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SCHOOL OF NURSING**

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The project and the manuscript have been successfully completed and meet the standards of the School of Nursing University. The project demonstrates the application of professional knowledge, clinical expertise, and scholarly thinking. An abstract of the project and two copies of the manuscript are attached.

Ngil Parsons

8/4/09

ADVISOR'S SIGNATURE

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Phyllis M. Connolly

8/4/09

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Running head: STUDENT NURSES' PERCEPTIONS ABOUT CARING

STUDENT NURSES' PERCEPTIONS ABOUT CARING
IN EARLY NURSING COURSES

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Abstract

This descriptive study explored students' perceptions of caring at the end of their first nursing courses by identifying the caring behaviors they agreed were most important. The 35 item Care Dimensions Inventory (CDI-35) developed by Watson, Deary, and Hoogbruin (2001) was used to explore perceptions of caring of a convenience sample of 71 students enrolled in their first nursing courses in a baccalaureate program. The inventory asked participants to agree or disagree using a Likert scale whether the nursing actions were considered as caring. Most of the nursing actions considered important by the students were in the supporting/intimacy aspects of nursing practice, closely followed by the technical aspects. The least importance was given to inappropriate and unnecessary nursing behaviors.

Student Nurses' Perceptions About Caring In Early Nursing Courses

Nursing students' perceptions about caring have been explored in many countries, including the United Kingdom, Scotland, Spain, Canada, Ireland, Taiwan, Iran, and Australia, but not as much in the United States. Studies have looked at the concept of caring and its relationship to nursing practice. Some research in the United States has addressed caring in the field of nursing, but the studies have not been directed to perception of caring in nursing students in the beginning of their academic programs.

A current factor is that the shortage of nurses has attracted many people to a nursing career, and the combination of unemployment at high levels along with the stability and salary offered to nurses has motivated professionals from diverse backgrounds to enter nursing programs. Within the nursing student population we could find professionals from other areas and diverse cultural backgrounds. This study aimed to explore nursing students' perceptions about caring at the end of their first semester in a nursing program. The students were asked to complete a questionnaire, using a Likert scale from strongly agree to strongly disagree, to rate the importance of nursing actions and behaviors presented. Their responses were to be based on which activities they considered representing caring in nursing.

Literature Review

Nursing students' perceptions about caring are formed and modified as they complete their courses, but their main perspective is about the same. Nursing faculty have been teaching caring mainly during students' clinical hours (Granum, 2004). Even though caring is an essential component of the nursing profession, there is little structured curriculum to guide teaching-learning activities to convey caring concepts to nursing students (Khademian & Vizeshfar, 2007).

Longitudinal studies dealing with nursing students' perception of caring have been completed in Canada, Scotland, and Spain (Watson, Deary & Lea, 1999; Watson, Deary & Hoogbruin, 2001). A longitudinal study Watson et al. (1999) completed in the United Kingdom used a 25 item Care Dimension Inventory (CDI) scale. The study suggested expansion of the dimensions by adding relevant items, and in 2001, 10 more items were added to the CDI creating the 35 item CDI (Watson et al., 2001). The latter study concluded that the perceptions of nursing are mainly the same, but some changes in perceptions take place as students go through their nursing courses.

From the Watson et al. (2001) study using the 35 item CDI, exploratory analysis revealed a five factor structure. A technical factor represented professional and technical dimensions of nursing actions. Supporting behaviors and intimacy both represented the psychosocial aspects of nursing. Two smaller factors, inappropriate giving of self and unnecessary activities, were also observed. The unnecessary aspects of nursing included actions which, in themselves, are not inappropriate or unprofessional, but which would not normally be expected of a nurse, such as "feeling sorry for patient." This five factor structure was useful in the data analysis for this current study, as explained in the Results section.

Caring in nursing has been addressed under many different perspectives, but there is little about how caring is taught to nursing students. "The perceptions about caring of nursing students are important to create effective teaching methods about caring (Lee-Hsieh, Kuo & Tseng, 2004, p. 179). Leininger in 1988 observed that caring is the essence of nursing and the most important characteristic of a nurse, while many others have defined nursing as a science of caring. In Taiwan, Lee-Hsieh et al. (2004) piloted a caring code to teach caring in clinical settings in a nursing education program with positive results. The caring code was developed from surveys submitted by patients about their expectations of what a caring nurse would do for them. The code was given to students to carry while providing care in clinical practice to guide their nursing interventions, and was well accepted by students and teachers as an effective method to teach caring to nursing students in their first semesters.

Teaching caring to nursing students in the United States is done during clinical practice courses (Granum, 2004). Students are expected to care about their patients, but there seems to be no specific method to guide them through their learning. "The teaching of caring behaviors and attitudes is a basic component of nursing curriculum" (Komorita, Doehring & Hirschert, 1991, p. 24). A study done by Khademian and Vizeshfar (2007) in Iran investigated nursing students' perceptions of the importance of caring behaviors regarding cultural aspects. From this study, three related themes to the concept of care emerged: (a) nurses' feelings, (b) nurses' knowledge, and (c) nurses' skills. Their findings support Leininger's (1988) belief that care has both differences and similarities among all cultures. By increased exposure to clients of different cultures in hospitals, nursing education programs must prepare nursing students to integrate

cultural awareness, sensitivity, and competence into their nursing care. In a qualitative study, Turkish students perceived caring as professional/helping relationship and technical competency (Khademian & Vizesfar 2007). A study done in Norway used the word "care" as students knew about it from daily life; third year students considered nursing as a caring science containing knowledge for the practice of professional nursing (Granum, 2004).

Another study in Sydney by Wilkes and Wallis (1997) described the construct of caring as experienced by students in pre-registration programs at two universities in New South Wales in Australia. From this study, a model of professional nursing was created by nursing students from their perceptions and experiences with patients. This circular model had three main categories: (a) compassion, (b) communication, and (c) caring. Within compassion, they included love, feelings, concern, and friendship. Communication included education, explaining, talking, expressing, listening, and touching. Finally, caring in nursing included conscience, commitment, comfort, courage, confidence, and competence as embraced in the previous identified categories. The students perceived care in nursing as a combination of all these elements classified in the three main categories.

As Watson et al. (1999) assert, a single definition of caring is an unlikely prospect. This difficulty is due to multiple perspectives from which caring is viewed and the range of actions it encompasses.

Research Question

This study sought to explore students' perceptions of caring in their first semester in a nursing program, including what their thoughts were about caring for others and

how they perceived caring. The study asked: What are the nursing actions students perceive as most important and which ones are the least important when caring for a patient based on the Watson et al. (2001) 35 item Care Dimensions Inventory (CDI-35)?

Sample

A convenience sample of students nearing the end of their first semester in a baccalaureate nursing program in central California were asked to participate. A total of 71 students participated, including 2 males and 69 females, ages between 18 and 49 years old. Most of the participants were under 30 years old ($n = 61, 85.9\%$). These students were a multicultural group, with many ethnic groups represented. Caucasians ($n = 29, 40.9\%$) and Asians (15, 22%) were in the largest number. These nursing students indicated planning to work in the fields of pediatrics and medical-surgical areas for the most part, as shown in Table 1. Most students ($n = 62, 87.3\%$) considered nursing as their first career.

Table 1 here

Instrument

The CDI-35 developed by Watson et al. (2001) was used to explore the students' perceptions. The instrument asked the nursing students to consider aspects of nursing practice in a Likert scale of 1-5 from strongly agree to strongly disagree. The tool is reported to have excellent psychometric properties. The original 25 item CDI had high internal consistency with a Cronbach's $\alpha = 0.91$. Ten new items were added to the CDI-25, and these were deliberately selected by the authors on the basis that they

would load on putative underlying dimensions of the CDI-25 which were present in previous study (Lea, Watson & Deary, 1998), but which had few items loading on them (Watson et al., 2001).

Procedures

After approval from the University Human Subjects Institutional Review Board, a permission letter was given to teachers of the first semester nursing courses. After obtaining permission from the teachers, the students received information about the study and were assured that participation or non-participation in the study would have no effect on their nursing program courses grades or academic status. The students who agreed to participate were informed about the study and told that completing and returning the questionnaire implied their consent. They were provided with a cover letter including instructions and contact information if they had questions in the future. The CDI 35 questionnaire was then distributed to the students. Once the information was collected an averages of the answers were evaluated. With assistance from a statistician, the 35 item responses were listed in order of agreement and importance the students gave to the items. Table 2 gives the item means and standard deviations in descending order of identified importance.

Table 2 here

Results

The items were classified into the five dimensions of nursing actions previously delineated by Watson et al. (2001): (a) technical activities, (b) supporting behaviors, (c)

intimacy, (d) inappropriate actions, and (e) unnecessary behavior. Table 3 identifies the items according to the five dimensions developed by Watson et al. (2001). In the current

Table 3 here

study, the nursing actions considered to be the most important aspect of caring were those related to supporting behaviors and intimacy, which accounts for the means for 12 of the 35 items. These items involved interpersonal relations, communication, and providing support to the patient. The dimension considered in second order of importance covered technical activities, including direct/personal care and professional behaviors and responsibilities, with the means for 14 of the 35 items. Rated far less important were the dimensions of inappropriate (6 items) and unnecessary (3 items) behaviors.

The items were classified by the students from the most important to the least important. The items considered most important according to the nursing students were the items involving supportive behaviors and direct patient care. The nursing actions considered as the least important were the ones in which the focus of activities was the care giver instead of the patient. Although the supporting and intimacy seemed most important to the students in this study, these findings are congruent with Watson et al.'s results for students who are starting a nursing education program. They also found that towards the end of the education experience, the technical, supporting, and intimacy dimensions were much more "balanced" in relative importance. Therefore, the students

in this study seem to give appropriate importance to the valued therapeutic behaviors for the beginning point in their nursing education, but an assessment of these dimensions of nursing behaviors and actions at the end of their program would be useful.

This study included a relatively small non-random group of nursing students in only one program. More research with larger samples is needed. Also, longitudinal studies would be valuable in assessing student perceptions of the importance of nursing activities over the course of a nursing education program, and these studies should include internal and comparative research on the variety of nursing education programs available, including associate degree, baccalaureate, and master's level entry programs.

Recommendations

Nursing students' perceptions should be researched and studied through large and longitudinal studies in the United States. Information should be considered to explore the possibilities of giving more structure to the caring aspects and diversity early in the curricula of nursing schools. Caring and nursing complement each other, and faculty may need to have more structure to teach caring more effectively. In a country as diverse as the United States, caring perceptions from different cultures should be studied. It is paramount for nursing faculty to explore nursing students' caring perceptions to assist students to work and modify them as needed in the creation process of building nurses.

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Table 1

Demographics of Nursing Students N = 71

<u>Characteristics</u>	<u>Number</u>	<u>Percentage</u>
<u>Age</u>		
21-29	61	85
30-49	10	14
<u>Ethnicity</u>		
Alaskan/Native American	11	15
Asian	16	23
Black	2	2
Caucasian	29	41
Hispanic	7	9
Other: Middle Eastern, Pacific Islander, Filipino, Arabic/African, East Indian/ Jamaican	6	6
<u>Work Specialty Planned</u>		
Medical	17	24
Surgical	14	20
Pediatrics	20	28
Community/Public Health	4	6
Other: Critical Care, Dermatology, Emergency Medicine, Forensic Nursing, Labor and Delivery, Maternity, Psychiatry, Undecided	15	21
<u>Nursing as a Career</u>		
First Career	62	87
Second Career	9	13

Table 2

Item Means and Standard Deviations in Descending Order of Identified Importance

Item	N	Min.	Max.	Mean	Std. Dev
Q13 Listening to a patient	71	3	5	4.90	.384
Q21 Involving a patient with his or her care	71	2	5	4.77	.540
Q32 Providing privacy for a patient	71	1	5	4.73	.696
Q11 Being honest with a patient	70	2	5	4.73	.588
Q1 Assisting a patient with an activity of daily living	71	3	5	4.72	.512
Q5 Explaining a clinical procedure to a patient	71	1	5	4.65	.795
Q15 Instructing a patient about an aspect of self-care	71	1	5	4.59	.748
Q20 Being technically competent with a clinical procedure	71	1	5	4.55	.807
Q10 Being with a patient during a clinical procedure	71	2	5	4.52	.753
Q18 Measuring the vital signs of a patient	71	2	5	4.51	.772
Q25 Observing the effects of a medication on a patient	70	1	5	4.49	.756
Q22 Giving reassurance about a clinical procedure	71	3	5	4.44	.732
Q6 Being neatly dressed when working with a patient	71	3	5	4.44	.670
Q14 Consulting with the doctor about a patient	70	1	5	4.41	.860
Q4 Getting to know the patient as a person	71	2	5	4.41	.785
Q31 Arranging for a patient to see his or her chaplain	69	1	5	4.39	.790
Q30 Being cheerful with a patient	70	3	5	4.39	.728
Q9 Reporting a patient's condition to a senior nurse	71	2	5	4.32	.824
Q7 Sitting with a patient	71	2	5	4.32	.858
Q8 Exploring a patient's lifestyle	71	2	5	4.25	.806
Q19 Putting the needs of a patient before your own	71	2	5	4.15	1.023
Q12 Organizing the work of others for a patient	70	1	5	4.14	.785
Q2 Making a nursing record about a patient	70	1	5	4.11	.925
Q35 Attending to the spiritual needs of a patient	71	1	5	4.07	1.073
Q28 Staying at work after your shift has finished to complete a job	71	1	5	3.75	1.105
Q17 Keeping relatives informed about a patient	70	1	5	3.63	1.052
Q23 Praying for a patient	70	1	5	3.24	1.345
Q3 Feeling sorry for a patient	71	1	5	3.24	1.165
Q33 Keeping in contact with a patient after discharge	71	1	5	3.10	1.148
Q26 Making a patient do something, even if he or she does not want to	71	1	5	2.54	1.144
Q29 Coming to work if you are not feeling well	71	1	5	2.39	1.089
Q34 Appearing to be busy at all times	70	1	5	2.33	1.113
Q24 Dealing with everyone's problems at once	71	1	5	2.18	1.046
Q27 Assuring a terminally ill patient that he or she is not going to die	71	1	5	1.77	1.017
Q16 Sharing your personal problems with a patient	70	1	5	1.74	1.073

Note: Scale – 5 = Strongly Agree, 4 = Agree, 3 = Neutral, 2 = Disagree, 1 = Strongly Disagree Table 3

Table 3

Items in Five Dimensions of Nursing Actions

<u>Ranking of Dimension</u>	<u>Items Included</u>	<u>Item Numbers</u>
1. Supporting Behaviors 2. Intimacy	Interpersonal relations, communication, and providing support to patients	13,21,32,11, 5, 15, 10, 22, 4, 30, 75
3. Technical Activities	Direct personal care and Professional behaviors and responsibilities	1, 20, 18, 25, 31, 8 6, 14, 9, 19, 12, 2, 28, 17
4. Inappropriate Actions	Negative behavior, care giver focus, non-therapeutic activities	3, 26, 29, 24, 27, 16
5. Unnecessary Behavior	Ambiguous value of activity	23, 33, 34