

NURSING STUDENTS' PERCEPTIONS OF CARING: A PHENOMENOLOGICAL STUDY

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Abstract

Caring is the art and heart of nursing practice. It is what the patients want most from professional nurses and, as such, defines the role and responsibilities of nursing within the health care system. Caring is generally recognized as a mutual human process with identifiable behaviors, and since it is a subjective experience, ways of caring are communicated through the nurse's presence and interaction with the client. The purpose of this study was to gain an in-depth understanding of the experiences of caring by the nursing students. The study followed a phenomenological approach in which 27 nursing students from Level IV were interviewed, focusing on their shared experiences. Data were analyzed following Colaizzi's (1978) approach. Colaizzi's method of data analysis is an approach to interpreting qualitative research data, to identify meaningful information and organize it into themes or categories. Significant views and opinions pertaining to the respondent's experiences of caring interactions with their clients were collected. These statements were then categorized according to the five main themes which emerged from the study: self-sacrifice, therapeutic use of the self, equal treatment to all, compassionate care, and trusting relationship. The five themes generally contribute to knowledge development about how student nurses experience caring during their interactions with patients. The said caring in this study, has included descriptions of behaviors in caring for patients in different settings; the caring approach nursing students use when having difficult encounters with patients and their families, and the respondents' personal meaning of caring. The five themes described in this study expand an understanding of the nursing students' experience in taking care of patients. The results of this study, though, cannot be generalized, but could serve as a basis for further research, on which to base the development of a nursing framework, with caring at the core of management. Further studies are also needed that will help educators better enhance caring within nursing education.

Keywords: caring, perceptions, nursing

Introduction

One of the essential features of professional nursing is the provision of a caring relationship that promotes health and healing. Nursing requires a distinct body of knowledge and skill, and is built upon the fundamental moral commitment of caring (Finkelman & Kenner, 2013). The primary responsibility of a nurse includes promotion of health and the prevention of illness, but essential to nursing care has always been caring for all clients across the lifespan, with different physical, psychological, and spiritual needs (Butts & Rich, 2012). In many ways, caring is seen as being at the core of the nursing profession.

Many scholars and nursing theorists have proposed their own definitions and behavioral descriptions of what constitutes caring, but they generally recognize caring as a mutual human process with identifiable behaviors. Leininger (2002), in her culture care theory, proposed that caring be examined by identifying specific activities that are aimed at assisting, supporting, or enabling another person. Dr. Watson (www.watsoncaringscience.org), who is best known for her Theory of Human Caring, has identified several themes in relation to caring in nursing, namely, connection to the individual, relationship with the individual, a caring relationship, and a caring environment, which are central to promoting human dignity. Other themes include fostering a sense of identity and integrity; empowerment, which encourages self-awareness; and self-knowledge, which has a positive impact on healing. In addition, Watson (1985) discusses the development of a therapeutic relationship, and says that this relies on ten Carative processes which are based upon the caring behaviors that can be observed between nurses and their patients. Watson (1985) stresses the importance of communicating the fact that the nurse genuinely cares about getting to know the person, and in creating an environment where the person can discuss sensitive issues and feelings. This involves being totally focused on the person at that moment in time, which Watson refers to as "relational Caring". It is important for nurses to try to understand their patient as an individual person, with different feelings and priorities, rather than as an object of care that can be manipulated or treated in the same way as everyone else. As Chambers and Ryder (2009) claim nurses need to be genuine, empathetic, and self-aware, in order to provide high quality care, involving real caring in their practice. Similarly, nursing program has adapted *caring* as a central concept of its curriculum. The

CMO 14 - curriculum of nursing education emphasized caring as its foundation. The core values under caring include compassion, competence, confidence, conscience, and commitment and are vital components in the development of a professional nurse. They are, furthermore, emphasized in the BSN program. Since then, caring as an essential emphasis in nursing education, has been related to improvement in basic skills and professional value acquisition.

Literature identifies that *caring* is an emotional, as well as physical interaction of nurses with patients, in order to improve their health outcomes and experiences. Promoting the concept of caring among nursing students is a concept that can be learned but not taught. Caring cannot be taught in a formal classroom or through traditional teaching. However, healthcare users are clear that they know when nurses use skills and attitudes associated with caring, and tools are now available to measure this concept. (Richardson, Percy, & Hughes, 2014). Caring, in this sense, is developed through experiences, or by involving the student in interactions that require the use of self. This learning approach has been greatly influenced by experiential learning. The Association for Experiential Education (2014) defines experiential learning as:

A philosophy that informs many methodologies, in which educators purposefully engage with learners in direct experience and focused reflection, in order to increase knowledge, develop skills, clarify values, and develop people's capacity to contribute to their communities.

To date, much of the research on caring in nursing education, has focused on quantitative studies on students' perceptions of caring behaviors, using questionnaires based on Watson's ten Carative factors and Caring Assessment Questionnaire. These paid very little attention to understanding the actual experiences of caring interactions. Such an understanding is crucial, because the learning process occurs through a series of critical relationships and direct personal encounters with a person.

Purpose

The purpose of this phenomenological study was to gain an in-depth understanding of the caring experiences of nursing students with their clients. Data were

collected over a 3-week period through interviews with twenty-seven nursing students from Level IV, who have been exposed to all the clinical areas in their base hospital and various affiliating hospitals.

Review of Related Studies

Several studies have been done on caring behaviors. Among the researchers are Bramley and Matiti (2014), Sand, Bowers, Wing, and Kendrick (2014), Nadeleon (2010), and many others.

Bramley and Matiti (2014) conducted a study to understand how patients experience compassion within nursing care, and to explore their perceptions of developing compassionate nurses. A qualitative exploratory descriptive approach was employed yielding three overarching themes: (1) what is compassion, (2) understanding the impact of compassion, and (3) being more compassionate. This research has provided some empirical evidence on how patients recognize compassion, as seen through the kind of nursing interventions they received.

Graduates of clinical health care programs are expected to enter the workforce with professional skills applicable to the current healthcare setting. Sand, Bowers, Wing & Kendrick (2014) believe that the use of experiential education, where students are purposefully engaged in direct experience, with an emphasis on reflection, increases the ability of students to develop clinical skills during their undergraduate and graduate education. Providing experiential learning opportunities within the physical or virtual classroom allows students to practice skills, connect concepts, and reflect on processes, in a safe learning environment that promotes interprofessional collaboration and communication.

A study on nurses' perceptions of caring behaviors and determinant factors was conducted by Salimi, Azimpour, Fesharaki, and Mohammadzadeh (2011) utilizing descriptive-comparative analysis. It was revealed that there were no significant differences between overall scores of the psychosocial or technical items of caring. Three most important caring behaviors reported were being technically competent with the clinical procedure involved, providing privacy for a patient, and involving a patient with his or her

care. Moreover, the study showed that the most important determinants of caring behavior were workload, interest in nursing profession, and job satisfaction. However, the only predictor of caring behaviors was participation in an educational course about 'caring' after graduation.

Findings showed that despite the emphasis in nursing profession, some important technical and psychological aspects of caring, such as listening to a patient or sitting with a patient might be neglected. Suggested interventions include revision in in-service education of the occupied nurses in order to improve the quality of care, and the correction of misconceptions about caring in nursing.

Nadelson (2010) stressed that many factors influence the caring levels of nursing students. The purpose of the study was to provide insights into undergraduate nursing students' perceptions of their own and their peers' caring behaviors during their first semester of nursing education. From the results, it was found out that the age of the nursing students and the time spent in higher education did not positively enhance personal feelings of caring. Nadelson (2010) commented that younger students are more caring than older students, similar to previous research studies which revealed that more advanced students were not necessarily more caring.

Method

Semi-structured, face-to-face interviews were undertaken by the researchers, using an interview guide. The participants described their experiences of interaction with a patient or relatives in any setting, in which caring had been demonstrated. They were initially asked to give their personal opinion of caring, followed by sharing of their thoughts, perceptions, and feelings about the caring experiences they have had with their clients. They were encouraged to talk freely and to share stories in the language, either in English or Filipino, of their preference. Each interview lasted for 45 minutes to one-hour.

Selection of Respondents

Twenty-seven nursing students from level four were selected. All participants in this study met the following criteria: officially enrolled in the college of nursing for school year

2012-13 and had been exposed to clinical rotation in RLE areas.

Since participation was anonymous, no identifying information was asked of these 27 students, except their age and gender. The respondents were composed of 5 males and 22 females, with ages between 19 and 23 years old.

Data Collection

Data collection consisted of interviews in which the twenty-seven subjects were asked to share their experiences of caring between themselves and a patient. The researchers applied a semi-structured, face-to-face interviews using open-ended guide questions as follows:

1. What is your own definition of *caring*?
2. Describe your experience of helping someone out in a caring manner.
3. How did the experience of caring change your outlook in life?

The interviews took place after class hours as this was found to be the most convenient arrangement. They lasted from 45 to 60 minutes and were all audiotaped and transcribed. The subjects were all well-known to the interviewers, which facilitated a comfortable, open exchange between the interviewer and the subject. Anonymity for the respondents helped achieve confidentiality, both in the tapes and written records, as requested when subjects approval was sought. Only the researcher doing the individual interview knew the names of the respondents.

Data Analysis

Data analysis was completed using the methodology described by Colaizzi (1978). The following steps represented the process for phenomenological data analysis.

1. Each transcript was read and re-read in order to obtain a general sense about the entire content.
2. For each transcript, significant statements that pertained to the phenomenon under study were extracted. These statements were recorded on a separate sheet.

3. Meanings were derived from these significant statements.
4. The extracted meanings were sorted out into categories, clusters of related themes, and individual unrelated themes.
5. The findings of the study were integrated into an exhaustive description of the phenomenon under study.
6. The fundamental structure of the phenomenon was described.
7. Finally, validation of the findings was sought from the research participants to compare the researcher's descriptive results with their experiences.

The above steps were followed, using the interview data collected for this study. The researchers reviewed the transcripts of the oral descriptions from the interviews. From these transcripts, the researchers collected those phrases that were found to be pertinent to the phenomenon of caring between nursing student and patients. The researchers then identified their perception of the meaning of each of the selected phrases, followed by the organization of the identified meanings into themes.

The researchers agreed on combining and renaming certain themes to create a final set of five themes: (1) trusting relationship; (2) self-sacrifice; (3) equal treatment to all; (4) therapeutic use of the self; and (5) compassionate care.

From these themes and the descriptions that created them, the researchers were able to compile a comprehensive description of the phenomenon of caring interactions.

Results and Discussion

After the interviews with the twenty-seven respondents, the researchers noted some similarities in their experiences. All of these nursing students showed special attachment to their patients in all aspects of caring, within the context of their clinical experience and within their personal lives. All the respondents told stories of offering themselves, their time and effort, to meet the physical, emotional, and spiritual needs of the patients and their families. What was significant was the manifestation of the themes throughout most of the caring episodes.

Five of the twenty-seven respondents shared clinical situations with patients and relatives having personal problems. In one of the accounts, the nursing student comforted the patient's relatives as they struggled with the patient's dying process. It was also apparent that the nature of the caring described by the respondents often occurred in their interaction with uncooperative patients.

The following sections explored each of the five identified themes, namely, (1) trusting relationship, (2) self-sacrifice, (3) equal treatment to all, (4) therapeutic use of the self, and (5) Compassionate care. For each theme, quotes were translated into English. They were presented to support the validity of the theme. Quotes from the original transcripts are found in Appendix A.

Trusting relationship

The foundation of any good relationship is trust. Most of the respondents agreed that if the patients cannot trust the nurse, then the relationship is never going to run smoothly and the patients will not cooperate. Building trust takes time, especially when the patients have issues in the past concerning hospitalization. The notion of trusting relationship appeared to be important to the student nurses who participated in this study.

Student Nurse 1: "It was during my night shift that I was able to handle my patients. It's a good feeling that after one hour, she trusted me with her life. It was actually a case of chlorine ingestion. It was her second suicide attempt. At first, she did not want to speak. I only asked the usual questions. I stayed longer just the same, then after a while, I was surprised she started to talk. She actually narrated everything that she skipped while we were in the in ER. She thanked me and she felt relieved because she was able to discuss all her problems, especially the problem with her husband. She was actually crying while talking. As for me, it felt so good to be able to be trusted, more so, because she didn't trust me the first time."

Student Nurse 2: "The patient needs to see that you are trustworthy, and that they feel that you are also part of the a family. They like to be treated as if they were a family member. If that is how they feel, it will be easier for them to let go of their feelings."

Student Nurse 3: “One time, I attempted to talk to a relative who was a bit difficult, and found out she could be actually good to me. My patient had a multi organ failure, combined with hypotension. I was so busy at that time – I had to do everything for my patient, although my classmates also helped me in some areas of care. I assured the relative and my patient that she was going to make it, and they told me that once he went home, he was going hire me as his private nurse. This was because, even if I was doing a simple task like changing the diaper, which most of the time they felt ashamed talking about, I still continued to render my bedside care with rapport. It is really important to talk to them in the appropriate manner, so they will trust you in return.”

Student Nurse 4: “It was my first duty in the hospital. I was assigned to a female patient with no kids. Because I was on my level 2 then, all that was assigned to me were taking of vital signs. I spent most of the time at her bedside, just to make the patient realize my efforts in gaining her trust. The patient and her family offered me food, but I told them it was not allowed. On the last day of my duty, they asked for my number, so I gave it to them. After a year, I received a text from them, saying they missed me because they felt that I was a member of their family.”

Self-sacrifice

The most noble sacrifice is self-sacrifice. It is giving up of oneself or one's own interests, for the benefit, or the supposed benefit, of others. Caring was seen by the respondents as the essence of giving of oneself. The respondents gave to patients their time, energy and effort. To simply provide physical care is not enough, it should always be done with sincerity. Providing care without devotion, was not seen as adequately caring for patients. Some respondents gave a personal definition of care, and seemed to see it as giving something of themselves or giving something up for the client.

Student Nurse 1: “I had a very difficult patient during our first interaction. She didn't want to talk to me. After a while, she called my attention because her intravenous (IV) was not working. I secured the IV catheter in place to make sure that it will continue to run smoothly. I stayed at the bedside for almost an hour just to make sure the IV worked. I knew

that my patient realized my effort because the next day she initiated the conversation.”

Student Nurse 2: “My patient was irritable, most of the time. His mother was the only one looking after him. He had an on-and-off fever and, since we were on the night shift I did all the bedside care, including changing of his diaper and providing continuous tepid sponge bath (TSB). It was very tiring, especially working on the night shift, but I would like his mother to get some sleep, so I did not wake her, and did all the bedside care by myself.”

Student Nurse 3: “It was our regular duty at the pay ward stroke unit – my patient had a right sided paralysis. I was thinking how I could possibly help him. At first, he was very mean, but later on, I was able to convince him to have a regular range of motion (ROM) exercise. It was really very tiring to perform the exercises. On the last day of my duty, I bade him goodbye. I was surprised to see him crying and he said he was sad that my duty had ended. It was a very nice feeling being appreciated by the patient.”

Student Nurse 4: “I was on duty at the medical ward, 4 days in 2 weeks. My patient who was a victim of cerebrovascular accident (CVA) responded to what I told him to do. One time, he asked if giving medicine was the only thing we did. I told him we also change diapers, assist patients to change clothes, and to use the comfort room, even massaging the affected leg. I felt happy that they appreciated even the smallest thing that I did – it was a good feeling. I believe, I really need to spend time and effort in taking care of my uncooperative patient, so that when they see they are given time and effort, in the end, they will also cooperate. I took care of him for 4 days and I was happy I did.”

Student Nurse 5: “If you are going to help your patient, give them your best effort, not in just assisting, but you have to commit yourself and your time in helping them recover from illness.”

Student Nurse 6: “At the medical ward, I had a stroke patient who was bedridden. I monitored his blood pressure (BP) every 2 hours, and I referred it to my CI if he BP got very high. He was on a mannitol drip. I stayed until he consumed the prescribed dose. I was sitting there when the relative said “it’s good you are the nurse of my mother. “You are not a bad nurse. Hopefully if you become a real nurse, you won’t be mean to your patient. I will

pray for you to pass the board exam.” I cried after that. The next Monday, I went to look for them, but they chose to go home against medical advice.”

Student Nurse 7: “At the pay ward, you only spend a few a hours inside the room. You need to have just enough time to perform whatever nursing care is necessary for the patient. He had a colostomy and Penrose drain that needed to be changed twice a day.”

Student Nurse 8: “My experience was quite simple, not too emotional. It was my duty in labor room (LR). There were a lot of women in labor. I had to monitor the BP. I approached one of them and asked “how do you feel? She said it was painful and, at the same time, held my hand. I allowed her to do that inside the delivery room (DR), even though the staff nurse was angry at me. After that, I asked her again - are you okay now? She thanked me a lot for letting her hold my hand, and she said GOD BLESS you.”

Student Nurse 9: “It is important that you love your patient, even though not all of them like nursing students. You cannot mistreat them. A patient may sometimes be mean, but if you offer yourself, more blessings will come your way.”

Equal treatment to all

The principle of equal treatment prescribes that all people have the right to receive the same treatment, and should not be discriminated against, on the basis of criteria such as age, disability, nationality, race, and religion. In this study, the respondents described equal treatment as commitment to provide appropriate care to each individual patient, regardless of their health condition, age, attitude, and social status. The following responses confirm this theme:

Student Nurse 1: “For me, caring is something that everyone could give to all. People tend to choose, like for example, a nurse who chooses not to take care of a client with communicable disease. For me, if you really care, even if the patient is too old, you would still take care of him. It’s just like a passion, and that, for me, it is the essence of nursing or caring.”

Student Nurse 2: "Acceptance, you treat everybody fairly. The nurse should never be biased: equal treatment for both rich and poor alike."

Student Nurse 3: Even if the patient is mean to you, and even though they don't accept you, in whatever condition or situation, you still need to do your nursing care. It doesn't matter how they treat you."

Student Nurse 4: "If you are a real nurse, you won't choose. Rich or poor alike, you have to treat everyone fairly."

Student Nurse 5: "You cannot choose. Everybody should be accepted, dirty, difficult, those with bad smell those who are infectious, what is needed is patience."

Student Nurse 6: "If you are to do a certain task, it is important to give it your best. What's the use, if you will not do it the best way possible? There should be a burning interest to serve others."

Student Nurse 7: "Caring is unconditional love to patient – fairness, equal treatment for all, be caring, be thoughtful, you are not to choose. Everyone should have patience."

Student Nurse 8: "Caring is non-judgmental. Regardless of color or how one looks, there should be respect for both young and old. Treat them as your own. Caring is for all, no matter who you are, just think of them as your parents or siblings, be natural, that's important."

Therapeutic use of the self

When a nurse applies therapeutic use of the self, she consciously makes use of her personality and knowledge in order to cause *change* in the sick client. This change is considered therapeutic when it meets the clients' needs, or alleviates his/her pain or suffering. Respondents in this study described therapeutic use of the self as planned interaction with another person in order to establish rapport, alleviate fear or anxiety, obtain necessary information, provide health lessons, give advice, and gain patient cooperation. The following accounts affirm this theme:

Student nurse 1: "Patience - it's important that you gain their trust. Take time to talk to the client and don't leave until you have gained their trust."

Student Nurse 2: "The best way to develop rapport is to be jolly – even if the environment is difficult. Use sense of humor to gain the client's cooperation, at the same time, make them happy."

Student Nurse 3: "Listening is the best, the nurse should always be there for them"

Student Nurse 4: "Sincerity is important, caring is not done by the book. Touch them with tender love and care."

Student Nurse 5: "Communication – it is through this that we gain their trust. Effective use of therapeutic communication with a smile always works. They begin to understand and follow our discharge instruction."

Student Nurse 6: "Being available. It's a good feeling if the patient looks for you because they have gotten use to seeing you. If you talk to them all the time, and remind them of their medication, the food that they should avoid, their diet, they begin to miss you, especially if they don't see you."

Student Nurse 7: "I cannot forget my duty in a mental hospital. In my first contact with my patient, I knew I had to establish rapport. The next day, when I saw her, she called me at once "here is ate." It was a good feeling knowing that she had opened up to me, unlike the rest who only wanted the food the student nurses brought them. On the last day, when I said goodbye, she kissed me and said "thank you ate, I'll see you when I get out from here."

Student Nurse 8: "I was on duty at the Medical Ward, bed #13. The patient was so mean and difficult to handle. After hearing his stories, I found out that he had a lot of issues in his life. It had been two weeks that I had taken care of him, and my classmates were teasing me that he was my boyfriend. His wife and kids left him, and that was when he started drinking alcohol, resulting in the condition of liver cirrhosis. I did not realize he was on Hepa precaution as he was also diagnosed with Hepatitis. One time, he had to undergo a

procedure and fluid was to be suctioned from his lungs – he asked me if I could accompany him in the treatment room because he said he was afraid. I stayed with him till the procedure was over. The nursing staff said I had gained his trust, since he only bought medications that I prescribed. Some of his relatives even texted me, asking for updates on his condition. Unfortunately, he went home against medical advice, and died days after.

Student Nurse 9: “Caring is joy or happiness. Whenever a nurse communicates, the patient becomes happy. My sister once told that even when she went without sleep and her baby smiles at her, all her tiredness disappears. It is the same with our patient - we tell them jokes, they smile and, somehow, we relieve them of their sufferings.”

Student nurse 10: “Caring is understanding the patient. You cannot understand the patient if you will not learn to try to understand them. Even if we are taking care of so many patients, we have to remain “cool”. You have to tell them to comply with required medications and treatment, and try to understand if they cannot afford it. Love and understanding are what are needed, especially for the poor patients.”

Compassionate care

Compassion is the understanding or empathy for the suffering of others. It is regarded as a fundamental act of human love, a feeling of deep sympathy and sorrow for another who is stricken by misfortune. The respondents described their experience as more of a strong desire to alleviate the pain or suffering that their clients were going through.

Student Nurse 1: “Actually he was not my patient, I just noticed that my classmate was having difficulty in rendering tepid sponge bath (TSB) to him. This client had leukemia and I pitied him, so I helped out. His condition worsened, and they performed cardiopulmonary resuscitation (CPR) and life saving measures on him. I stayed with his wife and stood by her, offered her drinking water. He died eventually, but even if he was not my patient, I helped in his postmortem care. In my mind, I told him you should have waited for me. I cried out of pity.

Student Nurse 2: “Every time I see my patient suffering or are in pain, I always tell

them to trust God and leave everything to HIM. A little empathy is healthy, and everything follows. If you feel their sufferings, then you will understand what they are going through.”

Student Nurse 3: “I have experienced caring, and have given it in neonatal intensive care unit (NICU). We had a newborn case, who was premature and was unable to breath on her own, so we called the father to assist in manual ventilation. The father obliged but it seemed that he was affected by it. The mother was worried, but the father verbalized acceptance of the situation. He did not want to be bothered, and did not have the patience to do it. Even the staff nurse was wondering if he was the real father. Because the child was fighting for her life, we decided to take turns doing the manual ventilation. We felt bad that the father had given up helping his child, but as nurses, we had to continue supporting the mother and the family – mentally and spiritually.”

Student Nurse 4: “Caring is concern: Treat your patients just like your parents. If you don’t have concern, you won’t be able to give it. Acceptance is important, even if the client is mean, you have to give it your best shot, even at the time of dying. Offering self is to gain rapport. Empathy, and at times, even sympathy is given to understand better the feelings of your patient.”

Summary

This study allowed the participants to discuss personal examples of caring experiences. In so doing, it provided important insights into some of the ways in which nurses provide care for their patients. However, the expressed experiences that were recorded and interpreted were applicable only to each particular nursing student at the time of the interview, and, as such, they can provide only some degree of light on their views of what care might be. Nursing students are not all the same in the way they care for their patients; they give different types and degrees of care. These differences in care requirements and provision depend on the situation. Moreover, the themes that emerged from this study are, generally, well represented in the literature. The experiences shared by the respondents support the complexity of the phenomenon of caring.

Implications on education

The findings of this study contribute evidence that phenomenological research is an appropriate method in generating increased knowledge of nursing care. In addition, the results of this study have significant implications for nursing educators.

Leininger (2002) warned that without specific teaching and practice opportunities of caring in nursing schools, the school would not be able to ensure that their graduates would know and practice caring later on. For nursing educators to achieve the goal of promoting caring as the essence of nursing, faculty must first be aware of their own perceptions of the various aspects of caring interaction and engage in self-reflection on their own caring behavior. Moreover, the faculty must identify the effective ways of demonstrating caring since they are the role models in the clinical area. The knowledge acquired in this study could be utilized by nursing faculty in order to reinforce or enrich caring interactions between nursing students and patients.

The findings have significant implications for school administrators interested in promoting curriculum changes toward more caring interaction by their faculty. A strong foundation should be laid for initiating and incorporating the caring elements. It is only when there is full awareness of the epistemological basis for the concept of caring, can there be practice for such caring behaviors which are necessary for personal, social, and emotional growth.

Conclusions

This study has provided some interesting and valuable insights into student nurses' perceptions of their own nursing care experiences. If this group represents all the nursing schools, then there is strong reason to conclude that caring is truly the essence of nursing, and that its presence in this profession is alive and has a bright prospect.

Recommendations

Patients are different from one another; therefore, they have different needs. It is important for nursing students to be cautious about implementing caring strategies that they feel would help establish rapport with their patients. Although most of the caring approaches worked in the experiences that they had shared, they still need to be sure that their patients welcome these strategies to be applied. Given this concern, further research is necessary to compare the differences between nurses' and patients' perception of what constitutes *good care*. As it is, this study has considered the perceptions of only a small group of nursing students. More respondents should be involved in order to obtain richer information about caring strategies.

Nursing educators need to match their teaching of caring elements and strategies with corresponding actions, and deliver a curriculum that provides students opportunities to interact and form interpersonal connections that translate ultimately into a successful nurse-patient relationship. Further studies regarding caring evaluation are needed to better enhance caring within the nursing curriculum. It is important for administrators and policy makers to provide a curriculum that would develop the quality of being caring among their nursing students.

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APPENDIX A

Excerpts Supporting the Validity of Each Theme

The following excerpts from the original transcripts show support to the validity of each theme.

Trusting Relationship

Student Nurse 1: "Sa night duty ko sya na handle, masarap sa pakiramdam na after one hour pinagkatiwalaan na nya sa skin yun buhay nya. Chlorine ingestion yun case nya, second attempt nya na ito ng suicide. Sa una ayaw niya magsalita mga usual question lang tapos wala na ako masabi, nag-stay pa rin ako, nagulat ako bigla na lang nag umpisa magkwento, lahat ng di nya sinabi sa ER sinabi nya sa akin. "salamat, sa iyo ko lang nasabi lahat ng gusto ko sabihin mga problema ko sa asawa ko sa pamilya ko, gumaan pakiramdam ko," naiyak pa sya habang nag sasalita. Masarap pkiramdam ko na nagtiwala sya sa akin kahit nung una ay ayaw nya din ako kausapin.

Student Nurse 2: "kailangan makita ng pasyente na mapagkakatiwalan ka niya' at nararamdaman ng pasyente na kapamilya sya. Gusto ng mga pasyente na tinatrato sila na parang miyembro ng pamilya. Pag ganon, madali silang magsabi ng mga nararamdaman nila.

Student Nurse 3: "one time yung relative na mailap sa mga student nurse sinubukan ko kausapin – mabait pala sa akin. "yun patient ko multi organ failure bumababa BP, toxic ako ,lahat ako gumagawa pero tinutulungan din ako ng classmates ko .sabi ko sa patient at relative mabubuhay pa si tatay, sabi nila pag nakalabas sila dun kunin nila ako private nurse.kasi daw kahit simple lang gingawa ko pa tulad ng change ng diaper, minsan nahihiya na sila, pero ako okey lang tuloy pa din ako mag render ng bedside care, kailangan lang talaga makipag-usap ng maayos, yung pagtiwalaan ka nila para makuha mo loob nila"

Student Nurse 4: "Nung first duty ko sa hospital babae patient ko walang anak, 2nd year lang ako kaya vital signs lang ako mostly, madalas ako sa room para lang makita nila yung effort ko na makuha loob nila, kaya madalas din ako bigyan ng pagkain sabi ko di po pwede bawal po, nung last day kinuha yung number ko almost one year nag te-text sa akin parang anak daw kasi ako namimiss daw ako."

Self –Sacrifice

Student Nurse 1: “May pasyente ako na masungit nung una kaming magkita hindi nya ako kinakausap, pero nagkaroon ng problema yung IV nya, hindi tumutulo. Pag hinawakan ko yung IV cath tumutulo naman, kaya hindi ako umalis doon hinawakan ko ng halos isang oras yung IV nya para lang tumulo. Kinabukasan kinakausap na nya ko.”

Student Nurse 2: “Patient ko laging sumisigaw nanay lang nya ang bantay, mag ina lang kasi sila, tapos medyo malaki yung patient ko, on and off pa yung fever nya. so dahil night shift kami ako na lang ang nag change ng diaper at the same time nag TSB ,nakakapagod talaga pero kahit puyat ako gusto ko kahit papaano makatulog si nanay, di ko na ginising si nanay gusto ko ako na lang lahat gumawa para kahit papaano makapahinga siya”

Student Nurse 3: “duty po ako sa payward sa stroke unit, yung patient ko paralyzed sa right side iniisip ko ano kaya pwede ko gawin para sya matulungan? naawa ako sa kanya, una masungit sya pero later on okay na rin naman sya pumayag na rin, kaya araw-araw ina assist ko sya sa ROM kahit nakakangawit at nakakapagod. nun last day nag paalam ako sa kanya ,umiiyak sya, nalulungkot dahil tapos na duty ko sa kanya ,masarap sa pakiramdam na naaappreciate ka ng pasyente yung time and effort na binigay mo kahit sa simpleng skills lang”

Student Nurse 4: “Sa experience ko sa medical ward – 4 days/2 weeks ko na duty. Nung umpisa nakita ko na yung patient ko nagre-respond na sya sa mga sinasabi ko “na kailangan gawin nya yan” pagbibigay lang ba ng gamut ang ginagawa ninyo? Sabi ko hindi po kasama pa po pati yan mga basic katulad ng change ng diaper, CVA po kasi patient ko kaya kasama change of diaper, damit at pati assist sa pagpunta sa CR, even pagmasahe sa part na affected. Natutuwa po ako kasi naappreciate nila kahit yun maliit na bagay. masarap sa pakiramdam, dapat lang paglaanan mo talaga ng time at tiyaga ang pag-aalaga kahit na sa una hindi cooperative ang pasyente, pag nakita nya na binibigyan mo sila ng oras at hindi nagmamadali, magiging accommodating din sila. 4 days nahandle ko sya. Masaya po ako.”

Student Nurse 5: “ Kung tutulong ka sa pasyente ibigay mo yung best effort mo hindi yung basta ka lang mag assist, i-commit mo na yung sarili mo at panahon sa

pagtulong”

Student Nurse 6: “Doon sa medical ward pasyente ko na stroke na bedridden, nag BP ako q2 monitoring ni re refer ko sa ci pag mataas ang BP, binantayan ko sya kase nakamannitol sya inaatay ko matapos yun fast drip kaya naupo muna ako, nagulat ako sabi ng bantay “buti na lang ikaw yun nurse ng nanay ko, di ka masungit, sana pag nurse ka na di ka magsusungit, pag pray ko na makapasa kayo sa board, naiyak po ako nun nagpaalam kami sa kanya nun pm, next Monday hinahanap ko sya pero nag HAMA napala.”

Student Nurse 7: Sa payward konti lang oras mo sa kwarto pero kailangan bigyan ng time yung gagawin mo para maging maayos, yun patient ko may colostomy at pendrose drain kaya medyo buzy tapos namamanhid pa yun paa niya, First time ko magbigay ng care sa ganito klase ng case, 2x kami magpalit ng linen kasi nadislodge yun colostomy nya tampon yun discharge, tapos yun damit mga 3x kasi kumakatas yun penrose drain, nagmamasahé pa ako kc para mawala yun pamaamnhid.

Student nurse 8: “Yung po sa akin eh simple lang di emotional. Sa LR po ako nakaduty .yung nanay na nagla labor, nag momonitor ako ng BP ,nilapitan kop o tinanong ko kung ano nararamdam, hinawakan yung kamay ko sabi nya masakit daw, hinayaan ko lang hanggang DR kahit na nagagalit na yung staff, after nun nilapitan ko tapos sabi ko “nanay kamusta na? nagpasalamat ng todo kasi hinayaan ko sya at hinawakan pagpalain daw kami lahat ng Diyos”

Student Nurse 9: “Dapat mahal mo ang patient mo. Wala ka dapat ipakitang masama kahit ayaw nila sa student nurse na bantay kahit masungit sila minsan. Kapag nag-offer ka ng self mo mas madami pa silang offer sayo.”

Equal Treatment to All

Student Nurse 1: “For me caring is something that anyone could give para sa kapwa nila, people tend to choose who would they take care of, example nurse nandidiri sa patient tapos di na hahandle, for me if you really care kahit sobrang matanda, its just like a passion yun ang essence sa akin ng nursing or caring.”

Student Nurse 2: "Acceptance kahit sino basta pantay-pantay lang Ang isang nurse ay di bias pantay sa mahirap at mayaman"

Student Nurse 3: "Kahit masungit, kahit di ka nila tanggap, kahit anong condition, kahit ano pa ugali nila, hanggat kaya ibibigay mo"

Student Nurse 4: "Kung totoong nurse ka wala kang pinipili, walang pinandirihan, kahit mahirap o mayaman, need mo syang alagaan"

Student Nurse 5: "Dapat di ka pumili kahit sino tinatanggap, marumi, mabaho, mataray, kailangan dapat may tiyaga"

Student Nurse 6: "Pag gagawa ka dapat parang ginagawa mo para sa sarili mo para saan pa kung di mo naman pagbubutihin – dapat walang boundaries at may burning interest to serve others"

Student Nurse 7: "Caring is unconditional love to patient – fairness, equal na pagtingin sa bawat isa pagiging maalaga, maaalalahanin dapat di ka mapili kahit sino puede, maging matiyaga"

Student Nurse 8: "Caring is non judgmental. Sa kulay at anyo, respeto kahit bata o matanda. Love kahit di kaano-ano. Treat as own." "Caring is for all kahit sino pa siya. Isipin mo na lang na magulang mo yun o kapatid mo. Maging natural, yun ang dapat."

Therapeutic Use of the Self

Student nurse 1: "Patience, dapat magtiyaga ka na makuha loob nya. Take time to talk to the client at huwag iiwanan hanggang makuha mo loob nya"

Student Nurse : "Ang number one sa rapport ay pagiging jolly – na kung toxic ang environment, use sense of humor para matuwa ang pasyente at makipag cooperate sayo"

Student Nurse 2: "listening is the best, dapat nandiyan ka para sa kanila, sincerity, at di dapat nasa libro ang pagtulong sa pasyente , hinihimas sa likod may kasama na touch"

Student Nurse 3: "communication – doon nabubuo ang pag titiwala sa atin, sa isang mahusay lang na pakikipag-usap na may kasamang ngiti para sumunod ang pasyente sa mga dapat gawin pagka-discharge nila sa ospital"

Student Nurse 4: “availability, iba ang pakiramdam pag ikaw ang hinahanap pag nasanay sila na nakikita ka palagi, kinakausap mo lagi at pinaaalahanan sa mga gamut nila o kung ano ang bawal na diet. Ma-mi-miss ka nila pag di ka nila nakikita”

Student Nurse 5: “Pinaka di ko malilimutan yun duty ko sa mental hospital. sa first contact ko palang nakapag establish na ako ng rapport, next day paglabas palang niya tinatawag na agad ako “ayan na si ate, sarap pakiramdam na open na siya sa akin, di tulad ng iba na food lang ang gusto hingin sa nurse. Nung last day nagpaalam ako nag kiss pa sya sa akin “thank you talaga ate, pag nakalabas ako magkita tayo tapos ok na buhay ko.”

Student Nurse 6: “Medical ward ako duty bed #13, napakasungit ng pasyente, iirapan ka pa. Una nahirapan ako handle pero later nakilala ko na siya, dami pala issues sa buhay, 2 weeks ko siya na handle, tukso nga nila BF ko na siya, iniwan sya ng asawa pati anak, ginawa tubig ang alak nauwi sa liver cirrhosis late ko na nalaman hepa precaution pala. One time kukunan sya ng tubig sa liver sabi nya” nurse samahan mo ako kasi natatakot ako, sinamahan ko naman hanggang matapos ang procedure. Bakit daw makulit ako sa akin lang daw sumusunod sa pagbile ng gamot sabi ng staff. yun mga kamaganak niya ang nag te text sa akin kasi nai kwento daw ako. Nag HAMAdin ito kaya namatay din after awhile”

Student Nurse 7: “Caring is joy or happiness. Kapag nagsalita ka, sumasaya sa joke mo. Parang ganito lang ang kwento: sabi ng sister ko; kahit puyat na siya, kapag ngumiti ang baby niya ay alis lahat ng pagod nya. Ganoon din sa patient, pasayahin natin sila para mabawasan suffering nila”

Student Nurse 8: “Caring is understanding the patient. Hindi mo maiintindihan ang patient mo kung hindi ka marunong umintindi kaya dapat gagamitan ng pang-unawa. At kahit sobrang dami na ang pasyente, cool lang tayo. Minsan sabihin mo na “nay kailangan mo yan.” Intindihin mo din ang side nila na kulang ang pambili. Love and understanding lalo na sa pasyenteng walang-wala”

Compassionate Care

Student Nurse 1: “Actually di ko sya patient napansin ko lang toxic yun classmate ko sa kaka TSB sa kanya, leukemia yun sakit, kasi naawa ako sa kanya, gusto ko sya alagaan.

Nag worse yun kondisyon nya, nag CPR na wala naman ako magawa dahi student lang ako, inalo ko na lang yun asawa nya, nilapitan ko binigyan ko ng tubig, kahit di ko siya patient tumulong po ako sa postmortem, sa isip ko sinabi ko na “kuya bakit di mo man naantay na maalagaan kita kasi gusto ko talaga na alagaan ka “naiyak na ako”

Student Nurse 2: “Kapag nakikita kong nahihirapan ang pasyente dahil sa sakit nya, sinasabi ko magtiwala sa Dios, magdasal lang. A little empathy is healthy and everything follows. Kapag nararamdaman mo ang hrap ng pasyente mas maiintindihan mo ang pinagdadaanan nila”

Student Nurse 3: “Yung sa akin yun caring naibigay ko sa NICU. May pasyente po kami newborn kulang sa buwan, di niya kaya huminga on her own,so yung tatay tinawag para mag ambu bag pero parang bale wala lang sa kanya, yung nanay nag aalala ,yung tatay tanggap na niya ayaw magtiaga .nagagalit na yung staff nurse sa isip namin tatay ba ito talaga. Dahil sa awa namin sa baby, ginawa namin kami na lang nag ambu bag halinhinan kami, nalungkot kami kasi uwian nag-give up na ang tatay. Kahit ayaw ng relative tayo na dapat mag tuloy ng care – nag give na lang kami ng support sa mother, lahat na mentally spiritually”

Student Nurse 4: “Caring is concern: Treat them kapareho ng magulang mo. Kapag wala kang concern parang hindi mo na kayang ibigay yun. Acceptance kahit masungit at di ka tanggap, pareho lang. Hangga’t kaya mo, ibibigay mo kahit at the time of dying. Offering self; ikaw ang mag-open up para sa rapport. Kahit empathy minsan may kasa rin na sympathy. May emotional attachment para lalo mo maintindihan yung nararamdaman ng pasyente”