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Caring behaviours of student nurses: Effects of pre-registration nursing education

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ABSTRACT

In an increasing technologised and cost-constrained healthcare environment, the role of pre-registration nursing education in nurturing and developing the professional caring disposition of students is becoming far more critical than before. In view of this growing demand, the aim of this study was to evaluate the impact of Singapore's pre-registration nursing programmes on students' concept of caring. A descriptive quantitative cross-sectional survey collected data using the Caring Behaviour Inventory from first and final year student nurses, nurse lecturers and nurses in practice. The findings based on student surveys indicated a statistically significant reduction in the overall level of caring behaviour in first to final year students. When compared with the findings of lecturers and nurses, less variance to lecturers than to nurses was found amongst the first years' score, and the lowest variance to nurses was demonstrated amongst the final year. A greater reduction was evidenced amongst Singaporean students, which was exaggerated with exposure to pre-enrolled nursing education and magnified with caring job experience. This study indicates more effort is necessary to harness student caring attributes in students' entire educational journey so that expressive caring is not subsumed in the teaching of students to meet demands of complicated contemporary care.

Introduction

Caring as the essence of nursing is the core professional value recognised by many nursing-oriented professional and regulatory bodies (Nurse and Midwifery Council, 2010; Canadian Nurses Association, 2008; American Nurses Association, 2011). There are two co-existing dimensions to caring; 1) the instrumental caring which is the 'doing' of care, it is goal-orientated with an aim to achieve efficiency and good evidenced-based treatment; 2) the expressive caring, which involves a series of patient centred attitudes based on interactions, that are are carefully strategised in order to show respect, gentleness, sensitiveness and patience (Sherwood, 1995). In other words, instrumental caring behaviour is about achieving physical health and comfort (Sherwood, 1995) and expressive caring is about meeting psycho-social needs for inspiring a sense of hope and a sense of worth in order to encourage healing (Jourard, 1971). However, physical health and mental health are inextricably linked (CMHA, 2008). Individual's physical well-being is affected by one's psycho-social and emotional status which has the potential to impact the former. In this regard, expressive and instrumental caring behaviours are equally important factors in determining individuals' health and well-being.

Caring in nursing as a whole has long been regarded a critical core professional value of compassion and an ability to respond with humanity and kindness to others' pain, distress, anxiety or needs (Department of Health (DH), 2012). It is also, the possession of knowledge of assessed needs and related scientific principles to identify ways in which to give comfort and relieve suffering (DH, 2012). Hence, every professional nurse is expected to have a combination of instrumental and expressive caring attributes portrayed in self image, as well as to care receivers. However, such a dualistic caring concept remains difficult to measure and quantify (Curtis, 2013; Bray et al., 2014), particularly when being caring is about

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nurses being able to understand the world of a suffering patient (Eriksson, 1997) which not only varies between patients, but could also change from time to time in the same person. Yet any professional nurses were not only expected to display caring attributes but also, to do so skillfully.

While nurses are demanded to have the knowledge and skills to contextualise care to meet the unique needs of individuals, the ability to care as a nurse is expected to develop while individuals were being exposed to nursing education, particularly at early stages in pre-registration and pre-qualifying programmes (Fahrenwald et al., 2005; Willis, 2012). It was believed that any good nursing practices introduced prior to an individual obtaining a professional qualification and gaining entry to the professional nurse register, were more likely to be retained. In this regard, pre-registration nursing education in higher learning was expected to underpin high quality nursing care in practice (Davies et al., 2000). In North America, the nursing curricula in the late 1990's were underpinned by Watson's caring concept which was supposed to ensure that nurses developed caring behaviours (Hatem et al., 2008; Hughes et al., 1998; Simmons and Cavanaugh, 2000). Similar efforts were evidenced in other countries (Anthony and Landeen, 2009; Baldacchino, 2008; Khouri, 2011; Öhlen and Holm, 2005; Wu et al., 2009). In the United Kingdom (UK), the Nursing and Midwifery Council has also given pre-eminence to compassionate client-centred care; the concept of caring, in line with Watson's 10 carative factors was even emphasised in the new 'all-graduate nursing programmes' which were implemented nation-wide in September 2010. In essence, nursing curricula in many countries were putting increased emphasis on expressive care, based on Watson (1988) philosophical and ethical perspectives, grounded in humanism. Many of these curricula ended up being based on a human science perspective related to meeting patients' psychological and emotional needs (KaraÖz, 2005; Wolf et al., 1994; Woodward, 1997).

Background to Singapore nursing education

Singapore is highly influenced by developments in other countries and its advancement in nursing education is heavily influenced by the West (Loke, 2012). However, despite the all-graduate programmes being introduced in the UK and well-established in North America, Singapore pre-registration nursing education remains predominated by programmes at diploma level delivered in polytechnics. The diploma nursing programme was established to replace the certificate programme in 2001. Since then, it has continued to be segregated from pre-enrolled nursing education which prepared individuals as enrolled nurses with responsibilities similar to that of healthcare assistants in other countries such as those in the UK.

Similar to pre-registration nursing programmes in other developed countries, a nursing diploma is earned in 3-years alongside achieving a registered nurse qualification. The diploma also allows individuals to continue an academic pursuit for a nursing degree based on two choices: either via direct entry to a second year nursing degree programme at the local University or by undertaking a 1-year conversion degree programme at selected Australian and English Universities. In terms of its component, the curriculum comprises 50% theory and 50% clinical experience. However, the weekly teaching of clinical knowledge and skills in simulation labs are closely linked to a particular theoretical component, and therefore contributes to the 50% theory component. For example, simulation teaching and learning of endotracheal suctioning and ventilated patient care is linked to a critical care module and accounts for the 50% theory.

Due to this practice, more than 50% of the curriculum appears to focus on clinical knowledge and skill competence to achieve efficiency and good evidenced-based treatment giving the impression that the curriculum emphasises the instrumental aspect of caring (KaraÖz, 2005; Wolf et al., 1994; Woodward, 1997). In reality, expressive caring is simultaneously emphasised when nurse lecturers facilitate learning in simulation sessions using high fidelity manikins. To further ensure expressive caring is acquired alongside the learning of instrumental caring, clinical educational approaches which are similar to those seen in Australia and North America were employed; whereby all clinical learning experience in authentic clinical and community settings were supported and summatively assessed by the nurse lecturers. In order to allow students to learn more about caring as expected of a professional nurse, clinical teachings are also supported by clinical instructors who are practising nurses.

The two aspects of instrumental and expressive caring are not only present in the curriculum, but forms a thread through the entire pre-registration nursing educational experience including the extra-curricular activities; international visits to developing countries and mentorship support programmes. In essence, underpinning the nursing educational experience are the 5 C's concept; caring, compassionate, commitment, competent and challenging; the focus of nursing education at diploma level was about imparting knowledge and skills to achieve good quality nursing goals and task-orientated interventions based on outstanding patient experiences.

The phenomenon of nursing education can be explained by the local government's requirement during the downturn of the economy in the 1990's, that Singapore's workforce was expected to adapt. In healthcare, nursing practice must keep abreast the advancement in medical technologies; as a result, instrumental caring is an important aspect in pre-registration nurse education, but this was emphasised without compromising expressive caring which is critical to a service-oriented healthcare system. Singapore has not only prospered in the uncertain economy, but has also achieved a good reputation for its healthcare system as a regional hub (Lim, 2005; Lam, 2012). Whether the equal emphasis of expressive and instrumental caring in Singapore nursing education was a result of this success is yet to be established. In order to have a good insight to the contribution of nursing education to the Singapore healthcare system, its effect on individuals' caring attributes should be determined. In this regard, it is not only important to establish the caring disposition of individuals, who were receiving nursing education but also, that of individuals who were delivering it. Hence, this study was conducted to determine the caring disposition of the following key stake holders; 1) existing first year student nurses who had minimal curricula exposure and final year students who were about to complete the programme; 2) nurse lecturers who have direct responsibility for nurturing and developing the caring attributes of student nurses and 3) nurses in practice who were once exposed to the programme and were students' clinical role models for developing and nurturing student caring attributes.

Research design

This study employed a quantitative cross sectional survey using a structured questionnaire developed for this study and the Caring Behaviour Inventory tool (CBI) by Wolf et al. (1994); the former was to elicit demographic data and the latter was to establish the caring concepts of the participants. The surveys aimed to obtain structured responses from as many participants as possible within a given time period.