

Caring Concept

Margaret Stroehlein*

Assistant Professor, Queensborough Community College, United States

Received: May 11, 2016; Accepted: June 18, 2016; Published: June 25, 2016

*Corresponding author: Margaret Stroehlein, Assistant Professor, Queensborough Community College, United States, E-mail: mstroehlein@qcc.cuny.edu

This is most likely the first word that comes to mind when we think of the nursing profession. The word caring is even contained within the definition of 'nurse,' that being a person trained to care for the ill and injured, and is often used simultaneously with other verbs such as 'attend', 'look after', and 'protect'. We as nurses identify our profession as a caring one, but how does this identity translate from a conceptual definition to a here-and-now practice?

This paper will attempt to use conceptual analysis to understand definitions of caring, attributes, antecedents, consequences, and perceptions of caring [1], and to draw a conclusion of nurses caring ways as a profession. My personal interest in this topic is multi-dimensional: first as a nurse myself, second as a nurse professor, and finally as a wife of a husband who suffered with brain cancer. Caring is a complex but necessary process in nursing. Madeleine Leininger, nurse theorist said, "Care is the essence of nursing and the central, dominant, and unifying focus of nursing" [2].

In order to understand the concept of caring we must first assess the meaning of caring. Oxford dictionary defined caring as the work or practice of looking after, as well as displaying, kindness and concern for those who are unable to care for themselves, especially on account of age or illness [3]. Jean Watson, nursing theorist, describes caring as a science: "Caring is a science that encompasses a humanitarian, human science orientation, human caring processes, phenomena, and experiences" [4]. Thesaurus entry of caring is kind, helpful, and sympathetic toward other people [5]. Caring has been depicted as "a transpersonal process" and "a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility [6].

Caring attributes often encountered in nursing include honesty, connecting with patients, entering into their worlds, and being resilient to possible uncertainties in each patient's state of health. A caring nurse is the "whole package:" competence along with demonstrated interest, acknowledging vulnerability, and reaching out to comfort [7]. Attentive listening, comforting, honesty, patience, responsibility, providing information so the patient can make an informed decision, touch, sensitivity, respect, calling the patient by name [8]. In a review of works published on caring through the mid-1990s, [9] noted five characteristics of caring most often described in the literature: (a) it is a

human trait; (b) it is a moral imperative; (c) it is an affect; (d) it is an interpersonal interaction; and (e) it is a therapeutic intervention. In the same study, nurses conceptualized caring as (a) consideration and sympathy, (b) giving of self, (c) a work style, (d) motivation, (e) communication and meeting needs, (f) knowledge and learning, (g) an individual approach, (h) a general approach of a person, (i) honesty, and (j) sincerity [6].

"In a meta-analysis of 130 studies published between 1980 and 1996, Swanson [10] chronicled consequences of caring for patients and nurses. Patients indicated positive emotional spiritual outcomes (such as enhanced self-esteem, knowledge, and coping), physical outcomes (as in enhanced healing), and social outcomes (for example, trust, someone to count on). Positive outcomes for nurses included emotional spiritual (for example, sense of accomplishment, self satisfaction, fulfillment), professional (such as increased skills and knowledge, satisfaction with nursing), and social outcomes (as in enhanced relationships with patients) [11]."

Caring behaviors are evident in many other professions that require interaction- whether it is between humans or even with animals. Law enforcement agents are often commended for their honesty and respect. Psychologists are comforting and require attentive listening skills to help their patients. Teachers must possess patience, attentive listening, sensitivity, and great responsibility to mold our children into productive adults [12]. Veterinarians care for beloved household pets, zoo animals, etc. They work with animals young and old to treat and bring comfort for many similar issues faced by human patients. The effect that acts of caring have on the subject are far and wide. Immediate affects would include the physical and psychological reaction to medical treatments, therapy, etc. Long-term effects are more personalized; depend largely on the outcomes of said interactions, and can bear positive changes for years to come. In a concept analysis of caring that looked at literature from sociology, psychology, pastoral care, medicine, and nursing, attributes of care/caring include "communality, interpersonal and interactional relationship, a response to need, tailored giving and assistance, reciprocity, control, selectivity, responsibility and concern, boundaries, the nature of care, impressions and interpretations, individuality, and surveillance" [13]. Caring classroom practices are associated with increases in students' motivational beliefs [14]. Parents who use reasoning to

encourage caring, model caring, and reinforce caring behavior are purported to have children who are more likely to engage in prosocial behavior [15]. Caring is evident in all walks of life, it is important for people to give and receive, as well as and in no way limited to the nursing practice.

Caring beliefs may vary but the meanings have common threads. "When caring, there should be an established relationship of trust, knowledge of care delivery process, commitment, and willingness to care [16]. Caring, according to Watson, requires personal, social, moral, and spiritual engagement of the nurse and a commitment to one's self and other human beings [16]. To truly care is to be compassionate, otherwise, we are merely performing actions in a disengaged state. Removal of the nurturing factor may not necessarily alter the 'acts of a nurse' being performed, but the overall healing process would change tremendously. Watson stated that, "Caring may occur without curing but curing cannot occur without caring" [4]. As evidenced in her writings, conferences, teachings and web site, Watson has made caring her life work.

Through the process of concept analysis, one needs to demonstrate model cases of the chosen concept. A model example is the use of the concept that demonstrates all the defining attributes of the concept [1]. Twenty years of nursing experience has given me an opportunity to look back at my career and reflect upon instances in which caring was demonstrated through various cases and situations. The following is a case of my own husband's battle with 9/11 related CNS Lymphoma:

My husband was 47 years old, with three school age children, and over 20 years' experience as firefighter for the New York Fire Department. With astounding courage and bravery, he risked his life to help others every day. Caring was his profession. When the World Trade Center was attacked in 2001, my husband was there to help, not only because it was his job, but because he could not stay away from such a great need for people who cared. In March 2011, more than nine years after 9/11, his doctors delivered the terrible news, he had CNS Lymphoma. During diagnosis, treatments, and hospitalizations, he was showered with model cases of caring by nurses. Nurses treated him with respect, listened to him, called him by his name, educated him, and carefully provided the specialized care he needed for his diagnosis. Although I was not the patient, I was the expert nurse, but perhaps most of all, I was a wife proudly observing model cases of caring.

An example of a borderline case is defined as an example that contains most of the elements of the concept, but not all of them [1]. For this case I will generalize an example based on my Associate Degree Nursing (ADN) students' perceptions. When I asked my nursing students, 'do you think nurses today demonstrate caring nursing practice', their answer was interesting. My nursing students responded that they believe nurses do care and are caring, but are often too busy to do it right. Nurses' roles are demanding, stressful, fast paced, and ever changing. When nurses are over worked, I agree not all elements of caring can be met, during this time priorities shift. That said, often times the way

care is outwardly expressed may differ among patients. That is not to say that the nurse, or any caretaker, cares more or less about patients.

A contrary case is an example that is definitely not the concept [1]. For this example I will generalize also from my years of experience. Contrary cases of caring are often demonstrated in nurses who became nurses because of a need for job that pays well and flexible hours, not because they wanted to care for patients. Patients suffer due to this and these nurses are not good role models. As earlier cited, "caring may occur without curing but curing cannot occur without caring" [4].

In order for model cases of caring to be demonstrated, antecedents must be evident. Antecedents "are those events or incidents that must occur prior to the occurrence of the concept" [1]. Caring can occur after awareness for the need to help; there is moral and cognitive motivation for helping others [17]. Generalizing from my own practice; caring needs to be embedded in nursing programs to serve as an antecedent for caring nurses. This task should not be too trying, as I believe that individuals who want to be a nurse are attracted to the profession because of their own compassionate nature, their desire to help others, and a determination to give. As my ADN students pointed out to me, professors speak about caring, but it is not taught formally, the lesson is insinuated and cited between the lines of every nursing book in the library. How can we approach a formal documentation to teach something that is given to us as a gift of our human nature? We can improve methods of communicating and expressing the art of care, but it is not something many believe can be 'taught'. Caring is one of the most complex but necessary process in nursing.

Consequences "are those events or incidents that occur as a result of the occurrence of the concept" [1]. Consequences of caring in nursing are; healing, satisfaction, and growth [17]. I believe caring can have consequences on both the patient and the nurse. I believe if caring occurs as the model suggests a result can be patient satisfaction and nurse (employee) satisfaction. Similar to that old saying, happy mom, happy kids. I think everyone wants to feel cared for even nurses who are known for caring for others.

Determining the empirical referents for the defining attributes is the final step of a concept analysis [1]. Empirical referents assist in the measurement of a concept and aid in instrument development [1]. I think caring can be measured in the means of outcomes. Patient satisfaction surveys and employee surveys are examples of surveys that one can reflect on caring.

In conclusion, writing this concept analysis has educated me on caring in practice, teaching caring to my students, and mostly that caring is at the core of the nursing practice. Though a large component of many professions, caring in the nursing context takes on a special meaning, a higher purpose. Caring is complex and it can easily be your life work like Jean Watson, and many similar driven individuals who aim to open the eyes of our society. Leo Buscaglia once wrote, "too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have

the potential to turn a life around.

References

1. Walker, Lorraine Olszewski, Avant, Kay Coalson. *Strategies for theory construction in nursing*. Upper Saddle River, NJ: Prentice Hall. 4th ed. 2005.
2. Madeleine M Leininger. *Culture care Diversity and Universality: A Theory of Nursing*. New York: National League for Nursing Press. 1991.
3. Oxford Dictionary. 2013. Retrieved from Oxford Dictionary: <http://www.oxforddictionaries.com/definition/english/caring?caring>
4. Watson J, Foster R. The Attending Nurse Caring Model: integrating theory, evidence and advanced caring-healing therapeutics for transforming professional practice. *J Clin Nurs*. 2003;12(3):360-5.
5. MACMILLAN Dictionary and thesaurus. 2013. Retrieved from www.macmillandictionary.com/us
6. Dalpezzo NK. Nursing Care: A Concept Analysis. *Nurs Forum*. 2009;44(4):256-64. doi: 10.1111/j.1744-6198.2009.00151.x.
7. Corbin J. Is Caring a lost art in nursing? *Int J Nurs Stud*. 2008;45(2):163-5.
8. Taber's Cyclopedia Medical Dictionary. Retrieved from Unbound Platform. 2009.
9. Dyson J. Nurses' conceptualizations of caring attitudes and behaviours. *J Adv Nurs*. 1996;23(6):1263-9.
10. Swanson KM. Effects of caring, measurement, and time on miscarriage impact and women's well-being. *Nurs Res*. 1999;48(6):288-98.
11. Foster RL. A Perspective on Watson's Theory of Human Caring. *Nurs Sci Q*. 2006;19(4):332-3.
12. Fountain E. Nurses Caring for Nurses. *Nevada RNformation*, 7. 2011.
13. Schmidt L. On the definition and measurement of nursing care. *Journal of Nursing Administration*. 2000;30(6):294-308.
14. Strobel K, Borsato G. Caring and Motivating Middle School Classrooms. Stanford, CA: John W. Gardner Center for Youth and Their Communities. 2012;1-7.
15. Gano-Overway LA, Newton M, Magyar TM, Fry MD, Kim MS, Guivernau MR. Influence of caring youth sport contexts on efficacy-related beliefs and social behaviors. *Dev Psychol*. 2009;45(2):329-40. doi: 10.1037/a0014067.
16. Nelson J, Watson J. *Measuring caring: International research on caritas as healing*. Springer Publishing Company. 2011.
17. Lee B. Concept Analysis of Caring. *Journal Nurs Acad Soc*. 1996;26(2):337-344.