The five Cs of caring: the lived experiences of student nurses

by LESLEY WILKES and MARIANNE WALLIS

Caring is an essential ingredient in human development and survival. It has been described by Heidegger as a universal phenomenon which influences the way in which we relate to the world. Caring is also a concept that is central to the theory of nursing practice. According to Leininger:

...there is no discipline that is so directly and intimately involved with caring needs and behaviours than the discipline of nursing.

In the light of this assertion it is a major anomaly that in the literature of caring there is no consensus as to the definition of the term. The debate surrounding caring has recently concentrated on eliciting caring as a distinctive aspect of professional nursing. "Professional nurse caring" is said to be directed towards sustaining and improving the health and well-being of clients. It is variously defined as: "a humanistic - scientific combination"; "culturally diverse and universal"; "a special way of being, knowing and doing with the goal of protection and enhancement of human dignity" and "the synthesis of a motor component, a cognitive component, an affective component and a cultural component".

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This paper describes the concept of caring from the perspectives of student nurses in the three years of a diploma in nursing program at an Australian university. The students' concepts of caring are compared and contrasted to the five caring categories of Roach.

"Professional caring" is distinct from "generic caring", which is depicted as a fundamental aspect of humanness and may include assisting, supporting or facilitating others in such a way as to improve their life. "Professional nurse caring" recognises that a set of learned actions, techniques and processes exist which can be communicated to learners and clients. This professionalisation of human caring involves the development of a capacity to care in light of specific roles and responsibilities. If these roles and responsibilities can be learned and are unique to nursing, nursing students should demonstrate a change in caring attributes during their three years in a diploma course.

In the authors' experience when interviewing applicants for tertiary nursing programs, prospective students state they want to do nursing to help or to care for people. A previous study found that, by the time they were exiting a diploma in nursing course, students not only recognised the humanness of caring but also demonstrated cognitive, affective and motor components of caring.

In studying an area such as caring it is necessary to move away from empirical, quantitative research methodologies. If caring is a universal phenomenon which influences the ways people think, feel and behave in relation to one another, then it is of paramount importance to use a research method.
which will explore the lived experience qualitatively. Phenomenology is such an approach. It seeks to uncover the meaning of humanly experienced phenomena through the analysis of subjects' descriptions.

When utilising a phenomenological approach, it is essential that the researcher sets aside or acknowledges preconceptions about the phenomenon under scrutiny before collecting the data. Once this has been done, the researcher using phenomenological theory attempts to integrate participants' descriptions of their experience and the researcher's intuitive grasp of the whole experience (unity of meaning), use of the cumulative knowledge (literature on the phenomenon under study) and creativity in the organisation and explication of the phenomenon as theory.

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**Study aim**

This present study attempted to answer a question posed by Roach: "Is the entering student's perspective on caring the same as the student who is completing [her/his] last year in a diploma program for nursing or have [her/his] caring attributes changed or disappeared as some suggest?"

**Sample**

The samples were taken from nursing students enrolled in the three years of the Diploma of Health Science (Nursing) course at the Australian Catholic University in 1991. This course is based on activities of living and self-care deficit theories, it does not have caring as a separate entity on the curriculum. All students in the study were fully informed of the purpose of the study and reassured that their anonymity would be maintained. Any student who did not wish to take part was given the option of not completing the survey.

**Method**

Using the method outlined by van Khaam, data were collected using a written survey that consisted of two open ended questions:

- What is the meaning of caring to you?
- Describe an incident in which you have been caring to someone (first year students only).

or

- Describe an incident during your last practicum in which you perceive you were caring to a patient/client.

Students from each year (150-200) were asked to complete the two question survey during free time at the beginning of a tutorial class or lecture. The researchers were not necessarily present when students were completing their surveys (which were collected immediately after completion). Bias due to the presence/absence of researchers may have been reduced as only 30 surveys from each year were randomly selected to be analysed for this study. The decision to analyse 30 surveys was based on the fact that no new themes or related concepts appeared in the data after this point.

Students who were willing to be interviewed were asked to sign the survey and to provide a contact number. Subsequently three students from each year's sample were interviewed in depth by one member of the research team. The interviews provided the opportunity to probe the students' written ideas more intensively.

**Data analysis**

Written answers to the survey and the transcribed texts of the interviewees were read to gain a general impression of the responses and themes relating to caring were then extracted. A description of how the phenomenon of caring grows in nursing students was written following analysis of the data.

The researchers then used the cumulative knowledge of the literature in the organisation and explication of the phenomenon as theory. As the emergent themes had obvious similarities to the attributes of professional caring described by Roach the themes were compared with Roach's five categories which broadly define the attributes of human behaviour through which professional caring may be expressed. These categories are:

**Compassion:** a way of living born out of an awareness of one's relationship to all living creatures; engendering a response of participation in the experience of another; a sensitivity to the pain and brokenness of the
other; a quality of presence which allows one to share with and make room for another.

**Competence**: the state of having the knowledge, judgement, skills, energy, experience and motivation to respond adequately to the demands of one's professional responsibilities.

**Confidence**: the quality of fostering trusting relationships.

**Conscience**: a state of moral awareness; a compass directing one's behaviour according to the moral fitness of things. In professional caring, moral awareness is fine-tuned by the discipline of knowledge and moral inquiry.

**Commitment**: a complex affective response characterised by a convergence between one's desires and one's obligations, and by a deliberate choice to act in accordance with them. It is me being conscious, positive and willing to act.  

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**Results**

**Description of the phenomenon of caring**

Growth in the students' concept of caring is narrated using each year of students as a cohort and integrating the data with the caring categories of Roach.  

**First year students**

The majority of first year students defined caring in compassionate terms (see Table 1) and related caring to friendship and love. In this sense their major expression of professional nurses' caring was an awareness of, and a compassion for, other people. One student wrote:

**Caring can vary from just asking someone how they are, to sharing love for another.**

The students described caring as a global concept which existed primarily within human relations. As one stated:

**Caring is showing concern for other people around you. It is a way of expressing feelings and attitudes, for example, helping someone cross the road.**

This quote also illustrates the emergence of conscience as a generic category which underscores caring. Students whose responses related caring to disability or illness, or were reminiscent of definitions in foundations in nursing texts, had worked as assistants in nursing (AINs). This sensitivity to the "pain or brokenness of another" is encompassed within Roach's category of compassion. Two examples of this from the data are:

[Caring] is to help someone who is suffering from a disability and is unable to do the things you can.

and

Caring is doing your best to make someone comfortable in their surroundings...[it]...is also looking after all aspects of their activities of daily living not just their physical aspects but their emotional, social, mental and spiritual aspects as well.

**TABLE 1**

Themes from students' definitions of caring across three years of a pre-registration nursing program

<table>
<thead>
<tr>
<th>First year students (n = 30)</th>
<th>Second year students (n = 30)</th>
<th>Third year students (n = 30)</th>
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</thead>
<tbody>
<tr>
<td><em>Friendship</em></td>
<td><em>Friendship</em></td>
<td><em>Textbook definitions of process - meeting needs</em></td>
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<tr>
<td><em>Helping</em></td>
<td><em>Comforting</em></td>
<td><em>Assist healing</em></td>
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<tr>
<td><em>Comfort</em></td>
<td><em>Listening</em></td>
<td><em>Promote healing</em></td>
</tr>
<tr>
<td><em>Concern</em></td>
<td><em>Being there</em></td>
<td><em>Interpret environment</em></td>
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<tr>
<td><em>Advising</em></td>
<td><em>Giving time</em></td>
<td><em>Use knowledge and skills</em></td>
</tr>
<tr>
<td><em>Listening</em></td>
<td><em>Meet physical, psychosocial and spiritual needs</em></td>
<td><em>Care for carer</em></td>
</tr>
<tr>
<td><em>Support</em></td>
<td><em>Promote wellbeing</em></td>
<td><em>Sensitivity</em></td>
</tr>
<tr>
<td><em>Dignity</em></td>
<td><em>Help with activities of daily living</em></td>
<td><em>Understanding</em></td>
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<tr>
<td><em>Responsibility for another</em></td>
<td></td>
<td><em>Thinking</em></td>
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<tr>
<td>Students with previous nursing experience also noted:</td>
<td></td>
<td><em>Analysing</em></td>
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<tr>
<td><em>Activities of daily living</em></td>
<td></td>
<td></td>
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<tr>
<td><em>Stop suffering</em></td>
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The second quote also implies commitment which was further demonstrated in a number of definitions. For example:

*Caring in nursing means that you are able to help others to the best of your ability. To work to obtain an environment in which the patient/client feels comfortable. To act responsibly and to show initiative in making patients feel as though they are being looked after.*

The definitions of caring above were confirmed in the interviews where students again saw caring as being compassionate rather than competence. One student compared her caring of her sick mother to that of a community nurse and stated they were different. The student cared for the mother by "being with her, hugging her and comforting her" whereas the community nurse "did things for her we couldn't". The student highlighted the difference between herself, at the beginning of her career, and the registered nurse who had competence and confidence.

When students were asked to describe an incident in which they were caring they chose examples which were predominantly compassionate in nature. Again, students who had been assistants in nursing were exceptions as they specifically chose incidents related to patients/clients in institutional settings. Using the incidents, the students described caring in a number of ways (see Table 2). Only in a few cases did confidence emerge. One student who worked as an AIN explained that a resident of the nursing home was confused and the student showed she was caring because she:

... tried to make her more comfortable through my words, through cuddles and a cup of tea.

**SECOND YEAR STUDENTS**

Some students entering their second year still mentioned aspects of friendship and love. To an extent, the themes that emerged reiterated the descriptions of caring that the first year students had given (see Table 2). For second year students, caring involved helping, talking to and listening to patients, in this sense being compassionate. However, these students also described situations in which they had met patients' physical, psychological and social needs, had interpreted the environment for patients and had begun to see competence and confidence as features of their professional caring. One student put these aspects together when stating:

*To me caring is assisting with the physical, psychosocial and emotional needs of someone. I believe the key factor of caring is to want to help or assist to do it without begrudging the task.*

This theme of wanting to do things was reinforced in interviews. One student specifically talked of commitment as a component of caring, however, this was only seen in a few cases. Two other students wrote:

... I sat down with her and explained what was happening and explained procedures about which she had fears.

and

... a woman who had had a stroke... was ignored all day. We managed to converse and find out some of her problems. I even got her to walk with assistance.

The latter quote implies that conscience is beginning to emerge. Commitment as an attribute of the students' caring is becoming more important, as illustrated by one student, they often expressed commitment as a

**TABLE 2**

<table>
<thead>
<tr>
<th>Types of caring incidents cited by students to demonstrate their own caring.</th>
<th>Number of students citing each type of incident</th>
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<tbody>
<tr>
<td><strong>First year students</strong> <em>(n = 30)</em></td>
<td><strong>Second year students</strong> <em>(n = 30)</em></td>
</tr>
<tr>
<td><em>Friends in trouble or distress (13)</em></td>
<td><em>Patients having operations (1)</em></td>
</tr>
<tr>
<td><em>Family in physical/ emotional distress (6)</em></td>
<td><em>Looking after older woman (3)</em></td>
</tr>
<tr>
<td><em>Older people in nursing homes (5)</em></td>
<td><em>Patients with central nervous system disturbances (3)</em></td>
</tr>
<tr>
<td><em>People falling in the street (2)</em></td>
<td><em>Talking to various patients (5)</em></td>
</tr>
<tr>
<td><em>Death and dying (2)</em></td>
<td><em>Showering patients (2)</em></td>
</tr>
<tr>
<td><em>&quot;Simple&quot; woman in nursing home (1)</em></td>
<td></td>
</tr>
<tr>
<td><em>Baby-sitting (1)</em></td>
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by-product of self-gratification:
... I showered, assisted in mobility and talked to the patient, as well as helping her in any way I could. I did this because I wanted to and I enjoyed making her comfortable, happy and relieved from boredom.

During the interviews students were asked about whether nurses they were familiar with were caring or uncaring. The predominant attribute that classified a nurse as caring was compassion. One student talked about uncaring nurses as being “cold and hard” and another talked about “giving instructions like an army officer”. However, the emergence of competence came when one of those interviewed also saw caring as being able to anticipate clients’ needs and as continually assessing the situation within a timeframe.

**Third year students**

While third year students’ definitions included compassionate attributes of friendship and niceness, they were beginning to be more aware of caring as conscience (moral awareness). For example, a number of students highlighted being honest and respectful. They were also much more focussed on being competent, with a number mentioning health promotion, assisting with wellness and looking after the physical, psychosocial and spiritual aspects of a person. They also showed a growing degree of commitment. As one student wrote:

... it should be a commitment to the patient to enable them to recover in the best environment possible... Someone has to care for the carer so that the nurse can care for the patient.

Another student who was interviewed said that it was important for the patient to know that the nurse cared. She said that a caring nurse would not “run away” from patients.

The attributes students mentioned that had not been evident in the previous years included thinking, analysing, contemplating, understanding and being sensitive. In one interview a student said:

... put yourself into that person’s shoes and you start to understand things. Once a patient shouted at me. I didn’t do anything, wondering if I should confront her. [Then I thought] maybe she is frustrated... so I let her pour it all out. Later she said she was sorry. Nurses have to be sensitive. [They] must do things with thought.

The themes that emerged from third year students’ descriptions of caring incidents elaborated on the attributes in their written definitions (see Table 3). These descriptions also showed that some students saw the compassionate aspect of caring as going beyond being nice or friendly to patients. Rather, they saw compassion as an adjunct to their professional role. As one student wrote:

... with a woman in advanced labour. All her other physical needs were being met (BP, pulse, foetal HR, etc.) so that she knew everything was fine. By rubbing her back, giving her hot packs, sips of water I was making her feel more of a person.

In interviews, data collection was extended to include questioning students as to whether caring can be taught in the classroom. The majority of the students responded

<table>
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<th>TABLE 3</th>
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<tr>
<td><strong>Students’ descriptions of caring</strong></td>
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</tbody>
</table>
| First year students  
(n = 30) | Second year students  
(n = 30) | Third year students  
(n = 30) |
| Listen | Meet physical, psychological, social, spiritual needs (text book descriptors) | Using knowledge and skills in a sophisticated manner |
| Talk with | Promote well being | Explaining/interpreting the environment |
| Do something for | Getting appreciation from patient/client | Healing |
| Give information | Nurse rewarded | Being deliberate in actions and thoughts |
| Advise | | |
in the negative, however, one second year suggested that the communication skills unit in her undergraduate program had assisted her:

*Communication Skills 1 helped me think what other people think. I tend to ramble on, but now I’m more in touch with what other people are thinking. Now I withdraw and let them talk.*

Most students suggested that they had developed and enhanced their innate caring attributes through clinical experience. One third year student, who is also a teaching graduate, suggested that caring could be taught by role modelling.

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**Discussion**

The picture that emerged showed that students’ perceptions of caring changed as they moved through the three years of the nursing program. The data showed that when they entered the course the major attribute of caring was compassion. At that time compassion encompassed being a friend and giving love. The other attributes of caring described by Roach were seen in some of the data, especially conscience and, for those who had some nursing experience, competence.

By the students’ second year, competence was as dominant an attribute of caring as compassion. At this level competence was focussed on having knowledge and skills rather than on making judgements or motivation. This competence was very much accompanied by compassion in that students saw “being with” others as important in the nurse/client caring relationship. Conscience emerged more deeply, with these students showing moral awareness in the use of their competence. Confidence and commitment were still very much at the awakening stage of development.

As students approach the end of their course, they may begin to realise that soon they will have to perform in the workforce at the registered nurse level. Their emphasis changes from broad principles to being able to perform specific tasks. In this light, it is not surprising that the attribute which increased in importance, from the students’ point of view, was competence. By the third year, students are not only using skills and knowledge but also judgement and experience in their caring relationships. The knowledge and skills they saw as important were at a higher level than in previous years, such as explaining the environment and promoting health. They also viewed technology and science as instruments of human caring, enhancing it not replacing it. For these students it was people who determine patients’ outcomes.

For third year students, compassion was not lost but it was not a point of particular focus in their descriptions. Confidence in their actions had become more important and this may be due, in part, to their increasing competence. Commitment to professional criteria of caring, in giving oneself by deliberate willing action, was seen more in third year students than in any first and second year students.

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**Conclusion**

This study shows that the students’ caring attributes had been developed and enhanced during the three years of their education. The least developed attributes of conscience and commitment were only just being kindled by the third year. It may be that these are the caring attributes best learned through experience. The results suggest that nursing programs must emphasise all attributes of caring. Commitment and conscience may become a more burning force if students are provided with opportunities to discuss ethical issues pertaining to practice. It may be that there is a need to focus more on the essence of care and in particular on the attributes of commitment and conscience.

As this research evolved the researchers saw the need to include samples from different academic institutions and to extend the study beyond the student years to the workplace. Steps are being taken to expand this work and data are being collected from nurse graduates and student nurses from two institutions. Also, overcoming a limitation of this study, i.e. that individual students were not followed through from first year to graduation, is being considered.
Recommendations

Recommendations that come from this study are: (a) that the area of how to teach caring be investigated and (b) that, from an administrative viewpoint, it may be valuable to consider how caring might be incorporated in the setting of nursing standards or competencies.

REFERENCES

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36. ibid.
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