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## Urzeczywistnianie „troski o człowieka” w życiu codziennym i praktyce zawodowej – doświadczenia studentów pielęgniarstwa

## “Care for another” in everyday life and professional nursing practice – experience of nursing students

### Streszczenie

**Wstęp.** Wartość troski o drugiego człowieka należy do najstarszych i najważniejszych dóbr medycyny, a szczególnie pielęgniarstwa. Celem edukacji pielęgniarstwa jest rozwój naturalnej skłonności człowieka do troszczenia się i wyposażenie go w wiedzę i umiejętności niezbędne dla świadczenia profesjonalnej troski.

**Cel.** Celem pracy jest analiza wypowiedzi studentów pielęgniarstwa na temat realizacji troski o człowieka w życiu codziennym i praktyce zawodowej oraz dokonanie oceny zachodzącej ewolucji we wskazywanych przez studentów działaniach troskliwych.

**Materiał i metoda.** Dokonano analizy jakościowej materiału zgromadzonego od studentów pierwszego i ostatniego roku pielęgniarstwa Uniwersytetu Medycznego w Lublinie w roku akademickim 2008/2009 – łącznie 56 osób.

**Wyniki i wnioski.** Źródłem troskliwej postawy studentów jest rodzina. Realizacja troski w codziennym życiu dotyczy przede wszystkim bliskich członków rodziny. Dla obu grup studentów troska o człowieka przejawia się w działaniach opiekuńczych i troskliwej komunikacji będącej często narzędziem współczucia. Analiza działań troskliwych urzeczywistnianych w warunkach klinicznych pokazała proces profesjonalizacji w zakresie podejmowanych działań.

### Abstract

**Introduction.** The value of care for another belongs to the oldest and most important goods of medicine, especially nursing. The development of a human natural tendency to care for someone and getting knowledge and skills how to perform it are the aims of nursing education.

**Aim.** The aim of the article was to analyse nursing students' statements about the realisation of care for another person in everyday life and vocational practice and to evaluate the evolution of care performance which was pointed out by students.

**Material and methods.** The qualitative analysis of data collected among the Lublin University of Medicine students of nursing from the first and the last years was made. The data were collected in 2008/2009 academic year. Totally 56 students participated in the study.

**Results and conclusions.** Family is the source of caring attitude of students. The realisation of care in everyday life mostly concerns the close members of family. The forms of care in both groups comprise nursing activities and caring interpersonal communication as a “tool” of compassion. The analysis of care activities in the clinical reality showed the professionalization of the undertaken activities.

**Słowa kluczowe:** troska o człowieka, etyka, pielęgniarstwo.

**Key words:** care for person, ethics, nursing.

## INTRODUCTION

During the process of vocational education of nursing students the professional development of natural disposition to care is aimed. Care for another person is described as one of the basic goodness of medical ethics. It is not applied to medical ethics from the outside but worked out and specified during its development through the centuries [1, 2].

In Poland, the model of medical care ethics has been created by Szewczyk [2-4]. He refers to the philosophical assumptions of Levinas [5-7] and Ramsey [8]. In his concept he proposes to describe care as the intrinsic goodness of medicine (with nursing) and defines it as the set of basic virtues of a doctor (or a nurse) such as caritas, compassion, trust and competence. The realisation of care comprehended in this way should be provided by justice limitation that constitutes "more difficult care".

A similar set of categories that describes the term of care (in nursing) is earlier given by Roach [9]. Her concept of 5C shows that it is difficult to talk about care without the use of such phrases as compassion, trust, conscience, competence and commitment. The commitment is the element that differentiates Roach's theory from that of Szewczyk's. Roach suggests getting involved in the process of caring while Szewczyk rationalises care using the value of justice [2,3,9]. The concept of Mayeroff [10] seems to be between both described ideas. It includes eight categories that are indispensable to realisation of care: knowledge, alternating rhythms, patience, honesty, trust, humility, hope and courage.

## AIM

The aim of the study was to analyse changes of the realisation of care for another person by nursing students during their vocational practice.

## MATERIAL AND METHODS

Qualitative data acquisition was performed with the use of a self-constructed questionnaire consisting of ten open (and open-ended) questions. Three of them were constructed by Wilkes and Wallis [11]: (1) What is the meaning of 'caring' to you? (2) Describe an incident in which you have been caring to someone (1st or 2nd year students only – before their practice) (3) Describe an incident during your last practice in which you perceive you were caring to a patient (3th year students or higher – after their first practice). In addition, seven own questions were included in the questionnaire: (4) She/he takes care of him, but... (5) What is a typical nurse to you? (6) What is a caring nurse to you? (7) She/he is a caring nurse, but ... (8) What is a typical doctor to you? (9) What is a caring doctor to you? (10) She/he is a caring doctor, but...

The questionnaire also contains detailed questions related to socio-demographic characteristics of students that could influence their perception of the term 'care'.

Only two questions of the questionnaire have been analysed in this study (questions number 2 and 3).

## DATA COLLECTION

The study was conducted among the first and the last year students of nursing at the Medical University of Lublin during the academic year of 2008/2009. The examined group consisted of 56 people (100%). The whole group was divided into two subgroups:

(A) nursing students before their first nursing practice (n=29),

(B) nursing students after their first nursing practice (n=27).

## SOCIO-DEMOGRAPHIC CHARACTERISTICS OF STUDENTS

The average age of the students was 20. The oldest student was 23 and the youngest was 19 years old. The students from group A entirely represented the first year of their nursing education; group B – the third (last) year of nursing education.

Among the respondents 87.5% (n=49) were women and 12.5% (n=7) men. Most of the students come from rural areas 61% (n=34). Majority of the students described themselves as practising Catholics who had at least one sibling.

## RESULTS

The analysis of the students' statements collected from the subgroup (A) showed the picture of everyday care (Table 1).

The analysis of the students' statements from subgroup (B) pictured professional nursing care (Table 2).

## DISCUSSION

The development of a human natural tendency to care for someone and getting knowledge and skills how to perform it in a professional way are the aims of nursing education.

The basic sphere of the empirical research was to find the answers to the following questions: Does understanding of the term 'care' evolve? Does more professional approach for realisation of care occur when students are more educated? To answer these questions it is essential to indicate the difference between the distinguished groups of survey A – B. The realisation of care evolves in practice. The more achieved professional experience among students the bigger the number of care subjects and wider range of caring behaviours can be observed.

The analysis of the collected material shows that care of the loved ones (family members mostly) is a base for the professional care. It explains the source of care attitudes which gives a good basis for teaching professional care behaviours. The ethical aspect should be praised here – the evolution of "natural care" (care of the loved ones) may be directed towards the responsibility of taking care of a stranger - another way, the evolution from "I want to take care of someone" towards the direction "I should care

**TABLE 1. Realization of care in everyday life.**

Dimensions of care realization		Students A
1	Care receivers	Members of family, friends, neighbours and also strangers met in a street. Healthy and sick people.
2	Undertaken actions	Technical dimension of care: nursing activities predominate, mostly preparation of food, providing help with eating, change of the dressing, providing comfort during illness, application of medicaments, bringing satisfaction needs which are crucial in a particular moment, providing good conditions of curing. Emotional dimension of care: the care activities are accompanied by communication as an indispensable element. Example: "An older man who is sitting on a bus talks about his life. He does not need anything else but a conversation – a bit of cordiality. I talk to him, listen what he would like to talk about. At the end I help him to get off the bus, smile at him and kindly say good-bye." (A24 – 1st year). Communication is the expression of compassion showed to the care receiver. Commitment is also evident. Students point out putting an effort to help someone, interest of his/her state, worrying about someone. Example: "When a year ago my grandmother got sick I rode a bicycle to visit her everyday to a town which is 5 km from the place where I live – no matter the weather. I was worried about her. I gave her medicaments and made sure that nothing was wrong with her. I tried to be with her each moment I could, talk to her and support her." (A12 – 1st year) The activities undertaken by students gave them the feeling of satisfaction.

**TABLE 2. Realization of care in clinical practice.**

Dimensions of care realization		Students B
1	Care receivers	Each patient with a problem but not only medical one (e.g. loneliness) Examples: "All the patients I had contact with needed to show them that you care for them. It concerns each of them." (B19 – 3rd year)
2	Undertaken activities	Technical dimension of care: typical nursing activities (helping with self-care activities, feeding, hygienic activities, application of medicaments, clothes changing, helping with position changing, satisfying needs, securing against hurting oneself). Emotional dimension of care: caring activities were always accompanied by compassion and communication with a patient (interest in a patient, his/her condition, kindness, closeness, conversation, support, giving information about the current condition of the patient). Category of time (students pointed out the importance of devotion of time and attention). Category of patience, awareness of self limitations: "I did my best to help"
3.	Categories mentioned	Awareness of effectiveness of the activity: "(...) When I saw how valuable my presence was to her, I felt better myself and understood that it made sense of what I have done." (B11 – 3rd year) Care showed by students seems to be complex and has wide extension. It reflects students' competence. Care is seen here as something obvious, typical for nursing activities.

for someone". This process is described by Nel Noddings. She claims that 'ethical caring' which is based on 'natural caring', requires an ethical effort. That effort means answering many questions which arise from a specific caring situation, e.g., Shall I respond to the need of this person? Why shall I respond? What should I do? Eventually, Noddings says that 'we cannot always decide with certainty whether our caring response is natural or ethical. Indeed, the decision to respond ethically as one-caring may cause the lowering of barriers that previously prevented reception of the other, and natural caring may follow' [12].

'Care' considered on the dictionary level has two basic meanings. Firstly, it means the feeling of anxiety caused by a difficult situation or possibility of the occurrence of such situation. Secondly, care means looking after someone/something, seeking someone's service/favours. One may talk about the care of a family, a patient, standard of living, future [13]. The first meaning of 'care' is related to a state of mind of an individual. That signifies rather negative connotation because it is linked with the sensed anxiety and/or worrying about someone. The analysis of the students' statements shows that "worrying about another person" constitutes interest in his/her situation and problems and in that sense it is a basis for compassion. This dimension of care might be described as "an emotional care" (care about). It does not require interpersonal contact with a care-receiver in the sense of actual doing something for them [14]. The emotional dimension of care is described by the categories which were

indicated by students, such as: compassion, commitment, trust and conscience. This kind of care has been observed in the statements of students describing realisation of care in everyday life and during medical practice.

The second meaning characterises 'care' as a technical activity. This dimension of care (care for) needs to use some skills, some activity directed to an object of care [14]. Similar understanding was underlined by students. The technical dimension of care is determined by competence including knowledge and skills that are the tools to realise care in a practical way. In the students' statements which described the realisation of care, the technical dimension relates to the activities that are difficult to perform for a patient themselves because of disease or disability. It means that they are typical care activities.

Other categories that were distinguished by the students are some kind of link between the abovementioned dimensions. Interpersonal communication, courage and patience were the most common categories pointed out by the respondents.

The idea which assumes that care in medical practice includes at least two basic dimensions: emotional and technical is widely described in the literature [14-17].

The analysis of students' care activities in the clinical reality showed the professionalization of the undertaken activities. This means that the mode of providing care evolves during professional education. To answer the question what is teachers' influence on the creation of students' caring attitudes it is worth showing the results of Simonson's

[18] qualitative analysis of the interviews of 6 teachers and 12 students. Four important factors were identified: 1) the formation of a humanistic-altruistic system of values; 2) the cultivation of sensitivity to one's self and to others'; 3) the promotion of interpersonal teaching/learning; 4) the provision for a supportive, protective and/or corrective mental, physical, socio-cultural and spiritual environment.

## CONCLUSIONS

1. Family is the source of caring attitude of students. The realisation of care in everyday life mostly concerns close members of family.

2. The forms of care in both groups comprise nursing activities and caring interpersonal communication as a "tool" of compassion.

3. The analysis of care activities in the clinical reality showed the professionalization of the undertaken activities.

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