values are shaped over the duration of a three year nursing degree. The overall aim of our study was to compare how and to what extent, nursing students' personal beliefs about the core value of nursing are influenced by two discrete curricula one of which is built on a humanising care framework and underpinning philosophy (Todres et al., 2009). As these two distinct groups of students progress through their respective programmes of study to registration, data collection occurs at five strategic points (see Table 2). This paper reports on Phase One which aims to capture the base line beliefs and values of both cohorts of nursing students as they enter higher education at the start of their nursing programmes.

Research Design

This paper reports on Phase One of a larger study which uses a qualitative longitudinal approach (Neal 2013) to understand the beliefs and values of student nurses from the day of entry through their education programme to completion. Two cohorts of students, (February 2013 and February 2014) were recruited, the first on an outgoing programme and the second, the new curriculum based on a humanisation philosophy (Todres et al., 2009). The whole study explores the two cohorts at different phases (see Table 2) as they progress through their programme. It seeks to identify any change in participants' perceptions around caring and their values in relation to nursing. The February 2013 cohort followed an Advanced Diploma programme with professional registration and the February 2014 cohort undertook a Bachelor of Science degree in nursing with professional registration.

Table 2. Data Collection

February 2013 cohort	*February 2014 cohort*
Phase One • Individual interviews on day one of the programme *Phase Two* • Focus groups after first practice placement Phase Three • Focus groups at the end of year 1 Phase Four • Focus groups at the end of year 2 Phase Five • Individual interviews at the end of the programme	*Phase One* • Individual interviews on day one of the programme *Phase Two* • Focus groups after first practice placement Phase Three • Focus groups at the end of year 1 Phase Four • Focus groups at the end of year 2 Phase Five • Individual interviews at the end of the programme

Ethical Approval

Ethical approval for the larger study was sought and granted from the university's research ethics committee. Prior to the start of the programme, all potential participants received written information in the form of a participant information sheet and consent form. A verbal briefing outlining the project was given to students during an introductory session on day one of their programme. Specifically, the team ensured that whilst creating a welcoming environment for participants, reassurance was given that participation in the study was completely voluntary and choosing to not participate would not have any negative impact upon their future studies. Participants were also informed they could withdraw at any stage in the process. In line with legal and ethical obligations confidentiality was maintained throughout by allocating a numerical code that was independent of the central records holding personal details and all data was kept on password protected computers.

Sampling

Purposive sampling was used, targeting the February 2013 cohort of students following a person- centred care curriculum which comprised a small intake of nursing students (n=21). From those 21 students, 12 decided to participate in the study. Similarly 24 participants were

recruited from the February 2014 cohort which is a Bachelor of Science Degree with a slightly larger intake (n=27).

Data Collection

Data collection took place by individual interviews at commencement of the programme to determine a baseline (Phase One) and it is on this phase that this paper is reporting. Further data collection includes focus groups at the end of the first placement (Phase Two), end of first (Phase Three) and second (Phase Four) years of the programme and by individual interview on completion of their programme (Phase Five) (Table 2).

Individual interviews during Phase One for both the February 2013 and the February 2014 cohorts were planned to occur before any formal educational input to the students to ensure that personal beliefs about the core values of nursing were captured. As a number of data collectors were involved, all followed the previously agreed interview framework (Table 3). A predetermined set of questions ensured that all interviews focussed on the same topic area (Holloway and Wheeler, 2010) with sufficient scope to enable reordering of questions as conversations flowed and the interviews proceeded (Cohen at al., 2007). This was also important as there were nine researchers and a research assistant involved in the study therefore utilising the same interview framework ensured consistency of interviews which was important for validity of the research process. The interviews were undertaken at the university campus during a timetabled break attached to lunchtime to ensure ease for participants.

Table 3. Phase One interview questions

Questions
1. Why do you wish to become a registered nurse?
2. What do you think are the essential/ important qualities for a nurse to have?
3. Do you think you bring these qualities with you or, do you think you are here to learn these?
4. What do you understand the term ‘caring’ to mean?
5. What makes an ideal nurse from your perspective?
6. What are your ambitions to achieve on this programme?
7. How do you think the education programme will help you?
8. What activities do you think represents the maintenance of a patient’s dignity?

Data Analysis

Following each interview, the audio tape recordings were transcribed verbatim, providing written notes with which to commence the data analysis. Each interview was analysed by the researcher who undertook the interview following thematic analysis adapted from Braun and Clarke (2006) (Table 4). Utilising this approach enabled a systematic approach to the data analysis and ensured credibility of the data. Identification and review of themes occurred in a group setting with all researchers and research assistants to ensure the integrity of the themes identified. In addition, all researchers were provided with a copy of the transcripts that had been analysed by each researcher to enable cross checking of codes. Once the overarching themes had been identified the data were then revisited to ensure consistency and to get a sense of the whole.

Table 4. Stages of thematic analysis (Braun and Clarke, 2006)

Phase	Description of the process
1. Familiarizing yourself with your data:	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2. Generating initial codes:	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes:	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.
5. Defining and naming themes:	On-going analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6.Producing the report:	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis

Findings from Phase One February 2013 and February 2014 cohorts

Analysis of findings indicate that new nursing students enter education demonstrating an insight into caring and the skills and attributes that make what they believed to be an ideal nurse. They expected that the programme would help them to learn more and thus to deepen their knowledge and develop these attributes further. Almost all participants from both cohorts believed they had some caring qualities and thought that they would refine these attributes and

develop others during the programme. Of note was that some participants believed that qualities such as being caring, compassionate and empathetic cannot be taught but that the programme would enable them to develop skills such as listening and communication. One participant believed that the course would enable her to learn in a professional way *"…in order to practice safely" (February 2014 Participant 15).*

Analysis of students understanding of what caring means and how nurses demonstrate caring attributes was central to our research. Therefore students' articulation of this was observed throughout their individual interviews and five themes emerged:

1. *Caring by doing tasks or demonstrating skills with patients.*
2. *Caring as a personal quality.*
3. *Caring by communicating an understanding of a person's needs.*
4. *Caring as seen through the media or through personal experiences.*
5. *Examples of uncaring behaviours, traits or situations.*

1. *Caring by doing tasks or demonstrating skills with patients.*

Unsurprisingly, the majority of students readily cited tasks that they believed nurses do as part of their caring role. It was through these tasks that the participants perceived nurses demonstrated their caring. A focus on caring for the physical needs of people was common. The participants readily identified with what they saw to be a series of tasks undertaken by nurses as part of their everyday activities:

> *"Basic caring: what they need – food, drink, if uncomfortable change their position and fluff their pillows,"* (*February 2013 Participant 8)*
>
> *"…there are a lot of personal things you need to do for them….washing and toileting…" (February 2013 Participant 4)*
>
> *"….you need to give this medicine or take a urine sample or whatever it is." (February 2014 Participant 20)*

Participants frequently referred to caring as carrying out an action or doing something for a person. Many examples of tasks were given as cited above, but participants also gave examples of how they envisaged delivering psycho-social caring.

"…it might be just be painting somebody's fingernails for them and cheering them up, anything from something small like that to a clinical procedure." (February 2013 Participant 6).

2. *Caring is a personal quality*

Many of the participants perceived caring to be a person quality that they brought with them into their programmes of study. Indeed it was this personal quality of wanting to care and wanting to make a difference that attracted them to enter nursing. As many of the participants believed that they brought these personal caring qualities with them at the start of the programme. However, they recognised that experience and education can help to foster caring attributes:

> *"…the main thing you need to be a nurse is you've just got to have compassion, it's just so important. If you haven't got compassion then you just shouldn't be a nurse, that's my opinion anyway." (February 2013 Participant 7)*
>
> *"I just want to care for people and make sure they are looked after – I have a lot of empathy for people who are poorly so I think that is a good quality to have within a nurse, to be able to empathise …" (February 2013 Participant 2)*

"I'm definitely here to learn. If I was inbuilt...I could go out there and do it now but no...definitely here to learn I know that. "(February 2014 Participant 17)

3. *Caring by communicating an understanding of a person's needs.*

Many participants struggled to articulate what caring as a concept was. They recognised that people are all individuals and as such have a different set of unique needs to which the nurse should respond. They were able to identify ways in which they believe they will be able to demonstrate their caring attributes to their patients but struggled to find the words to capture and describe the concept of caring per se:

> *"…caring means being gentle to feelings, open, friendly….with an emphasis on the latter so people can confide in you" (February 2014 Participant 16)*
>
> *"I don't like the idea of people being scared." (February 2013 Participant 9)*
>
> *"…..I don't know, just to love and be kind and caring and actually think about that person, that you're caring about and not just think okay it's just a job."* (*February 2013 Participant 11)*

"A gentleman who has been in the forces for years….he might not want to be treated by a woman." (February 2014 Participant 15)

4. *Caring as seen through the media or through personal experiences*

When asked what attracted them to enter nursing, the participants would often cite media or personal experiences as factors which influenced their choice to want to be a nurse. They often referred to the media in their articulation of caring and sometimes drew upon experiences which included witnessing themselves and or family members being hospitalised. This showed that participants based that personal ideals about what caring means on the experiences of other be they fictitious in the form of media or through witnessing first hand:

"TV shows like 'Nursing the Nation' only show happy side of nursing." (February 2013 Participant 8)

"….just focus on if it was like your mother or friend …how you feel that they would want to be treated," (February 2014 Participant 17)

5. *Examples of uncaring behaviours or situations*

Although the participants often struggled to articulate what caring was, they were clearly able to articulate what caring was not. On frequent occasions participants referred to examples that were lacking in care. Students found it easier to identify and articulate uncaring behaviours in contrast to defining caring attributes the words for which they found elusive:

"…never sort of talking down to somebody…..Patronizing erm talking in different voices erm {hesitates} *that's gota* {got to} *be a pet hate for me I hate it when people sort of treat some people differently because they are more vulnerable." (February 2013 Participant 10)*

"…somebody who doesn't make the patient feel stupid if they've had an accident or if they've got a bit of sick on them." (February 2013 Participant 5)

"I really hate it when everyone's referred to as dear or love and a lot of patients hate it as well." (February 2014 Participant 24)

Discussion

This qualitative longitudinal study seeks to explore the impact that a nursing curriculum has on student nurses' personal value base particularly around caring. Initial findings of the baseline indicate that when students enter higher education they are full of enthusiasm about nursing and have high expectations that that they will learn and develop through their studies. Students from both cohorts commencing either the Advanced Diploma (February 2013) or the Bachelor of Science degree (February 2014) were keen to tell us about their beliefs and understanding about what caring means to them. Some time ago, Watson et al. (1999) investigated how student nurses demonstrated caring attributes during the first year of a nursing course using a thirty five item Caring Dimension Inventory (CDI). This study also revealed that students entered nurse education with high ideals about nursing and caring but appeared to lose some of these after twelve months of the programme. Findings from the second and subsequent phases of our study promise to inform us about the impact nursing curricula can have on undergraduate nursing students as they progress through their programme of study.

Recently nurses have been on the receiving end of negative criticism from the media and it is reassuring to learn from the findings of Phase One of our research that new recruits are still keen to learn and appear to be passionate about how nurses demonstrate caring behaviours and values. The challenge now is to find out how those involved in nurse education can enhance and extend these high ideals and the next phases of our research seek to evaluate if this can be achieved through the delivery of a humanising care curriculum. The notion of educating students about caring is supported by Begum and Slavin (2012).

A particular focus of our study was to find out how and to what extent neophyte nursing students believe and are able to articulate the meaning of caring. Findings from Phase One appear to mirror what is already evident in the literature about the challenges of articulating this. On the first day of the programme students from both cohorts could tell us something about how nurses demonstrate caring in their work yet they struggled to articulate and describe what they meant succinctly. A clear definition of caring was elusive for participants and with no dominant theme emerging from either cohort, it would seem an overall lack of clarity and agreement on what caring means prevails. This is supported by Paley (2001) who recognised that to arrive at an agreed all-encompassing definition of caring, is beyond the reach of nurses.

More recently, Papastavrou et al. (2011) also argued that to find a congruent view of what caring is remains challenging.

Further analysis of Phase One revealed that although new recruits to nursing programmes have a multifaceted understanding of what caring is their attempt to articulate this in professional language is beyond their grasp. Students are able however, to list caring tasks and give examples of caring behaviours many of which reflect the caring attributes and lists of measurable skills citied in the literature (Smith, 2012; Watson and Lea, 1997; Watson et al.1999). It may be that this is a reflection of undergraduate students' academic abilities or that previous experience as carers (or indeed no experience as was the case for some participants) has not required students to be critical and questioning of practice. Furthermore, analysis of the findings from Phase One tell us that students enter nursing education with a strong ability to describe caring in terms of "doing to" patients but to a much lesser degree a focus on "doing with". There is a strong focus on a task orientated approach with students listing examples of caring for patients whilst washing, feeding, assisting to the toilet and so on. When asked what they thought made an ideal nurse (question 5) many examples of caring behaviours emerged with participants often citing personal experiences or examples from the media. This concurs with Rolfe (2009, p. 144) who coined the terms "doing caring" and "being caring" and it was evident from our study that neophyte student nurses can more easily identify with the former as they articulate tasks and skills .

Whilst an agreed definition of caring in relation to nursing, remains elusive, it would seem that it is all too easy to identify and describe when caring is absent. This is apparent in the recent negative media coverage of healthcare in the UK which include numerous and extensive examples of poor care (Flynn, 2012; Francis, 2010, 2013). Participants in our study found it easier to describe caring by its absence with many examples of uncaring practices. Identifying negative traits was a strong theme for many students in both cohorts readily describing situations when they had witnessed nurses failing to respect patients particularly vulnerable people.

It is known that above being competent practitioners, service users and carers value and prioritise a caring, professional approach in nurses (Watson, 2009) and that concern is expressed about how and to what extent these attributes are facilitated by curricula in

healthcare in the UK (Griffiths et al. 2012). Our findings from Phase One of this longitudinal study indicate that students entering nursing have a perception that there is a paternalistic approach to safeguarding patients rather than a partnership of working with clients in a caring capacity. There is an emphasis on getting the work done rather than a humanised approach in their readiness to describe nursing tasks and skills. This may well be because many participants had worked as health care assistants sometimes for many years before taking an academic route to education for the first time. This makes finding out how a nursing curricula based upon a humanising care philosophy impacts on students' personal value base all the more exciting.

Whilst it is reported that for some student nurses caring attributes decline as they progress through their programmes of study to registration (Watson et al., 1999; Murphy et al., 2009), it is not known at what point or points in the journey this change takes place. Likewise, little is known about how nursing curricula can shape and foster students' caring behaviours and attributes (Brown, 2011) and within the changing environment of health care, learning to be a nurse can be confusing (Ousey and Johnson, 2007). The next phases of the longitudinal study offer the opportunity to consider whether issues such as age, gender, graduate status and educational curricula influence the development of caring attributes in nurses in the UK. The next data capture will take place after the students' first practice placement. The same questions will be put to the students (Table 3).

Conclusion

Findings from Phase One of this study revealed that student nurses enter university education full of enthusiasm and eagerness to learn nursing. Comparisons from two cohorts are able to demonstrate insight into what caring means. However, students frequently struggle to articulate their personal values and their understanding of the nature of caring using professional language. Instead, they readily identify task focussed care and base their explanations of what caring means upon life experiences to date. Notably student nurses are easily able to describe examples of poor care or instances when care may be lacking.

This longitudinal study promises to offer contributions to the debate around what caring in relation to nursing means and how it is understood by student nurses at different stages in their journey towards registration. We are curious to know more about students' personal values and

their attitudes to caring and particularly if they change after exposure to education both in the university and practice placement. The impact of a humanising curriculum compared to one based upon a person-centred philosophy is central to this study. The results promise to inform those involved in preregistration nursing education both at university and in practice settings.

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