Nursing Caring: Different Perspectives

Hala M. Oubeidat,*1 Nawal K. Abu-Abboud,1 Ahmad H. Al-Duhoun,2 Hala S. Gheeshan1

Abstract

Caring has emerged as a central paradigm in nursing and has become the essence and the core process of nursing practice that reflects the central mission of nursing. Caring has been related to the patient outcomes and satisfaction. This article examines the different perspectives of caring in nursing literature, as related to caring to nursing knowledge, anthropology of caring, Islamic perspective of caring and the philosophical inquiry that suites caring knowledge with emphasis on the utilization of both the empirical/ reductionism approach and the interpretive phenomenological approach to generate authentic scientific nursing knowledge. Throughout this paper, caring epistemology and ontology will be viewed as essential paradigm to nursing profession.

Keywords: Nursing, caring, phenomenology and empiricism.

Introduction

The current explosion of biomedical information and advances in the medical and nursing technology and the push toward evidence –based practice tend to change the focus of nursing from a caring service-oriented profession to a technological cure-oriented one.1 Nursing scholars have attempted to balance their care by reclaiming spirituality and caring as roots of nursing profession and hence moving toward humanizing aspects of nursing. Such movement is achieved through providing a compassionate care which involves serving the whole person physically, biologically, emotionally, socially and spiritually.1

Watson2 considered that the sense of caring which a nurse uniquely conceives is a healing environment for the patient. Watson views nursing as an energetic, vibrational field that should be integral with the patient environment since nursing, within the context of caring, will encourage a healing environment as well as facilitate the multidimensional response of a whole person in the direction of healing and interaction that reflect a dynamic symphonic care.

Serving the patients through clinical nursing practice within the context of caring involves spending time with them, talking in a dynamic interactive manner about what’s important to them and being receptive and expressive, so patients will value these experiences with their nurses and become more satisfied.
Caring has been related to patient’s satisfaction and outcome. Further, when nurses incorporate caring and healing as essences of nursing practice that reflects the central mission of nursing profession, holistic humanistic care can be achieved. For example, Schore and Kennedy stated that caring is the candle that lights the dark which permits us to find answers where others see nothing within the context of health and illness responses. Nursing scholars explained the meaning of caring in human relationship within nursing discipline as a process that offers the patients, as recipients of care, and the nurses, as caregivers, the opportunities for personal growth and maturation.

The major characteristics of caring were conceptualized by nurses to be knowledge, alternating rhythms, patience, honesty, trustful relation, humanity, wholeness, holistic, hope and empathy. In a study conducted by Wolf et al., it was found that caring has been viewed with the following dimensions: respect the individual differences in others, assurance of human presence, positive connectedness, professional knowledge and skills, and attentiveness to the experiences of others. This view of caring will enable nurses and care-recipients to have a mutual goal-directed interaction that results in a useful pleasurable outcomes. Wolf and his colleagues found that nurses-caring were significantly related to patient satisfaction that most of the health care delivery system aimed to achieve. As well; through caring and availability, the nurse could provide an environment for healing that is conducive to the patient care. Through incorporation of caring into nursing, nursing profession is in a unique position to meet the challenges of the coming centuries.

Islamic perspective of caring

The Quran is the core of Islam and the basis of its structure. It serves as the constitution to which all Islam laws refer, while the prophet Sunnah explains this constitution and makes it explicit. The philosophy generated by Quran was predominant with the theme that emanates in the concept of kindness; such theme is considered the basis of all the desirable human ethics. The corresponding word for God’s ever –present mercy and kindness is designated by the word “Rahim”or “Rahman”. These words appear many times in the Holly Quran and indicate one of the titles for God by reference to him as “the most merciful” or “the most compassionate.” Indeed, these words are often repeated in Muslims’ prayers and in situations of health and illness. The Quran indicates that God is pleased with those who are kind and helpful to those in need and distress. Furthermore, in order to encourage people to assist others, God considers that the person’s charity-work will multiply the rewards to the generous in the hereafter. Moreover, the concept of caring is embedded in the theological doctrine of Islam, in which the loving and compassionate attitudes of merciful caring were reared and nurtured and it is a natural outcome of having a love for God and the prophet Muhammad (peace and blessing be upon him (PBUH)). According to Rassool, caring in Islam means the will to be responsible, sensitive, being motivated and committed to act in the right order to achieve perfection.

Caring in Islam can be expressed at three different levels: intention; thought; and action. While the intention and thought levels of caring can be expressed through understanding of what, when, who to care for, the action level is reflected in the sense of responsibility and accountability with the process and outcome of caring. In addition, the Quran provided a general guidelines for caring that give Muslims directions in dealing with responsibility of those who are in a position to help, to do so with a sense of sacred duty. Caring in Islam appears in a call to the believers that those who truly believe in God are asked to be faith and forth coming in their assistance to those who are in need or disadvantage or handicapped. Indeed, these injunctions go as far as to impose hospitality and to provide help to elderly kin, those who are indigent or even those who are traveling. Within the health care setting, Muslim patients perceived health and illness as a part of their life and a test from God.
However, Muslims are encouraged to seek care and treatment where the sayings of prophet Mohammad (PBUH) encourage Muslims to seek to regain their health. According to Al-Ghazzali illness is a form of experience in which the human being arrived to acknowledge of God, and Muslims perceive illness as an event and mechanism of the body that is serving to clean, purify and balance us on the physical, emotional, mental and spiritual planes.

A study was conducted by Halligan utilizing Husserlian phenomenology to study caring experience for Muslim patients at Saudi Arabia, revealed that religion and cultural frameworks provided the most comprehensive and holistic perspective of caring and are considered a significant contributor to the emotional, social and psychological well-being of the patient. On the contrary, the influence of Islam was evident in all of the narratives and interlined in every aspect of patient care. As it appears that the concept of caring in Islam is a natural outcome of having a love from God and usually is reflected in the spiritual and compassion practices that aimed to meet the expectations of God in order to purify self. Therefore, understanding the Islamic perspective of caring will enable health-care professional to understand and respond more effectively to the health care needs of the Muslim patient. Such understanding might lead to greater utilization of culturally-competent health care.

**Philosophical inquiry and caring**

*Nursing philosophy:* is a statement of foundational and universal assumption, beliefs and principles about the nature of knowledge, truth of the entities represented in the meta-paradigm of; nursing practice, caring and human healing processes. In viewing nursing as caring, the philosophy of nursing was moved toward a holistic humanistic philosophy in order to fully understand the phenomena of human health experience. According to Watson, nurses construct and co-construct an ancient and new knowledge of the human health–illness and caring-healing experience; as they thereby move knowledge with its artistry of practice to the center, further clarifying nursing for a new era. Cheung proposed that caring can be considered as the epistemological foundation of nursing because caring, being viewed as a way of knowing and understanding and a way of uncovering and understanding the practical knowledge of nursing practice. Nursing caring as a human science has lead nurses to study the human life that values the lived experience of unitary persons and seeks to understand life in all its interwoven patterns of meanings and values. In order to uncover the structures of universal-lived-experience with the human–universe health and interrelationships in nursing caring, nurses recognize a new vision that is a vision of wholeness, where neither the techniques of biological science nor those useful in the social and cultural science can do. Moreover, she explained that as the phenomena of interest in nursing is human caring, the perspective of scientist must necessarily change from the traditional empirical view of what is real to a holistic view of nursing as a human science. In the process of caring for patients, nurses develop and understand the knowledge and skills of caring that constitute the knowledge base of nursing. The study of human caring in nursing offers a perspective for new questions and provides new approaches, enforces nurses to transform the traditional knowledge by opening the scientific gate for new exploration and understanding.

The scientist move from a kaleidoscopic view of reality to a holographic view in which a three-dimensional image of reality can be projected, a new approach of discovery and innovation in transforming nursing knowledge and practice. Nurses in practice were confronted with a wide array of human differences and diversities; they come to the realization that no framework or approach alone can have primacy to understand the experience of human suffering and of practice itself. The perspective of holism enlarges the notion of the human from a duality of mind and body to one that respects the simultaneous and continuous interaction of person, health and environment.
The nursing scholars have moved toward explanation of the proper scientific method that tackle the human–lived experience within the contexts of caring. In 1988, Leininger 22 voiced that positivism is not suitable for viewing human health experience that could not be reduced to measurable objects independent of history, culture and social contexts. Boykin & Schoenhofer, 23 Schoenhofer, Bengham, & Hutchines 24 proposed that nursing as caring is nurturing person living caring and growing in caring that occurs in nursing situation so the knowledge of caring is a knowledge of nurturing persons living caring and growing in caring. Also, they proposed that the interpretive phenomenology as way of scientific inquiry is useful to the development of caring science and useful as well in the underpinning of the practice of nursing as caring. In 1985, Benner 25 strongly advocated that the phenomenological approach as a scientific philosophical inquiry is a suitable method to determine the lived experience of personhood as it impacts the health-illness experience.

Kim 26 proposed that the four different methodological inquiries could be suitable for nursing caring. The empirical dimension focuses on the development of generalizable knowledge regarding human processes. The critical-dimension focuses on mutuality, emancipation and collective freedom from oppression. The interpretive dimension focuses on the meaning and understanding of the human experience with health. Finally, the ethical dimension focuses on the morals and aesthetics of practice. 26 On viewing nursing as caring in which the reality has multiple meanings and context-dependent with a focus on understanding of the human experience, Kim 26 advocated that nursing is neither simply empirical nor interpretive and that there are aspects of nursing knowledge that are intelligible only objectively and aspects that are related to knowledge only subjectively. Hence, interpretive approach for scientific inquiry is suitable in certain clinical nursing situations. On the other hand, if the purpose of nursing science is to develop the basis for nursing care, the scientific inquiry should strive to generate knowledge that explains the human responses in all their appearances. Since human responses are complex phenomena, the person and environment must be viewed both in parts and as a whole in order to capture their scope.

Rigid adherence to empiricism for generation of scientific knowledge excludes too much of the knowledge that is necessary for understanding human responses as well as that it reduces the level of rigor. 27 In conclusion, there is a need in nursing to utilize the empirical/reductionism approach and the interpretive approach for generating authentic scientific nursing knowledge. With the accepted viability of both approaches through blending, combining or triangulation, nursing scholars need to change their mentality that the utilization of both approaches is probably better than the utilization of one. As well, the multiple approaches enrich the opportunity for understanding which will combine the rigor of knowledge-development with the richness of human experience. 28 According to Schultz and Cobb-Stevens, 28 the theory of wholes and parts can fruitfully interface philosophy and methodology as a guide for nursing scholars along the path of generating authentic scientific nursing knowledge. Since caring is considered a multi-dimensional phenomena of nursing and in order to acquire a fuller scope of nursing knowledge with regard to the human health experience and the range of human responses across time within the context of caring, nurses should adopt both the interpretive phenomenology and the empirical approaches for scientific knowledge inquiry.

References


10. Al-Qaradawi, Y. Understanding the Sunnah in light of the Qur'an at Islamic. 2006.


مبدأ الاهتمام في التمريض: وجهات نظر مختلفة

هالة عبيدات،1 نواس أبو عود،2 أحمد الدهن،2 هالة غيشان 1

1- كلية الأمة مم للتمريض، الخدمات الطبية الملكية، عمان، الأردن 
2- كلية الأمة مم للتمريض، جامعة مؤنثة، الكرك، الأردن

الملخص

يعتبر مبدأ الاهتمام من المبادئ الرئيسية في مهنة التمريض وقد أصبح من المفاهيم الجوهرية التي تعكس الهدف المركزي لمهنة التمريض، كما أن
هذا المبدأ تأثيراته على مستوى المخرجات الصحية ودرجة الرضا لدى المرضى. تركز هذه الورقة على فحص وجهات النظر المختلفة لـمبدأ
الاهتمام في المراحي الأدبية لمهنة التمريض وعلاقته بالمعرفة التمريضية، وتفاقمها اللغوية، والمنظور الإسلامي والفلسفي لهذا المفهوم، مع التركيز
على دمج هذا المبدأ بالمنهج الطاهري والتحريري الذي يدرسه الإنسان كجزاء منفصلة كأساس لبناء المعرفة التمريضية. تظهر هذه الورقة مفهوم
الاهتمام من الناحية الفلسفية والدينية على أنها ركيزة أساسية من ركائز مهنة التمريض.

الكلمات الدالة: التمريض، مبدأ الاهتمام، الفلسفة الطاهري، الفلسفة التحريبية.

المراجع المعركة موجودة باللغة الإنجليزية.