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*Caring in nursing – conditioning of realisation*

The essence of professional nursing is caring biased towards relief, assistance, support and 'being with' a person in need (1, 2, 3, 7). Caring, resulting plainly from the heart, i.e. the feeling of the liking of people in such a way that a nurse cannot remain indifferent to various problems and difficulties, is a central linking element of nursing practice. Caring is inseparably associated with performance of caring tasks, which are the oldest and the most unique actions for the occupation of a nurse. Changes taking place with the development of nursing have a significant impact on the essential quality of professional nursing as currently perceived by nursing practitioners.

The aim of the study was to determine whether the nurses in their professional practice understand, and to what extent, the nature of caring actions and if they perceive the conditioning of realisation of these actions.

MATERIAL AND METHODS

The study covered 130 nurses employed in hospital wards, and was conducted during the period January–May 2000 in 6 inpatient health care facilities selected at random in the Lublin Region. The material collected was subject to statistical and descriptive analysis, and the differences between the traits examined were checked by means of  $\chi^2$  test.

Women constituted 100% of the study group. The age of nurses in the study ranged from 20–59, with the greatest number of those aged 30–39 – 70 nurses (53.8%). The mean age was 43. As many as 128 nurses examined (98.5%) had a secondary education level, while 2 (1.5%) – university education. The most numerous group were nurses with a period of employment of over 10 years (95 people, i.e. 73.1%), followed by those with the period of employment between 5–10 years – 17 nurses (13%), 2–5 years – 15 (11.5%) and 3 nurses (2.4%) had a short professional experience of only 1–2 years. Only 8 nurses

in the study (6.1%) completed their specialization, while 97 (74.6%) had no specialisation and 25 nurses were in the course of completion.

The nurses in the study were employed in the following wards: internal medicine – 42 (32.3%), cardiology – 32 (24.6%), rheumatology – 6 (4.6%), oncology – 30 (23.1%), palliative care – 14 (10.8%) and in hospice – 6 (4.6%). In the study group the model of individual work with a patient in the ward was practised by 62 nurses (47.7%), and the method of traditional nursing – by 68 (52.3%). The survey was conducted on the basis of a questionnaire form containing questions of various construction. These questions concerned the factors influencing the performance of the caring function, and how caring and its importance were perceived by the nurses in the study.

## RESULTS

The respondents' opinions concerning the relationship between the period of employment and the frequency of performing caring tasks was examined. A small group of nurses defined the character of this relationship. The distribution of opinions was as follows: 22 respondents (16.9%) mentioned that a positive correlation was observed between a longer period of employment and the frequency of performing caring activities, whereas 10 nurses (7.7%) expressed a contrary opinion. The remaining respondents did not perceive such relationships. Apart from the period of employment the nurses in the study indicated other factors which exerted an influence on the frequency of performing caring actions. These were: organization of work in the ward – in the opinion of 93 respondents (71.5%); provision of materials and means – in the opinion of 74 nurses (56.9%); personality-related factors – in the opinion of 70 respondents (53.8%); incentives for work – mentioned by 57 nurses (43.8%); requirements on the part of the supervisor – in the opinion of 34 respondents (26.1%); patients' state of health – mentioned by 5 nurses (3.8%).

The nurses in the study were asked to determine their own attitude towards the undertaking of caring actions. The data obtained showed that the majority of respondents 93 (71.6%) performed caring tasks willingly, 36 (27.6%) – very willingly, while 1 person (0.8%) performed these tasks unwillingly. Among many variables the relationship was examined between the period of employment and undertaking caring tasks as perceived by the respondents. Statistically significant differences were noted between the variables examined ( $p < 0.05$ ). Figure 1 presents the results. The analysis of the results showed that the nurses performed caring actions willingly more frequently than very willingly. The percentage of respondents undertaking caring activities very willingly increased with the duration of the period of employment, i.e. the period of employment of 1–5 years – 0%, 5–10 years – 1.3%, and over 10 years – 25.3%.

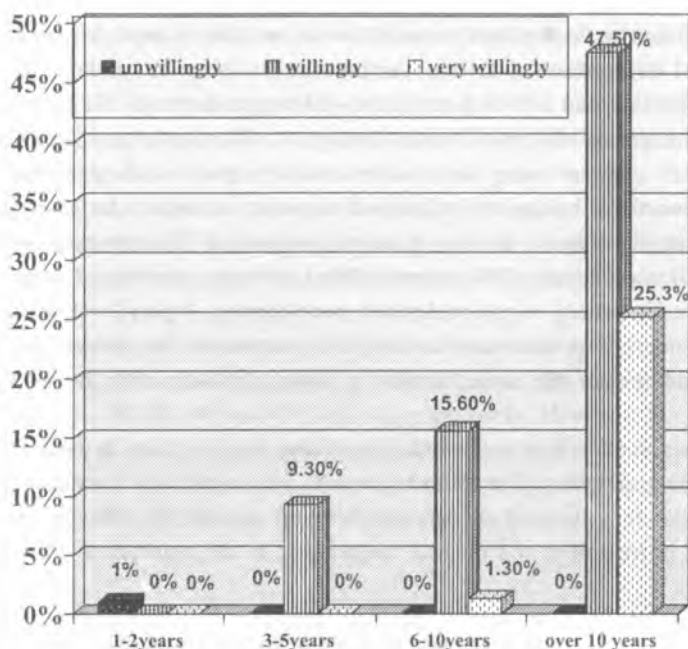


Fig. 1. Period of employment and undertaking of caring actions as perceived by nurses in the study

As many as 112 nurses in the study (86.2%) mentioned that they undertook caring tasks independently, as soon as they recognized a patient's demand for such activities. According to 13 respondents (10%) the determiner for undertaking such actions was the demand for caring activities expressed by a patient, while 5 nurses (3.8%) performed caring tasks when ordered by a doctor.

The nurses in the study were asked to define the realisation of caring actions in their nursing practice. The results of the study showed that for 61 nurses examined (46.9%) caring actions constituted an independent field of activity within which they could independently undertake decisions. A group of 35 respondents (26.9%) perceived caring actions as an area in which they should improve their knowledge and skills, whereas only 10 respondents mentioned that these activities determined a separate character of the nursing profession. A small group of nurses – 16 (12.3%) indicated that those were activities especially appreciated by patients remaining in bed. In addition, a small number of respondents – 8 (6.2%) perceived caring actions as those which should be attributed to the tasks of supporting personnel (assistant nurses, ward attendants and hospital orderlies).

The respondents stressed the provision of materials and means for nursing as one of the factors affecting the frequency and quality of caring actions. As many as 76 nurses in the study (58.5%) perceived the shortage of material and means for the nursing of pa-

tients. The following means and materials were mentioned most frequently<sup>1</sup>: means of hygiene – 32 respondents (42.1%); pampers and absorption pads – 27 respondents (35.5%); mattresses and anti-bedsore pads – 24 respondents (31.5%); beds and pulleys facilitating changes of body position and transport – 20 respondents (26.3%).

The nurses' opinions were also examined with respect to the problem whether the provision of wards with a greater variety of material and means for nursing care would result in a better quality of the caring actions performed. The results proved to be very interesting: 91 respondents (70%) admitted that a better provision of wards with means and materials for nursing care would result in obtaining a higher level of caring services; however, a large group of nurses, i.e. 39 (30%), expressed the opinion that the level of services would remain the same, despite a better provision with the above-mentioned means.

The nurses in the study evaluated time during hospital duty designed for individual types of nursing activities. The following results were obtained: 51 respondents (39.2%) mentioned that they devoted the greatest amount of time to activities associated with participation in treatment and medical diagnostics; in the opinions of 54 nurses (41.5%)

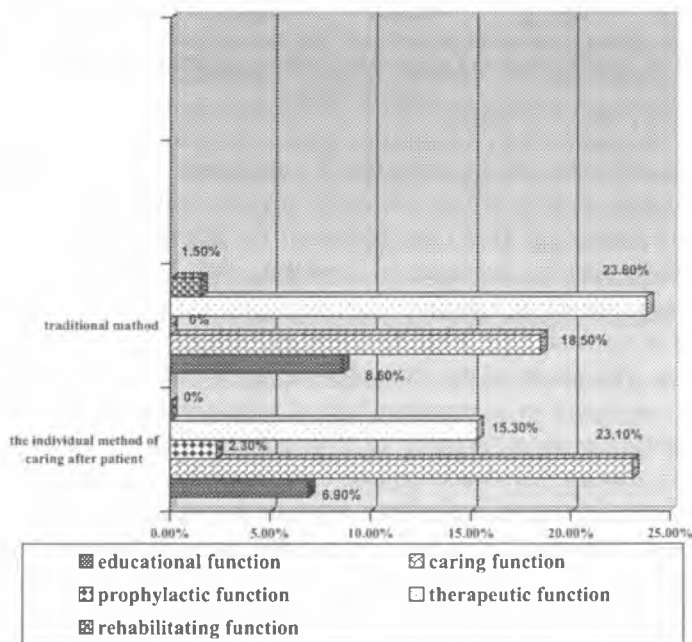


Fig. 2. Method of work and evaluation of working time devoted to individual types of nursing activities among nurses in the study

<sup>1</sup> Multi-choice question, the sum of replies is not equal to 100%

caring actions took an equally large amount of time; according to 20 respondents (15.4%) a relatively large amount of time was devoted to activities associated with informing and educating patients; the smallest group of respondents: 3 (2.3%) and 2 (1.5%) mentioned that participation in activities related to prevention of complications and rehabilitation also considerably contributed to the actions on behalf of patients.

The relationship was examined between the methods of nurses' work and the evaluation of working time devoted by nurses to various types of occupational activities while on hospital duty. Statistically significant differences were observed ( $p < 0.002$ ) between the traits examined. Figure 2 presents the differences in the distribution of the traits analysed. Nurses working by the method of individual work with patients mentioned their undertaking of caring actions during duty more often than the nurses working by the traditional method – 30 (23.1%) and 24 (18.5%) respectively. However, the nurses working by the method of traditional nursing more often indicated actions associated with participation in therapy and diagnostics, compared to those applying the method of individualised nursing – 31 (23.8%) and 20 (15.4%) respectively.

## DISCUSSION

Based on the literature, caring actions and caring inseparably connected with them are defined as the most independent area of nursing, because a nurse takes decisions concerning the character and scope of the activities performed (2–9). Practice always verifies theoretical reports. In practice, to be independent, i.e. self-sufficient, autonomous, self-governing, means independence in devising plans to be achieved, making decisions for plans of action, knowledge of the methods of performing tasks and bearing the responsibility for the actions undertaken, while also being aware that one is engaged in a free practice (8). Based on the analysis of the results obtained, it may be presumed that in the field of caring actions over 86% of the nurses in the study acted independently. The remaining respondents did not use this possibility, but waited for decisions to be made by doctors or the patients themselves, regarding them as professionals in the field of nursing care. In order to provide a comprehensive answer to the problem concerning independence of caring activities, which is underlined by many authors, we cannot agree with the indifference and ease with which some members of the nursing staff allow their profession to be controlled by doctors or the patients themselves. There occurred an interesting phenomenon that within a group where 86% of nurses acted independently with respect to caring tasks, only 61% of respondents identified this scope of actions as fully autonomic activities, and nearly 92% of nurses did not identify caring actions as activities determining the distinct and unique character of the nursing profession.

Clifford (4) stresses that while analysing caring in nursing, attention should be focused on two coexisting elements: instrumental and expressive. There is consensus that caring resulting plainly from the heart cannot be separated from the natural willingness

to help people in their difficulties and lack of self-sufficiency. The nurses in the study more often undertook caring actions in the category of evaluation of 'willingly', compared to 'very willingly'. The analysis of results presented above allowed us to pose the question: Which of the caring elements distinguished by Clifford prevail in the group of the nurses examined, and can the perception of these elements determine the selection of factors conditioning caring activities in respondents' opinions? In addition, the results of the study showed that nurses who had a longer period of employment more often perceived caring actions in positive terms. According to Leiniger (7), an interaction character is the main attribute of caring. The latter requires an interest in people, engagement in protective activities and a clear expression of warmth and concern in caring relationships. The above-mentioned attributes require from the care provider an understanding of a patient's situation and needs, especially if the patient experiences physical discomfort and emotional stress, is helpless and expects assistance. It is not easy to fulfil such requirements. People who went through their own as well as occupational experiences, will probably find it easier to meet these requirements, which undoubtedly more often correlates with the duration of the period of remaining in human interrelationships. The human wisdom of deriving greater satisfaction from giving than taking is perhaps the source of the expressive element supplementing the instrumental basis of caring.

A further element which significantly affected the undertaking of caring actions by the nurses in the study was the method of individual approach to patients. The results presented constitute a valuable supplementation of studies previously conducted by the author. There were compared evaluations of importance and the feeling of satisfaction with individual scopes of nursing activities in two groups: nurses who applied the traditional method of nursing and those who used the method of nursing process. The results of the study (10, 11) showed that nurses who applied the method of individual work with a patient ascribed a higher rank to the caring actions and expressed a greater satisfaction, compared to those working by the traditional method. Therefore, what is the explanation for the fact that the method of work may exert an influence on caring actions? The method of individual work with a patient creates conditions conducive for shaping the patient-nurse relationship because it is based on a comprehensive knowledge of the patient, allows to individually approach people, perceive and accept them as they are as well as respect their dignity.

In occupational practice, caring is not easy to provide; sometimes it cannot be achieved due to the lack of factors determining its basic instrumental dimension. The nurses in the study mentioned the lack of certain means and materials for nursing which are indispensable in caring actions. However, the answer to the question whether they would provide better nursing care if they had at their disposal the complete assortment of materials and means was surprising. In the opinions of a considerable group of respondents – 30%, the level of nursing would remain the same. This is another important issue for consideration. Let us compare this situation to a simple example: If I had better brushes and a greater variety of paints would I produce a more beautiful landscape paint-

ing? If I perceive painting as a great adventure, and there is a part of me in each of my paintings, even if I had inferior equipment I would immortalize the essence of nature in my landscape painting. Apart from the instrumental skills there is a need for something more – the passion which supplements and enriches. The lack of these values renders shallow the results obtained. It is similar in the case of 30% of nurses, who perceive caring actions as activities which have to be performed, but are not the source of joy accompanying the ‘giving’ to another person, manifested by searching and discovering of all things which may be helpful.

### CONCLUSIONS

1. Nurses more often undertake caring actions willingly, compared to very willingly. In the category ‘very willingly’ the percentage of nurses undertaking caring actions increased with the period of employment.

2. Over 86% of nurses in the study undertake caring actions independently, as soon as they recognize patients’ demand for these actions. Caring actions are considered an autonomic area of activity by 61% of respondents, however, only 7% of them perceive caring actions as those determining the distinct character of the nursing profession.

3. In the opinions of the greatest percentage of respondents the quality of caring was determined by the following factors: organization of work in the ward, provision of materials and means for nursing, personality-related factors and incentives for work, as well as supervisor’s requirements.

4. Nurses applying the method of individual work with a patient undertake caring actions with respect to patients more frequently than those engaged in traditional nursing.

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#### SUMMARY

Caring manifested by the concern of a nurse, attention and carefulness of activities with respect to a human being in need is the essence of nursing care, while caring actions constitute the most independent scope of nurses' activities. The aim of the study was to determine whether the nurses in their everyday occupational practice understand the core of caring actions and perceive the conditioning of their realisation. The study covered 130 nurses employed in inpatient health facilities. The survey was conducted by means of a questionnaire form containing variously constructed questions. The results of the study showed that nurses undertook caring actions 'willingly' more often than 'very willingly', the percentage of respondents undertaking caring actions in category 'very willingly' increasing with the duration of employment. Over 86% of nurses in the study independently undertook caring actions, as soon as they recognized patients' demand; however, only 7% of respondents admitted that caring actions determine the distinct character of the nursing profession. According to the greatest number of respondents the following factors determined the quality of caring services: organization of work in the ward, provision of material and means for nursing, personality-related factors, incentives for work,



and supervisor's requirements. Nurses applying the method of individual work with a patient undertook caring actions more often than those working by the method of traditional nursing.

### Opiekuńczość w praktyce pielęgniarskiej – uwarunkowania realizacji

Opiekuńczość wyrażająca się w trosce pielęgniarki, pieczołowitości i staranności działań w odniesieniu do człowieka potrzebującego – stanowi istotę opieki pielęgniarskiej, a działalność opiekuńcza najbardziej samodzielny zakres aktywności pielęgniarki. Celem pracy było określenie, czy pielęgniarki w swojej praktyce zawodowej rozumieją istotę działalności opiekuńczej oraz czy dostrzegają uwarunkowania jej realizacji. Grupę badanych stanowiło 130 pielęgniarek zatrudnionych w placówkach zamkniętej opieki zdrowotnej. Badania przeprowadzono przy pomocy kwestionariusza ankiety, zawierającego pytania o zróżnicowanej konstrukcji. Wyniki badań wskazują na to, że pielęgniarki częściej podejmują działania opiekuńcze chętnie aniżeli bardzo chętnie oraz wraz ze wzrostem stażu pracy odsetek osób podejmujących czynności opiekuńcze zwiększa się w kategorii oceny bardzo chętnie. W badanej grupie pielęgniarek ponad 86% osób samodzielnie podejmuje działania opiekuńcze, gdy tylko rozpozna występowanie zapotrzebowania na nie u pacjenta, jednakże w opinii tylko ponad 7% respondentów działania opiekuńcze przeświadcza o odrębności zawodu pielęgniarskiego. Czynniki determinującymi jakość świadczeń opiekuńczych w opinii największego odsetka badanych były: organizacja pracy w oddziale, wyposażenie w materiały i środki do pielęgnacji, czynniki osobowościowe i motywacja do pracy oraz wymagania stawiane przez zwierzchnika. Pielęgniarki pracujące metodą indywidualnej pracy z pacjentem częściej wskazują na podejmowanie działań opiekuńczych wobec pacjenta niż pielęgniarki pracujące metodą pielęgnowania tradycyjnego.