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There has been some discussion about the name of Scandinavian Journal of Caring Sciences. What is the meaning of caring? Does it mean the same as nursing? What do the recipients of health care see as caring and how does caring affect them. This editorial will be devoted to these and similar questions. In the future we will hopefully see more discussion and debate about caring and uncaring in our journal.

During the last decade, the concept of caring has received great attention and emphasis in health care, particularly in nursing and nursing research. Traditionally, nursing has been concerned with not only the care needs of people, but also with caring as a value or principle for nursing action. 'Care' and 'caring' have been used in the nursing literature for more than 100 years. However, it is only recently that nurses and other professionals have undertaken systematic, philosophical and scientific investigation into this construct, even if increasing number of nursing scholars claim that caring is the essence of nursing.

'Caring', as a word, comes from the Old English and Gothic words, *carian* and *cara* or *karon*. When used in the grammatical form as a participle, caring denotes doing or action. Caring, whether used in common word usage or scholarly literature, seems to involve at least three senses: 1) a deposition or feeling within the carer; 2) the doing of certain activities regarded as caring activities, or 3) a combination of both attitude and action in which the caring about the other disposes the person to care for another through the doing of certain activities.

It has been argued that if nursing, as well as other health and healing professions, is to truly be accountable to society in all its human conditions and needs for healing, a deep understanding about the nature and meanings of human caring from an interdisciplinary perspective is imperative. In 1986, the Centre for Human Caring was established within the University of Colorado Health Sciences Centre, School of Nursing. One of the major endeavours of the Centre for Human Caring is to advance both the art and science of human caring through an interdisciplinary focus. When the knowledge base for human caring was explored, it was found that caring had been addressed and had importance to many disciplines as reflected in the varied meanings of human caring acknowledged by psychoneuroimmunology, socio-behavioural sciences, anthropology, fine arts, humanities, including philosophy and ethics, theology, and nursing. These nine disciplines were selected to participate in the discovery and identification of exemplary human caring litera-

ture, including articles, books, and monographs on human caring. A future goal of the centre is to produce a compact laser disk on caring which can be used by health professionals for dissemination of caring knowledge in education, practice, and for research purposes. A guide to the caring literature has already been developed.

If nurses, and other health and healing professionals, want to become known as caring health providers and advocates they must become knowledgeable about caring from the client's point of view, since it is logical to assume that the best source of information about the client is the client himself. It is primarily when caring is studied from the recipient's perspective that progress can be made in providing people with the quality of health care that can be identified and labelled by the public as caring.

Research studies on caring indicate that there is a discrepancy between expectations held by health professionals and clients. Nurses, when asked to identify the important aspects of caring, have consistently ranked the affective aspects, such as listening, touching, and talking, as the most important ones. Patients, however, appear to value the instrumental, technical caring skills more than nurses do. Discrepancies between expectations held by health professionals and clients might result in dissatisfaction with care. The differences in perception may cause difficulties not only in communication with patients but in establishing therapeutic relationships with them.

From my own studies on caring and uncaring, from the perspective of health care recipients, I see a difference between *professional caring* and *caring*. I see professional caring as a broader concept than caring and also a broader concept than nursing because, from my point of view, professional caring encompasses the particular knowledge and skill of each health and healing profession, *and* the genuine concern for another that is included in the concept caring. Furthermore, I see professional caring as involving in-terconnectedness, as well as positive personality characteristics, such as attentiveness or awareness.

Research participants in my studies have emphasised that competence is an essential component of professional caring. They have indicated that caring without competence was of little value to them as patients. Indeed, they have argued that a health professional has to be both competent and caring to be truly professional. This combination of competence and caring, which has been described by most of the participants in my studies, was summed up by one of them:

I think the competence is the most important thing. I mean, you want to feel that whoever is looking after you knows what she or he is doing in terms of proper treatment. You don't want to get the wrong shots, you don't want too much, you don't want to get some oxygen when you should have something else, so basically that has to be taken care of, has to be taken for granted. So, the competence is number one, and if it's then administered with care, then obviously you have an ideal situation.

Thus, it appears that a critical first step in addressing the concept of caring, as it relates to nursing and other health professions, is to understand patients' perceptions of the most important caring behaviours. Patients may not be open or receptive to the expressive caring behaviours until basic physical needs have been met through instrumental activities. For example, listening to the patient may not be perceived as caring if, at the same time, the nurse is not skilled in starting an intravenous infusion or has not administered sufficient analgesics. By identifying important caring behaviours, as perceived by patients, health professionals will be more able to develop a repertoire of behaviours to convey caring.

My own studies have clearly shown that the caring health care professionals have some personal qualifications that make them different from other health care professionals. These personal qualifications become apparent in their caring approach to the patient, which can be described as genuine concern for the person. This caring approach promotes feelings of trust in the patient which facilitates relationship formation between these two persons. This relationship is in many ways different from other relationships which they have had before, in that it involves intimacy of the person's present condition (*professional intimacy*), and yet more distance in relationships (*professional distance*) than usual. This complex combination of intimacy and distance in this working relationship can be referred to as 'attachment with professional distance'. From the participants' accounts it is apparent that this bond or connection also involves a *creative distance of respect and compassion*, a dimension of professional attachment which has to be present to keep caring in the professional domain. This professional nurse-patient relationship is in many ways unusual. The following account provides a poignant illustration:

She fostered a working relationship between the two of us, as I said, importantly as equals, and fostered a sense of independence for your own growth, your personal growth, to the point where you didn't need her in that role anymore.

Professional caring seems to give people who are patients a feeling of acceptance and that they have a worth in their own right. The caring health professional gets to know the patients as unique individuals, not as stereotypes, and treats them accordingly. Consequently, the patients feel accepted, feel legitimised as persons and as patients and feel like normal human beings in spite

of the sickness. The caring professional also seems to be able to give the patients hope and optimism which encourage them to get better. Being in a strange environment, where control is limited, makes the patients vulnerable, and they need help to overcome that feeling. The caring professional creates in the patients feelings of confidence and control, which diminish their anxiety and make them feel stronger and more relaxed. This seems to be perceived by the patients to positively affect their well-being and healing both as a result of the encouragement and help and because the patient does not have to deal with negative emotions. Some patients have articulated the relief they sensed when they felt cared for and how that feeling diminished anxiety and gave them time to concentrate on getting better. Some participants actually referred to caring as a kind of medicine. One of them said,

The purpose of the friendliness and the caring is focused on a particular professional activity and a particular, very short period in the life of the patient and designed to... it's another form of medication of sorts. It's part of the healing, part of getting the patient better, and it creates the climate for the patient to get better.

Some participants have emphasized the feeling that caring affected healing through the psyche of the person. One said,

I think the effect on a person's psyche is very much a part of the healing, because I believe in treating the whole person, treating them as body, mind, and spirit, not just the body alone but the three of them combined, and if my psyche is being damaged or uncared for, then how can my body get well?

From these data it is apparent that the nurse-patient attachment is perceived by the patient as a therapeutic or healing relationship. It seems that professional caring makes healing more profound, more rapid, and better internalized if provided, and it definitely makes the patient feel better healed.

Caring acknowledges our humanhood. There is perhaps a greater need for caring in today's society than ever before, and therefore we need professional caring within health care more than ever. The way I see it, modern health professions can be seen as the manifestation and the professionalization of caring. To care about a human being in need, and thus caring as a moral ideal, was the origination of most of the health professions. Caring is what all the health professionals should have in common, they should stand for the 'human dimension' of health care. In my opinion, what we need most of all today, in order to promote the art and science of nursing and other helping and healing professions, are *humanized technology* and *compassionate competence*, which I see as the essential ingredients of professional caring.

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