

Caring relationship: a qualitative research through the narratives of the students of the Bachelor of Science in Nursing degree

Relazione di assistenza: una ricerca qualitativa attraverso le narrazioni degli studenti del corso di laurea in infermieristica

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ABSTRACT

BACKGROUND: The caring relationship is a complex phenomenon, that is considered as a fundamental patient-centred care activity. It is a nursing skill that is neither directly visible nor measurable and can be taught to students only by referring to other equally abstract and complex concepts.

Issues such as care, communication, counselling, narrative nursing and empathy are addressed within specific modules under the Study Plan and dedicated to the caring relationship. However doubts persist on the experience of the students about caring relationship.

Objectives: The aim of the study was understand caring relationship meanings and experiences in basic nursing education.

DESIGN: A qualitative research according to the interpretative theory was conducted.

Participants: The study involved second-year students of the Bachelor of Science in Nursing degree (BSN): at an University of northern Italy.

METHODS: Data were collected through narratives of actual caring relationship experiences that students had during their clinical internships.

RESULTS: The themes emerged from the accounts of 24 students were communication and the emotions related thereto. In particular, the perception of the loneliness of the patients, the characteristics associated with the ability of nurses to grasp this state and the feeling of well-being that is established in both people involved in a significant caring relationship, often based on active listening by the students.

CONCLUSIONS: This study allowed us to understand the main characteristics of the students' experiences as they develop the ability to relate in a therapeutic way.

Key words: Nurse-Patient relationship, nursing care, patient-centered care, nursing student

RIASSUNTO

INTRODUZIONE: la relazione di assistenza è un fenomeno complesso, considerato un'attività fondamentale dell'assistenza centrata sul paziente. È una competenza infermieristica che non è né direttamente visibile né misurabile e può essere insegnata agli studenti solo facendo riferimento ad altri concetti ugualmente astratti e complessi.

Questioni come cura, comunicazione, consulenza, assistenza infermieristica narrativa ed empatia sono affrontate all'interno di moduli specifici nell'ambito del Piano di studio e dedicate alla relazione assistenziale. Tuttavia, permangono dubbi sull'esperienza degli studenti sulla relazione assistenziale.

OBIETTIVO: lo scopo dello studio è stato quello di comprendere i significati delle relazioni assistenziali e le esperienze nell'educazione infermieristica di base.

DISEGNO: è stata condotta una ricerca qualitativa secondo la teoria interpretativa.

Partecipanti: lo studio ha coinvolto studenti del secondo anno del corso di laurea in infermieristica (BSN) presso un'Università del nord Italia.

METODI: i dati sono stati raccolti attraverso racconti di esperienze di relazioni assistenziali reali che gli studenti hanno avuto durante i loro tirocini clinici.

Risultati: i temi emersi dai resoconti di 24 studenti sono stati la comunicazione e le emozioni ad esso correlate. In particolare, la percezione della solitudine dei pazienti, le caratteristiche associate alla capacità degli infermieri di cogliere questo stato e la sensazione di benessere che si instaura in entrambe le persone coinvolte in una relazione di cura significativa, spesso basata sull'ascolto attivo degli studenti.

CONCLUSIONI: questo studio ci ha permesso di comprendere le principali caratteristiche delle esperienze degli studenti mentre sviluppano la capacità di relazionarsi in modo terapeutico.

Parole chiave: relazione infermiere-paziente, assistenza infermieristica, assistenza centrata sul paziente, studente di infermieristica

INTRODUCTION

Caring Relationship is a nursing skill that is neither directly visible nor measurable (Stickley & Freshwater, 2006).

According to a study by Joolae (2010), Caring Relationship is perceived by patients as "receiving complete patient-centered care, together with compassion, support and effective communication by the health personnel". Mok & Chiu (2004) state that a feeling of trust and reciprocity and achieving shared objectives are the basis of the caring relationship and produce positive outcomes such as adjusting to the disease, reduced pain, accepting death and improved perceived quality of care (Wälivaara et al., 2013).

Besides, nursing care implies actions and reactions between two individuals: the patient and the nurse. The relationship that occurs between them is what provides legitimacy to the establishment of the special caring relationship (Fealy, 1995).

Numerous studies (Stewart 1995, Mead & Bower 2000, McCormack & McCance 2006) identified this relationship as a fundamental patient-centred care activity. In this regard, we recognize that this relationship can only be based on deep and intimate knowledge of the patient, which is necessarily based on a feeling of trust (Wiechula et al., 2015).

Brilowski's conceptual analysis (2004) identifies this relationship as one of the attributes of caring, characterized by one's presence, trust, intimacy, responsibility and acceptance.

On the contrary, Gamez (2009) argues that this relationship is caring in itself and that the nurse-patient relationship must necessarily be based on communication, which includes listening, empathy and respect skills and the use of a shared language understandable to both. In addition, it has to refer to the code of Ethics for nurses, a blend of guiding principles for all nurse-patient relationships.

Nursing Degree Courses in Italy teach different forms of caring relationship, given the nature of nursing, which in the Nurse's Professional Profile is defined as "technical, relational, educational" (Presidential Decree 739/94).

Issues such as care phenomenology, meaning and practice, basics of communication, counselling, narrative nursing and empathy are addressed within specific modules under the Study Plan and dedicated to the caring relationship. But what is the actual caring relationship in nursing practice?

Caring Relationship teaching is a complicated challenge that should facilitate students in their learning process considering this complex concept, that is difficult to be put into words and theoretical examples (Curtis, 2013; Begum & Slavin, 2012; Karaöz;2005).

However, students directly experience the caring relationship during their clinical internships. Thus,

recurring to students' as 'storytellers' is therefore an appropriate method to promote reflection and an oppor-

tunity for education within their learning groups; to that effect, it has been used with good results in the training of midwives (Hunter and Hunter, 2006) and nurses (Hardy, 2007); it also favours the development of empathy and understanding in healthcare professionals (Fairbairn, 2002).

Although the literature on techniques for improving student proficiency in therapeutic communication and interpersonal relationship is limited (LW Miles et al, 2014), according to Adamson and Dewar (2015), reflective learning can be a viable strategy for students to reflect on new knowledge and predetermined ideas, in particular, the stories can start this process and help students understand not only the needs of others, but also their own values and expectations.

The caring relationship explored, as seen, by different theoreticians, is on the contrary little analyzed as an experience both by nurses (Wiechula et al., 2015) and patients (Joolae, 2010), while at the same time we are not aware of any studies that have tried to understand how the caring relationship is perceived by students who have started their internship.

This study, therefore, has the goal of understanding the students' experience of the caring relationship through their narratives, still "naïve" with respect to the theory the meaning of the caring relationship they experienced during their clinical internship.

METHODS

Research question and purpose

What is the meaning of "caring relationship" for BSN students who already had clinical internship experience?

The purpose of this study is to understand, through the narratives of second-year students of the Nursing Degree Course at University of Brescia (who have not yet gone over the lessons of the "Caring Relationship" theoretical module), the meaning of the caring relationship they experienced during their clinical internship.

Study design

We conducted a phenomenological qualitative research according to the interpretative theory (Biggerstaff et al., 2008). This is an ideographic and hermeneutical approach that encourages researchers to overcome the barrier of the immediately obvious content that emerges from the data, favouring the interpretation of the participants' words in the text. The interpretation thus becomes what merges and produces consistency between language and life experience. The researcher's interpretation is considered part of the research process and the cognitive product of the research is the result of a shared construction between researchers and participants.

The interpretative phenomenological research method (Smith & Osborn, 2003; Smith & Eatough, 2007) focuses on the reading and careful rereading of the text. The researcher makes notes of thoughts, observa-

tions and reflections occurring during the reading of the text. These notes include all repeated phrases, researcher questions, one's emotions and the description of the language used. In this process, the researcher usually keeps a reflective diary recording details about the nature and the origin of the emerging interpretations. It is at this stage that the researcher rereads the text and identifies the categories that best capture its essence. The categories are identified within each section of the text and then possible or probable connections between them are researched. At this point, therefore, the researcher develops the list of themes (Biggerstaff et al., 2008).

Sample, sampling strategy related to participation in research

The study population consists of the students of the Bachelor of Science in Nursing degree (BSN) at University of Brescia, in their second year of education, first semester. This specific time is due to the organization of the BNS learning program: infact at this time students have already completed at least one clinical internship experience, in direct contact with patients, but they have not attended yet the dedicated "Caring Relationship" theoretical module that could have influenced their conceptualization of the caring relationship.

In January 2016, second-year BSN students enrolled voluntarily in the study. Participation in the study did not affect the students' final evaluations.

No limits to the internship department attended were placed.

No ethical approval needed.

Data collection

All the participants received a written informed consent form, a demographic data collection form and a form with the title of the narrative: «Starting from your internship experiences, what does ASSISTANCE RELATIONSHIP mean? It refers to one or more experiences that significantly represent your experience of a relationship of care». Those who joined the study were given an hour to write their narratives. To ensure anonymity, the three forms were considered separately and an identification number was assigned to each narrative. All narratives were analyzed.

Data analysis

The analysis process followed the steps suggested by the method proposed by Smith and Osborn (2004; 2008). The narrative texts were read and reread several times in order to form an overall perspective of the students' real life experiences. Several comments were made in the margins during these readings of the stories when the researcher had questions or thoughts in relation to what he read. In addition, the researcher maintained a reflective diary during this period, where at any time of the day he recorded his reflections about the narratives.

Interpretation of the data led to the identification of categories subsequently grouped into themes.

RESULTS

Twenty-four out of 71 (34%) students in attendance joined the study, 3 males and 21 females, with a median age of 21 (20-26 age group). The narratives took 15 to 45 minutes to write.

The 24 narratives produced by the students raised two issues (Table 1): the emotions (experienced by the students and patients) and communication in all its dimensions (verbal, nonverbal and paraverbal). In summary, the students described Caring Relationship as a communicative experience that includes the emotional dimension and does not proceed in just one way, but moves from nurse to patient and from patient to nurse.

The emotional dimension

The theme of emotions is central to the caring relationship experience during clinical training. Students perceive the patients' loneliness, their mood swings and strong emotions. Meeting the patients' feelings and emotional reactions in turn generates an emotional response in the students, who in some cases are almost overwhelmed, until a strong sense of empathy towards the other is reached.

That afternoon, there was something different about the patient, she did not meet me with her usual smile; she was sullen, her face showed obvious tension and worry. I was surprised by this unusual reaction and decided that, once done with the therapy, I would take the time to worry about her and try to help her. [...] I sensed something different in her; I knew that she needed to talk to someone. (Narr. 5)

Having to get into the room to medicate her, help her with taking her pills and nutrition, but above all having to talk to her was a source of suffering for me, because I did not know what to say, whatever I could say to her was not going to help. [...] I would stare at her, I did not know what to say. Instinct led me to squeeze her hands and caress her face [...]

She saw that I felt deeply close to her, and I felt that she needed that. (Narr. 12)

A patient alone without a family had been hospitalized for surgery. She was in obvious need for help but not all of the health care staff was aware of the situation. [...]

At first the patient was reluctant to speak, but then she opened up and reported that she had trouble reaching the table and that perhaps she needed help. [...] The patient confided in me and started to manifest her fear of not being able to get back on her feet on her own. [...] The woman calmed down after receiving this information and seemed much more serene in the following days. (Narr.)

In my opinion, you enter into a relationship only with some patients [...] The caring

relationship is a kind of emotional tension that develops only for particular patients, probably the ones we are most like. (Narr. 16)

However, the students fear that these feelings, which are a theme of the caring relationship and involve them personally, maybe a risk to their own wellbeing or to the outcome of the technical activity or both of these aspects.

But you need to set a limit that you will not cross to avoid ending up totally subjugated by the feelings, this would invalidate the work done through caregiving. (Narr. 3)

The patient's emotional pain becomes for the student the one "disease" that a caring relationship alone can cure. Negative emotions often grow in patients because of their illness, loneliness and family situations. Indeed, loneliness is one of the feelings that most students detect in the patients and that most drives them to get closer to them and offer them comfort.

There was a patient with a sullen and hostile attitude, almost pretentious, as if everything was "due" to her. [...] Accompanying the lady to the bathroom, she turns to me, strangely with a soft and gentle tone. Taking her back to bed she tells me that she knows she is acting up, but she is angry with the world because of her illnesses and that she feels alone. (Narr. 4)

The nurse-patient relationship becomes therapeutic thanks to the trust established between them, the often mentioned empathy and the abstention from judgment that the nurse knows and wants to implement.

[...] you develop empathy for the patient and try to alleviate, as far as possible, his more or less severe condition of distress. (Narr. 17)

The "caring attention" I paid to her had meant a lot and my smiles and the few words that I exchanged with her contributed maybe a little to her "therapy" and to lighten her hospital stay (Narr. 10)

The mitigated emotional pain leads to a state of well being not only for the patients, but also for their caregivers.

I felt gratified (Narr. 5)

My life changed thanks to her [...] (Narr. 12)

What you receive in return is a real victory. (Narr. 13)

Communication

Communication is the second theme that strongly emerges from the students' narratives.

The writings describe various types of communication, verbal and non-verbal, from the patients and their caregivers.

The detailed description of how the communication process takes place is interesting; it often begins without words, through the students observation of the patient's discomfort; then, usually the two get closer, they can look

at each others' eyes. A physical gesture of reassurance follows, the premise of words.

She was there, lying on the bed looking out the window [...] I perceived something different in her; I knew that she needed to talk to someone, I could see it in her eyes. She burst into tears suddenly. I lay a hand on her shoulder and told her not to worry, calm down and tell me about her discomfort. She told me the story of her life. (Narr. 5)

The theme of communication also includes "being there", being present beyond the patient's choices (even those that cannot be shared), to be there as a physical and emotional contact.

In that moment I was there for my patient (Narr. 6)

Being there for the patient, regardless of the situation (Narr.4)

The caring relationship is different from any other relationship because it requires an absolute acceptance of the other without judgment, and this is not always so easy (Narr. 21)

To communicate is to touch, squeeze hands, a caress given or received, a hug. Mainly, communication emerges as listening. It is all too obvious from the students' stories that the patients need to talk, give free rein to questions and fears or simply tell the story of their past and present life and to be reassured as to their uncertain future given the disease they are going through. Students appear as ready for active listening and empathetic involvement that will help alleviate the patient's sense of loneliness.

I went to the Lady to bring her the therapy and she, before I left, stopped me and thanked me just for listening to her in the afternoon; she told me to remember not to change my ways in relating with patients because even a small gesture like listening means the world to them (Narr. 21)

DISCUSSION

The students' description in words of the caring relationship concept expresses authenticity and enthusiasm, all the complexity of an issue at the heart of nursing (Gamez 2009).

The students detecting the state of loneliness is what often drives them closer to the patients in order to implement communicative gestures that attempt to alleviate this state, which in the literature is described as an unpleasant and stressful experience (Carr & Schellenbach, 1993; Younger, 1995), associated with sadness and isolation (Playfair, 2010). The literature actually states that nurses should determine who is at risk of loneliness and implement interventions involving such patients (Bekhet, 2008). Loneliness, in fact, influences the relationship between nurse and patient that becomes the instrument of

trust and understanding between the two (Playfair, 2010).

The students state that the establishment of a caring relationship with the patient is conditioned by a feeling of trust (Ozaras & Abaan, 2016). Yet trust is a feeling that involves personal values, upon which the relationship then develops (Wiechula, 2015), and which presupposes effort and reciprocity (Wälivaara et al, 2013; Berg & Danielson, 2007).

The professional's non-judgmental acceptance of the patient is in fact necessary. In the narrative of a female student a strong inner conflict of hers emerged due to the patient's lifestyle choices that put her health further at risk. The narration of this episode as an example of caring relationship leads one to reflect on what some authors have described as critical issue of caring (Benner, 1991; Pearson, 1997; Smith, 1999), namely, the unconditional acceptance of the other as one's fellow man, caring for him or her as a human being with dignity and requiring unconditional respect.

If an emotion (e.g. loneliness, fear, anger) is the starting point of the caring relationship, the latter is surely realized through communication. Students recognize verbal (consoling, saying, explaining, telling...) as opposed to non-verbal communication, which, for them, means being there; one's self becomes an instrument in order to be totally present, share the same space, actively listen to the person, dedicate time to sharing and communicate one's interest (Brilowski & Wendler, 2004).

In particular, it often emerges that the students volunteer as active listeners able to convey their interest in the person by listening. They describe gestures that show to the patient their will to dedicate time to them (approaching, sitting, or deciding to leave for a more propitious moment when carrying out a task that cannot be postponed or delegated). Therefore, students demonstrate with their attitude their will and interest in listening to what the patient has to tell. This attitude, found in many of the narratives, is crucial, insofar as listening, defined as a precondition of all significant relationships, is often regarded as a crucial component of nursing care and its benefits have been documented in the literature, in particular as a contribution in generating a sense of wellbeing and satisfaction in the therapeutic experience (Shipley, 2010).

Communication is a key pillar of any type of relationship and it must include listening, empathy and respect skills (Petrucci et al, 2016; Granados Gámez, 2009). The patients perceive the caring relationship as "receiving complete patient-centred care, together with compassion, support and effective communication by the health personnel" (Joolae, 2010). Thus the students, with their narratives, expressed a profound caring relationship experience.

Implication for research and practice

Understanding what significance the caring relationship has in the experience of nursing students may be helpful in assessing whether the contents on this topic currently found in the Study Plan are fully suitable for the

transmission of skills that, although central to the nursing profession, require a demanding learning process.

Limits

The overlapping of the teacher and researcher roles may have been a limit as far as students joining the research project. Despite the declaration that the narratives would not compromise in any way the outcome of the exam, and that the works would not have been identifiable, the researcher realized that the students may have given up participation due to the fear that reading the narratives could be a means to assess their preparation.

CONCLUSION

The study produced made it possible to understand what sense nursing students attribute to the caring relationship. Through the interpretive analysis two themes emerged: emotions and communication.

Emotions are the basis of the caring relationship and express the feelings experienced by the patients and the emotional responses of the nursing students. From the interaction between them, the empathy for an effective relationship is generated.

From the theme of communication emerges the importance of non-verbal communication, made of gestures, of presence, but as listening.

The knowledge of the factors that nursing students consider essential for an effective caring relationship allows a clearer awareness of the phenomenon and allows to promote a critical reflection in the education field.

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