



An exploration of the perceptions of caring held by students entering nursing programmes in the United Kingdom: A longitudinal qualitative study phase 1



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ARTICLE INFO

Article history:
Accepted 9 May 2015

Keywords:
Education
Nursing values
Humanising curriculum
Caring
Student nurses

ABSTRACT

In a climate of intense international scrutiny of healthcare and nursing in particular, there is an urgent need to identify, foster and support a caring disposition in student nurses worldwide. Yet relatively little is known about how core nursing values are shaped during education programmes and this warrants further investigation. This longitudinal study commencing in February 2013 examines the impact of an innovative nursing curriculum based on a humanising framework (Todres et al. 2009) and seeks to establish to what extent professional and core values are shaped over the duration of a three year nursing programme. This paper reports on Phase One which explores student nurses' personal values and beliefs around caring and nursing at the start of their programme. Undergraduate pre-registration nursing students from two discrete programmes (Advanced Diploma and BSc (Honours) Nursing with professional registration) were recruited to this study. Utilising individual semi-structured interviews, data collection commenced with February 2013 cohort ($n = 12$) and was repeated with February 2014 ($n = 24$) cohort.

Findings from Phase One show that neophyte student nurses are enthusiastic about wanting to care and aspire to making a difference to patients and their families. This research promises to offer contributions to the debate around what caring means and in particular how it is understood by student nurses. Findings will benefit educators and students which will ultimately impact positively on those in receipt of healthcare.

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Introduction

In a climate of intense international scrutiny of healthcare and nursing in particular, there is an urgent need to identify, foster and support a caring disposition in student nurses worldwide. Underlying dissatisfaction with healthcare by service users, their families and carers has become an international issue (Watson, 2009). This is particularly pertinent in the UK where recently there have been reports highlighting poor standards of care (Francis, 2010). Similarly reports of patient neglect in Europe and America include examples of failures by healthcare staff and uncaring attitudes and behaviours (Reader and Gillespie, 2013). In the light of this, the

public could be forgiven for believing that healthcare workers, including nurses, have lost sight of the meaning of caring in the workplace. These challenges must be addressed within the educational preparation of nurses to ensure students qualify fit for practice (Nursing and Midwifery Council, 2010) and this may require a refocus of curricula to ensure a balance between developing a value base of practice as well as clinical competence. Little is known about how core nursing values are shaped during education programmes and the impact that curricula.

Background

In the light of national and international crises and concern about unacceptable care, Watson (2009:p.476) suggests that the time is right for "radical change from within" organisations. As nurse education in the United Kingdom (UK) moved to an all-

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graduate intake in September 2013, there has been an increased emphasis on the adequacy of education in preparing student nurses for their future role (Willis Commission, 2012). There is currently limited evidence available on the impact that nursing curricula has on students in relation to fostering a caring disposition through three years of an undergraduate pre-registration nursing programme.

An investigation by Watson et al. (1999) into the changing perceptions of nursing and caring held by student nurses as they progress through their programme raised key issues for nurse educators predominantly. Questions were mooted around practice experiences and theoretical study at college or university as little is known about which elements of the curriculum have most impact on students' changing values and perspectives. Watson et al. (1999) also recommended that nurse educators foster and encourage development of students' personal values and ideals about what caring is. A more recent study by Murphy et al. (2009) identified that student nurses demonstrate a decline in caring attributes over time and recommended that further research include students in their second year of study in the quest to identify when such disillusionment about caring takes hold. Based on the findings of both Watson et al. (1999) and Murphy et al. (2009) further research into student nurses' perceptions, values and beliefs around caring is needed.

Both Watson et al. (1999) and Murphy et al. (2009) question what can be done by nurse educators to prevent this negativity around caring. Whilst Brown (2011) identifies a gap in knowledge about how nursing curricula can help internalise caring behaviours. More recently Guo et al. (2013) recognise that there is an international need to move towards a humanistic value based approach to education. They cite a number of creative, educational models which have been adopted worldwide over the past decade to facilitate the development of caring attributes in student nurses and report on their recently trialled innovative "caring teaching model" (p. 913) which was successfully used to teach caring behaviours to student nurses in Asia.

Our university was in a unique position with the seeing out of a curriculum based upon person-centred care and the introduction of a humanising care curriculum to assess the extent to which the curriculum itself impacts upon individual student's values about nursing. Person-centred care has been widely used as a way of enabling nurses to build therapeutic relationships with the person (rather than patient) through respecting individuals' choices, good communication skills and developing mutual trust (McCormack and McCance, 2010). Whilst we acknowledge that there are overlaps between person-centred and humanising care our 2014° programme curriculum has been designed around the work of Todres et al. (2009). This humanising care framework is based upon eight dimensions of humanisation/dehumanisation which are central to what it means to be human (see Table 1). Students can reflect upon both theory and practice using the humanising care framework which, it is envisaged, will help them to place patients at the heart of care rather than focus on acquiring a skill set. The humanising

care framework has been adopted as an underpinning philosophy of our nursing curriculum and provides a structure which has the potential to foster and develop caring attributes (Hemmingway et al., 2012).

Nurse Educators' knowledge and understanding of the impact that different higher educational programmes have on nursing students and how they develop during a higher education programme is deficient (Warne et al., 2011) at a time when the challenge to capture and nurture the personal values and beliefs that nurses hold about what caring means, is needed. Scammell et al. (2012) suggests that the majority of nurses who enter the profession do so because they altruistic and are intent on providing a good standard of care. However, it is unknown how or to what extent professional and core values are shaped over the duration of a three year nursing degree. The overall aim of our study was to compare how and to what extent, nursing students' personal beliefs about the core value of nursing are influenced by two discrete curricula one of which is built on a humanising care framework and underpinning philosophy (Todres et al., 2009). As these two distinct groups of students progress through their respective programmes of study to registration, data collection occurs at five strategic points (see Table 2). This paper reports on Phase One which aims to capture the baseline beliefs and values of both cohorts of nursing students as they enter higher education at the start of their nursing programmes.

Research design

This paper reports on Phase One of a larger study which uses a qualitative longitudinal approach (Neale, 2013) to understand the beliefs and values of student nurses from the day of entry through their education programme to completion. Two cohorts of students, (February 2013 and February 2014) were recruited, the first on an outgoing programme and the second, the new curriculum based on a humanisation philosophy (Todres et al., 2009). The whole study explores the two cohorts at different phases (see Table 2) as they progress through their programme. It seeks to identify any change in participants' perceptions around caring and their values in relation to nursing. The February 2013 cohort followed an Advanced Diploma programme with professional registration and the February 2014 cohort undertook a Bachelor of Science degree in nursing with professional registration.

Ethical approval

Ethical approval for the larger study was sought and granted from the university's research ethics committee. Prior to the start of the programme, all potential participants received written information in the form of a participant information sheet and consent form. A verbal briefing outlining the project was given to students during an introductory session on day one of their programme. Specifically, the team ensured that whilst creating a welcoming environment for participants, reassurance was given that participation in the study was completely voluntary and choosing to not participate would not have any negative impact upon their future studies. Participants were also informed they could withdraw at any stage in the process. In line with legal and ethical obligations confidentiality was maintained throughout by allocating a numerical code that was independent of the central records holding personal details and all data was kept on password protected computers.

Sampling

Purposive sampling was used, targeting the February 2013 cohort of students following a person-centred care curriculum

Table 1
The dimensions of humanisation (Todres et al., 2009).

Forms of humanisation	Forms of dehumanisation
Insiderness	Objectification
Agency	Passivity
Uniqueness	Homogenisation
Togetherness	Isolation
Sense making	Loss of meaning
Personal journey	Loss of personal journey
Sense of place	Dislocation
Embodiment	Reductionism

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