



Nurses: Let your Patients Experience your Values

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ABSTRACT

Caring is a partnership approach, delivered in a dignified and respectful manner. Caring involves seeing someone in his/her context, for which one should be empathetic and compassionate. In the modern society of rising chronic and non communicable disease burden, patients are experts of their sickness experience. Hence technical knowledge alone from health care providers will not suffice, as patients foresee empathetic and compassionate communication. As patient is focus of care in any health care organization to meet the public's demand for quality nursing care, it is essential that nurses possess caring values.

Keywords : Nursing, aptitude, caring, compassion, communication

Nursing, a vocation century ago, boomed as a demanding profession in the past decade. The changing health care scenario, economic and environmental conditions across nations increased the demand for nurses globally. Both Generalists and specialist nurses agreed to be the front line players as direct care providers and the governments initiated steps to increase the trained manpower. Public too grasped the crisis of shortage of nurses and encouraged a good flow of young adolescents to nursing. The nation and nursing councils co-operatively intervened to meet the demand and to reach a stage of pre crisis level. Challenges to nursing/nurses were always there from times unknown whether it is recognition, status, image, power, shortage of manpower etc., and these were dealt by the nurses with the help of national governments effectively. However the latest challenge is what Francis (UK) reports: The nursing qualities of nurses, which is to be dealt primarily by nurses themselves.

Mr. Robert Francis Q C reports much of the care at Mid Staffordshire Foundation Trust was below an acceptable standard. He quotes several examples of poor care, putting patients at risk and delaying recovery. Francis attributes some of the failings to nursing staff not being skilled enough to provide care. He points out compassion deficit in care and calls nurses to re-establish kindness, caring and compassion as key professional practices. He proposes potential student nurses to undertake an aptitude test, which does not assess knowledge but checks the prospective students caring and compassionate qualities to be a good nurse¹

Nursing literature reports that nurses should possess characteristics or traits namely empathy, caring, adaptability, detail orientation, good decision making, communication, physical endurance and good thinking ability. Nursing training institutions recommend nursing for people with personal qualities namely good communication skills, caring attitude, interest in working with people, openness to diversity, non judgemental attitude, ability to think and act under extreme stress, ability to solve problems with limited resources, desire for a career which is continually changing and evolving and so on. Nursing service departments or health care organizations vision nursing through 6 C's namely, compassion, care, competence, communication, courage and commitment. A few even add courtesy as the 7th C. 2, 3, 4

A study on an integrative review on non cognitive constructs in graduate admissions, foresees the need for a well rounded approach which integrates both cognitive and non cognitive constructs when evaluating the potential graduate candidates. This study discusses the need for candidate rated instruments to assess non cognitive constructs such as motivation, personality inventories, self efficacy, emotional stability, persistence, communication, enthusiasm and tenacity. The study explores the strengths and limitations of the few existing instruments in terms of attributes assessed (which are not similar) and the sample tested (non random sampling, selected not in lieu with target population) and recommends development of valid discipline specific non cognitive assessment tools.⁵

The task of developing a tool to identify an able potential candidate for nursing is as complex as identifying specific criteria on which to base the items. Nurses proclaim caring as the core of nursing and a few nurses express 'nursing beyond caring' is what nurses should aim. Literature on caring suggests that caring is an elusive phenomenon, an ethical and moral ideal of nursing that has interpersonal and humanistic qualities. There are several tools developed to measure caring, however most of them are tested on professionals thus may not seem suitable to screen students at entry level. A tool (5 point likert scale) developed on caring using the concept of Kristen Swanson's middle range theory and tested on entry level students of graduate nursing programme revealed a reliability of 0.9, however the tool needs further refinement to avoid social desirability bias and needs to be tested for discriminate validity. 6, 7, 8

According to Watson, caring is a complex concept involving the development of a range of knowledge, skills and expertise encompassing holism, empathy, communication, clinical competence, technical proficiency and interpersonal skills. The elements mentioned by Watson though appear holistic and measurable, are indeed pretty abstract in true sense. According to Watson caring science is an evolving philosophical-ethical-epistemic field of study, grounded in the discipline of nursing and informed by related fields. Related fields include basic sciences (physics, chemistry, mathematic/statistics), behavioural sciences (sociology, psychology, anthropology, theology), biological sciences and other sciences namely

environment, economics and political, however nursing may require additional knowledge from technical sciences too. Sampling of items to assess knowledge, clinical competence, expertise and skills encompassing holism from these related fields will be a complex task.⁷

The complexity of understanding one's real potentialities is partly dependent upon one's exposure to a situation. A person is confident of his/her ability and level of his/her ability only when he or she attempts a task or when the performance is compared with someone else. Culture of a student/nurse may be different from that of a patient moreover interaction with each patient is a unique experience which most of the times may not be comparable to that of others in true sense. Caring can exist when there is mutual understanding (trust) and as rightly pointed out by Watson interpersonal skills, communication and empathy are important elements of caring. Advising nurses to mask their emotions and put up a face of caring, empathy, compassion in caring encounters may not work out in the long run, hence it is wise to seek nurses who are woven with these characteristics. Anne Marie Rafferty, a nursing professor at London says, 'the real test of the culture of caring will be what we do when nobody is looking'.⁹

Empathy and compassion are equally complex constructs as that of caring. Though several researchers have tried to measure empathy among care providers, the items of these scales are either broad (general) or are context specific e.g. Palliative care nursing. Compassion and empathy are exhibited by nurses by attending to small details that may or may not be medically important but are of concern to patients and families. According to Francis, compassionate culture includes acceptance of patients needs first before one's own and willingness to give help one would want for oneself or refer them to someone who will be able to provide. The value of willingness to help, though seem observable, limitations in the work environment or job specification may hinder a nurse to attend to little details even if they are medically important at times, from ethical point of view. Thus there is a likelihood of difference between observed values and self rated innate features of caring, which could be attributable to work/organization culture.^{4, 10, 11}

The organizational culture has an influence on the values. Economically driven health care and educational organizations of today are focussed on efficiency and outcomes and are target driven. Compassionate care appears rather a lip service than a reality. Ann Hemingway opines, "While the current emphasis on patients as consumers and the aspiration for more choice begins to put patients at the centre of care, it does not provide a comprehensive framework or value base for care." Compassion is not a recognized feature of competition or market forces or privatised service cultures says Flynn. She adds compassion deficit is more or less due to political ideology driving current health policy and not due to shortcoming in caring values of nurses. A compassionate and empathetic organizational culture is as essential as values of nurses. However organizations and public often expect nurses to make a difference even if the organizations do not seem to value caring and compassion in essence. Best way to assess organizational influence will be to compare the values of nurses at entry level and the value ratings obtained at work in health care organizations. One may have to interpret the results from such studies with due attention to the variable of 'compassion fatigue'.^{4, 6}

Francis believes if input is good, the best output can be expected. As Mr. Francis says, the organizations should keep only the able nurses who can help the organizations to meet the demands for quality nursing care, it is high time that we test nurses for values on entry to nursing programmes. In response to an open ended item to describe in 300 words one's perception on nurses, nursing practice and nursing education, one of the surgeons opined, "Unless nurses possess an attitude of caring and compassion no amount of continuing nursing education will make a difference in care". Ann

Hemingway also expresses that unless the attitude of staff towards those who care for and each other change, nothing else will. If nurses treat the other as valued human beings with respect, dignity and care, then everything nurses do for and with those nurses look after will reflect that. Nurses should value others rights as much as they value their own. Assessment of such values at entry level to graduate nursing programme is thus very essential. The assessment will also serve as the baseline to assess the effectiveness of nursing training programme with reference to caring attributes.¹²

Communication skill is the channel to convey caring and compassion. Mr Francis has emphasized on his government to consider urgently a common requirement of proficiency in communication in the English language for health care staff. For a nation which uses single language for communication within its region of less dissimilar culture, devising a tool to assess communication/language proficiency is comparatively easier. However for a country like India, where consumers and providers use multiple languages and dialects, one would not dare to think of devising a common language proficiency tool as it will be a complex task. The word or phrase may mean different in different cultures or languages in India. The vocabulary and accent used within a language are also culture/region specific. Beliefs of Indians are deep rooted and are culture specific so are the health care practices. However despite of the complexity, as India is becoming a hub of medical tourism, a common English language proficiency test for nurses and other health care providers should be thought of by the Indian government and the councils.¹

There is difference in the perception of health care providers and consumers, as well as among health care providers as to what nursing is. While Mr Francis calls nurses to be caring and compassionate than being mere technical skills of nursing many nurses opine caring and compassion are not unique features of nurses alone in any health care organization. The difference in perception and the expectations of caring and compassion from nurses could be possibly attributed to the intimacy in terms of time spent in interaction and nature of tasks performed by nurses. Public assumes that nurses are in profession by choice and moreover are trained to do what is expected of them as nurses in the best interest of patients. However recent studies report that only a few service minded adolescents chose nursing by their own, whereas a majority were attracted by the opportunities, incentives and perks nursing offers.¹³

Francis recommends prospective nurses to experience working in direct patient care for three months under the supervision of a qualified nurse so as to give them an opportunity to decide whether they are willing to undertake hands on care and are capable of doing this than showing mere interest in the technical aspects of nursing. He advocates potential nurses to experience and analyze themselves the nature of work and intimacy expected in terms of time spent in interaction with patients and relatives. Though there are oppositions for placing the potential nurses in clinical area without prior training, the recommendation certainly is advantageous for potential students to know what is expected of them in the chosen career. It is high time that the students are given the choice to choose the career with knowledge of job and the expectations at the orientation period than taking the decision to remain or not in nursing after completion of the training programme. .

Conclusion: This review draws attention to the changes required within nurses, nursing practice and nursing education. Adding numbers alone to the problem of shortage of nurses or as a strategy for provision of quality care will not serve the purpose, instead adding nurses with the potential to make a difference in the provision of care should be the approach. As there are no tools available to assess the aptitude of potential nurses at entry level, there is a need to develop such tools. Interpersonal skills of caring, empathetic and compassionate communication should be a part of any tool that is developed apart from the cognitive and technical elements. India should

also think of a common English language proficiency test for all health care providers.

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