

Caring

The essence of nursing

By Jessie Mantle, R.N., M.S.N.

Times of change, while stimulating, are also unsettling. One seeks to find some stability - a constant - that can ground us as we seek to cope with and embrace new ways of being. The idea of caring, one of nursing's most fundamental notions, does that for us.

Today's world, particularly the world of operating room nursing, is one of high technology. In the book *Megatrends*, Naisbitt, the author, comments that to survive in such a world (of high technology), one must balance **high tech** with **high touch**.¹

It seems that it is not by accident that during the last ten years of this high tech age, there has been a great increase in the study of caring and what it means to be humane. It also comes as no surprise that nurses, who know only too well the impact of technology on the human condition, have participated in this exciting work (ie., the study of caring).

Capitalizing on our skills

As a rule, we nurses have looked at the caring quality of our practice as it bears on the relationship which occurs between a nurse and each individual client. But today, we practice nursing in a health care system which rarely capitalizes on the full potential of nursing skills. Staffing shortages and burnout are the buzz words of private and public conversations. In 1988 our caring activities must not only include our familiar nurse-patient-family contacts, but also encounters in many areas beyond

that of direct patient care. It is this broad but crucial orientation to caring that will be discussed under the following headings:

1. Orientation to caring
2. Results of caring
3. Nursing self-care
4. Action
5. Commitment to competence

1. Orientation to caring

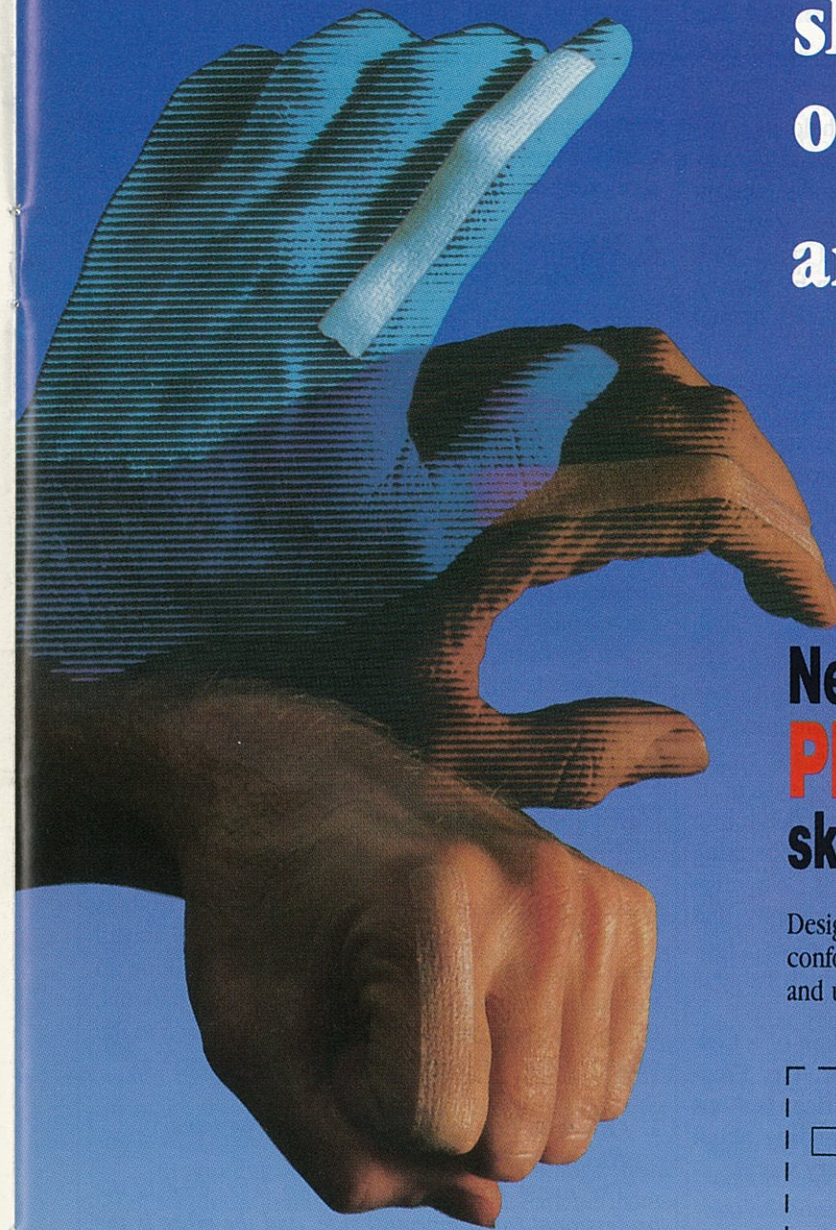
Care, caring, health care, nursing care...What do we mean when we use these words, words that have been in the language of nursing for nearly a century?

I begin by stating boldly that caring is not the sole property of nursing, but rather it is a shared

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"Uncaring encounters stayed longer and more vividly in their (the patients') memory making an indelible impression on them." For these patients, the caring nurse had a special kind of approach."

concept derived from a belief system held in common with many. Nurses contribute a particular understanding of the need for caring under certain human circumstances. We have perfected some exquisite skills which we can and should share with others. Even so, we have much to learn by placing our ideas within the larger context of the human enterprise.

Some years ago, I was asked to give a paper on caring to an audience comprised of hospital chaplains. You can imagine my surprise as I felt as though I were taking coals to Newcastle. The chaplain who asked me to participate, read the nursing version of caring. Down the edges of my paper are his notes about my ideas - many of which infuse this paper on caring.

His notes reminded me that at the core of caring is a set of philosophical beliefs about what it means to be human, both alone and in relationship to one another. Our nursing standards, communication techniques and policies and procedures are empty without this driving (philosophical) belief system. If we want to learn about caring, we must delve into the study of material well beyond that of operating room nursing or even general nursing. We must move to the humanities and arts, philosophy and theology. We learn from novels, movies, biographies, poetry and the experiences which patients share with us.

If you saw either of the films "Children of a Lesser God," a story about being deaf, or "Cry Freedom", a story of courage in South Africa, perhaps you will have added to your understanding about what it means to care in our contemporary world.

Knowledge and understanding

This kind of knowing is in the ballpark of what Donna Diers has written about:

"...the kind of knowing that prepares one for civilized life - the content and experience that allows one to participate in the life of one's times, with an appreciation for history, ideas, the arts and sciences, the explorations and the frontiers of thinking." ²

She goes on to note that this may be a kind of understanding that needs experience in living and

work to yield meaning. It is the kind of learning that would appropriately fall within the context of continuing life-long education.

2. Results of caring (or the hidden dimension of outcomes)

How often as nurses have you wondered if what you have said or done, has helped or hindered - for you rarely see your patients again under conditions that allow for discussion of such matters. While we have a number of books and articles on caring from our (the providers) point of view, few studies have been done that have investigated patient's views on the topic. When nurses and clients' perceptions about caring are compared, there is frequently a discrepancy between the two.

An encouraging development in identifying patients' points of view on this topic is found in a recent nursing master's thesis done at the University of British Columbia. Sigrid Halldorsdottir interviewed former recipients of nursing care about their experiences in caring and uncaring encounters with nurses.³

These patients vividly recalled their contacts with nurses and positive encounters were recalled from as far back as 19 years. Uncaring encounters stayed longer and more vividly in their memory making an indelible impression on them. For these patients, the caring nurse had a special kind of approach to the patient. They saw the professional caring nurse as:

I. One who has compassionate competence

As one patient put it:
"The nurse has to stand on two legs. One is the professional (or competent) side, and the other is the human (or compassionate) side, and the two of them have to belong to the same person." ⁴

II. One who administers care with genuine concern for the patient as a person.

As Halldorsdottir comments:
"It's not only what is said and done but also how things are said and done." ⁵ This is captured in a patient's own words:

"I remember going through situations of pain and there was almost as if you asked for a pain medicine,

you weren't strong enough, that you really sort of ought to grin and bear it. I remember one particular nurse, (where) it was never that way. If you said, 'I really have pain,' right away she would respond to that. And there was no judgement or any sense of criticizing you because you were doing that. She accepted the fact that you were having pain and she better do something about it. So, there was this sense of acceptance and non-judgement." ⁶

III. One who gives the patient full attention when with him/her.

This was how these patients described a nurse who was right there for them:
"really listening," "really hearing." ⁷

IV. One who constitutes a genuine cheerful presence for the patient within an often grim reality of their hospital situation.

The interviews revealed that patients found it helpful to have in their presence someone who is cheerful, enjoys nursing, enjoys working with people, and manages to convey that joy clearly to the patients.⁸

It would be helpful if we knew how closely these patients' experiences matched those of persons who are undergoing experiences in surgery. Further, it would be helpful if we knew what operating room nurses believed to be caring acts within the context of their practice.

Madeleine Leininger is a nurse-anthropologist who has pioneered the formal study of caring in nursing. She has studied caring phenomena in some 30 cultures of the world. It is her view that caring is the essence of nursing and of health. Leininger views caring as a very complex idea which appears to make the difference in human health services for both well and sick people.⁹

Supporting her views are the findings from Halldorsdottir's study discussed above. Patients identified the following responses to caring encounters:

1. A sense of acceptance and self-worth
2. A sense of encouragement and support
3. A sense of confidence and control
4. A sense of well-being and healing
5. A sense of gratitude and liking ¹⁰

In a world of rising consumer demands and a need for cost constraints, it behooves health care managers and policy decision-makers to pay careful attention to this untapped and unrecognized resource.

Caring for ourselves

Our caring is also made manifest by activities in which we demonstrate caring for ourselves. While many of us were probably raised on the notion that to care for oneself was an act of supreme selfishness, it is now recognized that in order to care for others, care-givers must be cared for.

I would like to highlight one area which is under our direct control and which has a high degree of payoff in caring for ourselves. I am referring to the need to create supportive working environments.

Supportive environment

In the late 1980s, caring for oneself meant being concerned about the working environment of nurses. Through the media, the quality of the working life of nurses and its impact on nurse retention has been brought to the attention of all Canadians.

Two of my colleagues, Attridge and Callahan,¹¹ have received federal funding to study work environments of nurses. It is their belief that in order for nurses to care, they must be cared for - that is, they deserve a quality work environment. They have begun to uncover nurses' views of what constitutes such an environment by going to the nurses themselves. (This is very comparable to the approach used by Halldorsdottir in her research on patient perceptions).

Important to us was their finding that the most highly ranked item in a quality work environment was having supportive colleagues. This item doubled the score of any other item. For those of you who are managers, you will be interested in the fact that receiving emotional support of superiors was rated in the top ten of 48 items that were found to be quality items.

Lindsay, in a study in process, has interviewed some 30 staff nurses to examine the support/lack of support experiences of nurses.¹² Let me share just two of those incidents with you...

"I had a very sick child to care for. I developed a special relationship with the child and his parents. He was very special, moreso to me than to the other nurses. He had a brain tumour and was in hospital on and off for two years. I watched him go downhill during that time. I loved him so much. I used to take him with me when I went to coffee breaks.

When he died, I was allowed to go to the funeral (note, "allowed"). After that, the head nurse and other staff members would periodically check with me and ask how I was doing. Just knowing

that people cared, that they acknowledged that I had a special relationship with the child and that they cared about how I felt, it meant so much." 13

Given this story, it is not hard to see why collegial support is so important to nurses. As Attridge has noted: "Support provides reward, value, respect and caring to professionals who, working in difficult and demanding work situations at the best of times, badly require it." 14 Now contrast this example of support with the following...

"We had a patient who was terminally ill. He was going down-hill fast. He was in extreme pain and we couldn't control it. He was barely responding. It really hurt for him to change position. This patient was supposed to go for ultra-sound on his kidneys. I was going off shift, but I told ultra-sound and the day staff that we should postpone the ultra sound until we had the patient's pain under better control. I went home and was no sooner through the door, when the phone rang and the head nurse said, 'What do you think you're doing, cancelling patient's tests, you're not a doctor; it's not your responsibility to do that. Who do you think you are?' The head nurse never let me explain my rationale, or that I had postponed it, not cancelled it." 15

How different and how devastating this last story is compared to the other. The negative impact of lack of support in the work environment is compelling. Lindsay's preliminary analysis suggests the following negative consequences: 16

- compromised nursing values
- reduced communications among nurses
- reduced communication with doctors
- reduced communication with patients and families
- increased caution in nursing work
- time consciousness to the detriment of the patient
- reduced sensitivity to emotional needs of patients
- inability to cope
- reduced communication with nursing hierarchy
- avoidance of selected nurse peers
- inability to concentrate on patient care

In addition, there was a negative impact on career decisions by the nurses involved:

- 17/30 nurses reported quitting their jobs
- four were thinking about leaving the profession.

These nurses also reported a variety of negative self-views such as self-destructive feelings, power-

lessness and self-doubt. This data suggests then that one of the most potent ways in which we can care for each other is to be supportive and sensitive to each other as we go about our daily work.

Nursing care actions

Gaunt has commented that caring is "...not a basic action that can be accomplished directly but rather is a mediated action, accomplished through many other activities." 17

Reference has been made to several caring actions. In this section, I would like to look at two actions in which nurses join together in community to care for clients, themselves and the health care system:

1. assuring clients of continuity in nursing and health care services
2. by working to provide nursing input into health care decisions

Continuity of service

We are dependent on each other in order to achieve goals which demonstrate caring for a client's total experience in health and illness. The present health care system is a fragmented one and clients move in and out of compartments. Because nurses work in all segments of that system we have the capacity to reduce that discontinuity provided we can function as a nursing team.

I invite nurses to form action-oriented nursing communities in the cities and villages in which they live. Let us establish linkages with each other and develop a nursing task force which sees as its goal the development of procedures to help clients make the most effective use of the health care system. Let us take on the challenge of teaching the public the fine art of moving through the entire health system of their community with the least amount of energy expenditure and in an informed manner.

Commitment to competence

Halldorsdottir's patients saw compassionate competence as an essential characteristic of a caring nurse. Attridge's nurses wanted supportive, competent colleagues.

I am not able to talk to you about particular aspects of competence in the sphere of operating room nursing practice. But I do ask that you talk about it. Caring competence represents a very special challenge. Consider the following:

1. You work with patients who are vulnerable and powerless in a way that is frightening. For example,

your patients are about to give up control of their body and often their conscious states to people whom they scarcely know. What an act of trust!

2. You have a very short time span in which to establish a relationship with patients.

3. You encounter patients in an environment which is abnormal for most of us. For example:

- You are clothed in ways that distance you as a human being
- You conduct intimate acts such as body exposure in an area lacking the usual privacy associated with those acts.
- You work in an environment which is both strange and frightening.

4. Much of your caring occurs without the patient being aware and you must maintain a commitment to a person with whom you have little interaction.

Pat Benner, an American nurse researcher, would say that much of your caring skill lies imbedded in the practice of your expertises. 18 When expert nurses tell their stories (or paradigm cases as Benner would call them) their skill becomes visible and we can all learn from that. To understand competence in O.R. nursing, we must hear the stories of excellence from that practice. We must understand that competence is the flip-side of the caring coin.

Conclusion

Implicit in all that I have said is that the nurse must be a caring person. Caring comes from a commitment to a way of being human. Perhaps our greatest act of caring for our clients is that we undertake the nourishment of those qualities within ourselves that make us caring people and then we can translate this caring into professional skills directed to clients in our case loads, our colleagues in nursing and other disciplines, our health care systems and our community.

Let me end with a quotation from a Canadian whose caring impact has reached society's rejects far beyond Canadian boundaries:

In his book, "Tears of Silence," Jean Vanier identifies that impact which caring has but which we cannot describe or feel:

*In some mysterious way
the quality of my presence, my look
brings to you life
that look
that hand
calls forth
life...hope...joy. 19*

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